



RESIDENT APPLICATION NEDS PRECEPTORSHIP PROGRAM

Resident Applicant Information

Resident Name: _____

Residency Program: _____ PGY: _____

Address: _____

Email: _____

Phone Number: _____

Preceptor Information

NEDS Preceptor Name: _____

Affiliation: _____

Address: _____

Email: _____

Phone Number: _____

Project Proposal

Project Proposal Title: _____

Part 1: *(include background, aims/hypothesis, methods, timeline and references);*

note: proposal length is limited to 2 pages (not including references):

Insert proposal copy here or provide an attachment:

Part 2: [Covid-19 component] Please consider and explain how your project could be conducted should COVID-19 related restrictions require a virtual project format only:

Project Budget Proposal (Funding will cover travel, lodging, and/or meals):
Insert budget details here or provide an attachment:

Please attach and email your completed application and the 3 items listed below **by Monday, April 15, 2024** to: NEDS@mms.org (please insert **PRECEPTORSHIP APPLICATION** in your SUBJECT LINE)

- (A) **Letter of Support** from your NEDS Preceptor
- (B) **Letter of Approval** from your residency program
- (C) **Resident Applicant's CV**