

Mercer University School of Medicine
Medical Library & Peyton T. Anderson Learning Resources Center-Macon
Health Sciences Library-Savannah

Jocelyn A. Rankin Student Excellence in Library Research Award



Jocelyn A. Rankin, PhD

(1946-2010)

The **Jocelyn A. Rankin Student Excellence in Library Research Award** recognizes a Mercer University School of Medicine student who demonstrates outstanding proficiency in the use of the Library's collections, services and resources, and exceptional information-seeking literacy skills. The intent of the Award is to promote extensive and meaningful use of library resources and services, and to foster the development of life-long learning in students.

The award honors Jocelyn A. Rankin, PhD, founder and director of the Medical Library on the Macon campus and of GaIN (Georgia Interactive Network for Medical Information). Her tireless service to MUSM students and faculty as well as Georgia's underserved health professionals (1974-2000) exemplified passion and commitment to information access, problem-based learning, scholarship and research.

Eligibility

- Individuals must be currently enrolled as students in any of the educational programs offered by Mercer University School of Medicine: Doctor of Medicine, PhD in Clinical Medical Psychology, Master of Public Health, Master of Marriage and Family Therapy, Master of Science in Anesthesia, Master of Science in Preclinical Sciences, Master of Science in Biomedical Sciences.
- All submitted projects must contain an element of library research. The use of primary and/or secondary sources must be demonstrated.
- Individual or team submissions are allowed.
- Applicants must express their consent to have winning papers/projects exhibited at the library and included in the archives. Photographs of the winners may be displayed on the library website. All application materials remain the property of the library.
- Research must have been conducted while a student at MUSM and using library resources and services on one of the medical school campuses.
- Students may be nominated by any member of MUSM's faculty, staff or student body. Applicants may also self-nominate.
- Students from any MUSM campus are eligible, but only one award will be given each year.

Evaluation Committee & Criteria

Each application will be carefully reviewed by a panel consisting of designated MUSM faculty and staff. Submissions will be judged on the following criteria:

- Demonstrated ability to select, evaluate, and synthesize appropriate library resources and successfully use them in the creation of a research project or paper.
- Evidence of significant scholastic and/or personal learning and the development of a steady research pattern or habits that can be utilized in life-long learning.

Expectations for achievement will be commensurate with the applicant's class year and the requirements of the discipline.

Award Notification & Promotion

The winner will be notified no later than October 15th, and formally announced at the National Medical Librarians Week reception. Winner will receive a certificate, a book with a commemorative book plate, and have their name put on permanent record in the library. For 2nd or 3rd year med students, award can also be included in Dean's letter

when applying for residencies. If the winner is a graduating student, they may also be honored at the spring Honors and Awards event for their program.

Application Procedure & Deadline

Applications submitted by September 1st will be given full consideration. Incomplete or late submissions will not be considered. Unless requested by the applicant, submitted materials will not be returned. When possible, please submit copies in lieu of original documents or projects.

Applications should be submitted to:

Kim Meeks, MLIS, AHIP, Interim Director of the Mercer Medical Library
Mercer University School of Medicine
Medical Library & LRC
1550 College St.
Macon, GA 31207-0001
or email electronic submissions to meeks_k@mercer.edu

or

Carolyn Klatt, MA Interim Associate Director-Savannah Campus
Mercer University School of Medicine
Health Sciences Library
Memorial University Medical Center
P.O. Box 23089 / 4700 Waters Ave.
Savannah, GA 31404
or email electronic submissions to klatt_ca@mercer.edu

All applications must include the following (**click links for two required forms**):

- Application **cover sheet** with student signature(s). Electronic submissions of this document are acceptable in .pdf format only.
- A brief abstract/summary of the research project.
- A final version of the completed research project.
- A bibliography or other appropriate list of sources consulted.
- A **statement of faculty support** from a MUSM faculty member familiar with the student's research.

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COVER SHEET**

This application cover sheet must be completed by student applicants. For **group projects**, all members should provide their contact information and signatures, using additional pages if necessary.

Project Information

Course number and title of course for which project was completed (if applicable):

Professor's Name: _____ Department: _____

E-mail: _____ Phone: _____

Title of Project:

By signing below, I affirm that I am the author(s) of the submitted project, research paper, or other writing ("the work") and that the work in no way infringes upon any copyright or proprietary rights. As author, I retain all copyrights in the work, except that I hereby grant Mercer University School of Medicine a non-exclusive, perpetual, royalty-free license to publish any part of the work on the Library's website, in public relations/promotional materials, and in other publications of the Library.

Applicant (Applicant 1 for Group Project. Attach a separate sheet if needed for any additional applicants.)

Name: _____ MUID#: _____

Mailing Address: _____

E-mail: _____ Phone: _____

MUSM Program in which enrolled: _____

Expected Date of Graduation: _____

Signature: _____ Date: _____

Title of Project: _____

Applicant 2

Name: _____ MUID#: _____

Mailing Address: _____

E-mail: _____ Phone: _____

MUSM Program in which enrolled: _____

Expected Date of Graduation: _____

Signature: _____ Date: _____

Title of Project: _____

Applicant 3

Name: _____ MUID#: _____

Mailing Address: _____

E-mail: _____ Phone: _____

MUSM Program in which enrolled: _____

Expected Date of Graduation: _____

Signature: _____ Date: _____

Title of Project: _____

Applicant 4

Name: _____ MUID#: _____

Mailing Address: _____

E-mail: _____ Phone: _____

MUSM Program in which enrolled: _____

Expected Date of Graduation: _____

Signature: _____ Date: _____

Title of Project: _____

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STATEMENT OF FACULTY SUPPORT**

This statement of faculty support must be submitted in conjunction with each research project.

Faculty Name: _____

Department: _____

E-mail: _____ Phone: _____

Title of Project:

Student Name(s):

Course Number and Title (if applicable):

Semester Course Was Taught (if applicable):

If this project was not developed for a class assignment, please explain your familiarity with the student(s) and his/her/their research:

Signature: _____ Date: _____

Please submit a signed copy or a .pdf including your signature with the completed application.