Application to the Indian Health Geriatric Scholars Pilot IHS Alzheimer's Grant Program

Division of Clinical and Community Services Office of Clinical and Preventive Services Indian Health Service

Name and Title:				
Po	SITION OR ROLE:			
SP	ECIALTY (if a provider) or AREA(s) OF SPECIALIZATION (if a pharmacist):			
SP	ONSORING IHS, TRIBAL, OR URBAN INDIAN HEALTH PROGRAM:			
<u> </u>	PLICATION AND COMMITMENT			
	nderstand that in applying to become an Indian Health Geriatric Scholar (GeriScholar), I am mmitting to the following:			
1.	Attend one of the following approved intensive training courses (select one):			
	UCLA Intensive Course in Geriatric Medicine & Board Review September 18-21, 2024 (Virtual).			
	Mount Sinai School of Medicine Intensive Update with Board Review in Geriatrics and Palliative Medicine September 24-27, 2024 (Virtual).			
2.	Attend the following virtual meetings:			
	Orientation to the Indian Health GeriScholar Pilot (one hour) in August 2024.			
	Orientation to the Improvement Project (one hour) in October 2024.			
	☐ Join at least two group-coaching calls (one hour) throughout the program.			
	Final project presentation in May 2025.			
3.	Develop and implement, with facility leadership approval, an improvement project addressing the care of older adults at my sponsoring facility from October 2024 to May 2025. Share progress and results regularly with my fellow Indian Health GeriScholars.			
4.	Serve as a local champion/resource for elder care and care for persons living with dementia and/or their caregivers in my facility or health program.			
5.	Learn from and share generously with my fellow Indian Health and VA Geriatric Scholars.			
Λ	plicant Signature Date Email Address			
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LEADERSHIP ENDORSEMENT AND COMMITMENT

I endorse this applicant as an Indian Health GeriScholar and commit to:

- 1. Approve enrollment and provide the time away from clinical duties needed to participate in one of the intensive training opportunities listed above.
- 2. Provide guidance and institutional support in designing and implementing a geriatric improvement project that meets the needs of and is strategically aligned with our organization.

Clinical Supervisor or Clinical Director Signature	Date	Email Address
CEO or Health Administrator Signature	Date	Email Address

Acceptance into the Indian Health GeriScholar Pilot will be contingent on enrollment documentation in one of the approved intensive training courses. The IHS Division of Clinical and Community Services will reimburse the Service Unit or Tribal or Urban Indian Health Program for the tuition and travel costs associated with enrollment in an approved training course.