Application for the iCMLf Clinical Preceptorship Program 2017

Dear Doctor,

Thank you for your interest in the iCMLf Clinical Preceptorship Program. The intention of this program is to enhance the knowledge of physicians treating patients with CML in emerging economic countries.

Following successful programs over the last six years, there will be up to 13 centres of excellence in the treatment of CML that will host preceptorships in 2017. The program will cater for up to 30 hematologists, each host site accepting up to four clinicians. Preceptorships will last from three to four weeks depending on the centre.

To accurately match the preferences and needs of clinicians applying for preceptorships with the most suitable host site, applicants are asked to complete the following application form. Please send your completed form to melissa@cml-foundation.org along with a **copy of your Curriculum Vitae (CV)** and **a letter from your hospital supporting your application** to the preceptorship program.

The iCMLf will review the applicationsand accept candidates into the program according to specific selection criteria. Once selected, applicants will be matched with the most appropriate host site according to location, timing and individual needs.

The first intake of **applications will close on 15th December 2016**. Applications received after this date will be reviewed if additional preceptorship places become available.

If you have any questions, or would like more information about the program please do not hesitate to contact me by emailing melissa@cml-foundation.org.

Yours faithfully,

Melissa Davis-Bishop

Emerging Regions Support and Partnership Program Coordinator

International Chronic Myeloid Leukemia Foundation

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***Application for the iCMLf Preceptorship Program 2017***

**Selection Criteria:**

By supporting a clinical preceptorship program the iCMLf is seeking to improve the resources and knowledge of physicians treating patients with CML around the globe. The iCMLf will select hematologists for the program whose attendance is expected to provide most benefit to the CML community.

Candidates should briefly provide evidence of a special interest in CML management, indicate the number of patients treated in the applicant’s locality and describe their willingness and ability to apply and disseminate to colleagues knowledge gained from the program.

**Application: Please type your response and return to** [**melissa@cml-foundation.org**](mailto:melissa@cml-foundation.org)

1. Contact details:

Name:

Address:

Phone number (including country code):

Mobile number:

Fax number:

Email address:

2. Language(s) spoken:

3. Conversational language(s) spoken:

English, French, Italian, Russian & Spanish speaking centres are now available. It is important that we fully understand language requirements so that the benefit gained from the program will not be limited.

4. Name and address of the hospital where you work:

Name:

Address:

4. Your position at that hospital:

5. Your position at that hospital:

6. Is your position in a:

□ Research laboratory

□ Hematology department (non-clinical post)

□ Clinical hematology department

□ Other (specify):

7. Is your hospital a teaching hospital?

8. Number of hematologists working at your hospital:

9. Years you have been treating patients with CML:

10. Number of CML patients **you** currently treat:

11. New cases of CML **you** see each year:

12. Total number of CML patients treated at **your centre**:

13. Number of new CML patients seen each year at **your centre**:

14. Do you have access to the following treatment for CML?

|  |  |  |
| --- | --- | --- |
|  | Yes/No | Is this reimbursed by your  healthcare system? |
| hydroxyurea |  |  |
| interferon |  |  |
| imatinib |  |  |
| dasatinib |  |  |
| nilotinib |  |  |
| bosutinib |  |  |
| ponatinib |  |  |
| allograft  Others: |  |  |

15. Access to CML monitoring:

|  |  |
| --- | --- |
|  | Yes/No |
| Blood counts |  |
| Metaphase cytogenetics |  |
| FISH  (fluorescence in situ hybridization) |  |
| Quantitative PCR  (polymerase chain reaction) |  |
| Non-quantitative PCR |  |

Are these tests performed:

|  |  |  |  |
| --- | --- | --- | --- |
|  | at your hospital? | in your country? | outside your country? |
| Blood counts |  |  |  |
| Metaphase cytogenetics |  |  |  |
| FISH |  |  |  |
| Quantitative PCR |  |  |  |
| Non-quantitative PCR |  |  |  |

16. Please provide an outline to explain the benefit your attendance at the preceptorship program will have for your management of patients with CML and the CML community within your influence. (500 word limit)

17. Please indicate the international conferences you have attended in the previous two years:

18. The cost of running the preceptorship program is funded by the iCMLf. The iCMLf has limited funding and therefore welcomes any support offered from the local institution for travel and logistics associated with a candidate attending the program. Would you need to apply for funding from the iCMLf for flights, accommodation, and/or daily living allowance?

|  |  |
| --- | --- |
|  | Yes/No |
| Flights |  |
| Accommodation |  |
| Daily living allowance |  |

Specific requirements such as visas, insurance, work permits and medical licences will be determined during the individual application process.

To ensure the future success of the iCMLf Clinical Preceptorship Program attendees will be asked to complete a survey at the conclusion of the program and after six months. It is estimated that this will take no longer than forty minutes.

Please email your typed application to [melissa@cml-foundation.org](mailto:melissa@cml-foundation.org) along with

1. copy of your Curriculum Vitae
2. letter supporting your application to the preceptorship program from your hospital

The first intake of **applications will close on 15th December 2016**. Applications received after this date will be reviewed if additional preceptorship places become available.

Thank you.