

Pfizer Mini-Medical School
Community Health Education Outreach Program
SUNY Downstate Medical Center
Application Form

Submit this completed form to the Office of Student Affairs **8 weeks prior** to when you plan to offer the program. This lead time is required to permit a review of the application by the Committee, and a reply so you will have time to implement the program. You may answer the questions on a separate sheets of paper and attach them to the form.

1. Your Name and the Name of your Organization

Student Coordinator (person responsible for implementation):

Name of Organization:

2. Indicate the colleges of the students who will be offering the program (check all that apply)

☐ Medicine ☐ Health Related Professions ☐ Nursing

3. Title of your Educational Program

4. The date you plan to offer the program and location (where you will hold it)

5. Target Audience (describe in detail)

How many people do you expect to attend the program?

6. List 1-3 objectives/ goals of your educational session

(continued on page 2)

7. Describe what you plan to do and how.

8. List your budget for pre-program expenses here. (This will be used to issue the check.)
advertising materials

teaching materials

9. Any Other Comments?

Return the completed application to the Office of Student Affairs

Submitted by

Your Name

Today's Date

Faculty Sponsor (must have faculty appt)

Today's Date

Note: As a faculty sponsor, you agree to review the teaching materials and content used by this individual/group in their educational outreach program and certify its accuracy and that it is substantive.

