

Nomination Form

Urban Clinician Partner's Program
Alzheimer's Disease Research Center
Washington University, St. Louis

The Urban Clinician Partner's Program (CPP) is part of the ADRC's African American Satellite and Education Core funded by the National Institute on Aging (P50-AG0568). The CPP is structured as a "mini-residency" for professionals who serve the primary healthcare needs of minority elders. The primary goal of the CPP is to enhance local dementia-related diagnosis and care by educating a select group of clinicians in up-to-date diagnostic and treatment techniques. An important emphasis of the CPP is early detection and treatment of Alzheimer's disease.

Clinicians may take part in this program pursuant to a self-nomination or one made by a local organization or authority. A select group of 15-18 clinicians will be invited to come to the Washington University ADRC each year for an all-expense-paid training experience. Clinicians receive a daily stipend, 20 hours of continuing medical education credit (CME forms provided upon acceptance) and lodging (if needed). This program is open to clinicians who provide primary care for minority elders in the greater St. Louis area. Physicians, advanced practice nurses and physician's assistants are the primary target groups for this program. Registered nurses, psychologists and social workers may also be considered as space is available.

Nomination Information [Check here](#) if this is a self-nomination.

Person making this nomination: _____

Organization: _____

Mailing Address: _____

Phone #: _____ Fax: _____ E-mail: _____

I nominate the following individual as an appropriate, qualified candidate for the CPP:

Name of Nominee: _____ Degree(s): _____

Organization: _____

Mailing Address: _____

Phone #: _____ Fax: _____ E-mail: _____

Licensed in Missouri? Yes No Licensed as? _____

Does the nominee provide primary healthcare services (at least 2 days per week) for a substantial number of older adults from minority groups in the greater St. Louis area?

Yes No Somewhat (Describe: _____)

If No, does the nominee provide a specialty service that supports geriatric primary care?

Describe: _____

_____ Turn Over

Was this nomination discussed with the nominee prior to submission? Yes No

Please list your reasons for nominating this particular individual:

How will this additional training benefit the nominee and older adults served through his/her clinical practice?

An important aspect of the CPP is collaboration. We hope to maintain close contact with Clinician Partners following their training experience at the ADRC, both to share information that may benefit their patients (e.g., latest research findings) and to further our educational goals in local areas. Please describe this nominee's potential interest in collaboration and provision of local educational programming on dementia care:

Please return this form by mail or fax to:

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