



MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

MMS Award Application

The two monetary awards (one for students, one for residents/fellows) are in recognition of excellence in applying information technology for the benefit of health care in general, patients, medical research, teaching, etc. The application must be submitted electronically once all of the following information is included. The required format is a video, not to exceed 3-minutes, uploaded to the MMS (details below).

Project Information:

This application is due by Sunday, January 5, 2025. **If you intend to apply, please alert by sending this form via e-mail to lbarzin@mms.org as soon as possible stating your intent to apply.**

- ❖ Projects can be the result of an individual effort or team collaboration; however, the applicant of record must currently be a student, resident or fellow.
- ❖ A given project can only receive one award although it can be submitted more than one year if there is new progress.
- ❖ Finalists will be requested to demonstrate the actual project for the judges in early 2024
- ❖ The award is presented in Spring of 2025

Criteria for Evaluation:

- Role of applicant and IT contribution within the team and project.
- Quality of data presented
- Clarity of presentation
- Scope of problem addressed
- Focus of project including elements (if any) addressing Healthcare Disparities & Barriers to Healthcare
- Innovation (does the solution really have the potential to change the way health care is practiced and provide value to the practice of medicine)
- Demonstrated application of innovation in practice or field testing
- Cost effectiveness
- Utility/ease of use for the average practitioner

MMS Information Technology Award Application

1. Contact Information:

First Name: _____ Middle Initial: ___ Last Name: _____

Address: _____

Address 2: _____

City: _____ ST: ___ Zip: _____

Primary Telephone: ___ _____

E-Mail: _____

What is your current status: Student: ___ Resident/Fellow: ___

How did you hear about this award program?

Project Name: _____

Project Summary (overview 1 paragraph):

2. Application:

- a. To apply for this award, create a video **not to exceed 4 minutes** and upload it + this form in pdf to the page where you downloaded this form (link from www.massmed.org/cit_award)
- b. You can use any video technology you want (mobile phone, video camera, screen capture, voice-annotated PowerPoint, etc.) as long as the resulting video is in a standard format (.mov or .mp4) that is viewable by us. The quality of the video is less important than the content and information about your project.
- c. Start by clearly stating your name, your current status and the project name
- d. In the rest of the video you must include:
 - i. a short statement that describes the problem, solution and its value to medicine
 - ii. your role within the team or project including your IT contribution
 - iii. what problem was addressed, how it was addressed, what outcomes were demonstrated and what the benefit or solution for health care is
 - iv. whether your project has been implemented or tested in a health care setting
 - v. why should this award be given to you?
- e. Video and form must be uploaded by midnight on Sunday, January 5, 2025.

3. Certification:

This award is being sponsored, in part, by Click Therapeutics, Inc. MMS is solely responsible for determining the recipient of the award, without any input from Click Therapeutics, Inc. However, the nature of the sponsorship places requirements on the sponsor and recipient. By entering your name below, you certify that:

- (1) neither you nor any member of your immediate family has a personal, business, or research relationship with the Technology Award sponsor, Click Therapeutics, Inc.; and
- (2) you understand that Click Therapeutics, Inc. may report the names of the recipients of the award, pursuant to industry standards and applicable laws and regulations, including the Federal Sunshine Act.

Name: _____

Date: _____