**Please complete sections 1-7 and submit completed applications to** [**jamie.olsen@ihs.gov**](mailto:jamie.olsen@ihs.gov) **by December 1, 2023.**

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# Nurse Fellow and Accounting Information

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| --- | --- |
| **Sponsoring Program or Facility Name** | Click here to enter text. |
| **Nurse Name** | Click here to enter text. |
| **Nurse Position or Role** | Click here to enter text. |
| **Nursing Specialty Area** | Click here to enter text. |
| **Nurse Email** | Click here to enter text. |
| **Nurse Work Phone** | Click here to enter text. |
| **Location (City, State)** | Click here to enter text. |
| **IHS Area (if known)** | Click here to enter text. |
| **Type of Program (IHS, Tribal, or Urban)** | Click here to enter text. |

|  |  |
| --- | --- |
| **Common Accounting Number (if IHS-Direct)** | Click here to enter text. |
| **Annual Funding Agreement Number (if Tribal/Urban)** | Click here to enter text. |
| **Area/Tribe Finance Point of Contact – Name** | Click here to enter text. |
| **Area/Tribe Finance Point of Contact – E-mail** | Click here to enter text. |
| **Area/Tribe Finance Point of Contact – Phone** | Click here to enter text. |

If accepted, a transfer of funds will be made from IHS Headquarters Division of Clinical and Community Services to your respective program, including future reimbursements. Please provide the following information in order to expedite this transfer.

# Leadership Endorsement and Commitment:

*IHS, Tribal, or Urban Indian Organization sites will receive a small award of $2,500 to aid in offsetting the Nurse Fellow’s time away from regular duties for program participation. Funds will be transferred after successful completion of the initial training.*

**I have reviewed the application and endorse this applicant as an Indian Health Geriatric Nurse Fellow candidate and commit to:**

1. Approve and pay for training enrollment and provide the time away from clinical duties needed to participate in the training opportunities listed above. *Training fees will be reimbursed upon evidence of successful completion.*
2. Provide guidance, institutional support, and protected time away from regular duties for designing and implementing a geriatric nurse project or activities that meet the needs of and are strategically aligned with our organization.
3. Provide institutional support and protected time away from regular duties for participation in virtual and the final optional in-person meeting. *Travel fees are reimbursable by the program upon submission of expenses and confirmation of meeting participation.*

Clinical Supervisor or Clinical Director Signature Date Email Address

CEO or Health Administrator Signature Date Email Address

Acceptance into the Indian Health Geriatric Nurse Fellowship Program will be contingent on enrollment documentation in core and specialty geriatric training courses. The IHS Division of Clinical and Community Services will reimburse the Service Unit or Tribal or Urban Indian Health Program for the tuition costs of enrollment.

# Geriatric Nurse Fellowship Commitment:

**I understand that in applying to become an Indian Health Geriatric Nurse Fellow, I am committing to the following:**

* Serving as a local champion/resource for improved elder care and care for persons living with dementia and/or their caregivers in my facility or health program.
* Seeking endorsement by the CEO of the IHS Service Unit, Tribal, or Urban Indian Health program or their designee and the applicant’s clinical supervisor.
* Selection of a core AND at least one specialty geriatric training course.
* Commitment to attend all virtual Fellowship meetings.
  + Orientation and introduction to the Fellowship program pilot (90 minutes) in January 2024.
  + Orientation to the nurse-led Project or Activity (one-hour) in January 2024.
  + At least two group coaching calls (one-hour).
  + At least two one-on-one mentorship calls (one-hour)
  + Final project poster presentation in June or July 2024 with optional in-person attendance (reimbursable travel).
* Develop and implement a nurse-led project or activity addressing the care of older adults at my sponsoring facility, with facility leadership approval, from February to June 2024.
* Share progress and results regularly with my Indian Health Nurse Fellows cohort
* Learn from and share generously with my Indian Health Nurse Fellows cohort and other geriatric-focused specialty workforce programs.

# Identify the Training You Will Attend:

Choose one core AND at least one specialty training(s) (or alternative training courses), a combined maximum budget of $1,000 for all courses from the following

**Select one online core curriculum training**:

* Indian Health: Foundations of Nursing Care for Older Adults (RN Core Courses) ($275)
* Indian Health: Foundations of Nursing Care for Older Adults (APRN Core Courses) $300 (Discounted from $325)

**AND**

**Select at least one specialty training option, and any additional options -**

* Indian Health: Behavioral Health (RN) $350
* Indian Health: Dementia (RN) $180
* Indian Health: Public Health Nursing and Older Adults (RN) $220
* Indian Health: GeroPsych (APRN) $140
* Indian Health: Leadership Series (APRN & RN) $300

**AND/OR**

\***Alternative training courses requested in lieu of specialty training option courses above:**

* [Insert name and link to course curriculum]

*\*Optionally, nurse applicants can propose other outside training courses or programs (not for college credit) that include the curriculum topics covered in the core courses in addition to other geriatric specialty training that best meets their individual training needs.*

# Provide a brief description of the tentative project or activity:

**What is the tentative geriatric clinical topic you are interested in working on?**

|  |
| --- |
| Click here to enter text. |

**Describe your tentative idea for a nurse-led applied learning activity or project (see FAQ for a list of ideas):**

|  |
| --- |
| Click here to enter text. |

# Optional opportunities

|  |  |
| --- | --- |
| **Option 1: Do you plan to attend the in-person meeting Geriatric Nurse Fellow meeting in June or July of 2024? (Have approved time away, available to leave the job site)**  The Nurse Fellowship program will provide reimbursement for up to $2,000 in travel-related expenses to the program/ facility. | Click here to enter text. |
| **Option 2: Do you intend to seek geriatric certification, credentialing or advanced training? *If yes, please specify and provide the relevant link(s).***  The Nurse Fellowship program will provide reimbursement of up to $1,000 (in addition to the training stipend listed in section 4) to the program/facility. | Click here to enter text. |

1. Applicant signature

Applicant Signature Date Email Address