



Directions For Completing The National Asthma Educator Foundation Linda B. Ford, MD Scholarship Application

Complete both pages of the application. Submit by mail or fax to:

National Asthma Educator Foundation
PO BOX 781251
San Antonio, Texas 78278
Fax: (210) 408-1799
Email: info@naecb.org

Applicants must be eligible to take the exam per the NAECB guidelines (see www.naecb.org) and work with individuals with asthma. Preference is given to individuals who will improve the asthma care for individuals with asthma in underserved areas.

Applicants must be currently working as an asthma educator. Individuals who qualify for the scholarship will be entered into a drawing. Two scholarships of \$200 will be granted yearly and the applicant will be responsible for the remaining \$95 fee to take the exam. The scholarship must be used within twelve months of being granted or will be forfeited. Credentials will be verified prior to entering the drawing.

The scholarship may not be used to retroactively cover any examination fees that have already been paid. This scholarship can only be used for payment for a future examination.

If you have previously submitted an application and did not receive an award, you must resubmit an application.

Requirements for the NAECB scholarship:

1. Taking the exam for the first time
2. Currently working with individuals with asthma
3. Has several years experience working with individuals with asthma
4. Meets NAECB criteria for taking the exam
5. Has credentials verified **before** scholarship award is granted
6. Other considerations:
 - a. Working in an underserved area
 - b. Shows financial need

DEADLINE: July 31, 2009 with scholarships awarded by August 31, 2009

Application Form for the Linda B. Ford, MD Scholarship for the Certified Asthma Educator (AE-C®) Examination

This form contains interactive fields that can be typed in or checked in Adobe® Reader® or Acrobat®. Adobe® Reader® can be downloaded for free at www.adobe.com. Please use the fields to type your responses. Illegible and/or incomplete applications will not be considered. Please print out, sign and date your application.

Name: _____ Date: _____

Street Address: _____

City/State/Zip: _____

Phone (home): _____ (work): _____ (cell): _____

Email Address: _____

Licensure (include type, state, number and date of expiration): _____

Profession and current position with brief description of your responsibilities:

Previous positions and responsibilities if less than 2 years: _____

Amount of experience as an asthma educator (years and estimated hours per year):

Employer's Name: _____

Employer's Street Address: _____

Employer's City/State/Zip: _____

Have you taken the NAECB examination, previously? YES | NO

If YES, when? _____

Have you taken any review or preparatory classes for this examination, or do you intend to? If you have, provide name and date of courses taken. _____

How does your employer support your efforts to become an asthma educator? _____

Are you eligible for tuition reimbursement? YES | NO

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Please briefly describe why you feel you should receive this scholarship. Include your past work with individuals with asthma, the age groups you work with, the settings in which you provide asthma education and what amount of your time is devoted to asthma education. Also include an explanation as to why you are requesting financial support to take the exam. Limit your response to the area provided on the remainder of this page.

Signature: _____ Date: _____