NHMGMA / ACMPE Scholarship Application Form

Please answer all of the following questions: *(please type or write legibly)*

1. Name: _____
2. Address: _____
3. Phone Number: *Work:*_____ *Home or Cell*: _____
4. E-Mail Address: _____
5. Place of Employment: _____
6. Work Address: _____
7. Does your practice provide financial assistance for ACMPE Board Certification?

   _____
8. Does your practice provide financial assistance for other educational programs or conferences? _____
9. What is your practice's yearly educational allowance? _____
10. I am applying for assistance for the following ACMPE related expenses:

    _____ ACMPE Dues
    _____ Tutorials
    _____ Knowledge Assessments
    _____ Objective Exam
    _____ Essay Exam
    _____ Presentation Fee

11. How long have you been a member of NH MGMA? _____
12. How long have you been a member of ACMPE? _____
    Please indicate your status with the College:
    _____ Nominee _____ Fellow
    _____ Certified Member _____ I am a new ACMPE applicant
13. Have you taken any of the exams before? _____
14. If you answered "yes" to the question above, please complete the following:

    What exams did you take? _____
    Which exams did you pass? _____
    Have you completed either of your presentation requirements?_____
    How many? _____ One _____ Two

Certification:

I hereby certify that I will use the proceeds of the scholarship only for payment of dues, tutorials/assessments and/or exam and presentation fees. I hereby acknowledge that the information submitted herewith is true and correct.

Signature: _____ Date: _____