

# Financial Assistance and Hemophilia Provider Form

## Applicant Information

Last	First	Middle Initial	Title (MD, PhD, etc.)
Job Title			Specialty/Subspecialty
Address			
City	State	ZIP	Phone

## Organization

Type of Business		
Organization/Company Name/School/Institution		
Email Address		
Phone Number		
Address		
City	State	ZIP
Website		

## Applicant Funding & Proficiency Information

Please note: starting 07/1/2024, we will be charging a \$500 non-refundable administrative registration fee.

1. What is your motivation to take the MSKUS training course? How will MSKUS be applied in your practice?
2. Describe any financial barriers and needs required to attend the MSKUS training course?

## Applicant Funding & Proficiency Information continued

3. Are you receiving any additional funding/support from your employer or other organization?

3.1. How much total funding are you requesting for MSKUS Training (USD)? Check courses and costs below:

**Courses and costs**

- Musculoskeletal Ultrasound Training for Arthritic conditions: Ankle, Knee, and Elbow (contact Marlene Zepeda to gain access to the online modules)*
- Musculoskeletal Ultrasound Training in 1-/Hemophilia Online Program: (contact Marlene Zepeda to gain access to the online modules)*

**Musculoskeletal Ultrasound and Guided Joint Injections Educational Activities Live Course: \$1,900 per day, 3 days maximum**

- Day One - Musculoskeletal Ultrasound Training for Hemophilia: Elbow, Knee, Ankle, and JADE Protocol: \$1,900*
- Day Two - Musculoskeletal Ultrasound for Other Arthritic Conditions Training: Hip, Shoulder, and Spine: \$1,900*
- Day Three - A - Ultrasound-Guided Joint Injection and Aspiration for Arthritic Conditions and Hemophilia (visit our website for dates): \$1,900*  
*Day Three - B - The Joint Tissue Activity and Damage Exam (J.A.D.E.) (visit our website for dates): \$1,900*

**Total Amount Requested** \_\_\_\_\_

4. If applicable, are you currently using ultrasound for joint evaluations in patients with hemophilia?  Yes  No

If your answer is yes, please specify how many times per month.

5. Please provide your hemophilia treatment center director's name and contact information below. At the end of this document, please have the same director sign below.

Name & Credentials \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

6. If you are a current student or trainee, please describe what you are currently studying, your background, and reasons for your interest in MSKUS. Please attach verification of enrollment and letter of support from your institution/university.

7. What have we not asked you and your organization about that you feel is important?

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

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Signature of Applicant

Date

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Signature of HTC Director (if applicable)

Date

### For CBCD Use Only

Application Received

Total Amount Requested

Approval

Partial Waiver

Full Waiver \$

Comments

Authorized Signature

Print name

Signature

**Please sign, scan, and email completed application and supporting documentation (if applicable) to:**

[Marlene Zepeda at \[ucsdmskus@health.ucsd.edu\]\(mailto:ucsdmskus@health.ucsd.edu\)](mailto:ucsdmskus@health.ucsd.edu)

<https://hem-onc.ucsd.edu/education/cme/mskus.html>