



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@hfwcnny.org

Questions? Contact Lisa Simon, lsimon@hfwcnny.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!