

Nomination Form

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

The Clinician Partner's Program (CPP) is part of the Knight ADRC's Rural Educational Outreach Initiative funded by the National Institute on Aging (P50-AG05681). The CPP is structured as a 2.5-day "mini-residency" for health professionals who serve older adults living in rural areas of Missouri. 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, colleague, or Authority. A select group of 10 clinicians will be invited to come to the Washington University ADRC each year For an all-expense-paid training experience. Clinicians receive travel, meals, accommodations, and a maximum of 20 hours of Continuing Medical Education credit (CME documentation provided upon acceptance). This program is open to clinicians who provide, as the largest portion of their clinical practice, primary care to older adults residing in rural or semi-rural areas of Missouri and (based on availability) surrounding states. 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.

The next session of the Clinician Partner's Program is scheduled for **March 13-15, 2019**

Nomination Information Check here _____ if this is a self-nomination.

Person making this nomination: _____

Employer / Organization: _____

HOME / Permanent Mailing Address: _____

Phone #: _____ Cell# : _____ 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: _____

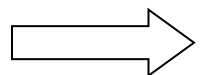
Licensed in Missouri? Yes No Licensed as? _____

Does the nominee provide primary healthcare services (at least 2 days per week) to older adults residing in rural or semi-rural areas?

Yes No Somewhat (Describe: _____)

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

Describe: _____



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 Knight 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 / email / scan / fax to:

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