SCHOLARSHIP APPLICATION FORM

Intensive Update with Board Review in Geriatrics and Palliative Medicine CME Course

September 12-15, 2017, Baruch College Campus Conference Center
Sponsored by the Icahn School of Medicine at Mount Sinai

INSTRUCTIONS

Eligibility: This scholarship opportunity is for primary care providers (physicians, physician assistants, nurses and nurse practitioners) currently practicing in rural areas that do not specialize in geriatrics but have a large number of older patients in their practice. To be eligible, applicants must work in a rural practice setting in the following counties: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming.

To apply: Please type or print clearly and send a completed application to lsimon@hfwcny.org

Questions? Contact Lisa Simon, lsimon@hfwcny.org

APPLICATION

Name: ________________________________________________________________

Title/Credential: _______________________________________________________

Practice Address:
_____________________________________________________________________

City: ___________________________ State: _________ Zip Code: _________

County: ___________________________

Telephone: _______________ Fax: _______________ Email: ___________________

Principal Specialty (if applicable): _________________________________________

Degree(s) and year(s) obtained: __________________________________________

Are you board certified? □ Yes, Certifying Board: ______________ □ No
Please answer each of the following questions.

1. Do you expect to practice for at least the next 10 years?  □ Yes □ No

2. In what settings do you routinely provide care to elderly patients? (check all that apply)
   □ Private practice/clinic □ Nursing home □ Hospital □ Home visits

3. Approximately what percentage of patients, i.e., those you see directly in your private practice or clinic, are in the following age groups? (indicate approximate percentage for each)

   Under age 65 ______ 65-74 ______ 75-84 ______ 85 and over ______

4. Will you request expense reimbursement for travel to/from your selected program?  □ Yes □ No

5. Briefly describe why you are interested in attending. Please include a description of at least two clinical challenges related to providing care for rural geriatric patients that you would like to gain knowledge and skill in addressing by attending the session.

   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________

6. Note any courses or specialized training in geriatrics you have participated in over the past three years.

   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________

7. Briefly describe how you might consider sharing what you’ve learned with your peers when you return. This could include presenting during office or medical staff meetings.

   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________

8. How did you hear about this opportunity?

   ________________________________
   ________________________________

9. If there are questions about your application what is the best way to contact you?
   □ Phone □ Email □ U.S. Mail (Provide additional info if different from page 1):

   ________________________________
   ________________________________

By signing this application I understand that if I am selected to participate and accept a scholarship for tuition payment I am required to attend the entire course and, within 30 days after the course, participate in a brief post-conference evaluation interview by telephone and a follow-up phone interview one year later.

Signature_________________________________________ Date: ______________

You will be notified by phone and by email about your selection ASAP!