American Association of Endodontists Foundation

Endodontic Educator Fellowship Award Guidelines

Purpose
The Endodontic Educator Fellowship Award is given in recognition of the critical role that educators play in strengthening the specialty. The awards provide 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.

Eligibility
Applicants must be citizens or people who hold permanent residency cards for the United States or Canada. New fellows are required to attend the AAE Annual Session. A one-time grant of $1,000 is provided to defray travel expenses.

Applicants must meet the eligibility requirements in one of the two categories below:

CATEGORY I
Fellowships for individuals who have been accepted for the next academic year or who are enrolled in the first or second year of an Advanced Specialty Education Program in Endodontics that is accredited by or has a reciprocal agreement with the Commission on Dental Accreditation of the American Dental Association.

First and second year students are eligible for funding for the remainder of their programs. Funding begins upon receipt of the award and shall not be retroactive.

The institution’s program director shall assist the applicant in the submission of the application for this fellowship and, if successful, mentor the student in attaining the objectives of this fellowship.

CATEGORY II
Fellowships for individuals who have completed an Advanced Specialty Education Program in Endodontics that is accredited by or has a reciprocal agreement with the Commission on Dental Accreditation of the American Dental Association and have been accepted into a Master’s, Doctorate or postdoctoral training program. The degree-granting institution must be an accredited U. S. university. Funding begins upon receipt for up to a maximum of three years.

The dean of the dental school must agree to appoint the Fellow to a part-time position with the provision of one or more days per week teaching in the predoctoral or postdoctoral endodontic program. This requirement is an essential component of the overall program.

The dental school’s dean or designee shall assist the applicant in the submission of the application for this fellowship and, if successful, mentor the student in attaining the objectives of this fellowship.

Deadline
Applications must be completed and returned to the AAE Foundation by:

December 31
Additional Education Courses

If the applicant is not pursuing a formalized degree in education or a teaching certificate, the institution must agree to provide, and the student must agree to complete, a minimum of 15 classroom hours of instruction to include the subjects referenced below:

1. Educational philosophy and psychology
2. Curriculum development
3. Theories of learning and educational measurements
4. Research design, methodology and statistics
5. Computer science and high technology in education
6. Health care administration
7. Scientific communication skills and scientific writing

Selection of Fellows and Program Administration

The Endodontic Educational Fellowship Awards Committee administers the program. This committee is comprised of eight members: three from the AAE Foundation Board of Trustees, three from the AAE Board of Directors. The AAE President-elect is the chair of the committee and the AAE Vice President serves as vice-chair. The presidents of both organizations appoint their respective committee members. The committee reviews all applications and ranks them. Finalists are interviewed by committee members.

Prior to the annual session, the committee meets and makes recommendations for funding to the AAE Foundation Board. The Foundation awards the fellowships, which are announced at the Annual Session.

Selection Criteria

Fellows are selected based on:
1. Meeting the eligibility requirements for applicant and school/program.
2. Strength of recommendations
3. Strength of applicant’s essay
4. Accuracy of information on the application form
5. Official transcripts from previous degree or certificate programs
6. Degree of support from program director/dean of current institution
7. Strength of interview with committee members

The committee monitors the award recipient’s acceptance into a program, his/her progress while in the program, academic appointment upon graduation for the succeeding five years, and career progress after graduation. Each quarter or semester, Fellows must submit official transcripts and the Endodontic Educator Fellowship Progress Report. The progress report outlines overall academic progress, progress in educational courses and experience that supports the evolution of the individual as an academician, e.g., lectures, publications and research. Failure to supply these documents may result in termination of the fellowship award.

To Apply

Applicants must submit:
1. the application form; 2. a typed two-page essay (double-spaced on 8 1/2” x 11” paper) outlining their interest in an academic career and the reasons they are applying for a fellowship; 3. three letters of recommendation from individuals who can attest to the applicant’s commitment to education by describing past experience, aptitude and strengths; 4. official transcripts from all undergraduate and graduate programs; and 5. applicants who are approved for a fellowship must submit a signed copy of the Endodontic Fellowship Agreement.
American Association of Endodontists Foundation
Endodontic Educator Fellowship Award
Application

Submission Deadline: December 31

New fellows are required to attend the AAE Annual Session. A one-time grant of $1,000 is provided to defray travel expenses. Indicate the category that applies to you:

CATEGORIES

CATEGOR I
☐ Accepted into an Advanced Specialty Education Program in Endodontics for the next academic year.
☐ Currently enrolled in an Advanced Specialty Education Program in Endodontics.

CATEGOR II
☐ Completed Advanced Specialty Education Program in Endodontics. Accepted for the next academic year or pursuing a Master's or Doctorate degree or postdoctoral training.

Name ___________________________________________  ☐ D.D.S. ☐ D.M.D.  Other __________________ Degree

Address ________________________________________________________________________________________

City/State/Zip ___________________________________________________________________________________

Phone ___________________________  Fax ___________________________

E-mail ___________________________  Birth Date _______________________  

SS# ___________________________  ☐ U.S. Citizen  ☐ Canadian Citizen  ☐ Permanent Resident

Applicants must be citizens or people who hold permanent residency cards for the United States or Canada.

College/University ___________________________  Degree(s) __________________

Dental School ___________________________  Graduation Date __________________

Endodontic Certificate ___________________________  Graduation Date __________________

List any other institutions where you received advanced education. Submit official transcripts for all dental school programs:

Name of Institution

Graduation Year  Degree Attained

Name of Institution

Graduation Year  Degree Attained

Name of Institution

Graduation Year  Degree Attained

Current or Future Enrollment

Name of Institution/Program

Anticipated Degree

Start Date  Completion Date  Annual Tuition and Mandatory Fees*

$  

* The Foundation will not pay fees for items that become the student’s personal property.
List any grants or other financial assistance you currently receive or expect to receive:

Have you ever been convicted of a felony? □ Yes □ No If yes, please explain:

Submit the following documents with your application:
These documents must be submitted by December 31, to the American Association of Endodontists Foundation, Attn: Endodontic Educator Fellowship Award, 211 E. Chicago Ave., Suite 1100, Chicago, IL 60611.

1. Three letters of recommendation. The letters should describe your commitment to endodontic education, including past experience, aptitude and particular strengths.

   Please list your references below:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. A typed essay, detailing your interest in an academic career and why you are applying for this fellowship. (Double spaced and not to exceed two 8 1/2” x 11” pages.)

3. All official transcripts must be submitted by the school. Students should be certain the transcripts are accurate before asking the school to mail them.

The applicant hereby authorizes the AAE Foundation to independently investigate the applicant’s eligibility. If the applicant is accepted and funds are granted, the applicant agrees to enter into a contract outlining his/her rights and obligations.

I have read the Endodontic Educator Fellowship Award Guidelines and agree to be bound by its terms:

Applicant Signature ___________________________ Date ___________________________

CATEGORY I
As the director of the advanced specialty education program in endodontics that this applicant attends or will attend, I have reviewed the Endodontic Educator Fellowship Award Guidelines, and agree to be bound by its terms, as may be amended from time to time, should this application be accepted. I support this applicant for the Endodontic Educator Fellowship Award, and, to the best of my knowledge, the above application information is accurate.

Program Director Signature ___________________________ Date ___________________________

Program Director Printed Name ______________________________________ Date ___________________________

Phone ___________________________ Fax ___________________________

CATEGORY II
I have reviewed the Endodontic Educator Fellowship Award Guidelines, and, to the best of my knowledge, the above application information is accurate. I am supporting this applicant for the Endodontic Educator Fellowship Award, and, as its duly authorized representative, I agree that the institution will abide by the Endodontic Educator Fellowship Award Guidelines, as may be amended from time to time, should this application be accepted.

Dean Signature ______________________________________ Date ___________________________

Dean Printed Name ______________________________________ Date ___________________________

Phone ___________________________ Fax ___________________________