#

**NEW in 2020:**

Proposals focusing on “teletherapy” will be considered as offering new technology education

# Logo color

## Application Form

##  Evelyn Mackin Grant for Education by a

##  Traveling Therapist

 **Established 2004**

|  |  |
| --- | --- |
| **APPLICANT NAME:** |       |
| **Project Title:** |  |

|  |  |
| --- | --- |
| **FACILITY:** |       |

|  |  |
| --- | --- |
| **WORK ADDRESS:** |  |
|       |
| STREET |

|  |  |  |
| --- | --- | --- |
|       |       |       |
| CITY | STATE | ZIP CODE |

|  |  |
| --- | --- |
|       |       |
| PHONE | FAX |

|  |
| --- |
|       |
| EMAIL ADDRESS |

|  |  |
| --- | --- |
| **HOME ADDRESS:** |  |
|       |
| STREET |

|  |  |  |
| --- | --- | --- |
|       |       |       |
| CITY | STATE | ZIP CODE |

|  |  |
| --- | --- |
|       |       |
| PHONE | FAX |

|  |
| --- |
|       |
| PERSONAL EMAIL ADDRESS |

|  |  |
| --- | --- |
| **ASHT MEMBERSHIP #** |       |

###

|  |  |
| --- | --- |
| **CHT #** |  (if applicable)  |

|  |  |
| --- | --- |
| **YEAR GRADUATED FROM OT/PT SCHOOL** |       |

|  |  |
| --- | --- |
| **OT/PT LICENSURE/REGISTRATION # AND CURRENT STATUS OF LICENSURE** |       |

|  |  |
| --- | --- |
| **# OF YEARS WORKING IN A HAND THERAPY PRACTICE:** |       |

|  |  |
| --- | --- |
| **Personal or other contact information for dispersal of award (if awarded)** |       |

|  |
| --- |
|             |
| Signature Date |

|  |
| --- |
| **EDUCATIONAL ABSTRACT (up to 1/2 page):** |

**PROPOSAL FOR EDUCATIONAL TRAVEL**

(Not to exceed four pages of 12-point font type with one-inch margins all around)

Include the following information:

1. Overall aims of the visit
	1. Goals and objectives for the applicant (education provider)
		1. Use SMART goal descriptions (Specific, Measurable, Attainable, Relevant, and Time-based goals)
	2. Goals and objectives for the guest site (education recipient)

1. Justification of the travel to complete the visit
	1. A background description to justify the need and/or opportunities presented in the visit
	2. Address why the travel is needed to meet the aims of the visit
	3. Justify educator qualifications and the qualifications of the guest site to guide the visit to meet the goals and objectives
2. Logistics of how to accomplish the stated goals
	1. Travel plans
	2. Plans for teaching and learning
	3. Need for supplies if applicable
	4. Sustainability of the acquired education/ supplies by the guest site
	5. Specify the roles of the guest site and educator during the visit
	6. Specify outcomes to document the results of the experience
	7. Anticipated barriers or problems and plans to address them
	8. Budget
	9. Time line for the proposed activities
	10. Plans to disseminate the results of experience for presentation at the annual meeting of the American Society of Hand Therapists or a peer- reviewed publication, preferably in the *Journal of Hand Therapy*
3. Based on the tenet that those who provide and those who receive education all learn from the experience, indicate what the educator plans to learn from the guest site.
4. Additional documentation
	1. Support letters from guest site, preferably in the form of a Memorandum of Understanding, confirming the roles of the guest site and the educator during the visit

**APPLICANT QUALIFICATIONS TO PROVIDE THE EDUCATION**

Include a current curriculum vitae in the package submission

Provide evidence of active participation in the profession in the following areas:

|  |
| --- |
| **TEACHING** |
| **1.**       |
| **2.**       |
| **FORMAL LEARNING (Inter-professional medical)** |
| **1.**       |
| **2.**       |
| **INDEPENDENT LEARNING (Inter-professional medical)** |
| **1.**       |
| **2.**       |
| **PUBLICATIONS** |
| **1.**       |
| **2.**       |
| **RESEARCH** |
| **1.**       |
| **2.**       |
| **GRANTS (grants writing and/or funding)** |
| **1.**       |
| **2.**       |
| **PROFESSIONAL VOLUNTEER SERVICE (International, National, State, Local)** |
| **1.**       |
| **2.**       |
| **RECEIVED AWARDS, SPECIAL RECOGNITION** |
| **1.**       |
| **2.**       |
| **DEVELOPING NEW PRODUCTS OR TREATMENT TECHNIQUES TO BENEFIT HAND THERAPY** |
| **1.**       |
| **2.**       |

|  |
| --- |
| **NARRATIVE:** Provide an explanation of the fit between the educator’s expertise, the planned education, and the knowledge gap to be addressed for the guest site **(about ½ page)** |

***Application for the Evelyn Mackin Grant for Education by a Traveling Therapist requires submission of a copy of the applicant’s curriculum vitae and a completed application form, both in PDF format. Two electronic copies of each document are required; one copy with the applicant’s identifying information and a second blinded copy (with no identifying information, e.g. name, institution, address).***

***Please submit these electronic copies to:***

**Director of Grants, April Cowan, OTR, OTD, CHT, at** grants@ahtf.org

******

**Rev. 1-3-2020**