



## Haim Ring Memorial Award

### Required information for individual applicants

You are kindly invited to include the following information:

**Please confirm that you are an ISPRM active individual member, in good standing.**

The Haim Ring Memorial Award for individual applicants is intended to recognize individuals that host or include international Postgraduate PRM physicians and physiatrists in their academic and training activities, which may be at the country where the individuals live and develop those activities, or abroad.

Please provide information related to:

#### **Nominee**

- **Name and contact information:**

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- **Nominee's primary and secondary affiliated institutions** (hospital/medical center; university affiliation, if applicable)

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- **Curriculum vitae** (Free-form CV) – attached doc or link

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#### **Competence**

##### **1. Academic appointments**

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##### **2. Clinical appointments**

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##### **3. Participation in research projects**

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**4. Publications**

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**5. Invited presentations**

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**6. PRM Certification**

- **National PRM certification(s)**
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- **Specific PRM specialty area certification**
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- **International PRM certification(s)**
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**7. Scientific Society/ies membership**

- **National PRM Society**
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- **International PRM Society (other than ISPRM)**
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- **Other scientific society/ies**
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**8. Awards and recognition**

- **PRM National Society award/s or recognition**
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- **ISPRM award/s or recognition/s**
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- Another award/s or recognition/s

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**Contribution to international Exchange**

**9. Number of academic observers or participants, number and duration of the education or learning program, courses, schools, professional visits.**

**9.1 Number of academic observers or participants, in the education or learning program, courses, schools, professional visits.** Number, name, affiliation, town, country of current residence, and country of origin of the academic observers or participants, if known.

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**9.2 Number of postgraduate (PG) PRM physician or physiatrist's education or learning programs, courses, schools, with international exchange academic observers or participants.**

Name of the education or learning programs, if known, courses, schools, and name of the visitor, regarding "professional visits".

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**9.3 Duration of PG PRM physician or physiatrist's education or learning program, courses, schools, professional visits, with international exchange academic observers or participants.**

Duration in days or weeks. Report 1<sup>st</sup> day and last day, if known.

**Content of the program****10. Content of the PG PRM education or learning program, at the nominee's local institution.**

Description of the program(s), including duration, in days or weeks, including 1<sup>st</sup> day and last day, if known. Report the following information, if known:

- Attending inpatient visits with the physicians
  - Attending outpatient clinic visits with the physicians
  - Participating in practical programs (e.g. labs and hands-on works)
  - Resident's Seminars
  - One grand round
  - Resident's journal club
  - Nominee's direct interaction with the academic observer, following his/her progress and discussing training program.
  - Duration of the program 4 weeks or more
- Any other related information may be included in this list.

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**Impact of the program on the observer or participant****11. The number of observers' or participants' feedback documents. The observers' feedback on the visit program, or the observers' achievements afterwards, that may be attributed to the program.**

Description of the feedback including number and content of observers' or participants' reports (such as letters, emails, if available)

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**Other initiatives**

**12.** Initiatives that aim to strengthen PRM academic activities and Rehabilitation services in LMICs.

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**Statement on nominee's contribution to international learning exchange** (not to exceed 200 words).

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