



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>.)

APPLICANT ELIGIBILITY INFORMATION

The Allied professional must be employed in a medical institution or established cardiac pacing or cardiac electrophysiology practice. Applicants must demonstrate financial need, that they are involved in the practice of heart rhythm management, and have:

- 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.

SCHOLARSHIP APPLICATION

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

CANDIDATE STATEMENT

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: _____