

# AM•EI Consultation Request Form

AM•EI provides support to healthcare educators who are interested in reviewing a programme, embarking on education research or building of their education portfolios.



Academic Medicine  
Education Institute  
Duke-NUS SingHealth

## CONSULTATION

**Programme Review** | The Programme Review Consultation supports healthcare educators who seek to enhance their existing educational programmes, or wish to develop new courses with appropriate learning strategies, assessments and measure of effectiveness.

**Education Research** | The Education Research Consultation mentors healthcare educators to design and refine educational research questions, establish suitable research method, data analysis and statistics support as well as advice for publication write-up.

**Education Portfolio** | The Education Portfolio Consultation provides healthcare educators with resources and opportunities to be recognized in their academic achievements through the tracking of their education contributions which is important to their academic career advancement.

Schedule a face-to-face/ e-consultation with us today! Email this form to [amei-info@duke-nus.edu.sg](mailto:amei-info@duke-nus.edu.sg).

\*First consultation session (one hour) with AM•EI is complimentary, for follow-up consultation sessions, it will be chargeable at S\$200 per hour (before GST, if applicable). Please obtain approval from your ACP Chair/ Vice Chair or HOD for subsequent consultation sessions.

<b>This is a</b>	<input type="checkbox"/> First Consultation*	<input type="checkbox"/> Follow-up Consultation (Chargeable)					
<b>Salutation of Requestor</b>	<input type="checkbox"/> Prof	<input type="checkbox"/> Assoc. Prof	<input type="checkbox"/> Asst. Prof	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	
<b>Full Name of Requestor</b> (Please underline surname)						<b>Member of AM•EI</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Primary Institution</b>	<input type="checkbox"/> Duke-NUS	<input type="checkbox"/> SingHealth Corporate Office	<input type="checkbox"/> SGH	<input type="checkbox"/> KKH	<input type="checkbox"/> CGH		
	<input type="checkbox"/> Others (Please Specify): _____						
<b>Department</b>	_____					<b>Designation</b>	_____
<b>Contact Number</b>	_____					<b>Email</b>	_____
<b>Type of Consultation</b>	<input type="checkbox"/> Programme Review <input type="checkbox"/> Education Research <input type="checkbox"/> Education Portfolio <input type="checkbox"/> Others (Please state): _____						
<b>Aim of Consultation</b>	<div style="border: 1px solid black; height: 50px;"></div>						
<b>Lead Time</b>	_____						
<b>Is your consultation request approved by HOD/ACP Chair/ACP Vice-Chair*?</b>							
<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify name of approval: _____							
<b>Details of Request</b> (Please share more information on your project)	<div style="border: 1px solid black; height: 30px;"></div>						
<b>Available Date/Time Slots for Consultation</b> (Please provide more than one)	<div style="border: 1px solid black; height: 30px;"></div>						

Please send us along with this form, any supporting documents for us to understand your request better. Thank you!

# AM•EI Consultation Request Form



**FOR FACULTY ONLY**

Academic Medicine  
Education Institute  
Duke-NUS SingHealth

Consultation done by \_\_\_\_\_  
\_\_\_\_\_

Date of Consultation \_\_\_\_\_

Contact Person \_\_\_\_\_

Focus of Consultation

Action Steps to be taken by Requestor

Follow Up Actions

Follow up Required?  Yes  No

If yes, please provide date \_\_\_\_\_

Additional Details  
(Feedback)