

DEPARTMENT OF MEDICAL EDUCATION
University of Illinois at Chicago

Master of Health Professions Education (MHPE) Program

PERSONAL STATEMENT

The Admissions Committee of the Department of Medical Education has prepared this Personal Statement form so that candidates can provide more specific information for program admittance. Please attach a copy of your resume/CV if you believe that it contains additional information regarding your qualifications for admission.

Name: _____

Address: _____

Work Phone: _____ Home Phone: _____

EMPLOYMENT

Name & Address: _____

Title: _____

Dates: From: _____ To _____ Supervisor: _____

Duties & Responsibilities: _____

Name & Address: _____

Title: _____

Dates: From: _____ To _____ Supervisor: _____

Duties & Responsibilities: _____

Name & Address: _____

Title: _____

Dates: From: _____ To _____ Supervisor: _____

Duties & Responsibilities: _____

Please answer the following questions (using the item number as reference) on additional pages. The answers to questions 1-11 should not exceed one-half page. The answers to questions 12 and 13 should be no longer than one page each.

1. Describe your career goals in health professions education.
2. Describe how the MHPE program will help you accomplish your goals.
3. List pertinent learning experiences not included on official transcript(s) (e.g., courses/seminars/workshops in education, management, social and behavioral sciences).
4. List teaching experiences (e.g., courses, workshops, seminars taught; clinical supervision).
5. List your administrative experiences in health professions education.
6. List your research and evaluation experiences.
7. List your publications, presentations at professional meeting, or other evidence of scholarship.
8. List your memberships in professional associations. Include offices held, committee participation, etc.
9. List your professional honors, awards, and distinctions.
10. Describe a project in which you have been involved that has led to improvement in the educational process. Include a description of your role, project activities, products, evidence of impact, etc.
11. What are your sources of support for tuition, fees, and living expenses during participation in the MHPE program?
12. Which format will you choose primarily: online or on-campus intensive?
13. Describe an educational problem in your environment that you would like to change.
14. Reflect on your background and the motivations and values (and their changes over time) that have impacted on your career and life goals. Describe how your values, career goals, and life goals have or will be integrated.

NOTE: Please send all completed application materials to:
Coordinator of Educational Programs
University of Illinois at Chicago
Dept. of Medical Education (MC 591)
808 S. Wood St., 986 CME
Chicago, IL 60612-7309
Telephone: 312-996-4666