MD DEGREE WITH DISCTINCTION IN SERVICE TO THE COMMUNITY
Robert Wood Johnson Medical School

Date: _____

Student Name:_____

(Each student working on this project must complete page 1 of this application)

Mailing Address: _____

Phone:_____Email: _____

Class/Projected Year of Graduation: _____

Title of Project: _____

Faculty Advisor (Name, Department, Phone, e-mail):

_____

Faculty Advisor Mailing Address:

_____

Community Mentor (Name, Organization, Phone, e-mail)

_____

Community Mentor Mailing Address:

_____

DISC Committee Liaison (required only if the Faculty Advisor is not a member of the DISC Committee)

_____

_____

Other students working as part of this DISC project team:

_____

Site where community project will be conducted: _____

_____

Please attach CV or resumes to each form for each applicant.

DISC APPLICATION Checklist

Initial Application (submit items for the DISC project team members together)

Each participant on the team completes and submits:

- Page 1 of application
- CV or Resume
- Documentation of completion of SIRCH elective prerequisite and specific volunteer community service events

Each team submits one copy of:

- Proposal (8 pages maximum) – all proposals must include:
  - Title of Project
  - Abstract: (150 words or less) containing the names of collaborating organizations/community partners
  - Needs Assessment (priority population, project need, supporting evidence of need at designated community site)
  - Statement of Importance (including literature review)
  - Project Design (shared ownership between student and community partner, expected outcomes, define impact and implementation including specific activities)
  - Expected Outcomes (including the impact on the community and implications for physician practice);
  - Evaluation plan should include design and methods used to measure outcomes
  - Risk/benefit analysis for subjects (must show at least one risk and one benefit)
  - Project Timeline **include details for all 3 years**
  - Individual specific project roles for each student
  - Resources needed and a plan for obtaining resources
  - Plan for sustaining project long term

- DISC Community/Faculty Mentor and Student Agreement Form

DISC Community Mentor/Faculty Advisor
And Student Agreement Form

By signing this agreement, the faculty advisor and community mentor commit to working with RWJMS student(s) as they implement (DISC project title)

_____

Faculty/DISC Liaison/ Community mentors and student(s) agree that:

1. The project is based on community-identified needs and built on community resources and strengths. All parties will contribute their unique expertise and share responsibility and ownership of the program. The program will be developed through a collaborative approach that equitably involves community members in assessment, defining goals and expected outcome, program planning, implementation, and evaluation. Program materials and assessment tools will be culturally and linguistically appropriate. Interventions will be designed to be sustainable and project results will be shared with all community partners.

2. The project can be accomplished within the proposed time frame.

3. Students will take primary lead on the project in collaboration with the community partner.

4. Students will adhere to the community organization's rules and procedures, including confidentiality of any patient/client/organization information.

5. Students will meet with Faculty Advisor, DISC Liaison and Community Mentor on a regular basis to review the project and will maintain communication with the DISC director.

6. Faculty Advisor, DISC Liaison and Community Mentor agree to provide information and assistance for the completion of the project and to provide feedback to the student on the DISC program.

Community Mentor signature	**Organization**	**Date**
DISC Liaison signature	**Department/Office**	**Date**
Faculty Advisor signature	**Department**	**Date**
Student signature	Email	Date
Student signature	Email	Date
Student signature	Email	Date
Student signature	Email	Date