

**CONNECTICUT MEDICAL GROUP MANAGEMENT ASSOCIATION  
CONTINUING EDUCATION FUND**

THIS APPLICATION

Applications properly completed and signed should be returned to: CMGMA, One Regency Drive, P.O. Box 30, Bloomfield, CT 06002. Completed applications will be accepted at any time throughout the year.

GENERAL INFORMATION AND ELIGIBILITY REQUIREMENTS

Funds are granted upon application to those CMGMA General Members who seem best to satisfy the requirements of the Continuing Education Fund. Review of the applications and the selection of winners have been assigned by the Board of Directors of the CMGMA to the Continuing Education Committee. Criteria that the committee will consider include, but are not limited to: whether or not an educational course or program is eligible for ACMPE CEUs, course material and its relevance to practice management; progress made towards educational goals relevant to medical group practice management; priority for first-time applicants; and financial need.

Financial awards are limited to \$500 per person and will not be granted for more than two consecutive years.

The eligibility requirement for this scholarship award is:

- Member of CMGMA in good standing for at least one year.
- Receipts must be submitted to be considered for reimbursement.
- CEU qualified course.

\*\*\*Please note that reimbursement for MGMA/ACMPE dues is no longer permitted.\*\*\*

THE FOLLOWING QUESTIONS MUST BE ANSWERED BY ALL APPLICANTS:

1. Name \_\_\_\_\_
2. Address \_\_\_\_\_
3. Phone Number \_\_\_\_\_
4. Email Address \_\_\_\_\_
5. Place of Employment \_\_\_\_\_
6. What is your present educational allowance at your practice? \_\_\_\_\_
7. How long have you been a CMGMA member? \_\_\_\_\_
8. I am applying for the following scholarships:
  - \_\_\_\_\_ ACMPE Tutorials
  - \_\_\_\_\_ ACMPE Knowledge Assessment
  - \_\_\_\_\_ ACMPE Objective Exam
  - \_\_\_\_\_ ACMPE Essay Exam
  - \_\_\_\_\_ ACMPE Presentation Fee
  - \_\_\_\_\_ ACMPE Fellowship Fee
  - \_\_\_\_\_ CEU qualified course or educational program
  - \_\_\_\_\_ Name of course or educational program \_\_\_\_\_
  - \_\_\_\_\_ Please provide a description of the course and course outline \_\_\_\_\_

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9. Is this the first time you are applying to the fund? \_\_\_ Yes \_\_\_ No
10. If you are applying for ACMPE reimbursement and answered no to question 9 above, please indicate your current status in the college.  
 \_\_\_ Nominee  
 \_\_\_ Certified Member  
 \_\_\_ Fellow
11. Have you taken any of the exams before? \_\_\_ Yes \_\_\_ No (ACMPE applicants only)
12. If you answered yes to question 11 above, please complete the following and if applicable submit all grades.  
 What exams did you take? \_\_\_\_\_  
 Which exams did you pass? \_\_\_\_\_  
 What were your scores on the tests you did not pass? \_\_\_\_\_

CERTIFICATION

- (1) I hereby certify that I will use the proceeds from the continuing education fund only for payment of those programs, course or education that I have applied for on this application.
- (2) I hereby acknowledge that the information submitted herewith is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_



For office use only

ACTION ON APPLICATION

1. Scholarship approved in the amount ..... \$ \_\_\_\_\_
2. Scholarship denied – explanation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date \_\_\_\_\_

CMGMA Official:

\_\_\_\_\_  
 Chairman, ACMPE Scholarship Committee

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