



SimTiki International Scholar Program APPLICATION

2025

CONTACT SIMTIKI
help@simtiki.org

Benjamin Berg, MD

Director

E-mail: bwberg@hawaii.edu

Tel:+1.808.692.1093

Jannet Lee-Jayaram MD

Associate Director

E-mail: jannet98@hawaii.edu

Cami Mikami,

Administrative/Fiscal Assistant

E-mail:

mikamic@hawaii.edu **Tel:**

(808)-692-1085



SIMTIKI INTERNATIONAL SCHOLAR Application

Please include the following documents:

- Cover letter
- Application form
- Curriculum Vitae (CV) if not already provided

First Name: _____

Last (Family) Name: _____

Gender: Female Male

Title: MD RN MS MSN PhD Other: _____

Specialty: _____

E-Mail Address: _____

Telephone: (work) _____

(mobile) _____

Mail Address: _____

City: _____

State/Province: _____

Mail code: _____

Country: _____

Employer: _____

Describe Your Current Work Duties:



SIMTIKI VISITING SCHOLAR Application

Requested Dates for SimTiki International Scholar Program

(mm/dd/yyyy)

Start date:

Finish date:

Availability for Interview (Videoconference/ZOOM/ in person):

How did you hear about the SimTiki Visiting Scholar program?

Have you had experience with Medical Simulation? Yes No

If yes, please describe

English Language Testing is NOT required(TOEFL, IELTS, etc.)

If you have taken any tests please provide the most recent results.

i)	Test:	SCORE	Test Date	(mm/dd/yy)
ii)	Test:	SCORE	Test Date	(mm/dd/yy)

Funding for the SimTiki International Scholar Program will be provided by:

- Personal Funds / No institutional Support
- Partial Support by my institution
- Full Supported by my institution

Will you require J2 Visa(s) for dependents :

- Yes
- No
- Not determined



SIMTIKI VISITING SCHOLAR Application

STATEMENT OF GOALS

Please describe your goals and special interests

Signature/Please type your full name: _____ **Date:** _____
(mm/dd/yy)