

APPLICATION FOR ARRS CLINICIAN EDUCATOR DEVELOPMENT PROGRAM LEVEL 2

Global Partner Society (GPS) Program

- 1. Each ARRS Global Partner may submit one (1) society candidate for the 2026 Clinician Educator Development Program Level 2 (CEDP2). Up to five (5) Global Partner Society candidates will be selected to participate. A Global Partner Society submitted application does not guarantee entrance into the program.
- 2. Society nominated candidates should be in a faculty appointment as a lecturer, instructor, or associate professor in an academic center or teaching hospital for a minimum of at least seven (7) years or more post-residency and/or have completed the ARRS Clinician Development Program Level 1 in a prior year. The applicant should be mid-career faculty. If the applicant does not meet these qualifications, the application will not be accepted.
- 3. ARRS membership is a requirement of this program. Only candidates who are current ARRS members will be considered. Nonmembers and pending members will not be accepted.
- 4. The individual candidate should complete their sections of this application form on pages 1-3 and their Department Chair, Program Chair or Program Director will complete the information on pages 3-4.
- 5. The Global Partner Society primary physician contact or staff contact should email the application materials (application form, CV, letter of recommendation) in **ONE** (1) document, preferably in PDF format (.pdf) to Kerry Davis at kdavis@arrs.org with a copy to Linda Thomas at https://links.org.

The Application Deadline is Friday, December 19, 2025

APPLICATION FORM

(Please type information on this form.)

Name of ARRS Global Partner Society Submitting Application:

Candidate Name:	(including degrees)
Institution Name:	
Current Position:	
Postal Address:	
City/Province:	Country:
Postal Code:	
Page 1 of 4	

Email:
Subspecialty:
ARRS Member (Yes/No) Number of Years of Teaching Experience (should be 7 years or more)
Yes, I have completed the ARRS Clinician Educator Development Program Level 1 in a prior year.
No, I have not completed the ARRS Clinician Educator Development Program Level 1 in a prior year.
Medical Education/Year Completed:
Residency inYears
Fellowship inYears
MD DO or Equivalent Degree
Statement describing most impactful project as a Clinician Educator:
Briefly describe how you plan to further develop your career as an educator:

What would you like to gain from the CEDP Level 2 Course?		
Ba	ased on your previous answer, what gaps are you trying to fill as an educator?	
	ased on your provious answer, what gaps are you trying to fin as an educator.	
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	If my application is selected for the Clinician Educator Development Program, I give ARRS	
	permission to share my contact information with fellow CEDP participants for networking purposes.	
<u>To</u>	Be Completed by Department Chair, Program Chair or Program Director	
All	of the following criteria are required and must be checked in order for the nominee to be considered:	
	M.D., D.O. or equivalent degree from an accredited institution	
	Completion of radiology residency	
	Faculty appointment as a lecturer, instructor, or associate professor at an academic center or teaching	
	hospital	
	Currently employed in an academic center or teaching hospital	
	Current ARRS Member	
	It is understood if the candidate is selected, the nominee must pay the meeting registration fees and	
	attend the ARRS 2026 Annual Meeting in Pittsburgh, Pennsylvania, as part of the CEDP	
	requirements.	
	It is understood if the candidate is selected, the nominee must complete all pre-meeting assignments	
	and turn them in on time. Failure to do so may disqualify the nominee from the program.	
	The nominee meets the above criteria and should be considered for this program.	
De	partment Chair, Program Chair or Program Director Comments:	
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I (Indicate Name),		
as Department Chair Program Chair or as Program Director		
nominate(Candidate)		
for the ARRS 2026 Clinician Educator Development Program Level 2 taking place in Pittsburgh, Pennsylvania as part of the ARRS 2026 Annual Meeting.		
Email Address:		
Date:		