



**PROFESSIONAL DEVELOPMENT SCHOLARSHIP APPLICATION  
OMGMA MEMBERSHIP/CONFERENCE ATTENDEE**

The Oregon Medical Group Management Association (OMGMA) offers members the opportunity to obtain leading-edge knowledge, proven skills, and best practices to become equipped to overcome healthcare barriers and implement clinic improvements.

**TO BE CONSIDERED FOR A SCHOLARSHIP COMPLETE THE FOLLOWING:**

**APPLICANT NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**CLINIC NAME:** \_\_\_\_\_ **HOSPITAL NAME:** \_\_\_\_\_

**CLINIC ADDRESS** \_\_\_\_\_

1. DO YOU CURRENTLY BELONG TO ANY PROFESSIONAL ORGANIZATIONS? IF SO, WHAT ORGANIZATION/S?
  
2. WHAT ARE THREE AREAS WOULD YOU LIKE TO FOCUS ON IN YOUR PROFESSIONAL DEVELOPMENT?
  
3. HOW WOULD THIS OPPORTUNITY BENEFIT YOU PERSONALLY?
  
4. HOW WOULD THIS OPPORTUNITY BENEFIT YOUR RURAL HEALTH CLINIC?
  
5. HOW MANY YEARS HAVE YOU MANAGED A RURAL HEALTH CLINIC?

By signing and submitting the application, you acknowledge that if awarded, you will participate in a variety of resources and opportunities that are available to you via the OMGMA membership (i.e., free webinars, utilization of free resources, Managers Time Out meetings, and attend the Pacific Northwest MGMA Conference in April 2024). You agree to report to ORH on the best practices you learned throughout this opportunity and share how you executed this knowledge in your work as an RHC leader.

\_\_\_\_\_  
Signature of Clinic Leader

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Executive or Director

\_\_\_\_\_  
Date