

PRINTABLE International ALS MND Symposium Fellow Application 2021

Part 1. Contact Information

First Name *

Last Name *

Street Address *

City *

State or Province

Postal Code

Country *

Email Address *

Phone Number (Please include country code if outside of US) *

1. In 2021 the Patient Fellows Program has room for 15 people with ALS plus two new spots reserved -- one for a caregiver and another for an asymptomatic ALS gene carrier.

I am a *

- Person Living With ALS
- Caregiver
- Asymptomatic ALS Gene Carrier

Part 2. For A Person With ALS -- Your ALS MND

Page description:

Please tell us a little about your ALS MND.

Please give the approximate date of your ALS or MND diagnosis. *



Who was your diagnosing neurologist? *

Where were you diagnosed? *

Part 2. For A Caregiver

Page description:

Please tell us a little about your caregiving.

Please tell us a little about your person with ALS. *

Who was your person with ALS's neurologist? *

Part 2. For An Asymptomatic ALS Gene Carrier

2. Did you receive a positive test result for a known ALS gene? *

- Yes
- No

What ALS gene mutation do you have? *

Please give the approximate date of when you received your positive genetic test result. *

Where did you have your genotyping done? *

3. Please describe briefly any ALS family history you know of.

Part 3. Your Background in Science

Page description:

The International ALS MND Symposium is a very traditional scientific symposium featuring highly specialized and technical presentations on the latest ALS research.

Please let us know what in your background will make this kind of conference productive for you.

Please describe your educational background.

Please describe your work background.

Please describe any related hobbies.

4. If you would like to include an optional resume or CV, please do so here.

Browse...

Part 4: Your Interests and Why You Should be a Part of this Program

Please describe your passion for ALS MND research.

What *specific* aims do you have for further understanding of ALS MND research by participating in this Symposium?

What have you learned about ALS MND research up to now?

Are there specific ALS MND researchers or research topics that are of particular interest to you?

How will you share your experiences at the Symposium with others?

How can you be a change agent to improve ALS MND research?

Part 5: Agreement with Terms of Fellow Program

What Should Fellows Expect?

1. To represent the ALS patient voice
 - o First and foremost, people with ALS acting as Patient Fellows at these meetings are just that, people living with ALS. These meetings are primarily aimed at the science and allied health professional communities, and the goal of this program is to provide a voice of the patient into the meetings, and importantly after the meetings back to other people with ALS.
 - o All Patient Fellows will be expected to provide a write-up of their Symposium impressions and experiences which will be shared on the Patient Fellows website. Other communications about the meetings will also be encouraged.
2. Support in advance of Symposium
 - o Fellows selected will work with various members of the Fellowship Committee for individual preparation and group Zoom meetings with the other fellows and the Fellowship Committee.
3. Paid registration for the online Symposium meetings
4. The International Alliance of ALS MND Associations has graciously invited Patient Fellows to all of their meetings prior to the ALS MND Symposium. These include the Alliance Annual Meeting, their Allied Professionals Forum, and ALS MND Connect.

Your initials here indicate that you agree with the terms of this program. *