

## **Ohio Osteopathic Foundation Financial Support for Ohio Participants**

### **AACOM Health Policy Fellowship Certificate Program**

#### **Health Policy Fellowship Program Description**

The American Association of Colleges of Osteopathic Medicine Health Policy Fellowship Certificate Program (HPF) is designed for practicing or teaching osteopathic physicians who are preparing for leadership roles in the profession and positions of influence in health policy. Graduates of the program join a select cadre of health policy experts who are frequently called on by the profession to staff governmental committees and task forces at the federal and state levels, testify on issues relevant to osteopathic medicine/education, and develop policy positions for the osteopathic profession.

#### **The Ohio Osteopathic Association and Health Policy Fellows**

The HPF plays an important role in developing osteopathic leadership. For this reason, the Ohio Osteopathic Association has a vested interest in encouraging OOA members to apply for and successfully complete the program. Health Policy Fellows from Ohio can assist the OOA by researching health care policy issues and helping to prepare position statements for the OOA Board of Trustees. These graduates can also serve as expert witnesses at legislative and regulatory hearings, serve on miscellaneous state task forces, and provide visibility for the profession in addressing state health policy issues.

#### **The Ohio Osteopathic Foundation Health Policy Fellowship Grant.**

The Ohio Osteopathic Foundation provides reimbursement for up to \$5,000 in direct expenses incurred by Ohio DOs who are accepted into the HPFP. Reimbursement is provided for direct expenses related to participating in the program including travel, food and lodging associated with orientation and weekend seminars.

#### **Eligibility Requirements.**

Applicants must have been members in good standing of the OOA for at least five years and, at the time of application, be a member in good standing of the American Osteopathic Association, his/her specialty society, the OOA and his/her OOA District Academy. Once accepted into the program, the candidate shall submit an OOF application form and attach a copy of his/her Fellowship Program application/acceptance. Applications can be mailed to OOF, P.O. Box 8130, Columbus, OH 43201 or e-mailed to [jwills@oanet.org](mailto:jwills@oanet.org).

## **Conditions for Acceptance**

An applicant who accepts the grant shall agree in writing to:

1. Serve as an active member of the OOA State Health Policy Committee for at least three years;
2. Assist the committee in researching and developing position statements as reasonably requested;
3. Assist the association in providing expert testimony in areas which relate to his/her final health policy paper; and
4. If he/she fails to complete the health policy fellowship program or fails to comply with provisions 1,2 and 3 above, agree to repay the grant as a loan.

## **Ohio Osteopathic Foundation Health Policy Fellowship Grant Agreement**

This agreement is made and entered into as of the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by and between the Ohio Osteopathic Foundation (hereinafter OOF), located in Columbus Ohio and \_\_\_\_\_ (Name of Grantee). In order to receive up to \$5,000 reimbursement for expenses directly related to the AACOM Health Policy Fellowship Certificate Program, I hereby certify and/or agree that:

1. I have been accepted into the Health Policy Fellowship Program, offered by the American Association of Colleges of Osteopathic Medicine and the Ohio University College of Osteopathic Medicine.
2. I have been a member in good standing of the Ohio Osteopathic Association for at least five years and, at the time of application, belong to the OOA and my OOA District Academy, the American Osteopathic Association, and my osteopathic specialty college.
1. I will commit to serving as an active member of the OOA State Health Policy Committee (hereafter "Committee) for at least three years following the completion of my Fellowship.
2. I will assist the Committee in researching and developing position statements as reasonably requested.
3. I will assist the Committee in providing expert testimony in areas that are related to health policy briefs required by my Fellowship;
4. If I fail to complete the work required to receive my Health Policy Fellowship or I fail to comply with Items 3-5 above, the grant will revert to a loan, and I will agree to repay the Ohio Osteopathic Foundation for any expenses I received without completing the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_