



# The Movement Disorder Society

## VISITING PROFESSOR PROGRAM APPLICATION

Thank you for your interest in The *Movement Disorder Society's* Visiting Professor Program. The Visiting Professor Program is intended to provide an excellent educational opportunity in Movement Disorders education to regions of the world not adequately served by the resources within that region.

If you would like to invite an MDS Visiting Professor to implement an educational program in your country, please complete and submit this application to the MDS International Secretariat.

Applications will be reviewed by the MDS Education Committee and selected based on the clarity and completeness of the program proposed, how well the program addresses the educational objectives indicated and how effectively the target audience need is explained.

### Applicant Contact Information

<b>Applicant/Primary Organizer Name:</b>			
<b>Applicant Academic/Professional Affiliations:</b>			
<b>Company/Organization Name:</b>			
<b>Street Address:</b>			
<b>City:</b>		<b>State/Province:</b>	
<b>Postal Code:</b>		<b>Country:</b>	
<b>Phone (Include Country Code):</b>		<b>Fax:</b>	
<b>E-mail Address:</b>			

### Proposed Professorship Information

**Please summarize the factors that qualify you for the Visiting Program:**

**Please list the educational objectives of the Visiting Professor Program you are proposing:**

- 1.
- 2.
- 3.

**Please provide a detailed description and timeline of each day of the Visiting Professor Program you envision to achieve the educational objectives listed above:**

*When addressing each day of the program, include proposed times for each educational activity, the educational topics, and suggested teaching formats.*

**DAY 1:**

**DAY 2:**

**DAY 3:**

Please provide three program dates (3-days) that would be compatible with the program you are proposing:

<b>First Choice:</b>	
<b>Second Choice:</b>	
<b>Third Choice:</b>	
In the event the Visiting Professor(s) could not accommodate any of these three alternatives, would you be willing to consider other dates?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Program Audience Information**

Please identify the target audience of the Visiting Professorship you are proposing:

- General Neurologists       Primary Care Physicians       Post-Doctoral Fellows  
 Physicians in Training       Researchers       Nurses/Ancillary Health Care Workers  
 Other:

Language in which the program will be presented:	
Will translation of program materials be necessary?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will an interpreter be required?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Anticipated number of program participants:	

**Visiting Professor Information**

*If you would you like to recommend an MDS member ideally suited to address the educational needs of your proposed program in the preferred language of the target audience, you may do so here. This recommendation will be evaluated among other potential candidates.*

- Suggested Professor 1:** \_\_\_\_\_      **Suggested Professor 4:** \_\_\_\_\_  
**Suggested Professor 2:** \_\_\_\_\_      **Suggested Professor 5:** \_\_\_\_\_  
**Suggested Professor 3:** \_\_\_\_\_      **Suggested Professor 6:** \_\_\_\_\_

**I have read the guidelines regarding The *Movement* Disorder Society’s Visiting Professor Program, and acknowledge the following:**

- The host is responsible for providing comfortable lodging accommodations, meals, local transportation, and ensure the safety of the Visiting Professors at the cost of the Host, while in the host country.
- MDS will provide airfare and honorarium for the Visiting Professors in support of the program.
- Following the professorship, the Host must ensure that program evaluations are completed by participants, and submitted to the MDS International Secretariat.

**I agree to adhere to the policies/guidelines that have been outlined with regards to the Visiting Professor Program I am proposing.**

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

**Please include your current CV with your application submission.**

Please submit application to:  
**Bridgit Nelezen, Program Manager**  
 The *Movement* Disorder Society  
 555 East Wells Street • Suite 1100 • Milwaukee, WI 53202 • USA  
 Tel: +1 414-276-2145 • Fax: +1 414-276-3349  
 E-mail: [bnelezen@movementdisorders.org](mailto:bnelezen@movementdisorders.org) • Web Site: [www.movementdisorders.org](http://www.movementdisorders.org)