The Consortium of New York Geriatric Education Centers Registration Form

Registration Fees (check one)

A continental breakfast will be provided. Lunch is not provided.
Certain locations have nearby cafeterias or delis, otherwise you will need to bring your own lunch. *Please inquire when you register.*

- ☐ **$350** for Physicians and Nurses completing the Geriatric Scholar Certificate (40 hours) ***OR*** the Advanced Course in Geriatrics and Palliative Care for Frontline Primary Care Providers (40 hours)
- ☐ **$225** for other Allied Health Professionals completing the Geriatric Scholar Certificate (40 hours) ***OR*** the Advanced Course in Geriatrics and Palliative Care for Frontline Primary Care Providers (40 hours)
- ☐ **$250** for Interdisciplinary Academic and Clinical Faculty completing the Faculty Development Course: on Geriatric Cultural and Linguistic Competency (24 hours)
- ☐ **$150** for Interdisciplinary Fellows and Residents completing the Faculty Development Course: on Geriatric Cultural and Linguistic Competency (24 hours)
- ☐ **$75** for Physicians and Nurses completing a single day of training (8 hours)
- ☐ **$50** for other Allied Health Professionals completing a single day of training (8 hours)
- ☐ **$100** for returning Geriatric Scholar Graduates to attend unlimited trainings within the academic year
- ☐ **I am an employee of _____ and receive free registration for the training taking place on the following day(s) _____**

Registration free for employees of training location

Complete Information Below: (PLEASE PRINT)

Last Name | First Name | Professional Degree(s)

Email | Year of Birth | ☐ Male ☐ Female

Mailing Address

City | State | Zip

Telephone | Work # | Home #

Last Four (4) Digits of Social Security# This is required for reporting purposes and will be kept confidential

Institution/Affiliation | Job Title

Method of Payment **Please note:** Physicians and nurse employees of host sites will be required to pay the standard fees for CMEs

Bill my (check one): ☐ Visa ☐ Master Card ☐ American Express

Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiration:

Date: Signature: Credit Card Security Code:

☐ Bill my credit card for $

☐ I'm sending a check or money order for $

(All checks should be in U.S. dollars drawn on a U.S. bank. - *see instructions on next page*)

The Consortium of New York Geriatric Education Centers Registration Form

Online registration at: *www.nygec.org*

Please include the two letters and 6 numbers of the course in the boxes below

CORE TRAINING

DAY 1 ☐☐☐☐☐☐☐☐
DAY 2 ☐☐☐☐☐☐☐☐
DAY 3 ☐☐☐☐☐☐☐☐

ADVANCED TRAINING

DAY 1 ☐☐☐☐☐☐☐☐
DAY 2 ☐☐☐☐☐☐☐☐
DAY 3 ☐☐☐☐☐☐☐☐
DAY 4 ☐☐☐☐☐☐☐☐
DAY 5 ☐☐☐☐☐☐☐☐

ELECTIVE TRAINING

1 ☐☐☐☐☐☐☐☐
2 ☐☐☐☐☐☐☐☐
3 ☐☐☐☐☐☐☐☐
4 ☐☐☐☐☐☐☐☐
5 ☐☐☐☐☐☐☐☐
6 ☐☐☐☐☐☐☐☐

GERIATRIC MENTAL HEALTH TRAINING

GEP 1 ☐☐☐☐☐☐☐☐
GEP 2 ☐☐☐☐☐☐☐☐
GEP 3 ☐☐☐☐☐☐☐☐

FACULTY TRAINING

DAY 1 ☐☐☐☐☐☐☐☐
DAY 2 ☐☐☐☐☐☐☐☐
DAY 3 ☐☐☐☐☐☐☐☐

VIDEO CONFERENCE

☐☐☐☐☐☐☐☐

Please visit *www.nygec.org* or **Email: *cnygec@mssm.edu***

Checks should be made payable to MSMC Geriatrics and mailed with the completed registration form to:

Megan Huston, BS
Program Coordinator
The Consortium of New York Geriatric Education Centers
Mount Sinai School of Medicine
Brookdale Department of Geriatrics & Adult Development
James J. Peters VA Medical Center, GRECC
130 W. Kingsbridge Rd, 4A-17C
Bronx, NY 10468
Phone: 718.584.9000; ext. 3836
Fax: 718.741.4211
Email: megan.huston@mssm.edu

Training Information:

Jennifer Griffith, MA
Program Manager
The Consortium of New York Geriatric Education Centers
Mount Sinai School of Medicine
Brookdale Department of Geriatrics & Adult Development
James J. Peters VA Medical Center, GRECC
130 W. Kingsbridge Rd, 4A-17C
Phone: 718.584.9000; ext. 3850
Email: jennifer.griffith@mssm.edu

For Central New York Training Information:

CNYGEC Central New York Program Coordinator
Phone: 607.772.3531
Fax: 607.772.3536