

# 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 1/1/2023 we will be charging a \$300 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)? Reference courses and costs below:

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### 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 Hemophilia Online Program: (contact Marlene Zepeda to gain access to the online modules)
  
- Musculoskeletal Ultrasound Training for Hemophilia and Other Arthritic Conditions Live Course: \$950 per day, 3 days maximum
  - Day One - Musculoskeletal Ultrasound Training for Hemophilia and Other Arthritic Conditions: Elbow, Knee, Ankle, and JADE Protocol: 950.00
  - Day Two - Musculoskeletal Ultrasound Training for Hemophilia and Other Arthritic Conditions: Hip, Shoulder, and Spine: 950.00
  - Day Three – A – Ultrasound-Guided Joint Injection and Aspiration for Arthritic Conditions and Hemophilia (visit our website for dates)  
Day Three – B – The Joint Tissue Activity and Damage Exam (J.A.D.E.) (visit our website for dates)

**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.

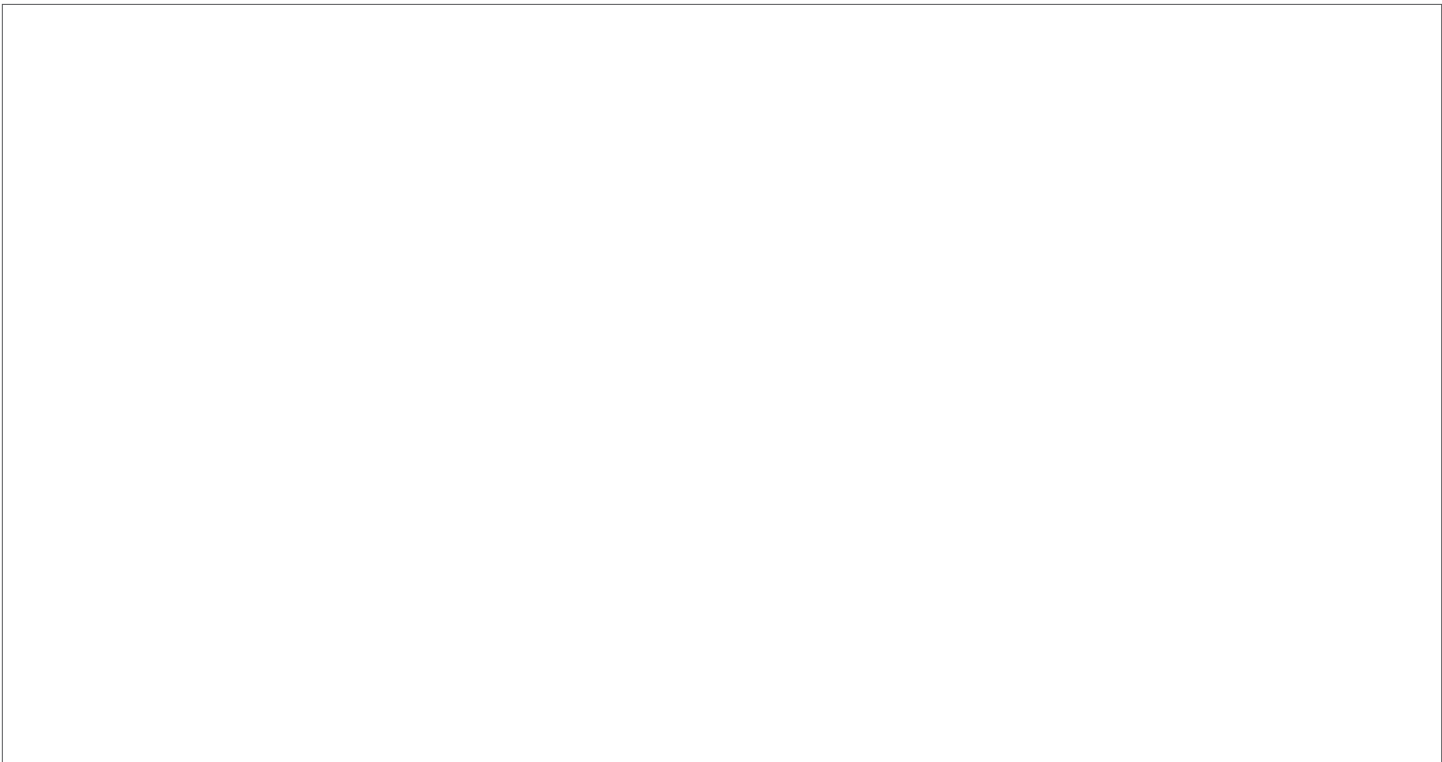
5. If applicable, please provide your hemophilia treatment center director's name and contact information below. At the end of this document, please have the same director sign below.

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?



[health.ucsd.edu/specialties/hematology/hemophilia](https://health.ucsd.edu/specialties/hematology/hemophilia)