

LOUISIANA CANCER REGISTRARS ASSOCIATION
ONCOLOGY DATA SPECIALIST EXAMINATION SCHOLARSHIP

Purpose: To provide a stipend for members of LCRA to sit for the ODS/CTR exam.

History: At the 1998 LCRA Fall meeting, the membership voted to pay at least one ODS/CTR exam fee, directly to NCRA, for an eligible LCRA member to sit for the ODS/CTR exam.

Policy:

1. The Education Chair is responsible for establishing and conducting the scholarship program by providing LCRA members with a stipend to sit for the ODS exam through **The Gail Beebower Scholarship Fund**.
2. The recipient has 1 year from the date of receiving the scholarship to take the ODS exam. *If recipient fails to take the ODS exam within 1 year, the recipient must forfeit the scholarship.*
3. The scholarship will be granted **only once** to each recipient.
4. Recipient selection shall be determined from all qualifying applicants utilizing a *random selection software program* as to remove any bias from the selection process.

Eligibility requirements:

1. The amount of the scholarship shall be established each year based on the current exam fee charged by the **National Cancer Registrars Association (NCRA)**.
2. Applicants **must meet the ODS Exam Eligibility criteria** for certification as set forth by the NCRA.
3. The scholarship will be **offered annually** on a schedule developed and publicized by the Education Chair.
4. The Education Chair will establish for each year the number and amount of awards subject to the Executive Committee approval.
5. The scholarship will be granted **only once** to each recipient.
6. Reductions in the amount of the scholarship or suspension of the Scholarship Program altogether may be authorized on an emergency basis by the Executive Committee for financial reasons only.

LOUISIANA CANCER REGISTRARS ASSOCIATION
ONCOLOGY DATA SPECIALIST EXAMINATION
SCHOLARSHIP APPLICATION

Eligibility Requirements:

- 1) Must meet the NCRA's **ODS Exam Eligibility criteria.**
- 2) LCRA members:
 - a) are only eligible to receive this funding one time.
 - b) must not have any other job-related source of test fee funding or reimbursement for taking the ODS exam.
- 3) All applications must be received by **January 31st** to be eligible

Complete the following application if eligible:

NAME: _____

EMAIL: _____ PHONE:(____)_____

MAILING ADDRESS: _____

PLACE OF EMPLOYMENT: _____

YEARS WORKED IN THE CANCER REGISTRY FIELD: _____

HIGHEST DEGREE HELD: ___Ph.D. ___Masters ___Bachelors ___Associates

_High School ___Other

IF IN SCHOOL, HIGHEST DEGREE BEING PURSUED: _____

EXPECTED DATE OF GRADUATION: _____

SCHOOL/UNIVERSITY: _____ YEAR GRADUATED: _____

Does your hospital OR any other job-related source pay for your ODS Exam fee?

_ YES ___ NO

MEMBER OF LCRA: ___YES ___NO MEMBER OF NCRA: ___YES ___NO

Please **EMAIL** application to lparet@lsuhsc.edu with **"ODS SCHOLARSHIP"** entered on the subject line. *Please note: failure to use proper subject line documentation may result in LOST applications!*