**SCHOLARSHIP APPLICATION**

**PROFESSIONAL DEVELOPMENT | OMGMA MEMBERSHIP**

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 AN OMGMA MEMBERSHIP SCHOLARSHIP, COMPLETE THE FOLLOWING:**

**APPLICANT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TITLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CLINIC NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CRITICAL ACCESS HOSPITAL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

* **I CERTIFY THAT MY CLINIC IS OWNED BY A CRITICAL ACCESS HOSPITAL (PLEASE CHECK)**

1. **HAVE YOU, OR DO YOU CURRENTLY, BELONG TO A PROFESSIONAL ORGANIZATION? IF SO, WHAT ORGANIZATION?**
2. **WHAT ARE THREE AREAS YOU WOULD LIKE TO FOCUS ON IN YOUR PROFESSIONAL DEVELOPMENT?**

1. **WHAT PROFESSIONAL DEVELOPMENT ACTIVITIES HAVE YOU PARTICATED IN THE PAST AND HOW HAVE THE SKILLS YOU BUILT FROM THOSE OPPORTUNITIES TRANSITIONED INTO IMPROVEMENTS IN YOUR ORGANIZATION AND DAY-TO-DAY WORK?**
2. **HOW WOULD THIS OPPORTUNITY BENEFIT BOTH YOU PERSONALLY AND YOUR ORGANIZATION?**
3. **HOW MANY YEARS HAVE YOU MANAGED A RURAL HEALTH CLINIC?**
4. **WHAT RHC INFORMATION WOULD YOU LIKE TO LEARN MORE ABOUT?**

**By signing and submitting this application you acknowledge that if awarded, you will be required to 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 Annual Conference in June 2020). You agree to report back to ORH on best practices that you learned throughout this opportunity and share how you executed this new knowledge into your work as a Practice Manager.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Clinic Manager Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Executive or Director Date**