



# 2006 Medical Fellowship Nomination Form



Deadline: **April 28, 2006**

**Nominator:**

ISHIB2006 will award five (5) fellowships that will pay for conference registration, airfare and hotel accommodations. Please complete this form in its entirety, front and back, and return to the ISHIB office at 100 Auburn Avenue, NE Suite 401, Atlanta, GA 30303 or fax to 404-880-0347. Supporting letters (no more than 2) are optional and may be included or sent separately. These documents may also be sent electronically to [ishib@ishib.org](mailto:ishib@ishib.org) Please include "2006 Medical Fellowship" in the subject line. **Deadline for completed nomination form and supporting letters is April 28, 2006.** Documents received after the nomination deadline and incomplete nominations will not be considered. If you have any additional questions, contact the ISHIB office at 404.880.0343.

**Supported by an educational grant from GlaxoSmithKline**

**Criteria: Successful candidates for this Fellowship must:**

- Demonstrate interest in being certified as a Hypertension Specialist.
- Provide care in an area that reaches underserved populations.
- Demonstrate interest in participation in ISHIB-related CVD research.
- Submit an abstract/poster for the ISHIB2006 conference.
- Present one lecture within their respective communities on hypertension and its related risk factors.
- Participate in one community-based screening activity sponsored and coordinated by ISHIB in partnership with other local collaborators.
- Attend and actively participate in the ISHIB2006 Hypertension Academy to receive this scholarship.
- Participate in post-Academy survey tool to assess effectiveness of Academy.

The award is not restricted to members of ISHIB.

**Nominator Information**

<b>Membership number:</b>	
<b>Name (first, last, degrees):</b>	
<b>Title:</b>	
<b>Institution/Department:</b>	
<b>Complete mailing address:</b>	
<b>Telephone:</b>	
<b>Fax Number:</b>	
<b>Email Address:</b>	
<b>Submittal Date:</b>	

**Nominee Information**

<b>Name (first, last, degrees):</b>		
<b>Title:</b>		
<b>Institution/Department:</b>		
<b>Complete mailing address:</b>		
<b>Telephone:</b>		
<b>Fax Number:</b>		
<b>Email Address:</b>		
<b>Advisor/Department Chair Name:</b>		
<b>Advisor/Department Support Letter Sent</b>	<b>Yes</b>	<b>No</b>

<b>Nominee Publications (most relevant—attach extra sheet if necessary) Title:</b>	<b>Journal/Book:</b>	<b>Date:</b>



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**In addition to nominee's CV, please provide concise reasons why nominee should receive the award based on leadership, accomplishments and contributions of significance toward reducing ethnic health disparities.**

**Describe the nominee's professional and community activities and honors and how he/she touches the community and how they serve as a role model for residents, students, faculty, and other peers.**

**Identify the nominee's future research goals as they relate to the health of ethnic minority populations.**

*I hereby attest that none of my consultancies or holdings constitutes a conflict of interest related to this nomination.*

\_\_\_\_\_  
(Signature)

If this nomination is submitted electronically, please fax a copy of the signature page to 404-880.0343.

Please include a letter describing, in 300 words or less, the most important achievements of the nominee and how you feel the nominee will make future contributions to health care in ethnic minorities. Please also include a complete curriculum vita of the nominee and a letter on university letterhead from the student's advisor or department chair attesting to student status. Supporting letters, if they are to be sent separately, advise staff that they will be arriving by the nomination deadline.) Nominations may also be submitted electronically. If you have any questions, contact the ISHIB office at 404.880.0343.