**Academy Membership Application Portfolio Cover Page – Associate, Fellow, Master Teacher, and Teaching Scholar**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | | | | | | Date: |  | |
| Current Position/Title: |  | | | | | Primary Academic Department: | |  | | | | | | |
| School: |  | | | | | Campus Address: | |  | | | | | | |
| Campus Telephone: |  | | | | | Other Telephone: | |  | | | | | | |
| As of the above date, total years…. | | | employed as a LSUHSC faculty member: | | |  | a faculty member in health professions education: | | | | | | |  |
| Your current faculty rank (check one): | | | | Instructor | Assistant Professor | | | | Associate Professor | | Professor | | | |
| Is this a tenure-track appointment? | | Yes No | | | | | Achieved tenure already? | | | Yes No | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Academy membership category for which you are applying:** | | Associate | | Fellow | | Master Teacher | | Teaching Scholar |
| **Check each of the teaching/education domains included in this Educator Portfolio on which your application for Academy membership should be based:** | | | | | | | | |
| Direct Teaching | Curriculum Development, Instructional Design & Assessment of Student Learning | | Advising and Mentoring | | Leadership and Service | | Educational Research | |

**List the one required letter of support as #1** (see guidelines for specifics). Add rows to include any other letters that you have chosen to solicit.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name / Institution / Dept** | **Position / Role** | **Email Address** | **Telephone Number** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |

**Please check the appropriate attestation to indicate your agreement, then sign and date in the appropriate space:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Role** | **Attestation** | **Signature** | **Date** |
| Applicant | I have personally assembled this application as an accurate representation of my involvement and achievement in teaching and education.  If accepted, I agree to fulfill the member expectations that are necessary to maintain active membership status as set forth in Section 1 of the Academy *Guide to Applying for Membership*. |  |  |
| Supervisor | I agree to support this applicant’s full participation in the Academy and the associated mentoring relationship. |  |  |