



MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

MMS AWARD APPLICATION

Underrepresented Physicians of Tomorrow Award

Sponsored by the MMS Minority Affairs Section

About the Award

The Underrepresented Physicians of Tomorrow Award recognizes an underrepresented-in-medicine (URM) student or trainee who has demonstrated exemplary service in organized medicine, advocacy, scholarship, community engagement, leadership, and professionalism in medicine.

An award of **\$1,000** will be made to the recipient in recognition of his or her accomplishments. The recipient is selected by the MMS Minority Affairs Section.

Eligibility

- Underrepresented-in-medicine students, residents, and fellows attending medical school or training at institutions in the Commonwealth of Massachusetts may apply.

At the time of award nomination, the MMS will follow the Association of American Medical College's definition of *underrepresented in medicine*: "those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population."

Deadline for Application

Full applications are due by **Friday, December 22, 2023**. To apply, please return this application to Bissan Biary at bbiary@mms.org. The award is presented in spring 2024.

Criteria for Evaluation

- Organized Medicine: Individual contributions to state or national medical societies/associations/organizations
- Patient Advocacy: Advocacy involvement within the institution or professional career
- Scholarship: History of teaching, sharing knowledge, and demonstrating expertise
- Mentorship: Mentoring peers or subordinates, identifying/offering opportunities for growth
- Community Engagement: Engagement and active involvement in community programs
- Leadership in Medicine: Has held leadership roles
- Professionalism in Medicine: Demonstrates professionalism in their medical career

If you have any questions, please contact Bissan Biary at bbiary@mms.org.

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Underrepresented Physicians of Tomorrow Award

1. Contact Information

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

Address: _____

City: _____ State: _____ Zip: _____

Primary Telephone: _____ Email: _____

What is your current status? Student Resident/Fellow

Medical School or Training Institution: _____

MMS Member: Yes No Other Professional Association or Organization: _____

How did you hear about this award?

2. Please Specify Evaluation Criteria in the Following Areas

Organized Medicine

Patient Advocacy

continued on next page

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2. Please Specify Evaluation Criteria in the Following Areas *(continued)*

Scholarship

Mentorship

Community Engagement

Leadership in Medicine

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3. Why Are You Deserving of this Award (200 Words or Less)