SimTiki

Simulation Fellowship Application 2025

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SSH
Society for Simulation in Healthcare
Accredited Program
Assessment, Fellowship Program, Research and Teaching/Education

SimTiki Simulation Center
John A. Burns School of Medicine
MEB 212, 651 Ilalo Street Honolulu HI 96813 ▪ Phone: (808) 692-1085, Fax: (808) 692-1250

SIMTIKI SIMULATION FELLOWSHIP
Application

Please include the following documents:

- ☐ Cover letter
- ☐ Application form
- ☐ Curriculum Vitae (CV)

Click To Submit

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:

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Requested Dates for SimTiki Fellowship (mm/dd/yyyy)

Start Date:

Finish Date:

Availability for Interview (Videoconference/Skype or in person):

How did you hear about the SimTiki Fellowship program?

Have you had experience with Medical Simulation? ☐ Yes ☐ No

If yes, please describe

<u>English Language Testing (TOEFL, IELTS, etc.) is NOT required</u>

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 my participation in the SimTiki fellowship Program will be provided by:

☐ Personal Funds / No institutional Support

☐ Partial Support by my institution

☐ Full Support by my institution

Do you plan to attend the Office of Medical Education Fellowship program*?

*Please see Fellowship Program Information "Eligibility Requirements"

☐ Yes ☐ No

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STATEMENT OF GOALS

Please describe your goals and special interests

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

Click To Submit