



Scholarship Opportunity for Trainees



The 10th Annual PROMIS® International Conference

The PROMISE of PROMIS: Transforming Clinical Care through the Patient Perspective

October 17-18, 2024 Cologne, Germany

The conference brings together clinicians, researchers, health system administrators, government and regulatory agencies, pharmaceutical and technology industries, and business entities that provide services utilizing patient outcomes. They will gather to share their experiences and recent advances utilizing PROs and PROMIS measures.

PROMIS measures are increasingly used in applied research and clinical practice to ensure the patient's voice is included in healthcare and ultimately to improve health outcomes.

The scholarship includes:

- Two-day conference registration and meals in the program
- 3 nights hotel room
- PHO Student Membership for 2025

Eligible applicants are trainees (graduate students, masters, PhD, medical school, residency, fellowship). Previous scholarship recipients are ineligible.

Applicants must submit an abstract for the conference to be considered for a scholarship.

May 30 - Deadline for scholarship applicants to submit an abstract.

May 30 - Deadline to submit scholarship applications (see next page)

To apply for a scholarship, complete the application on the next page and submit your curriculum vitae and a statement (up to 250 words) on your interest and experience with PROMIS and how your participation will make a difference for patients, providers, and researchers at your institution.

Visit www.promishealth.org for more information.





Scholarship Application Form

The 10th Annual PROMIS[®] International Conference October 17-18, 2024 - Cologne, Germany

| Name | | |
|-----------------------------------|------------------------------|----------------|
| | | |
| First Name | Last Name | Degree(s) |
| Professional Category (check of | one) | |
| Graduate StudentP | hD Student Medical Student _ | ResidentFellow |
| Your specialty area | | <u>-</u> |
| Your Hospital/Institution | | |
| | | |
| Name and Address | | |
| City, State, Zip Code, Country | | |
| Your Contact Information | | |
| | | |
| Mailing Address: City, State, Zip | Code, Country | |
| | | |
| Email Address | Phone | |

Personal Statement - Tell us in up to 250 words of your experience in using PROMIS for patient-reported outcomes and why attending the PHO Conference will make a difference for patients, providers, and researchers at your hospital/institution.

By May 30

- 1) Submit this application form, your personal statement and CV to zan-lofgren@promishealth.org.
- 2) Submit your abstract to app.oxfordabstracts.com.

For more information, visit www.promishealth.org.