



## Healthcare Practitioner Training Scholarship Application

Return completed application to: MLA, PO Box 533, Hugo, MN 55038 or [lyme@mnlyme.org](mailto:lyme@mnlyme.org)

Pre-requisites: 1) become an ILADS member ( [www.ilads.org](http://www.ilads.org) ) 2) demonstrate completion of Dr. Maloney's/PHH online CME course ( [www.lymecme.info](http://www.lymecme.info) )

1. Full Name/Title(s)

---

2. Area of practice experiences (ie, Internal Med, Family Practice, Infectious Disease...)

---

---

3. Previous/present locations of practice (includes states in which licensed/license held; within last five years):

---

---

---

4. Contact information:

Best (direct) phone number \_\_\_\_\_

Email address \_\_\_\_\_

Postal Service address \_\_\_\_\_

Other \_\_\_\_\_

5. \_\_\_\_ I am most interested in attending an ILADS Conference because:

---

---

6. \_\_\_ I am most interested in a preceptorship/follow with an ILADS aligned Lyme physician because: \_\_\_\_\_
- \_\_\_\_\_
7. \_\_\_ I am interested in BOTH, attending an ILADS Conference, and a preceptorship
8. \_\_\_ I have read the attached (belief) statement of ILADS, and I philosophically agree with the theories and practices of ILADS
9. Briefly describe how you've come to a particular interest in Lyme Disease (Co-Infections/Tick Borne Diseases):
10. What is your personal/professional take on treating a patient with a TBD (Tick Borne Disease), Lyme Disease in particular, longer than the previous standards of treatment (like those of the IDSA/CDC/Insurance Companies promote)?
11. Having read the IDSA and the ILADS Treatment Guidelines, with which do you see the most promise for optimal/best outcomes given your experience with patients, especially those patients that have moved beyond an acute stage of Lyme Disease/Co-Infections?
12. Having reviewed the ILADS materials, would you be willing to become an ILADS member? (a requirement to enter into the preceptorship) \_\_\_Yes \_\_\_No For more information about application/benefits:  
<https://ww2.eventrebels.com/er/Membership/PurchaseMembershipMg.jsp?ActivityID=10755&DefaultCategoryID=831> <http://www.ilads.org/membership/member-benefits.php>

13. Briefly outline at least three outcome goals you would have from your experience of attending an ILADS Conference and/or an ILADS preceptorship:

- a.
- b.
- c.

14. Professional Reference- please provide a professional reference from someone who can attest to your interest in Lyme Disease/TBDs:

Name/Title\_\_\_\_\_

How best to contact: \_\_\_\_\_

\_\_\_\_\_  
*(please let your Reference know ahead of time, that they may be contacted by us)*

15. Any additional comments/questions:

Your time is valuable; we appreciate your taking the time to fill out this form. As soon as you have completed the two Pre-requisites listed, please send me verification of completion for both, along with this application. You may send it via postal service, or via email. Once we receive all these, we will set up an interview with you, to finalize the process.

On behalf of the Minnesota Lyme Association, and all those it represents, we thank you for your interest in learning more about Lyme Disease/TBD.

Sincerely,

*Cynthia Dainsberg, RN, FCN*

Cynthia J Dainsberg, RN, FCN

On behalf of the Minnesota Lyme Association Board of Directors

MLA- PO Box 533, Hugo, MN 55038    [lyme@mnlyme.org](mailto:lyme@mnlyme.org)