



### SECTION ONE – Applicant Information

Please note: Incomplete or illegible applications will be returned, clearly print or type all information

First Name: \_\_\_\_\_ Last Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/Floor/Lot/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country \_\_\_\_\_

Current Facility: \_\_\_\_\_ IAHCSMM ID# \_\_\_\_\_

Facility Address: \_\_\_\_\_

Current Position: \_\_\_\_\_ Number of Years in CS: \_\_\_\_\_

Home or Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

Home Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

### SECTION TWO – Proposed Topic

Proposed Topic Title: \_\_\_\_\_

Please attach a detailed outline of your topic. For guidance on content and organization please refer to the Research Paper Guidelines.

### SECTION THREE – Submission Criteria

Please submit the following to IAHCSMM headquarters to be considered by the Fellowship Committee:

- 1) Fellowship application;
- 2) Curriculum Vitae;
- 3) Two letters of Recommendation; and
- 4) Research Paper topic and detailed outline (see Section Two).

Date Application Received: \_\_\_\_\_ Mentor Assigned: \_\_\_\_\_

Date Application Sent to Committee: \_\_\_\_\_ Date Fellowship Accepted: \_\_\_\_\_