

APPLICATION AS FELLOW STATUS IN MASCC (FMASCC)

INTRODUCTION:

Fellow status in the Multinational Association of Supportive Care in Cancer (FMASCC) is one means that our organization can foster, and reward individuals demonstrated excellence in the service to MASCC, as well as practice or research in the area of cancer supportive care. The fellow status is awarded to individuals who have made a sustained contribution to MASCC and demonstrated a continued high level of excellence in cancer supportive care practice and/or research.

To be eligible for the fellow status, an applicant must have been a member of MASCC for at least ten (10) years prior the year of Fellowship induction.

We welcome applications from all active MASCC members, including individuals from various backgrounds, whether clinicians, scientists, or professionals in other fields.

Please complete the sections of the application that align with your areas of expertise and contributions.

INSTRUCTIONS:

**1.** Please complete all information requested. The purpose of the application form is to establish an objective basis whereby nominees for Fellows can be evaluated by members of the Committee, which recommends to the Executive Committee whether an applicant should be elected as Fellow based on their sustained contributions to the organization and continuous high level of excellence in supportive care practice and/or research.

The Committee will base its scoring solely on the information supplied in this application. The applicant’s Curriculum Vita (CV) is used as a reference document for selected sections of the application and to assist with the committee’s global assessment of the applicant’s qualifications for MASCC Fellow. To be successful, the applicant must take the time to complete this application thoroughly and thoughtfully. Although it is not necessary to provide a positive response for every item, it is in the applicant’s best interest to respond to as many questions as appropriate to assure a complete and fair review. Descriptions should be specific and detailed. The information provided may describe both past and present activities. Please do not simply state, “refer to CV” when providing the information requested.

**2.** Also available with this application is a copy of the primary scoring criteria and guidelines (“Appointment Criteria as MASCC Fellow”) that will be used by the committee in completing its review. The primary criteria are provided so applicants are fully aware of the guidelines used in electing Fellows and so they can make an informed self-assessment to determine whether to proceed with the application process. *Every applicant is strongly encouraged to perform a self-assessment before deciding to submit this application.*

You may cut and paste into this form text from other documents. However, any formatting used in that text may be lost (e.g., bolding, underscoring, table formatting, etc.).

**3.** Complete your application and upload your CV by **JANUARY 15**.



MASCC FELLOWS APPLICATION

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| Full name: |  |  |  | Degree(s): |  |  |
| Profession: |  |  |
| Address: |  |  |
| Country: |  |  |  | Telephone: |  |  |
| Email: |  |  |

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| Provide two letters of support for application from active MASCC members |
| MASCC Member: |  |  |
| MASCC Member: |  |  |
| Latest CV Included: |  |  YES [ ]  NO [ ]  |
| What attributes do you have to be a MASCC fellow? (maximum of 250 words) |
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SERVICE CONTRIBUTIONS TO MASCC

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| **A.** Year in which you became a MASCC member: |  |  |
| **B.** Please list your leadership role on all MASCC study group(s), standing or adhoc committees, Annual Meeting Scientific Chair, as a Board of Director, or as part of the Executive Committee. *(Add more rows by placing your cursor at the end of the last row AND outside the cell and press the TAB key)* |
| Year(s) |  | Committee or Service |
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| **C.** Please list oral presentations made at MASCC-sponsored meetings (e.g., as a presenter of an educational session, workshop, or oral proffered paper, or Best of MASCC). E-poster presentations and moderating and/or chairing a session do not apply. *(Add more rows by placing your cursor at the end of the last row AND outside the cell and press the TAB key)* |
| Year(s) |  | Meeting/Symposium/Webinar |  | Title of Presentation |
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| **D.** Please List service as author for any official MASCC publications (e.g., publications in Journal in *Supportive Care in Cancer* (e.g., provide citation), MASCC produced guidelines (e.g., provide citation), society news).List service as Editor (Associate/Editor in Chief) or reviewer for *Supportive Care in Cancer*, MASCC annual meeting abstracts, MASCC textbook(s), chairing/moderating sessions (poster sessions included) at annual meeting. *(Add more rows by placing your cursor at the end of the last row AND outside the cell and press the TAB key)* |
| Year(s) |  | Activity |
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PRACTICE CONTRIBUTIONS

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| **A.** Please describe your top 10 examples of patient supportive care programs, you have developed and implemented (include dates and locations). Please be certain to emphasize how this program is (or was) unique and innovative. For example, it would be worthwhile to note that it was the first such service nationally. Please specify also, when it was implemented, whether it has been transferred or copied elsewhere, whether it has been evaluated in some way, and whether that evaluation has been published in the professional literature. Please include a brief description of your role(s) in this service. *(To add more entries, place your cursor within the entry table and select the icon to the top left of the table. Right click and copy table. Place cursor below last table, hit return and then right click to paste.* |

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| Patient Supportive Care Programs |

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| --- | --- | --- | --- |
| 1. | Date (Year) and Location: |  |  |
| Program Name: |  |  |
| Description: |  |  |
| Impact: |  |  |
| Role(s): |  |  |

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| 2. | Date (Year) and Location: |  |  |
| Program Name: |  |  |
| Description: |  |  |
| Impact: |  |  |
| Role(s): |  |  |

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| B. Please list top 10 examples of the most recent and/or most significant educational or professional presentations that you have made to regional, national, or international health discipline meetings related to cancer-supportive care. Please do not include presentations that were given in MASCC-sponsored meetings. Please do not identify presentations of original research in this section. More weight is given to presentations at national/international meetings. Points will not be awarded for presentations of a promotional or marketing nature.*(To add more entries, place your cursor within the entry table and select the icon to the top left of the table. Right click and copy table. Place cursor below last table, hit return and then right click to paste.* |

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| Educational or Professional Presentations (Non-Research) |

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| 1. | Date (Year) and Location: |  |  |
| Presentation Title: |  |  |
| Meeting: |  |  |
| Regional, National, International |  |  |

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| 2. | Date (Year) and Location: |  |  |
| Presentation Title: |  |  |
| Meeting: |  |  |
| Regional, National, International |  |  |

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| C. Please list work related/ professional awards or honors received in recognition of your practice or research accomplishments completed after your academic training. Please designate an organization as international (I), national (N), or local (L). Provide an explanation of the significance of each award listed (e.g., “This national award is given annually to one individual recognized as being an outstanding new researcher;” “this institutional honor is conferred to those in a variety of health professions who have made outstanding contributions to patient care”).*(To add more entries, place your cursor within the entry table and select the icon to the top left of the table. Right click and copy table. Place cursor below last table, hit return and then right click to paste.* |

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| Professional Awards & Honors |

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| 1. | Date (Year) and Location: |  |  |
| Award: |  |  |
| Awarded by (Organization): |  |  |
| What does the award represent: |  |  |
| Regional, National, International |  |  |

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| 2. | Date (Year) and Location): |  |  |
| Award: |  |  |
| Awarded by (Organization): |  |  |
| What does the award represent: |  |  |
| Regional, National, International |  |  |

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| D. Please list up to 10 mentees from MASCC that you have provided significant amount of mentorship who was/is now an active member of MASCC. Provide an explanation of the significance of each mentee (e.g., “I have mentored this individual for 3 years as this individual completed the palliative care training. The individual and I have co-authored 2 papers and presented 2 projects at the MASCC annual meeting.)*(To add more entries, place your cursor within the entry table and select the icon to the top left of the table. Right click and copy table. Place cursor below last table, hit return and then right click to paste.* |

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| Mentees |

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| 1. | Date (Year): |  |  |
| Mentee’s Name: |  |  |
| Significance/Outcomes: How did you help their career? |  |  |

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| --- | --- | --- | --- |
| 2. | Date (Year): |  |  |
| Mentee’s Name: |  |  |
| Significance/Outcomes: How did you help their career? |  |  |

PARTICIPATION IN RESEARCH

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| A. Please list top 10 peer-reviewed publications of original supportive care research you have authored or co-authored. Please indicate whether you are primary/sole (P), senior (S), or secondary (SEC) author.Author Definitions (see <https://www.icmje.org/recommendations/>): Authors must meet the 4 ICMJE author criteria. The primary author (P) is usually the first author (and often the corresponding author). The senior author (S) directs and takes responsibility for the work published, including scientific accuracy and integrity of the methodology, analyses, interpretations, and conclusions associated with the work (may also serve as the corresponding author). In our context, a secondary author is neither the primary nor senior author.Please do not list publications in non-peer-reviewed journals and do not include abstracts.*(Add more rows by placing your cursor at the end of the last row AND outside the cell and press the TAB key)* |

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| Publications (Original Research) |

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| Authorship (P,S, etc.) |  | Citation |
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| B. Please list top 10 publications of books (B), book chapters (BC), book reviews (BR), review articles (R), case reports (C), editorials (E), letters to the editor (L) related to cancer supportive care. Indicate whether you are primary/sole (P), senior (S), or secondary (SEC) author.Author Definitions (see <https://www.icmje.org/recommendations/>): Authors must meet the 4 ICMJE author criteria. The primary author (P) is usually the first author (and often the corresponding author). The senior author (S) directs and takes responsibility for the work published, including scientific accuracy and integrity of any methodology, analyses, interpretations, and conclusions associated with the work (may also serve as the corresponding author). A secondary author is neither the primary nor senior author.Please use biomedical journal style. In the case of journal publications, please include only refereed publications. Do not list publications of original research in this section.*(Add more rows by placing your cursor at the end of the last row AND outside the cell and press the TAB key)* |

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| Publications |

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| --- | --- | --- | --- | --- |
| Type: (B, BC, BR, R, C, E, L) |  | Authorship (P, S, etc.) |  | Citation |
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| C. Please list funded research projects that you have conducted in your practice and/or research environment and/or designed as a member of a drug development team that related to cancer supportive care. Indicate whether Principal Investigator (PI) or Co-investigator (CI).*(To add more entries, place your cursor within the entry table and select the icon to the top left of the table. Right click and copy table. Place cursor below last table, hit return and then right click to paste.* |

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| Funded Research Projects |

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| 1. | Date (Year): |  |  |
| Title of project: |  |  |
| Funding amount: |  | (Approximate in USD) |
| Funding agency: |  |  |
| Indicate PI or CI: |  |  |

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| 2. | Date (Year): |  |  |
| Title of project: |  |  |
| Funding amount: |  | (Approximate in USD) |
| Funding agency: |  |  |
| Indicate PI or CI: |  |  |

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| D. Please list other non-MASCC related editorial services (reviewers, editors, etc)*(Add more rows by placing your cursor at the end of the last row AND outside the cell and press the TAB key)* |

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| Date (Year): |  | Activity |
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OTHER

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| Please use this space, if desired, to describe any other unique contributions you have made to the profession that you would like to bring to the attention of the Committee and that are not reflected above. |

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