





IAPHPC Certificate Program Project Proposal

| Deadline for submission: Monday March 3, 2025 | | | | | | |
|---|--------------------------------|-----------|----------------|--------------------------------|--------------|--|
| Name | : | | | | | |
| Affilia | tion: | | | | | |
| Email: | | | Phone: | | | |
| 1. We | ekends attending (all five wee | kends are | requi | red to complete Certificate): | | |
| | Feb. 1 & 2 | | | | | |
| | Feb. 18, 19 & 20 | | | | | |
| | March 8 & 9 | | | | | |
| | March 22 & 23 | | | | | |
| | April 5 & 6 | | | | | |
| senter | | | | or purposes of the Certificate | Program (4-5 | |
| | | | | | | |
| | Primary Area | | Secondary Area | | _ | |
| | Humanism Proposal | | | Humanism | _ | |
| | Policy, Law and Bioethics | | | Policy, Law and Bioethics | | |

Geriatrics and Palliative Care

Community-based Services

Research

Geriatrics and Palliative Care

Community-based Services

Research

4. Please check the project option below that is closest to your interests and goals, and describe in more detail below the overall project, including the steps of the project you will have completed and will present the last weekend for purposes of earning the Certificate.

| Options (your project is not limited to these options) | | | | |
|--|---|--|--|--|
| | Comprehensive research paper or manuscript for publication submission | | | |
| | Identification of a policy goal and specific steps that would be taken to advance the goal, such as policy research in the specific area of interest, meetings with policymakers, or joining existing organized advocacy movements or efforts with specific and achievable aims | | | |
| | Application and translation of knowledge and research, or advancing practical goals, that will be implemented in a particular practice setting or community | | | |
| | Integration of knowledge and research for the purposes of building on or strengthening an existing program, such as workforce education and training for your organization | | | |
| | Development of a clinical palliative care or geriatrics program at the generalist-level that would strengthen an existing program for a targeted population, or would be a first-time program launch, such as palliative care workforce education and training at the generalist-level. This type of generalist-level geriatrics and/or palliative care education and training could also target caregivers and be shaped to provide support to caregivers in common care management tasks, or more narrowly to achieve a specific purpose, such as increase knowledge about health care and/or end-of-life decision making. (Please note that any project that has clinical goals will require that you choose a mentor who is a clinical practitioner.) | | | |
| | Design of a research project, and conduct of the research, including the identification of the population of interest, the research methods, IRB submission and approval if applicable, informed consent, confidentiality issues, and timeline for completion. | | | |
| | Other: | | | |

| 5. Please describe in detail your overall project, the steps of the project completed and will present the last weekend for the purposes of earning the number of hours you allocate to completion of the work (attach Wonecessary): | ng the Certificate, and | | | | |
|--|-------------------------|--|--|--|--|
| 6. Timeline/Hours allocated to project (if part of a team, please indicate from each member of team): | e contribution of hours | | | | |
| Participant Signature: | Date: | | | | |
| Mentor Signature: | Date: | | | | |
| Second Mentor Signature (if applicable): If Project involves two concentration areas, unless your mentor is working | Date: | | | | |
| concentration areas, please identify second mentor from second concentration area | | | | | |