

# THE EDUCATION QI PROJECT APPLICATION FORM

For more information on the FORWARD modules, please visit,  
<https://www.scientific-exchange.com/therapeutic-areas/obesity/forward.html>

**Name:**

**Email address:**

**Mailing address:**

**Preferred phone number:**

**Faculty position:**

**Role in medical education:**

**School name:**

**School type:**

**Number of students per class:**

**Region:**

**Rate level of overall current obesity education at your school:**

**Approximate cumulative hours of dedicated obesity education:**

**Number of faculty engaged in direct obesity education:**

**Interest to increase obesity education: YES\_\_\_ NO\_\_\_**

**Are you currently using the FORWARD modules in your curriculum? YES\_\_\_ NO\_\_\_**

**Capacity to increase obesity education footprint in the curriculum: YES\_\_\_ NO\_\_\_**

**Time available to participate in quarterly virtual meetings and review educational materials (time will be compensated): YES\_\_\_ NO\_\_\_**

**Have authority to shape curriculum and introduce new content: YES\_\_\_ NO\_\_\_**

**Do you have an obesity champion at your medical school? YES\_\_\_ NO\_\_\_ DON'T KNOW\_\_\_**