



## NYC Health + Hospitals Simulation Fellowship Program Application

Please return this completed and signed form with your CV / résumé via email to Katie Walker, SAVP Simulation Center at [Katie.Walker@nychhc.org](mailto:Katie.Walker@nychhc.org) and [imsal@nychhc.org](mailto:imsal@nychhc.org) by **November 30, 2021**.

### Applicant Information

Full Name: \_\_\_\_\_  
(First, Last, Degree/Credentials)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Facility: \_\_\_\_\_

Department: \_\_\_\_\_

Current Job Title: \_\_\_\_\_

### Personal Statement

*Please respond to each of the following questions in one sentence.*

1. Why are you interested in the NYC Health + Hospitals Simulation Fellowship Program?
2. How do you feel simulation can be used to improve patient safety and the patient experience at your facility?
3. An improvement science or research project is a key component of the fellowship. Please indicate if you are interested in a particular area of healthcare simulation and why it interests you.

### Presentation

*Please prepare a 5 minute presentation (any format) on the topic of your choice (does not have to be healthcare related) which you will deliver during the Fellows Welcome Session. You will be presenting to your future Fellowship colleagues and Simulation Center staff. The intention of this exercise is to begin to share each other's education style and receive feedback in a safe environment.*

### Curriculum Vitae

*Please attach your current CV or résumé.*

### Endorsement by Supervisor

Supervisor support is important to your growth and development as a simulation educator, as well as your department's investment in your education. Following graduation from the fellowship, it is important to continue to hone your newly acquired skills with simulation activities that benefit both your department and your facility. Please have your supervisor sign this application attesting to their support of you as a simulation educator with protected time to complete the fellowship program, as well as dedicated simulation time following graduation to conduct simulation activities that will benefit both your department and your facility.

***"I will support \_\_\_\_\_ with protected time to participate in the New York City Health + Hospitals Simulation Fellowship during the 2020-2021 academic year. Following graduation, I will continue to support them with protected time to conduct simulation activities that will benefit our department/facility."***

Supervisor Name: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_