



## **SOUTHERN SOCIETY FOR CLINICAL INVESTIGATION STATEMENT OF PRINCIPLES AND MEMBERSHIP REQUIREMENTS**

(Electronic version of nomination form may be obtained from [www.ssciweb.org](http://www.ssciweb.org).)

### **Introduction**

The SSCI is an organization of clinical investigators, biomedical scientists, and clinician educators, mostly from Southcentral and Southeastern United States, whose goal is to promote quality academic scholarship by conducting an annual meeting, encouraging the participation of young investigators in this meeting, and publishing a monthly journal, *The American Journal of the Medical Sciences*.

### **Requirements**

Membership is open to those with MD, PhD, DO, or PharmD degrees based on broad academic criteria that are considered by the Council prior to its annual meeting. The SSCI is interested in attracting members at or above the senior Assistant Professor level who have demonstrated meritorious scholarly activities with promise for, or evidence of, academic leadership. Recognizing that academic medicine has two distinct career pathways, the SSCI has established different selection criteria based on one's primary academic focus. For those whose career emphasizes research (basic science or clinical investigation), criteria such as research independence and originality, publications, independent grant support, and local/regional/national academic recognition will be examined more closely than clinical activities. For clinician educators, criteria such as clinical teaching responsibilities, curriculum development, academic leadership appointments, scholarly activities, and recognition as a clinical academic authority will be weighed more heavily than traditional research criteria. The applicant will select which pathway best defines their career path and thus, which set of criteria will be weighed most heavily by the Council. Members of the ASCI and AAP are automatically given membership upon application.

### **Nomination Instructions**

All applicants must be nominated, and their nomination seconded, by members of the SSCI. The seconding letter should be from a member knowledgeable in the nominee's area of work and preferably from an institution separate from the nominee's. These supportive letters

should not summarize the nominee's CV but rather focus on the independence, originality, and/or significance of the applicant's scholarly work and academic contributions. Specific examples should be provided in support of statements made. In addition, the letters should address the nominee's potential for, or experience as, a mentor and academic leader. Comments about the nominee's "citizenship" in the academic and local community as well as his/her likely contributions to the SSCI mission and/or the Southern Regional Meeting are desired.

**A complete nomination package consists of:**

- Completed one-page "Nomination for Membership" form, including selection by the nominee of the pathway that best describes his/her academic career (see Requirements above).
- **A brief statement from the nominee on separate letterhead stating why he/she seeks membership in the SSCI.**
- A complete and current curriculum vitae.
- A nominating letter, limited to 2 pages, from a member of the SSCI (see Nomination Instructions above).
- A seconding letter from a member of the SSCI (see Nomination Instructions above).
- A professional, high-resolution photo of the candidate (head/shoulder).

**Submit package electronically as pdf document to  
Joan Kemp, Executive Director at [joankemp@uab.edu](mailto:joankemp@uab.edu)**

**Nomination deadline is September 15.**



**SOUTHERN SOCIETY FOR CLINICAL INVESTIGATION  
NOMINATION FOR MEMBERSHIP**

RESEARCHER/INVESTIGATOR TRACK

CLINICIAN/EDUCATOR TRACK

NAME: \_\_\_\_\_

DEGREE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

TITLE, DEPARTMENT, AND INSTITUTION:

TITLE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ADMINISTRATIVE ASSISTANT NAME, EMAIL AND TELEPHONE:

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SPECIALTY AND SUBSPECIALTY: \_\_\_\_\_

KEYWORDS: \_\_\_\_\_

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PROPOSED BY: (NAME, ADDRESS, EMAIL AND TELEPHONE)

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SECONDED BY: (NAME, ADDRESS, EMAIL AND TELEPHONE)

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**\*\*PLEASE ATTACH COPY OF *CURRICULUM VITAE* AND HIGH RESOLUTION PROFESSIONAL PHOTO\*\***