

International ALS MND Symposium Fellow Application 2022

Thank you for your interest in the annual Patient Fellows Program for the International ALS MND Symposium.

This program is led by volunteers who believe in not only the value that the Symposium provides to people with ALS but also the value that they provide back to the scientific discussions.

The program is coordinated administratively by I AM ALS.

Please review the Patient Fellows website at <http://www.alspatientfellows.org> regarding the program, its purpose, and the selection process before filling out your application.

If you have questions or need more information, please use the Contact form at the Patient Fellows website <http://www.alspatientfellows.org>

Please complete your survey in English. The ALS MND Symposium is conducted in English.

Thank you very much.

This application is divided into five sections:

1. Your contact information
2. Your ALS MND
3. Your background in science
4. Your interests and why you should be a part of this program
5. Your agreement with the terms of the fellowship

To view a pdf to preview the entire application, [click here](#).

Part 1. Contact Information

First Name *

Last Name *

Street Address *

City *

State or
Province

Postal
Code

Country *

United States	
Afghanistan	
Albania	
Algeria	
Andorra	
Angola	
Antigua and Barbuda	
Argentina	
Armenia	
Australia	
Austria	
Azerbaijan	
Bahamas, The	
Bahrain	
Bangladesh	
Barbados	
Belarus	
Belgium	
Belize	
Benin	
Bermuda,	
Bhutan	
Bolivia	
Bosnia and Herzegovina	
Botswana	
Brazil	
Brunei	
Bulgaria	
Burkina Faso	
Burundi	
Cambodia	
Cameroon	
Canada	

Vanuatu
Cape Verde
Central African Republic
Chad
Chile
China
Colombia
Comoros
Congo, Democratic Republic of the
Congo, Republic of the
Costa Rica
Cote d'Ivoire
Croatia
Cuba
Curacao
Cyprus
Czech Republic
Denmark
Djibouti
Dominica
Dominican Republic
East Timor (see Timor-Leste)
Ecuador
Egypt
El Salvador
Equatorial Guinea
Eritrea
Estonia
Ethiopia
Fiji
Finland
France
Gabon
Gambia, The
Georgia
Germany
Ghana
Greece
Grenada
Guatemala
Guinea
Guinea-Bissau
Guyana
Haiti
Holy See
Honduras
Hong Kong
Hungary
Iceland
India
Indonesia
Iran
Iraq
Ireland

Iran

Israel

Italy

Jamaica

Japan

Jordan

Kazakhstan

Kenya

Kiribati

Kosovo

Kuwait

Kyrgyzstan

Laos

Latvia

Lebanon

Lesotho

Liberia

Libya

Liechtenstein

Lithuania

Luxembourg

Macau

Macedonia

Madagascar

Malawi

Malaysia

Maldives

Mali

Malta

Marshall Islands

Mauritania

Mauritius

Mexico

Micronesia

Moldova

Monaco

Mongolia

Montenegro

Morocco

Mozambique

Myanmar

Namibia

Nauru

Nepal

Netherlands

Netherlands Antilles

New Zealand

Nicaragua

Niger

Nigeria

North Korea

Norway

Oman

Pakistan

Palau
Palestinian Territories
Panama
Papua New Guinea
Paraguay
Peru
Philippines
Poland
Portugal
Qatar
Romania
Russia
Rwanda
Saint Kitts and Nevis
Saint Lucia
Saint Vincent and the Grenadines
Samoa
San Marino
Sao Tome and Principe
Saudi Arabia
Senegal
Serbia
Seychelles
Sierra Leone
Singapore
Slovakia
Slovenia
Solomon Islands
Somalia
South Africa
South Korea
South Sudan
Spain
Sri Lanka
Sudan
Suriname
Swaziland
Sweden
Switzerland
Syria
Taiwan
Tajikistan
Tanzania
Thailand
Timor-Leste
Togo
Tonga
Trinidad and Tobago
Tunisia
Turkey
Turkmenistan
Tuvalu
Uganda

Ukraine
United Arab Emirates
United Kingdom
Uruguay
Uzbekistan
Vanuatu
Venezuela
Vietnam
Yemen
Zambia
Zimbabwe



Email Address *

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

1. The Patient Fellows Program reserves most of its 15 slots for people living with ALS; however, at least two of the fellowships are reserved for ALS MND caregivers and people with known ALS genes who have not been diagnosed with ALS MND.

I am a *

- Person Living With ALS
- Caregiver
- ALS Gene Carrier without an ALS diagnosis

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 ALS Gene Carrier Without an ALS Diagnosis

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

Page description:

What Should Fellows Expect?

1. To represent the ALS patient voice
 - 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.
 - 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
 - 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. *

Thank You for your Application!

Page description:

Thanks! We appreciate your interest in participating in the International ALS MND Symposium and we will be in touch with you shortly in regards to your application.