**Physician Application for UAB Clinical Training Academy (CTA)**

**Applicant**: To complete this application form, place your cursor in the shaded fields and begin typing. The fields will expand as you type. Please be sure to read and sign last page and return all pages of the application with your CV and refundable deposit of $500.

**Name and Credentials:**

**Your Institution:**

**Preferred Mailing Address (Check one)**      Home      Office

**Street address:**

**City/State/Zip:**

**Daytime Phone:**

**Email:**

1. What is your primary ABMS board certification?

Certification Date       Expiration Date

If other, please indicate what primary board:

In what year was certification obtained and when does it expire?

Certification Date       Expiration Date

2. In what state are you licensed?

***(Please provide a photocopy of your medical license and malpractice certificate with this application.***)

3. Are you board certified in hospice and palliative medicine? **Check one**

Yes

No

ABHPM       AND/OR

ABMS

4. Have you completed a year-long fellowship program in hospice & palliative medicine? **Check one.**

Yes

No

If yes, year completed:

Name of Fellowship Program:

5. List any other sub-specialty certifications that you hold and what year they expire:

1.       Expiration date:

2.       Expiration date:

6. How many years have you practiced hospice and palliative medicine?

Full time             year(s)/months

Part time             year(s)/months

7. Are you a member of AAHPM? **Check one** Yes       No

8. List all CME activities that have been completed for education or experience in hospice and palliative medicine **over the past 2 years** (e.g., AAHPM UNIPACS, attendance at AAHPM Courses or Assembly, EPERC CD-ROM CME Course, EPEC curriculum, etc.):

CME Activity Date Completed

a.      

b.      

c.      

d.      

e.      

f.      

**Please complete the following three (3) essays (Limit responses to 200 words or less per question):**

**1. Provide a brief statement on your experience to date in hospice and palliative care.**

**2. Thinking of your goals and how this training experience will fulfill them and ultimately benefit your professional development in hospice and palliative medicine:**

**A. What problems/issues have you encountered in your practice that resulted in your participation in the Clinical Training Academy?**

1.

2.

3.

**B. What do you currently consider your three (3) primary strengths that lend yourself to success in palliative medicine?**

1.

2.

3.

**C. Name three (3) problems/barriers you encounter when working with patients in palliative care or those with serious illness.**

1.

2.

3.

**D. What are your three (3) primary learning goals or objectives for this experience?**

1.

2.

3.

**E. Name three (3) things you would like to incorporate into your practice following this experience.**

1.

2.

3.

**3. If you have completed hospice and palliative medicine board certification or a hospice and palliative medicine fellowship program, please explain how this program will enhance your knowledge beyond your previous training.**

I confirm that the information provided in this application is accurate and complete.

Signature Date

**Application Information and Fees**

Applications will be accepted on a competitive, ongoing basis. Completed application should be returned with your CV and $500 deposit check. In the event that your training does not take place, the deposit will be returned. The $2,000 **balance** of the individual fee for physicians will be **due two weeks prior** to the start of the training week.

Applications will be reviewed by the CTA primary faculty and staff. Once accepted, training dates will be determined by matching the applicant and CTA mentor schedules. Accepted applicants are responsible for all related travel, meals, and lodging during the immersion experience.

CME credit is available for up to 10 hours of activity.

**$2,500 Physician fee**

***Checks should be made payable to UAB Center for Palliative and Supportive Care and mailed with the application to the address at the bottom of this page.***

My application fee of $500.00 enclosed 🞎 yes

**REQUIRED DOCUMENTATION DUE PRIOR TO TRAINING:**

* **Proof of current TB skin test or documentation of current chest xray**
* **Copy of your license(s)**
* **Copy of malpractice certificate**