

Jennie B. Busch Education and Certification Scholarships

<p>Susan Busch, COMT, has worked hard to support eye care technicians and has been a member of the Association of Technical Personnel in Ophthalmology (ATPO) since 1992. In honor of her mother, Jennie B. Busch, Susan has established a scholarship fund as a tribute to Jennie’s dedication to Susan’s career as an AOP. In recent years, Susan served on the ATPO Board of Directors, its Marketing and Education Committee, and as the ATPO National Chair of the Regional Mentor Program. Since 1992, Susan has served as a lecturer and workshop instructor at IJCAHPO’s Annual Continuing Education meeting and led the COMT practical exam review sessions for technicians. In 2013, Susan represented IJCAHPO on a trip to Cameroon with Orbis International, where she was part of a team that provided training to the local eye care team.</p>	
<p style="text-align: center;">Jennie B. Busch EDUCATION Scholarship</p> <ul style="list-style-type: none"> ✓ All applicants must be either attending an Accredited Training Program or pursuing continuing education credits. ✓ All applicants must complete and submit the Jennie Busch Scholarship Application. 	<p style="text-align: center;">Jennie B. Busch CERTIFICATION Scholarship</p> <ul style="list-style-type: none"> ✓ Applicants must be wishing to advance to a certification level, covering some of their costs, without support from employer. ✓ Applicants applying to retest for certification of the COT Skill Evaluation and COMT Performance Test must show application acceptance. ✓ All applicants must complete and submit the Jennie B. Busch Scholarship Application.
<ul style="list-style-type: none"> ✓ A ONE-PAGE original essay between 300 and 500 words typed and double-spaced on the topic “Why are well-trained AOPs a benefit to the patient?” is to be included with the application. ✓ All applications must be postmarked by the deadline date of Nov 30. Faxes will not be accepted. ✓ Applicants may only receive funds from this scholarship fund once in their lifetime and cannot have received previous financial support from the JCAHPO Education and Research Foundation within the past 3 years. 	
<p style="text-align: center;">Conditions and Distribution of Jennie B. Busch EDUCATION Scholarship</p> <p>Two to four scholarships will be awarded annually up to \$500 for students in an Accredited Training Program. Please check with IJCAHPO for a list of qualified programs.</p> <p>For those seeking funds for CE credits at a Regional CE Program, submission of registration payment and receipts for travel must be submitted IJCAHPO in order to receive reimbursement. Applicant must pay for 25% of travel.</p> <p>Recipients will agree to publication of a news release and/or an article in a newsletter.</p> <p>Applications must be signed and must include all required information as requested on the application.</p>	<p style="text-align: center;">Conditions and Distribution of Jennie B. Busch CERTIFICATION Scholarship</p> <p>Two to four scholarships will be awarded annually up to \$250.</p> <p>For those seeking funds for the COT Skill Evaluation or the COMT Performance Test travel costs, submission of receipts for travel must be submitted.</p> <p>Proceeds up to \$250 may be applied for to cover travel costs to take the COT Skill Evaluation or the COMT Performance Test. Applicant must cover 25% of own cost.</p> <p>Receipts and documentation must be submitted by November 30.</p> <p>Recipients will agree to publication of a news release and/or article in a newsletter.</p>

FUND	AMOUNT: \$	APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE
VOUCHER TYPE	AMOUNT: \$	VOUCHER #	
	TOTAL: \$		

Jennie B. Busch Education and Certification Scholarships

FULL NAME:	IJCAHPO ID#	DOB
Currently I am: <input type="checkbox"/> COA <input type="checkbox"/> COT <input type="checkbox"/> COMT <input type="checkbox"/> ROUB <input type="checkbox"/> CCOA <input type="checkbox"/> CDOS <input type="checkbox"/> Not certified		

Preferred Address	City	State/Province
Postal Code	Phone	Email

Employer		
Employer Address	City	State/Province
Postal Code	Phone	Website
Position	Start Date	Supervisor

<input type="checkbox"/> I AM APPLYING FOR the Jennie B. Busch EDUCATION Scholarship Meeting Date: _____ Location for which you are applying: _____ <input type="checkbox"/> I AM APPLYING FOR the Jennie B. Busch CERTIFICATION Scholarship	CHECKLIST: <input type="checkbox"/> Verify Eligibility <input type="checkbox"/> Application/Signature Page <input type="checkbox"/> Essay/Multi-Media
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I attest that all information provided in this application is true and accurate to the best of my knowledge, and that I have not received financial support from the JCAHPO Education and Research Foundation in the past three (3) years. (PLEASE NOTE: This includes IJCAHPO / ATPO CE and Stein Scientific Paper).

Signature:	Date:
Release and Authorization For Use of Name and Quote Release executed by (Name) _____, (Address) _____ Herein referred to as "Originator" in favor of the: <ul style="list-style-type: none"> o International Joint Commission on Allied Health Personnel in Ophthalmology (IJCAHPO), 2025 Woodlane Drive, St. Paul, MN 55125-2998, herein referred to as "Organization" In consideration of Originator's goodwill toward Organization, Originator hereby consents to provide use of Originator's name, and hereby authorizes Organization to cause the same to be published, with or without any subject matter of Organization. AND In consideration of Originator's goodwill toward Organization, Originator hereby consents to provide personal quotations of Originator, and hereby authorizes Organization to cause the same to be published, with or without any subject matter of Organization. Originator hereby releases Organization and Organization's officers, directors, committee members, employees and agents, as well as any assignees, from any and all claims for damages for libel, slander, invasion of privacy, or any other claim based upon use of the above-described material. In witness thereof, Originator executes this release on the day and year written below.	
Signature of Originator	Date:

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Signature of Author:	Date:
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