MASSACHUSETTS MEDICAL SOCIETY
Every physician matters, each patient counts.

MMS Award Application

The two $5,000 monetary awards (one for students, one for residents/fellows) are in recognition of excellence in applying information technology for the benefit of health care in general, patients, medical research, teaching, etc. The application must be submitted electronically once all of the following information is included. The required format is a video, not to exceed 4-minutes, uploaded to the MMS (details below).

Project Information:
This smartform application is due by Sunday, January 3, 2027**. If you intend to apply, please alert by sending this form via e-mail to lbarzin@mms.org as soon as possible stating your intent to apply.**

- ❖ Projects can be the result of an individual effort or team collaboration; however, the applicant of record must currently be a student, resident or fellow.
- ❖ A given project can only receive one award although it can be submitted more than one year if there is new progress.
- ❖ Finalists will be requested to demonstrate the actual project for the judges in early 2027
- ❖ The award is presented in Spring of 2027

Criteria for Evaluation:

- Projects are that advance medical education, clinical research, patient care, public health, or the delivery of health care through the innovative application of information technology
- Role of applicant and IT contribution within the team and project.
- Quality of data presented
- Clarity of presentation
- Scope of problem addressed
- Focus of project including elements (if any) addressing Healthcare Disparities & Barriers to Healthcare
- Innovation (does the solution really have the potential to change the way health care is practiced and provide value to the practice of medicine)
- Demonstrated application of innovation in practice or field testing
- Cost effectiveness
- Utility/ease of use for the average practitioner

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MMS Information Technology Award Application

1. Contact Information:

First Name:_____ Middle Initial:___ Last Name: _____

Address: _____

Address 2: _____

City: _____ ST: ____ Zip: _____

Primary Telephone: ____ _____

E-Mail: _____

What is your current status: Student:____ Resident/Fellow: _____

How did you hear about this award program?

Project Name: _____

Project Summary (overview 1 paragraph):

2. Application:

a. To apply for this award, create a video **not to exceed 4 minutes** and upload it + this form in pdf to the page where you downloaded this form (link from www.massmed.org/cit_award)
b. You can use any video technology you want (mobile phone, video camera, screen capture, voice-annotated PowerPoint, etc.) as long as the resulting video is in a standard format (.mov or .mp4) that is viewable by us. The quality of the video is less important than the content and information about your project.
c. Start by clearly stating your name, your current status and the project name
d. In the rest of the video you must include:
    i. a short statement that describes the problem, solution and its value to medicine
    ii. your role within the team or project including your IT contribution
    iii. what problem was addressed, how it was addressed, what outcomes were demonstrated and what the benefit or solution for health care is
    iv. whether your project has been implemented or tested in a health care setting
    v. why should this award be given to you?
e. Video and form must be uploaded by midnight on Sunday, January 3, 2027.

3. Certification:

Name:_____

Date:_____