

American College of Clinical Documentation Outcomes, Inc.

Scholarship Application

Future Certified Medical Scribe Specialists

American College of Clinical Documentation Outcomes, Inc. SCHOLARSHIP APPLICATION INFORMATION SHEET

GENERAL INFORMATION:

This is an application packet for scholarships administered by American College of Clinical Documentation Outcomes, Inc. (hereinafter "ACCDO"). Scholarship funds shall be used to pay the costs associated with preparation for the national MSCAT certification and credentialing exam, and the exam fee itself. By completing these forms, you may be considered for several scholarships. The scholarships are based on your academic performance, the application essay, and demonstrated interest in integrative functional medicine.

ELIGIBILITY:

To be eligible for an ACCDO scholarship, applicants must meet all of the following criteria:

- Be a third or fourth year at an accredited four-year undergraduate school in the United States
- Have a current GPA of 3.75 or above
- Enrolled in pre-medical school studies
- Current LVN or RN strongly preferred

TERMS:

The awarding of the scholarships and the amount awarded is at the sole discretion of the ACCDO Awards Committee. The amount of the scholarships will range from five hundred (\$500) to ten thousand dollars (\$10,000). The ACCDO Board reserves the right to adjust these amounts based upon the funds available to ACCDO. These are one-time scholarships and are not guaranteed to all eligible applicants.

INSTRUCTIONS:

1. Complete the entire application packet. The information must be typed, and not handwritten. Handwritten applications will not be considered.
2. Attach a sealed, certified copy of your transcript to your completed application.
3. **Applications may be submitted in person, by mail, or by email. Hand deliver or mail the completed application packet to: American College of Clinical Documentation Outcomes, Inc., PO Box 4003, Orange, CA, 92863. Email the application to: info@theaccd.org.**

The scholarship packet and transcripts must be returned to ACCDO at the address indicated above. All parts of the application must be submitted as one package. **Application packets are due [INSERT DATE].**

The ACCDO Scholarship Application can be accessed online from the ACCDO website at www.theaccd.org. If you have any questions you are encouraged to contact Kristin Hagen at (800) 987-3692, x110.

ACCDO STUDENT INFORMATION FORM

PERSONAL INFORMATION:

Name: _____

Present School: _____

Local Mailing Address: _____

Local Phone Number: _____

Cell Phone Number (optional): _____

Email Address: _____

ACKNOWLEDGMENT:

I have read and understand all aspects of the ACCDO Application Form.

I understand and agree that my application must be postmarked and/or received by the ACCDO Awards Committee on or before the deadline to be considered for a scholarship.

I hereby release those portions of my student record file that are pertinent to the granting of a scholarship.

I understand and agree that I am required to be enrolled in a four-year undergraduate school to be eligible for an ACCDO scholarship, and I will provide proof of enrollment prior to receipt of any scholarship funds. I understand and agree that I must have a minimum GPA of 3.75 and provide proof of my grades prior to receipt of any scholarship funds. I understand and agree that I am not entitled to any scholarship payment until the above conditions have been satisfied.

I hereby certify that my transcripts have been prepared and attached to this application by the Counseling Office, and I have not viewed or altered them in any way.

Signature of Applicant _____

Date: _____

ACCDO SCHOLARSHIP APPLICATION FORM

PLEASE CAREFULLY CONSIDER THE FOLLOWING THREE SECTIONS. Although your academic credentials are important, your selection for a scholarship will be largely based on the quality of your application, and the thought you put into your answers. Please give serious time and thought to what you write. Remember that all sections must be typed.

SECTION 1: Essay. Please type no more than one single-spaced page that describes your interest in becoming a certified medical scribe specialist and how you plan to incorporate functional medicine into your practice to improve patient-centered healthcare.

SECTION 2: Curriculum Vitae. Please type your no more than two single-spaced pages outlining both your academic credentials and work experience as they relate to the fields of integrative and functional medicine.

SECTION 3: Letters of Recommendation. Please provide two letters of recommendation: one from a current or former employer who can speak to your strengths in the workplace, and one from a current or former professor who can speak to your academic performance.

ESSAY

CURRICULUM VITAE

LETTERS OF RECOMMENDATION