**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. |  |  |