##### New MDS Logo

##### Developing World Education Program (DWEP): Application

Thank you for your interest in the International Parkinson and Movement Disorder Society's (MDS) Developing World Education Program (DWEP).

**GOAL:**

The goal of the Developing World Education Program is to support a local movement disorders education meeting/ course taking place in an underserved area by providing a grant to fund MDS faculty participation and/or other meeting costs as approved by MDS. For more information on the policies and structure of the Program please visit: [*Developing World Education Program Policies and Procedures*](https://www.movementdisorders.org/MDS-Files1/Education/Outreach-Education/DWEP/DWEP-Procedures2017.pdf).

Please review the following eligibility checklist before proceeding with the application:

[ ]  [Waived dues eligibility country](https://www.movementdisorders.org/MDS-Files1/Membership/PDFs/MDSWaivedDuesEligibleCountries.pdf).

[ ]  [Country/City for the program is not on the list of U.S.travel warnings.](https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/)

[ ]  MDS International faculty requested are not from the same institution.

[ ]  Program content will focus on movement disorders.

[ ]  All invited faculty must be MDS members. You can request up to 4 faculty members.

[ ]  No financial/academic relationship between applicant institution and suggested faculty.

[ ]  Only one Outreach Program approved per institution, per calendar year. (Developing World Education Program (DWEP), Visiting Professor Program (VPP) or Ambassador)

To apply, please complete and submit this application to the MDS International Secretariat. Applications will be reviewed and approved by the Regional Section Executive and Education Committees. If the request is more than $10,000 USD it will also be reviewed by the MDS Education Committee. Applications will be approved based on the clarity and completeness of the program proposed, how well the program addresses the educational objectives indicated and how effectively the target audience need is explained.

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| 1. **Applicant Contact Information**
 |
| Applicant / Primary Organizer Name: Click here to enter text. |
| Applicant Academic / Professional Affiliations: Click here to enter text. |
| Applicant Hospital / Institution Name: Click here to enter text. |
| Street Address: Click here to enter text. |
| City: Click here to enter text.  | State/Province: Click here to enter text. |
| Postal Code: Click here to enter text.  | Country: Click here to enter text. |
| Email Address: Click here to enter text. |

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| **B. Proposed Meeting Information** |
| **Developing World Education Program Requirements (Please respond to each statement below)** |
| All invited faculty are MDS member(s) speaking on the topic of movement disorders  | **[ ]  YES** | **[ ]  NO** |
| Course is taking place in a [MDS waived dues country](https://www.movementdisorders.org/MDS-Files1/Membership/PDFs/MDSWaivedDuesEligibleCountries.pdf)  | **[ ]  YES** | **[ ]  NO** |
| Location of the meeting is NOT listed as a 3 or 4 [level travel advisory by the United States](https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/) | **[ ]  YES** | **[ ]  NO** |
| The course or meeting is a 1 – 3 day event with a series of movement disorder lectures.Acceptable formats include: Didactic lecture with Question & Answer/discussion, clinical case presentations, lecture followed by small group workshops, interactive seminar using video, practical workshop, patient demonstrations | **[ ]  YES** | **[ ]  NO** |
| **Name of Institution or Hotel where the meeting will take place:**Click here to enter text. |
| **Official title of the meeting at which the MDS faculty will be speaking:** Click here to enter text. |
| **Location of the meeting: (City/state/country)**Click here to enter text. |
| **C. Course Information** |
| ***Select the best option:*****[ ]  Stand-alone course/workshop (1-2 days)**  |
| **[ ]  Course presented in conjunction with a local/regional meeting**  Name of the local/regional meeting: Click here to enter text. |
| **[ ]  Series of courses** Number of offerings: Click here to enter text. |
| **Activity Date(s):** (Please provide up to three potential dates if meeting dates have not been determined**)**Click here to enter text. |
| **How often is the meeting held?** | **[ ]  One Time**  | **[ ]  Monthly**  |  **[ ]  Annually**  | **[ ]  Other** |
| **If Other; Please Explain:**Click here to enter text. |
| **Will continuing education credit be offered for this meeting?** | **[ ]  YES** **[ ]  NO** |
| **If yes, which type of credit? (CME, CPD, Nursing):**Click here to enter text. |
| **May MDS have one-time access to a post meeting mailing or e-mail list?** |  **[ ]  YES [ ]  NO** |
| **May MDS provide handouts/bag inserts for each meeting participant?** |  **[ ]  YES [ ]  NO** |
| **TOTAL AMOUNT REQUESTED FROM MDS****(Attached Budget Must be Included)** | **USD $**  |

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| **D. Proposed MDS Faculty** |

If you would you like to recommend a movement disorders speaker from your region ideally suited to address the educational needs of your proposed program in the preferred language of the target audience, you may do so here. This recommendation will be evaluated among other potential regional candidates.

**FACULTY CRITERIA**

One Day Meeting: Up to two (2) MDS faculty (only one (1) from outside region)

Two or More Day Meeting: Up to four (4) faculty (at most two (2) from outside region)

* Suggested faculty members must represent different institutions.
* No academic or financial relationship should exist between the suggested faculty and the Host organization.

**Does your organization have an academic/financial relationship with the suggested faculty?**

* 1. **[ ]  YES [ ]  NO**

**Does suggested faculty require a special Visa for travel to the location of the meeting? If yes, please ensure there is enough time for the faculty member to arrange for required visas?**

* 1. **[ ]  YES [ ]  NO**

**Do you intend to have any of the faculty members listed below give their lecture(s) virtually? (Via an online platform such as Web-Ex.)**

* 1. **[ ]  YES [ ]  NO**

**If yes, please complete the Virtual Professor addendum on page 10 of this packet**

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| **Suggested Faculty 1** |
| Name: | Designation (i.e. MD, DO, PhD) |
| Company/Organization Name: |  |
| City:  | Country: |
| E-mail Address: | Phone Number: |
| Proposed Lecture Topic:  |
| **Alternate Faculty 1** |
| Name: | Designation (i.e. MD, DO, PhD) |
| Company/Organization Name: |  |
| City:  | Country: |
| E-mail Address: | Phone Number: |
| Proposed Lecture Topic: |

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| **Suggested Faculty 2** |
| Name: | Designation (i.e. MD, DO, PhD) |
| Company/Organization Name: |  |
| City:  | Country: |
| E-mail Address: | Phone Number: |
| Proposed Lecture Topic: |
| **Alternate Faculty 2** |
| Name: | Designation (i.e. MD, DO, PhD) |
| Company/Organization Name: |  |
| City:  | Country: |
| E-mail Address: | Phone Number: |
| Proposed Lecture Topic: |  |

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| **Suggested Faculty 3** |
| Name: | Designation (i.e. MD, DO, PhD) |
| Company/Organization Name: |  |
| City:  | Country: |
| E-mail Address: | Phone Number: |
| Proposed Lecture Topic: |
| **Alternate Faculty 3** |
| Name: | Designation (i.e. MD, DO, PhD) |
| Company/Organization Name: |  |
| City:  | Country: |
| E-mail Address: | Phone Number: |
| Proposed Lecture Topic: |  |

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| **Suggested Faculty 4** |
| Name: | Designation (i.e. MD, DO, PhD) |
| Company/Organization Name: |  |
| City:  | Country: |
| E-mail Address: | Phone Number: |
| Proposed Lecture Topic: |
| **Alternate Faculty 4** |
| Name: | Designation (i.e. MD, DO, PhD) |
| Company/Organization Name: |  |
| City:  | Country: |
| E-mail Address: | Phone Number: |
| Proposed Lecture Topic: |  |

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| **E. Program Audience Information** |

**Please identify the target audience of the program you are proposing:**

**[ ]  General Neurologists** **[ ]  Primary Care Physicians** **[ ]  Post-Doctoral Fellows**

**[ ]  Physicians in Training** **[ ]  Researchers** **[ ]  Nurses/Health Professional**

**[ ]  Other:** Click here to enter text.

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| **F. Language** |

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| **Language in which the program will be presented:** Click here to enter text. |
| **Will translation of program materials be necessary?** | **[ ]  YES [ ]  NO** |
| **Will an interpreter be required?** | **[ ]  YES [ ]  NO** |
| **Anticipated number of program participants:****[ ]  25-50 [ ]  75-100 [ ]  100-200 [ ]  Other:** |

**G. MDS Parkinson and Movement Disorders Curriculum**

With this application you may also choose to apply for use of the [MDS Parkinson and Movement Disorders Curriculum (PMDC)](https://www.movementdisorders.org/MDS/Education/Course-Development/PMDC.htm) to supplement the lectures of your meeting. The PMDC is an overview of movement disorders and a clinical approach to the evaluation and management of common movement disorders.

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| [ ]  I would like to apply to use the entire curriculum **OR** Check the topics you would like to utilize: |

|  |  |
| --- | --- |
| [ ]  Basal ganglia anatomy and physiology | [ ]  Chorea, athetosis and ballism |
| [ ]  Phenomenology of Movement Disorders | [ ]  Myoclonus |
| [ ]  Etiology and pathogenesis of Parkinson's disease | [ ]  Gait disorders |
| [ ]  Diagnosis and differential diagnosis of Parkinson's disease | [ ]  Restless legs syndrome and movement disorders in sleep |
| [ ]  Management of early Parkinson's disease | [ ]  Management of MSA, PSP, and CBGD |
| [ ]  Management of Advanced Parkinson's disease | [ ]  Tics and Tourette Syndrome |
| [ ]  Tremor | [ ]  Drug-Induced Parkinsonism (DIP) |
| [ ]  Dystonias | [ ]  Psychogenic Movement Disorders |

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| Please select the language and topics you would like to use:  | [ ]  English  | [ ]  Chinese  |
| **OR** |
| I plan to translate the slides into the following language: Click here to enter text. |

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| **H. Learning Objectives** |

Clearly defined objectives allow participants to select activities which meet their perceived need and provide a realistic understanding of the nature/purpose of the activity, as well as, help course faculty to focus on the content and methodology of their presentation.

**Based on the identified need(s), please list three learning objectives, in terms of outcomes that will result from participation in this course.**

 (**Describe/List/Discuss/Indicate/Explain/Define/Identify/Recognize (choose the most appropriate)**

*At the conclusion of this course, participants are able to:*

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| 1.  |
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(*These objectives should appear in promotional materials and/or activity programs*).

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| 1. **Course Design**
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Please indicate the method(s) of instruction chosen based on compatibility with learning objectives and learning style of the intended audience.

[ ]  Lecture

[ ]  Case discussions

[ ]  Patient Examination

[ ]  Panel discussion

[ ]  Workshops

[ ]  Demonstration / simulation

[ ]  Other (*please specify*):

Click here to enter text.

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| **J. Activity Evaluation** |

The International Parkinson and Movement Disorder Society (MDS) will evaluate the effectiveness of this course through a compulsory participant evaluation form. The evaluation form will be provided to you 2 weeks in advance of the program.

It is the responsibility of the host and MDS faculty to ensure that evaluation forms are completed by course attendees. Following the course, all completed evaluations are to be sent to the MDS International Secretariat for tabulation. In turn, the MDS International Secretariat will provide the evaluation results to the Host, MDS faculty members, MDS and Regional Section Education Committees.

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| **K. Required Attachments** |

[ ]  Proposed Meeting Agenda (Template: Page 7)

[ ]  Proposed Program Budget (Template: Page 8-9)

* + If the program will generate profit, proper justification must be provided.
	+ If funds will be raised for the support of the program, all sources and projected income must be reflected in budget.
	+ If funding will be requested for the program venue or other expenditure, proper justification must be provided.

[ ]  Applicant CV (English)

OPTIONAL:

[ ]  Virtual Professor Application (Template: Page 10)

[ ]  Draft promotional material (example: program brochure)

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| **Developing World Education Program (DWEP) Host Agreement** |

**I have read and acknowledge the following:**

**[ ]** The host mustadhere to the [*Policies and Procedures* that](https://www.movementdisorders.org/MDS-Files1/Education/Outreach-Education/DWEP/DWEP-Procedures2017.pdf) have been outlined with regards to the Developing World Education Program (DWEP) that is being proposed.

**[ ]** The Host agrees to deposit the approved grant money and pay for expenses accrued and/or reimburse faculty upon submission of receipts. This may include airfare, local transportation, accommodations and meals.

**[ ]** The Host agrees that any money left over from grant money will be used to provide travel grants to local MDS members to attend next International Congress.

**[ ]** The Host must ensure that a course summary, completed budget, completed program evaluations are submitted to the MDS Secretariat within 30 days of the course date.

**[ ]** The Host acknowledges that failure to submit post course summary, budget and program evaluations may result in not receiving future MDS DWEP funding.

[ ]  As the host if I require assistance I will contact the MDS Secretariat for a contact with a travel agent, templates and related tools.

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**Host Applicant Signature Date**



**Developing World Education Program**

**Meeting Agenda Template**

Please note that this page has been formatted to assist with the submission of the proposed DWEP program. This template may be modified as necessary.

**Day/Date**

|  |
| --- |
| Morning Session |
| Session Start Time | Session End time | Presentation Title | Presenter Name |
|  |  | Introduction |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | Break |  |
|  |  |  |  |
|  |  |  |  |
|  |  | Lunch |  |

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| --- |
| Afternoon Session |
| Session Start Time | Session End time | Presentation Title | Presenter Name |
|  |  |  |  |
|  |  |  |  |
|  |  | Break |  |
|  |  |  |  |
|  |  | Closing Remarks |  |

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| **BUDGET FOR DWEP** |
| **Course Name:**  |
| **Location:**  |
| **Date of Course:** |
| **Income**  | **Unit Costs** | **Units** | **Projected** | **Your Description** | **Explanation NOTES** |
| **Amount** |
| **Registration** |  |  |  |  |  |
| Registration Fees |  |  |  $  |  | Project what you believe your income from registrants might be |
| **Commercial Support** |  |  |  |  |  |
| Company 1 Name: |  | *1* |  $  |   | Name Industry you will approach and for what amount |
| Company 2 Name: |  | *1* |  $  |   | Name Industry you will approach and for what amount |
| **TOTAL INCOME**  |  |  |  **$**  |  |  |
|   |   |   |   |   |   |
| **Expenses** | **Unit Costs** | **Units** | **Projected** | **Your best Description** |  |
| **Amount** |
| **Marketing** |  |  |  |  |  |
| Development/Printing of Marketing materials | $0  |  | $0  |   | If applicable - Cost for any flyers/brochures to post/mail. |
| **Subtotal - Marketing** |  |  | **$0**  |  |  |
|  |  |  |  |  |  |
| **Virtual Professor Program** |  |  |  |  |  |
| Virtual Professor Program(Can you have any of the speakers present remotely?) |   | 1 | $0  |   | You can have an international/regional faculty give a lecture through web-ex without paying for airfare and lodging. MDS Secretariat would work with you to accomplish this. $1,000 budget for AV through VPP if needed |
| **Meeting Space and AV** |  |  |  |  |  |
| Audio-visual (projector, laptop, microphone, sound system) | $0  | *1* | $0  |   | Many times this comes with meeting room rental but you will need to confirm. |
| Meeting Room Rental(Cost per day) | $0  | 0 | $0  |   | MDS expects the use of one's Institute rather than a hotel since DWEP is a local educational gathering |
| Subtotal - Meeting Space |  |  | **$0**  |  |  |

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| --- | --- | --- | --- | --- | --- |
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| **Catering** |  |  |  |  |  |
| Coffee Breaks | $0  | *0* | $0.00  |   | How many breaks in day and cost per break. You are encouraged to find a local group to support cost of breaks |
| Lunch | $0  | *0* | $0.00  |   | Cost per person for lunch. You are encouraged to find a local group to support cost of lunch. |
| **Sub-total Catering** | ***$0***  |  | **$0.00**  |  |   |
|  |  |  |  |  |   |
| **International MDS Faculty Travel Expenses Only (Expenses for the MDS faculty invited on application (1-2 for one day: 2-4 for two days or more)** |
| International Faculty Honorarium | $0  | 0 | $0.00  |   | Honoraria should be reasonable for the level of time and preparations  |
| International Faculty Lodging  | $0  | 0 | $0.00  |   | Cost of hotel, per faculty, per night (No lodging paid for local faculty) |
| International Faculty Airfare | $0  | 0 | $0.00  |   | DWEP is usually in the language of the host country since the education is for the under-served country - the use of local faculty is strongly encouraged. Need to budget for business class travel for any faculty with a flight over 6 hours of air time.  |
| International Faculty Expenses | $0  | 0 | $0.00  |   | Expenses while traveling that need to be reimbursed for taxi, parking or food en route. (Usually $60 per day per person) |
| Faculty VISAs |   |  |   |   | Include reimbursement for international faculty who may need a VISA. Get receipt from faculty. |
| **Subtotal - Honoraria/Travel Expenses** | ***$0***  |  | **$0**  |  |  |
| **Other expenses not itemized above** |  |  |  |  | Must list and explain. |
| **TOTAL EXPENSES** |  |  | **$0**  |   |   |
|  |
| **NET GAIN OR (LOSS)** |  |  | **$0**  |   |   |
| **Grant amount requested from MDS** |  |  |  |  | **Identify the amount of the grant you are requesting from MDS. This same amount needs to be listed in the proposed application.** |
|  |  |  |  |  |  |
| Updated January 2019 |  |  |  |  |  |

**Virtual Professor Addendum to DWEP Application**

(Only complete if you intend to have any of the faculty members give their lecture(s) virtually. (Via an online platform such as Web-Ex.)

**Activity title:**

**Date:**

**Location:**

**Virtual Professor Program**

The goal of the Virtual Professor Program is to facilitate the participation of 1or 2 renowned movement disorders experts, who are members of MDS, as virtual presenters. WebEx, a virtual presentation/webinar software, will be utilized for a keynote/plenary lecture during a major regional/local neurological, movement disorders meeting or MDS course

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|  **Virtual Professor Technology Summary** |

Please indicate the technology you will have available at the location where the Virtual Professor Presentation will take place:

□ Desktop Computer □ Laptop Computer □ Speakers □ Reliable Internet Connection

□ Projector □Web Cam □ Mouse □ Computer to Projector Cables

□ WebEx system requirements <https://support.webex.com/MyAccountWeb/systemRequirement.do?root=Tools&parent=System>

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_