**Application**

**CAP House of Delegates & Pathologists Leadership Summit (April 26-29, 2025)**

**Section I**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: | | | | | Credentials:  MD,  DO, | |
| Male  Female | Resident  Medical Student | | | | | |
| Current residency program or medical school | | | | | | |
|  | | | | | | |
| Residency Program Director or Medical Student Clerkship Director | | Director’s phone | | Director’s email | | |
|  | |  | |  | | |
| Department Coordinator | | Coordinator’s phone | | Coordinator’s email | | |
|  | |  | |  | | |
| Home address | | | City, State, Zip | | | Home Telephone |
|  | | |  | | |  |
| Preferred email | | | Cell Phone | | | Business Telephone |
|  | | |  | | |  |

**Section II – Personal Statement**

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| --- |
| Please describe your interest in health care policy work. |
|  |
| Please describe any prior political/legislative advocacy experience or activities in which you have been engaged. |
|  |

**Section III – Terms of Funding**

1. The funded participant must be a Resident Member of the NCSP in good standing.
2. The funded participant agrees to attend all education/training sessions and activities for this event.
3. The funded participant will present on their experience and knowledge gained to their resident/student colleagues at their home institution following the meeting.
4. The Chapter will reimburse the funded participant’s CAP Leadership Summit travel (mileage at the non-profit rate or flight) and two (2) nights lodging (room rate + applicable taxes) up too $1500.
5. Reimbursement expense request, including documentation (hotel receipt), must be received by Friday, February 28th, 2025.

**Section IV**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If selected for funding, the recipient agrees to terms of funding as outlined in this application, and to conduct herself/himself professionally according to the principles of medical ethics, and to be governed by the [Bylaws of the North Carolina Chapter .](https://www2.ncmedsoc.org/file/2025-ncsp/BYLAWS-NCSP.docx) | | | | |
| Applicant’s signature: |  | | Date: |  |
| Program/Clerkship Director’s signature: | |  | Date: |  |

To be considered for CAP Leadership Summit funding, application is due

by February 28th, 2025:

1. Completed application form
2. Applicant’s CV

**For information about the 2025 CAP House of Delegates & Pathologists Leadership Summit, click here:** [**PLS25**](https://events.cap.org/event/pls25/home-pls25?utm_source=Marketo&utm_medium=Email&utm_campaign=2025-PLS&utm_content=CGPA&mkt_tok=MzA3LUhaWi01NDQAAAGYUR7g1EiORsoS1aMb8UH1qz_bf_Aq5gNLjCtOBGdsnH25E4BaSRNuk2VI8HAO6AFknjHAwDXsFvoVFzY12rXccAuONbIjonx2JZT5ub1L)

**Submit by email to:**

**Ashley Newton**

**Executive Director, NCSP**

[**anewton@ncmedsoc.org**](mailto:anewton@ncmedsoc.org)