**Please complete sections 1-7 and submit completed applications to**

**uw-triad@uw.edu** **by November 14, 2025**

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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. |

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

*Your endorsement and support for time away from regular duties to take part in Fellowship activities are critical to the success of our Geriatric Nurse Fellowship.*

*We estimate that Nurse Fellows will devote 20-25 hours to training and project activities and an additional 3-4 days to travel and to participate in the end-of-program presentations and meetings (optional but strongly encouraged).*

*IHS, Tribal, or Urban Indian Organization sites will receive a small award of $2,500 to help* ***offset the Nurse Fellow’s time away from regular duties for program participation****. Funds will be transferred after successful submission of and approval of the Fellow’s project work plan.*

**Please review and sign. 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 **protected 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 webinars and the final 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.*** *Th*e IHS Division of Clinical and Community Services will reimburse the Service Unit or Tribal or Urban Indian Health Program for the tuition costs after successful completion.

# 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 my designee and my clinical supervisor.
* Selection and register to participate by December 19, 2025, in a core AND at least one specialty geriatric training course.
* Commitment to attend all virtual Fellowship meetings:
	+ Welcome meeting December 3, 2025 (1 hour)
	+ Project Call 1: Orientation and introduction to the Fellowship in January 2026 (1.5 hours)
	+ Project Call 2: Project proposal discussion in February 2026 (2 hours)
	+ Group coaching calls two times between March and May 2026 (1 hour each)
	+ Individual mentor check-ins, three times (variable)
	+ Completion of the selected core and specialty training courses (variable)
	+ Time devoted to local projects or activities throughout the program (variable)
	+ Final project or activity presentation in-person or online (variable up to 4 hours)
	+ *Optional* in-person attendance at the IHS Clinical and Community Workforce Summit, March 10-12, 2026
* 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 2026.
* 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) and register by December 19, 2025. Your 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)
* I have built my own Core curriculum, see information below\*

**AND**

**Select and sign up for 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

**OR**

* I would like to build my own Specialty curriculum, see information below\*

**If you have identified or developed alternative training courses in lieu of Core or Specialty training courses above, please list them here. Your request will be reviewed. You must receive approval *before* proceeding with registration.**

*\*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. Please contact TRIAD team for additional information.*

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

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

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

**Describe your tentative ideas 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 IHS Clinical and Community Workforce Summit, March 10-12, 2026?** **Link to the Summit:** [**https://ihssummit2026.vfairs.com/**](https://ihssummit2026.vfairs.com/)**Ensure approved time away and ability to leave the job site to attend.****Optional but strongly encouraged.** The Geri Nurse Fellowship program will provide a travel stipend of $2,500. | Click here to enter text. |
| **Option 2: Do you intend to seek advanced geriatric training, geriatric certification, or credentialing or? *If yes, please specify and provide the relevant link(s).***The Nurse Fellowship program will provide reimbursement of up to $1,000 (or the remaining fellowship budget) 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

Contact the University of Washington TRIAD\* team uw-triad@uw.edu via email. A team member will assist you with answering additional questions or support you in completing the application.

*\*The Indian Health Geriatric Nurse Fellowship is supported by the TRIAD (Training and Resources for the Indian Health Services on Alzheimer’s and Dementia) program, a service from the University of Washington, an IHS contractor.*