

2024 Application



Name of Faculty: _____

UNC School of Medicine Department: _____

Department Chair: _____

Number of Years in Academic Medicine at UNC: _____

Short term career goals *(to be completed by faculty applicant):*

Long term career goals *(to be completed by faculty applicant):*

Needs & expectations of LAMP participation *(to be completed by faculty applicant):*

Commitment from Chair *(to be completed by faculty applicant after discussion with their Chair):*

- I have reviewed the information distributed about LAMP with my department chair who has agreed to support my participation and release time for my attendance and participation and support me in my endeavor for career success.

Sign Below:

Please return this application form to: Dawn Morrison dawn_morrison@med.unc.edu no later than June 9, 2024.