Endodontic Educator Fellowship Award
Guidelines

APPLICATION DEADLINE: April 15

PURPOSE
The Endodontic Educator Fellowship Award is given in recognition of the critical role that educators play in strengthening the specialty. The award provides funding to individuals who agree to commit a minimum of five years to a full-time academic career in endodontics at a dental school that is accredited by or has a reciprocal agreement with the Commission on Dental Accreditation of the American Dental Association.

Recipients receive $50,000 a year, for five years. The funds are disbursed annually at some time after the individual’s employment anniversary date. Up to $250,000 is available per recipient.

ELIGIBILITY
- Endodontists who plan to pursue a career in education and have secured a contract to teach full-time in an endodontic department at an institution that is accredited in the United States or Canada are eligible to apply for this grant.
- Applicants must be permanent residents of the United States or Canada.
- Individuals may apply during the first three years that they are employed full-time as an endodontic educator, up to the end of their third year of employment. The award is not retroactive.

OTHER REQUIREMENTS
New fellows are required to attend the AAE annual meeting and the ADEA Institute for Teaching and Learning (one time during their five year fellowship). A one-time grant of $1,000 is provided to defray the cost of travel and lodging at the AAE annual meeting. Each new fellow will be recognized at the AAE annual meeting after one full year of teaching as a fellow. The Institute for Teaching and Learning is a six-day professional development program designed to prepare dentists and dental educators for successful careers in education. The Foundation will pay the cost of registration for the workshop, travel and lodging.

PROGRAM ADMINISTRATION
The Endodontic Educator Fellowship Award Committee administers the program. This committee is composed of two representatives from the Foundation of Endodontics Board of Trustees, two from the AAE Board of Directors and one additional member. The position of chair alternates each year between the Foundation and the AAE. The President of the Foundation and the President-elect of the AAE appoint the committee members from their respective Boards. The two work together to appoint the additional committee member.

The committee reviews all applications. Finalists are interviewed by committee members. The Foundation awards the fellowships, which are announced at the AAE annual meeting.

Fellows are selected based on the following criteria:
• Meeting the eligibility requirements
• Accuracy of information on the application form
• Official transcripts from previous degree or certification programs
• Strength of recommendations
• Strength of the personal essay
• Degree of support from program director/dean of current institution
• Strength of interview with committee members
• Preference will be given to individuals who will be employed at programs where there is no other fellowship recipient.

TIMELINE
The deadline for applications is April 15. The Endodontic Educator Fellowship Award Committee meets to interview applicants following the deadline. Applicants will be notified of their status shortly thereafter. The recipient will be recognized at the annual meeting, the following year, after the first full year as a fellow. The first installment of the grant will be paid shortly after the recipient completes a full year of teaching, and annually around that date for the next four years.

TO APPLY
Applicants must submit:
• The application form (following these guidelines);
• An essay outlining their interest in an academic career and the reasons they are applying for a Fellowship (approximately 2 pages);
• Three letters of recommendation from individuals who can attest to the applicant’s commitment to education by describing past experience, aptitude and strengths (One letter must be from the applicant’s academic supervisor);
• Official transcripts from all undergraduate and graduate programs; and
• A copy of the applicant’s employment contract.

Applications may be mailed to:
Development Coordinator
Foundation for Endodontics
211 E. Chicago Ave., Suite 1100, Chicago, IL 60611-2691
Fax: 866/451-9020 (North America) or 312/266-7255 (International)
Email: ncarpenter@aae.org

*Full time as defined by the employer institution.
Endodontic Educator Fellowship Award
Application Form

DEADLINE FOR APPLICATION: April 15

Fellows must be permanent residents or citizens of the United States or Canada. Please review the Fellowship Guidelines prior to completing this form.

Mail application form and all supporting documents to:
Nora Carpenter
Development Coordinator
American Association of Endodontists
211 East Chicago Avenue, Ste. 1100
Chicago, IL 60611-2691
800/872-3636
ncarpenter@aae.org

Name ______________________________________________________________________________ Degree __________

Please print or type

Address_________________________________________________________________________________________________

City/State Zip____________________________________________________________________________________________

Phone____________________________ Fax______________________________

Email____________________________ Birth date____________________________

Social Security Number____________________________

☐ U.S. Citizen ☐ U.S. Permanent Resident ☐ Canadian Citizen ☐ Canadian Permanent Resident

List your education institutions and degrees. Submit official transcripts for all dental school programs.
Institution  
Graduation year  
Degree  

Institution  
Graduation year  
Degree  

Institution  
Graduation year  
Degree  

Institution  
Graduation year  
Degree  

Academic Appointment
Title and responsibility

Employment start date __________ Is there a contract for this position? ☐ Yes ☐ No
(If you are already employed as an educator, please list the date your employment began)

Salary__________

Letters of Recommendation:

Name (academic supervisor)  
Phone  
Email  

Name  
Phone  
Email  

Name  
Phone  
Email  

The applicant hereby authorizes the Foundation for Endodontology to independently investigate the applicant’s eligibility.

__________________________________________  __________________________
Signature  
Date