

# NEVADA Oncology Society



## Educational Award for Allied Health Professionals

**Submission Deadline: Friday, September 8, 2023**

### OVERVIEW

The Nevada Oncology Society (NOS) is committed to focusing on the future of cancer care in Nevada by supporting the professional development of **Advanced Practice Providers, Pharmacists and Registered Nurses** in the state. The leadership of NOS believes that supporting the educational goals of allied health care professionals is vital to the future of cancer care delivery in Nevada and to the mission of the Society.

A subcommittee of members of the NOS Board of Directors will review the applications and select up to six (6) participants to receive a \$1,000 stipend to attend any professional meetings (live or virtual) of their choosing. Includes but is not limited to Best of ASCO, ASCO, ACCC, HOPA, ONS, etc. Additionally, the award could be used for coursework options (ultrasound at bedside training, specific EKG courses, etc.). Participants will submit their application to the NOS executive office; NOS reserves the right to accept and review applications. In addition, winners will be provided an opportunity to provide a 2–3-minute presentation of how you will or have used the award at the 2023 NOS Fall Conference in Reno or 2024 NOS Spring Conference in Las Vegas depending on the closest location for the winner. This competition limits winners to apply once every two years.

### Directions

Application should:

- Consist of no more than a one (1) page electronic submission, via email, on the attached form or as an MS Word attachment.
- Be submitted electronically through the portal on the NOS website or via email attachment to [Aimpellizzeri@accc-cancer.org](mailto:Aimpellizzeri@accc-cancer.org)
- Arrive no later than
- Clearly list your name, designation/ title, institution (affiliation), address, telephone number and email address
- **Questions?** E-mail [aimpellizzeri@accc-cancer.org](mailto:aimpellizzeri@accc-cancer.org) for assistance.

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**Educational Award Application**

## Contact Information

Name/Designation:

Date:

Institution/Practice:

Email:

Mailing Address:

Telephone:

Title:

## Statement Summary & Qualifications

Why are you applying for this award?

Should your application be selected, what meeting(s)/coursework would you use the award toward and why?

How would this award help you to advance in your career? Please explain your professional objectives and/or goals:

Are you a current member of NOS?

Any additional information you would like us to know?

**\*For your application to be considered, all applicants must be current members of NOS.**

If you would like to apply and you are not a member or you do not know your membership status, please email the NOS Membership Department [membership@acc-cancer.org](mailto:membership@acc-cancer.org)