TAGME
National Board for Certification
Training Administrators of Graduate Medical Education

TAGME Exam Scholarship Application

Applicant Information

Name: _____

Personal Email: _____

Work Email: _____

Cell Phone: _____

Institution / Program: _____

Role/Title: _____

Years in GME: _____

Scholarship Request

Which exam or renewal are you applying for?

- ☐ Initial Certification
- ☐ Maintenance of Certification (MOC)
- ☐ Subsequent Maintenance of Certification (SMOC)

Have you previously taken a TAGME exam?

- ☐ Yes, year of exam taken_____
- ☐ No

Supervisor/Program Director Support

Name (typed or print name): _____

Title: _____

Email: _____

Do they support your participation in the TAGME exam?

- ☐ Yes
- ☐ No

Applicant Signature (typed or print name): _____

Date: _____

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Statement of Need

(Required – 250 words max)

Please describe why receiving this scholarship is important to you at this time. You may include professional, institutional, or personal factors that impact your ability to participate without assistance.

Submission Instructions:
After completing this form, please save as a PDF, keep a copy for yourself, and email it to info@tagme.org