Transmittal Form

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| --- | --- | --- | --- | --- |
| Name of applicant with degree(s): |  | | | |
| Baylor I.D. number: |  | | | |
| Title: |  | | | |
| Date of joining BCM as faculty (MM/YY) |  | | | |
| Email address: |  | | | |
| Department/Section: |  | | | |
| Name of department chair, medical director or center director: |  | | | |
| Email address of department chair: |  | | | |
| Email address of department chair, medical director or center director’s assistant: |  | | | |
| I have previously received a Norton Rose Fulbright (NRF)/Fulbright & Jaworski Award. | Yes | | No | |
| If yes, please indicate the year of award. | Year(s) | | | |
| Teaching & Evaluation |  | | | |
| Educational Leadership |  | | | |
| Educational Materials |  | | | |
| Educational Research |  | | | |
| **For those who have received a previous NRF/F&J award or who are applying for more than one award at this time:** I attest that none of the activities listed in this mini-portfolio have been previously listed as activities in any other mini-portfolio for which I previously received or for which during this cycle I might receive an NRF award. | **Signature:** | | | |
| I have included in my mini-portfolio: | Yes | No | | N/A |
| * This transmittal Form |  |  | |  |
| * A structured summary (6 page limit) |  |  | |  |
| * Structured abstracts (for Educational Materials and Educational Research Portfolios Only-no page limit) |  |  | |  |
| * A personal statement (3 page limit) |  |  | |  |
| * A table of appendices and supporting material (20 page limit, including table of appendices) |  |  | |  |
| * Supporting letters (no more than 4 letters) |  |  | |  |
| * CV in BCM Format (no page limit) |  |  | |  |
| * Response to previous feedback (Only for resubmissions after a previous unsuccessful submission-2 page limit) |  |  | |  |
| **I attest that I have no HIPAA or FERPA violations in my portfolio.** | **Signature:** | | | |
| **I attest that the information listed on this transmittal form and included in the min-portfolio is true and factual and lists activities performed by me.** | **Signature:** | | | |
| **I attest that my conduct has been in compliance with Baylor College of Medicine’s Core Values, the Code of Conduct, and Policies.** | **Signature:** | | | |