Applicant Information

Applicant

Note: "Applicant" refers to the staff member working in a public library who plans to attend the PLA 2018 preconference on March 20, 2018 and complete the other work as noted in the guidelines. All fields required unless noted otherwise.

First Name

Last Name

Email Address

Phone Number
10 digits, xxx-xxx-xxxx.

Extension
(optional)

Title

Department
(optional)

Institution

Address Line 1

Address Line 2
(optional)

City

State

ZIP Code
9 digits, xxxxx-xxxx. If you need to find your 4-digit sort code, you can look it up at the website of the US Postal Service.

Institution Type

If Other, please specify.
(optional)

Community Type

Population Size
What counties, communities and populations do you serve?

MLS/MLIS

Do you have a MLS/MLIS?

- Yes
- No

ALA Membership

Are an ALA member? Please check all that apply.

- ALA
- PLA
- Other ALA division (please specify)

NNLM Region

See https://nnlm.gov/regions to determine your NNLM region.

Please select

Save | Use this button to save your answers and begin your application.

Proceed | Use this button to save your work and move on to the next page.
Narratives

Please note that each of the narrative sections is required. Each narrative may not exceed 200 words.

Have you or your library worked with or used resources from the National Library of Medicine or your regional medical library? If so, please briefly describe how you or your library worked with or used resources from NLM or a regional medical library. (See https://nnlm.gov/regions/ for a list of regional medical libraries.)

Yes

No

Describe any programming related to consumer health information, health literacy, or related topics you’ve developed or offered in a public library.
Describe why you are interested in becoming certified in Consumer Health Information and what you intend to do with the credential and new knowledge.

Describe some of the key health issues or challenges that people in your library’s community are facing. How do you think your library could contribute or show leadership in response to these issues or challenges?
Attestations

Recipients of the stipends will be expected to complete pre/post work, to submit plans for health-related activity, and to provide a report to PLA after completing their proposed activity. Please confirm your intention to complete this work if you are awarded a stipend.

By submitting this application, you agree to the following if awarded a stipend:

- Register for and attend the PLA 2018 preconference on March 20, 2018
- Participate in any pre-event conference calls or online meetings scheduled for preconference attendees
- Complete the required pre-event readings and education as directed
- Work with PLA to submit an application to the Medical Library Association for CHIS certification
- Complete a post-event assessment questionnaire
- Submit to PLA a plan to use the CHIS certification and knowledge in programming or other activity at a public library
- Submit to PLA a report on status of your plan, noted above, at a time interval to be determined after the event (likely 3-6 months)

Save Use this button to save your work at any time.

Proceed Use this button to save your work and move on to the next page.
Certifying Official

An application for a Promoting Healthy Communities: Consumer Health Information Specialization (CHIS) stipend is an application for an award from PLA, with support from NNLM. Applicants must identify a certifying official who is authorized to submit applications for funding on behalf of the organization’s employee.

To complete this section, you must enter all of the information that is requested.

Certifying Official First Name

Certifying Official Last Email

Email Address

Title

Certifying Official Institution

Check this box to indicate acceptance by the Certifying Official of the following language:

By checking this box and submitting this application, the authorized representative for the applicant certifies that all statements contained herein are true and correct to the best of his or her knowledge and belief; and that the applicant (including, when pertinent, the library and each additional library branch on whose behalf it is applying) is neither presently debarred, suspended, proposed for debarment, declared ineligible, nor voluntarily excluded from participation in this transaction by any federal department or agency.

You can check the status of your institution with regard to debarment at the website of the System for Award Management.

Save Use this button to save your work at any time.

Review When you are finished, use this button to review your work and submit your application.