The Washington Academy of Family Physicians (WAFP) offers three scholarships for third-year residents in Washington to attend the American Academy of Family Physicians (AAFP) National Conference of Constituency Leaders (NCCL) in Kansas City, MO, April 25-27, 2019. NCCL provides an opportunity for members of Washington’s diverse constituencies to gather and meet with others from around the country to gain leadership skills and work on policy development for the AAFP.

CRITERIA FOR SELECTION
1. Membership in the Washington Academy of Family Physicians
2. Good standing with residency program
3. Leadership experience
4. Any appropriate details you provide to aid the Committee in evaluation

All nominations and supporting materials must be submitted by February 8, 2019.

Please return application form and supporting materials to:

Washington Academy of Family Physicians
1239 120th Avenue NE, Suite G
Bellevue, WA 98005
info@wafp.net
Fax: 425-747-3109

The application may also be accessed from the Student/Resident section of the WAFP website.
NCCL LEADERSHIP DEVELOPMENT SCHOLARSHIP
Application Form

Full Name: ___________________________ AAFP ID Number: __________
Address: _____________________________
City: __________________ State: ___________ Zip: __________
Email: ________________________________ Phone: ________________

Please answer the following questions with as much detail as necessary; you may attach additional pages. Please do not substitute your CV for these questions.

1) Residency Program:

2) Plans after residency:

3) Leadership experience during medical school and residency:

4) Please describe your interest in attending the National Conference of Constituency Leaders:

All scholarship applicants for NCCL must sign the statement below attesting their eligibility, and have his/her residency program director sign the program recommendation form.

I attest that I am a third-year resident member of the WAFP/AAFP; I am duly licensed to practice medicine in the State of Washington, and I am in good standing with my residency program at ________________________________. If I become aware of any potential challenges to my status as an AAFP/WAFP member in good standing, it is incumbent upon me to notify the WAFP president or EVP.

Name: ___________________________ Signature: ___________________________

Date: ____________________________
Family Medicine Residents - Residency Program Recommendation
For Resident Participation in WAFP Leadership Activities or
WAFP Scholarship Applications

The following family medicine resident has either: 1) expressed an interest in participating in leadership activities as a resident member of the Washington Academy of Family Physicians (WAFP); 2) applied to serve as a WAFP delegate to a state, regional or national meeting; or 3) applied for a WAFP- or WAFP Foundation-funded scholarship. The WAFP represents more than 3,600 physicians, residents and medical students and is the largest medical specialty organization in Washington. The WAFP is a state chapter of the American Academy of Family Physicians (AAFP), which represents 131,000 physicians, residents and medical students in the U.S.

To be considered a candidate for WAFP leadership positions, or for WAFP Foundation scholarships, stipends or grants, the applicant must be a resident member in good standing with the WAFP and AAFP; must be duly licensed to practice medicine in the State of Washington; and in good standing with his/her residency program.

This resident will provide information about the position(s) and/or scholarship(s) of interest and the timing of required meetings. We recommend that the residency program keep a copy of the position/scholarship information and this form in the resident's file.

Applicant Information (To be completed by resident)
Name of Resident: ____________________________
Address: ____________________________________

Phone: ___________________ Email: ______________
AAFP ID#: ________________________________

Resident is applying for:
☐ WAFP Leadership Position. Description: __________________________
☐ WAFP Delegate Position. Description: __________________________
☐ WAFP Scholarship/Stipend. Description: __________________________

Is time away from residency program required? ☐ Yes ☐ No
If Yes, please list dates/events: __________________________

Program Recommendation (To be completed by residency director/program supervisor)
Name of residency program: __________________________
Location: __________________________________________
Name of residency director: __________________________

Time away from residency: ☐ Approved ☐ Not Approved ☐ Not Applicable
Travel or time away from program duties is required to fulfill duties for certain delegate/scholarship positions (i.e. WAFP House of Delegates, NCfMRS delegates and scholarships, NCSC scholarship).

I hereby affirm that the above listed resident is in good standing at this institution, and not on academic probation. The resident has communicated with me information about the requirements of the leadership position(s) and/or scholarship requirements.

Signature ______________________ Title ___________________ Date ______________

The Washington Academy of Family Physicians values the voice of our members in training, and we appreciate your willingness to allow participation in these important leadership development activities. If you have additional questions or concerns, please contact Karla Graue Pratt, executive vice president, at karla@wafp.net or 425-747-3100.

PLEASE EMAIL, MAIL OR FAX COMPLETED FORM TO:
WASHINGTON ACADEMY OF FAMILY PHYSICIANS
1239 120th Avenue NE, Suite G, Bellevue, WA 98005
Phone: 425-747-3100 Fax: 425-747-3109 Email: info@wafp.net