The Clinician Partner's Program (CPP) is part of the ADRC's Rural Educational Outreach Initiative funded by the National Institute on Aging (P50–AG05681). The CPP is structured as a “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 or authority. A select group of 15-18 clinicians will be invited to come to the Washington University ADRC each year for an all-expense-paid training experience. Clinicians receive a daily stipend and 20 hours of continuing medical education credit (CME documentation provided upon acceptance). This program is open to clinicians who provide primary care to older adults residing in rural or semi-rural areas of Missouri and 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.

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

Person making this nomination: __________________________________________________

Organization: _________________________________________________________________

Mailing Address: ______________________________________________________________

Phone #: ___________________  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: ______________________________________________________________________

____________________________________________________________________________

Turn Over
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?
___________________________________________________________________________________________
___________________________________________________________________________________________
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An important aspect of the CPP is collaboration. We hope to maintain close contact with Clinician Partners following their training experience at the 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 or fax to:

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Director of Education & Rural Outreach
Washington University ADRC
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St. Louis, MO 63108
(314) 286-2882; Fax (314) 286-2443
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