IBHRE SCHOLARSHIP AWARD
APPLICATION FOR ALLIED PROFESSIONALS

Application Deadline: May 31st
**The IBHRE Scholarship Award** provides an opportunity for allied health care professionals seeking Certified Cardiac Device Specialist (CCDS) or Certified Electrophysiology Specialist (CEPS) credentials to apply who otherwise would not pursue this certification due to financial restrictions.

**IBHRE will provide up to three scholarships annually:**

- $800 scholarship awards will be applied towards the registration cost (recipients will receive a discounted registration fee).
- A complimentary one-year membership to the Heart Rhythm Society (HRS) will be awarded to qualified non-member recipients. (For HRS membership information, visit [http://www.hrsonline.org/Membership/Membership-FAQs#1460](http://www.hrsonline.org/Membership/Membership-FAQs#1460).)

**APPLICANT ELIGIBILITY INFORMATION**

The Allied professional must be employed in a medical institution or established cardiac pacing or cardiac electrophysiology practice. **(NOTE: Anyone employed by industry excluding per diem work is ineligible for an IBHRE scholarship.)** Applicants must demonstrate financial need, that they are involved in the practice of heart rhythm management, and have the following:

- Successfully completed a formal comprehensive training program in cardiac pacing or electrophysiology that facilitates a minimum of 6 months didactic training and exposure to the field.

  OR

- Successfully completed the Registered Cardiac Electrophysiology Specialist (RCES) or Registered Cardiovascular Invasive Specialist (RCIS) examinations, or an equivalent examination, and a minimum of 12 months of clinical experience in cardiac pacing or electrophysiology with direct exposure to patient cases.

  OR

- Obtained a minimum of two years of experience in the field of cardiac pacing or electrophysiology with direct exposure to patient cases in the clinical setting.

**The deadline to apply is May 31st.** Applicants will be notified by July 31st.
IBHRE Scholarship Award

Application Packet:

- Scholarship Application
- Candidate Statement
- Scholarship Reference Forms (Two references are required; references may not serve on the IBHRE Scholarship Committee.)
- CV/Resume/Biosketch (For education, include degrees, year graduated, school, city, and state as well as certifications.)

Submit to IBHRE at info@ibhre.org or via fax at 1-877-386-1044. All forms must be submitted by May 31st.

All complete applications will be considered by an IBHRE Review Committee.

Questions? Contact IBHRE’s Executive Director at 1-202-464-3435.
Part I. Personal Information
(Please provide your legal name as it appears on your government-issued photo ID.)
Prefix: _____ First Name: _________________ Middle Initial: _____ Last Name: _________________
Suffix: _____ Degree(s): ____________________________________________________________
Which IBHRE certification exam do you plan to take?
Select one: □ Certified Cardiac Device Specialist (CCDS) or □ Certified Electrophysiology Specialist (CEPS)

Business Address  □ Check here if you prefer to be contacted at this address.

Business Name: ________________________________________________________________
Title: ______________________________________________________________________
Department: _________________________________________________________________
Address 1: ___________________________________________________________________
Address 2: ___________________________________________________________________
City: ___________________________ State/Province: ________________________________
Postal Code: _____________________ Country: ______________________________________
Business Phone: ____________________ Business Fax: _____________________________
Business E-mail: ____________________ □ Check here if you prefer to be contacted at this e-mail address.

Home Address  □ Check here if you prefer to be contacted at this address.

Address 1: ___________________________________________________________________
Address 2: ___________________________________________________________________
City: ___________________________ State/Province: ________________________________
Postal Code: _____________________ Country: ______________________________________
Home Phone: ______________________ Home Fax: ________________________________
Home E-mail: _____________________ □ Check here if you prefer to be contacted at this e-mail address.
Part II. Demographics

What is your primary occupation? (Check one)

- Educator Engineer
- Manager/Administrator
- Nurse/ Nurse Practitioner
- Physician Assistant
- Sales/Marketing/Product Develop.
- Scientist
- Technician/Technologist

How do you spend the majority of your time? (Check one)

- Device Lab EP
- Lab Inpatient
- Care
- Outpatient Care
- Research

How many years of experience do you have in the fields of Cardiac Pacing/Electrophysiology since completing your training? (Check one)

- 1-5 years
- 6-10 years
- 11-20 years
- 21+ years
Please select one (1) primary area of practice/specialty.

Clinical Cardiology
Clinical Electrophysiology
Hypertrophic Cardiomyopathy
Heart Failure
Interventional Cardiology
Pediatric Cardiology
Pediatric EP
Basic Research Science Clinical
Research Science Translational
Research Science Surgery

Please select your primary work environment.

Academic Setting
Association
Multi Discipline Cardiology Private Practice
Health Maintenance Organization / Preferred Provider Organization
Hospital (Non-Academic)
Industry
EP Private Practice
Retired
Veterans Administration
Please provide a statement explaining why you should be selected as a recipient of the IBHRE Scholarship Award and how you will benefit from becoming IBHRE certified. Explain your financial need and include your current goals in addition to your long term career plan and how it relates to IBHRE certification - attach a separate sheet if necessary. Please attach your cv/resume/biosketch as part of the application.
SCHOLARSHIP REFERENCE FORM #1

NOTE: References may not serve on the IBHRE Scholarship Committee.

Please provide a brief summary of the candidate’s qualifications to receive the IBHRE Scholarship Award in the area provided below.

Deadline for receipt of nominations is May 31st.
Scholarship Reference Forms can be sent via email to: info@ibhre.org or via fax at 1-877-386-1044.

Candidate’s Name: ____________________________________________________________
Position and Institution: _______________________________________________________

Why do you believe this candidate should receive the IBHRE Scholarship Award? Please discuss how long and in what capacity you know the applicant, his/her commitment to the cardiac pacing or cardiac electrophysiology field, interpersonal skills with peers and patients, etc. Attach a separate sheet if necessary.

Name: ____________________________________________________________
Institution: ____________________________________________________________
Phone: ________________________________________________________________
Email: ________________________________________________________________
SCHOLARSHIP REFERENCE FORM #2

NOTE: References may not serve on the IBHRE Scholarship Committee.

Please provide a brief summary of the candidate’s qualifications to receive the IBHRE Scholarship Award in the area provided below.

Deadline for receipt of nominations May 31st.
Scholarship Reference Forms can be sent via email to: info@ibhre.org or via fax at 1-877-386-1044.

Candidate’s Name: ____________________________________________________________

Position and Institution: _______________________________________________________

Why do you believe this candidate should receive the IBHRE Scholarship Award? Please discuss how long and in what capacity you know the applicant, his/her commitment to the cardiac pacing or cardiac electrophysiology field, interpersonal skills with peers and patients, etc. Attach a separate sheet if necessary.

Name: ___________________________________________________________________

Institution: __________________________________________________________________

Phone: ___________________________________________________________________

Email: ___________________________________________________________________

6.20.2018