**TRANSMITTAL FORM: PATIENT CARE AWARD (EARLY CAREER AND STAR AWARDS)**

|  |  |  |
| --- | --- | --- |
| Name of nominee with degree(s): |  | |
| Award Category (Please select one) |  | |
| Early Career or STAR |  | |
| Baylor I.D. number: |  | |
| Title: |  | |
| Number of years of clinical service as a Baylor faculty member |  | |
| Previous award(s) for patient care (Rising Star, etc.), and date(s) when awarded: |  | |
| BCM Inter-institutional mailing address: |  | |
| Email address: |  | |
| Department: |  | |
| Name of department section chief, chair, medical director or center director: |  | |
| Email address of department section chief, chair, medical director or center director s assistant: |  | |
| **I have included in this application and portfolio:** | Yes | No |
| Nomination letter from section chief, chair, medical director or center director |  |  |
| CV in Baylor format |  |  |
| Personal statement (maximum one page) |  |  |
| Up to five letters of recommendation |  |  |
| Supporting material (not longer than 10 pages) that provides documentation of activities described in portfolio |  |  |
| **Certification:** | Yes | No |
| Have you been the subject of a filed or other allegation, a complaint, an investigation, discipline, or a sanction or other legal, criminal, civil, administrative, regulatory or institutional (including BCM affiliated institutions and BCM-related, such as an investigation via HR Employee Relations, Compliance or the Integrity Hotline) proceeding, where there was a finding of misconduct, impropriety or wrongdoing; or, are you currently the subject of such an allegation, complaint, or investigation in which your professional conduct is at issue? |  |  |
| I have not included any HIPAA information in this submission (e.g. no patient letters) |  | |
| To the best of my knowledge, information listed on this transmittal form is correct: | Signature of Nominator or Applicant: | |
| I, the undersigned, hereby affirm that I have read, understand, and agree to that my conduct has been in compliance with Baylor College of Medicine’s Core Values, the Code of Conduct, and Policies. By signing this document, I certify that, to the best of my knowledge, the above response and all information provided by me related to this Professional Conduct Disclosure Form are truthful, accurate, and complete. Further, I agree to notify the Office of Faculty Development promptly of any material changes in my responses to the above question |  | |

Use this form as page one of the completed application packet. All materials should be submitted as a single PDF document to [faced@bcm.edu](mailto:faced@bcm.edu) by 5 pm on the due date.