



SWIU 9th Annual Clinical Mentoring Conference  
January 17 - 19, 2020  
New Orleans, LA

## Outstanding Resident Award Application

### Information

The Society of Women in Urology established the Outstanding Resident Award to honor residents who fulfill the mission of SWIU – to advance the career development and professional success of women urologists – and who have been a mentor and/or supporter for other residents and students.

The award will be presented at the SWIU Winter Meeting. Award recipients will be presented with an award certificate and receive a Resident Travel Award (worth \$750) to attend the meeting.

#### Candidates

Appropriate candidates for this award are women residents who are **PGY3 and above** and have demonstrated a significant impact on their colleagues and medical students in their clinical, academic, and professional development.

**Candidates can self nominate or be nominated by others.**

#### Criteria

The SWIU Resident Awards Committee will review the applications and will select the person who best exemplifies the mentoring and support traits that the award intends to encourage. The Board of Directors will approve the final candidate and will contact recipients of the award by **October 21, 2019**.

### Instructions

To apply for this award, please include the following items:

- Application Cover Sheet (enclosed)
- Applicant Curriculum Vitae
- Personal Statement – Resident as Mentor, Teacher, Sponsor, Coach  
The mission of SWIU is to advance the career development and professional success of women urologists and urologic researchers. Residents can have a significant impact on their colleagues and medical students in their clinical, academic, and professional development. Please write about a personally meaningful or important experience during your residency where you have provided this mentorship, teaching, sponsorship, or coaching. What did you learn about the experience? How has it influenced your training or career?  
**NOTE:** If you are nominating someone, please request a personal statement from them for consideration.
- Faculty Letter(s) of Recommendation

Completed applications should be emailed to: [info@swiu.org](mailto:info@swiu.org)

**Application Deadline: Friday, September 20, 2019**

Late applications will not be reviewed.

#### Society of Women in Urology

1100 E Woodfield Road, Suite 520

Schaumburg, IL 60173

Phone: (847) 517-7225

Fax: (847) 517-7229

Email: [info@swiu.org](mailto:info@swiu.org)

# SWIU Outstanding Resident Award Application Cover Sheet

Please type or print clearly.

## Contact Information

Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State, ZIP \_\_\_\_\_

Institution \_\_\_\_\_

Institution Address \_\_\_\_\_

City \_\_\_\_\_ State, ZIP \_\_\_\_\_

Year in Residency Program (e.g., year 3) \_\_\_\_\_

## Authorized Signatures

*Chairman/Program Director Signature: By signing below, I am supporting the application of the above-named member of our department. If selected for the award, I understand they will be a resident attendee at the 2020 SWIU Annual Winter Meeting. I understand that attendance will be subsidized by a resident travel award to a maximum of \$750.00 and that attendance of the resident at all sessions and functions is expected from Friday, January 17 – Sunday, January 19, 2020.*

\_\_\_\_\_  
Chairman/Program Director Signature

\_\_\_\_\_  
Date

*Applicant Signature: By signing below, I certify that the statements contained in my application packet are true and complete to the best of my knowledge.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date