



INDIANA HEALTH CARE  
POLICY INSTITUTE

## **2013 Indiana Health Care Policy Institute AMDA Core Curriculum on Medical Direction in LTC Scholarship**

*The Indiana Health Care Policy Institute (IHCPI) applauds individuals who are dedicated to advancing their career through continued education. IHCPI is accepting scholarship applications from individuals pursuing educational training for Medical Director Certification.*

*Medical Directors who practice in any setting or combination of settings across the long term care continuum, including skilled nursing facilities, assisted living, CCRCs, hospice and home care are encouraged to apply. Geriatric fellows in training who are considering the inclusion of medical direction in their practices will find this course a beneficial introduction to management requirements for LTC.*

### **To be considered for an Indiana Health Care Policy Institute AMDA Core Curriculum on Medical Direction in LTC Scholarship, the applicant must meet the following criteria:**

- ☐ Reside in Indiana
- ☐ Completion of a U.S. Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited post-graduate training program, or a Canadian Royal College of Physicians and Surgeons or College of Family Physicians accredited post-graduate training program; or completion of relevant U.S. post-graduate training and successful attainment of U.S. state licensure to practice medicine.
- ☐ Hold a current, unrestricted, state license as a medical doctor (MD) or doctor of osteopathy (DO) in the U.S. or an equivalent license to practice medicine in Canada
- ☐ Spend a minimum of 8 hours each month in service as a medical director in a long term care setting
- ☐ Have a passion to work with the elderly or disabled populations
- ☐ Return a completed scholarship application with a photocopy of current IN medical license, two letters of recommendation, essay, and completed AMDA Core Curriculum on Medical Direction Registration Form to IHCPI by the March 31, 2013 deadline
- ☐ Agree to a personal interview in Indianapolis if and when requested by IHCPI

**Individuals related to a member of the IHCPI Board of Directors are ineligible.**

### **IMPORTANT NOTICE:**

The Core Curriculum on Medical Direction on LTC, or its equivalent on long term care management, is required for all Certified Medical Director (CMD) candidates. This course is the foundation for certification as an AMDA CMD. Taking the course does not make you a CMD. There are other requirements to complete. For more information, contact the American Medical Directors Certification Program (AMDCP) at 410-992-3117.

**This course will be held November 2-8, 2013 in Orlando Florida** and includes Part I and Part II.



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**IHCPI requires the following information to be submitted with the completed application and postmarked by March 31, 2013. Failure to provide all requested information will result in disqualification.**

- ☐ Two Letters of Recommendation (one must be from an employee at a long term care facility)
- ☐ Essay, should include, but not be limited to, your passion, experience, reason for wanting/needing the scholarship, future career goals, and why you deserve to receive it
- ☐ Photocopy of current IN medical license
- ☐ Completion of AMDA Core Curriculum on Medical Direction Registration Form

*Disclaimer: Scholarship recipient's request to take Part I and/or Part II on an alternative date must be discussed with and approved by the IHCPI Board of Directors.*

**Completed application and all required materials must be mailed to the following address:**

Indiana Health Care Policy Institute  
Katie Niehoff, Executive Director  
One N. Capitol Ave., Suite 100  
Indianapolis, IN 46204



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317-616-9028

[keller@ihca.org](mailto:keller@ihca.org)



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Individual scholarships will be awarded based upon the information provided by the applicant. Applicants must meet criteria as specified. Only scholarship recipients will be contacted on or before April 31, 2013 by IHCPI.

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**Applicant Information (Please type or print in ink)**

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Permanent address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

By checking the following, I verify that I am at least 18 years old. ☐

Daytime Phone: \_\_\_\_/\_\_\_\_ Evening Phone: \_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

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**Academic Information**

Medical School: \_\_\_\_\_

City, State: \_\_\_\_\_

Graduation Date: (mm/yy) \_\_\_\_\_ Degree Earned: \_\_\_\_\_

College Attended: \_\_\_\_\_

City, State: \_\_\_\_\_

Graduation Date: (mm/yy) \_\_\_\_\_ Degree Earned: \_\_\_\_\_

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**Special Training/Awards/Volunteer Experience (additional pages accepted)**

List any special training, awards and volunteer experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**Complete Employment History (additional pages accepted)**

Current Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ / \_\_\_\_\_ Fax: \_\_\_\_\_ / \_\_\_\_\_

Present Position: \_\_\_\_\_

Date Started: \_ \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

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Previous Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ / \_\_\_\_\_ Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Position or Job Held: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ / \_\_\_\_\_ Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Position or Job Held: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

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### Essay Questions

On a separate page, please write an essay that covers each of the following points. Your essay should be typed. Please limit your response to 1000 words.

- ☐ Describe your healthcare and volunteer experience
- ☐ Describe your passion for the elderly or disabled populations and reason for wanting/needing the scholarship
- ☐ Describe your future career goals and why you deserve to receive the scholarship

### References: (please list the two references whose letters of recommendation are attached)

#### Reference 1:

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

RELATIONSHIP TO CANDIDATE: \_\_\_\_\_

#### Reference 2:

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

RELATIONSHIP TO CANDIDATE: \_\_\_\_\_

**Please ask references to submit to you a letter of reference to be attached to your application.** The letter should be on the individual's company letterhead if appropriate and should describe why you would be a worthy recipient of an IHCPi scholarship, addressing such areas as level of professionalism, sensitivity to people's needs, a known commitment to the elderly or to long-term care, and reflection of good service and advocacy skills.

**This reference page, along with the letters of recommendation, should be submitted with your completed application. Letters of recommendation sent without applications will not be considered.**