



**INTERNATIONAL ASSOCIATION FOR HOSPICE & PALLIATIVE CARE**

*Promoting Palliative and Hospice Care worldwide*

Visit our award-winning Website: [www.hospicecare.com](http://www.hospicecare.com)

**IAHPC TRAVELING FELLOWSHIP APPLICATION**

Note: Those who wish to apply for a Traveling Fellowship need to be IAHPC members. If you are not a current member, you may apply for membership through our website at

[www.hospicecare.com](http://www.hospicecare.com)

If awarded, travelers must sign an indemnity agreement with IAHPC and complete a Report Form after their return. Failure to comply with these requirements may result in the cancellation of the grant.

Please type or complete in clear handwriting

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yr)

Name of Applicant \_\_\_\_\_

IAHPC Membership Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_

Email \_\_\_\_\_

Proposed date of travel: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yr) to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yr)

**HOST INSTITUTION INFORMATION**

Name of Host Institution where you plan to do the teaching activities:

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_



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Name Contact Person \_\_\_\_\_

Email \_\_\_\_\_

**Proposed Teaching and Clinical Activities:** List the activities you expect to carry out during the visit (Use an additional page if necessary)

DAY	TEACHING	CLINICAL
1		
2		
3		
4		
5		
6		

List the objectives and outcomes you want to achieve with this visit: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**Amount of support requested**

Please provide in US dollars and attach estimate from travel agency and/or airline:

Air fare (economy class): US \$ \_\_\_\_\_

Accommodation/Housing US \$ \_\_\_\_\_

Visa Expense (if applicable): US \$ \_\_\_\_\_

Other Expenses: US \$ \_\_\_\_\_

Total Amount requested: US \$ \_\_\_\_\_

Thank you for completing this form. Please return by mail or as an attachment to an email with a copy of your CV to:

IAHPC – TF Program  
5535 Memorial Dr.  
Suite F – PMB 509  
Houston TX 77007  
USA  
[info@iahpc.com](mailto:info@iahpc.com)