aiM Higher Spring 2024 Application Form

Due Date: February 29, 2024

1. Email *

    Shelle849@gmail.com

2. Last Name *

    Shelle

3. First Name *

    Donna

4. Organization, Department *

    University of Pennsylvania / Anesthesiology

5. Job Title *

    Grant Manager

6. At the time of the exam, will you meet the eligibility requirements to take the exam, *
    as detailed by RACC at [Qualifications and Credentials (racc-cert.org)](racc-cert.org)?

    Mark only one oval.

    (x) Yes

    ( ) No

7. Supervisor(s) Name(s) *

Cindy Bliven

8. Supervisor(s) Email(s) *

blivenc@pennmedicine.upenn.edu

9. **Supervisor Approval of your participation in aiM Higher**: Please attach an   *
email from your supervisor(s) agreeing to your participation in pdf format. You must
seek approval to have the necessary time to participate in our weekly study
sessions.

Files submitted:

10. What are your areas of expertise? We may draw on past participants who   *
successfully passed the exam for future aiM Higher session moderation, on a
volunteer basis.

11. I certify that I have read the aiM Higher application information. *

Check all that apply.

☒ Yes

Google Forms