Center to Advance Palliative Care
capc

AAHPM
American Academy of Hospice and Palliative Medicine

Clinical Site Visit Directory
Registration Form

Instructions: Use this form to provide information on your current hospital palliative care program and proposed clinical palliative care training. Return this completed form by fax (212) 426-1369 or email derrick.sabater@mssm.edu.

1.	Institution Name	
2.	How many years has your palliative care program been operational?	
3.	Hospital bed size	☐ < 100 beds ☐ 101-250 beds ☐ 251-500 beds ☐ > 500 beds
4.	Site(s) for clinical training (check all that apply)	☐ Adult Hospital ☐ Adult and Pediatric Hospital ☐ Pediatric Hospital ☐ Long Term Acute Care Hospital ☐ Residential Hospice ☐ Home Hospice ☐ Long-term care facility with Hospice ☐ Other:
5.	Location	City: State:
6.	Brief Description of Clinical Palliative Care Training Curriculum (< 75 words)	
7.	What type of learning experience is offered for physicians? Ex./ "Clinical training offering an observership experience" versus a "Hands-on clinical training with licensure documentation requirements."	
8.	Will your training program offer CME or CEU credits to	☐ Yes ☐ No

	participants?	**Type of credits offered:** **Total # of hours:**
9.	**Duration of Training Opportunities (Check all that apply)**	☐ **1-5 days** ☐ **1-2 weeks** ☐ **2-4 weeks** ☐ **> 1 month**
10.	**Which professionals can you host for training?**	☐ **Physicians** ☐ **Nurses** ☐ **Social Workers** ☐ **Chaplains** ☐ **Other:**
11.	**Contact Information**	**Name**: **Title:** **Phone:** **Email:** **Website:**
12.	**Date Submitted**	**Month**: **Day:** **Year:**

NOTE: The information you provide on this form will be posted in the Clinical Site Visit Directory and posted on www.capc.org. You will be notified when your information is posted on the web.

Wait!

Before you submit this form, did you complete all of the following steps?

- ☑ Read the FAQ
- ☑ Read Appendix A: Clinical Site Visit Recommendations
- ☑ To ensure accuracy, double check the information you provided on the this Registration Form

Thank you in advance for your participation!

If you have any questions about the Clinical Site Visit Directory, please contact:

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