



APPLICATION FORM

PCF-VA Medical Education Program

for Optimizing the Care of Veterans with Advanced Prostate Cancer

BEFORE YOU BEGIN

Complete every section on screen or by hand, then email the form with your CV or biosketch and letter of support to akaron@pcf.org by 11:59 p.m. Pacific Time on Sunday, November 15, 2026. This is a non-CME program; the one-day program must be held by February 15, 2027.

01 Applicant Information

Applicant type

- ☐ VA healthcare professional
 ☐ Executive Director of a VA-affiliated NPC

APPLICANT FULL NAME

CREDENTIALS (E.G., MD, NP)

PROFESSIONAL ROLE

TITLE / POSITION

EMPLOYER (CAN BE VAMC OR NPC)

VA MEDICAL CENTER NAME

VISN

CITY

STATE

NPC NAME

ACADEMIC AFFILIATE NAME (IF APPLICABLE)

CONTACT EMAIL (REQUIRED)

BUSINESS PHONE

MOBILE PHONE (REQUIRED)

VA HCP who will plan and run the program

- ☐ Same as applicant: the applicant is the VA HCP

HCP FULL NAME

CREDENTIALS

ROLE

VA FACILITY THE HCP IS AFFILIATED WITH

HCP EMAIL

Entity receiving the funds

- ☐ VA-affiliated NPC
 ☐ Academic affiliate

LEGAL NAME OF RECEIVING ENTITY

FINANCIAL / GRANTS CONTACT NAME

MAILING ADDRESS

CONTACT EMAIL

02 Statement of Educational Needs

Describe the medical educational gaps and needs the one-day program would address related to improving care and/or access to clinical trials for the treatment of patients with advanced prostate cancer. 1-page maximum.

Areas of focus (check all that apply)

- ☐ Use of pathways, EHR/EMR, or real-world evidence to improve the uptake of guideline-based treatment strategies for the treatment of advanced prostate cancer
- ☐ Use of pathways, EHR/EMR, or real-world evidence to improve the uptake and use of guideline-based germline and somatic testing
- ☐ Use of pathways and multidisciplinary teams to optimize monitoring, mitigate adverse effects of systemic therapies, and improve survivorship
- ☐ Strategies and pathways to initiate or improve guideline-concordant care at centers that lack GU subspecialty providers
- ☐ Participation in clinical trials
- ☐ Any other educational needs related to the guideline-recommended management of patients with advanced prostate cancer (describe below)

STATEMENT OF EDUCATIONAL NEEDS

1-page max · attach a separate page if needed

03 Date, Agenda, and Invitees

The one-day program must be held by February 15, 2027. Do not propose faculty — PCF will identify and match two faculty to your program based on the needs you describe.

PROPOSED PROGRAM DATE

ALTERNATE DATE (OPTIONAL)

PROPOSED VENUE / LOCATION

VA facilities to be represented

VA FACILITY	CITY, STATE	VISN	EST. ATTENDEES

Learning objectives (1-3)

1

2

3

04 Medical Education Audience

Plan to include at least 25 attendees, including the applicant and HCPs involved in the care and treatment of patients with advanced prostate cancer. Learners should be from the same institution or healthcare region as the applying VA site.

ROLE	EST. NUMBER	ROLE	EST. NUMBER
Medical oncologists	<input type="text"/>	Nurse practitioners (NPs)	<input type="text"/>
Urologists	<input type="text"/>	Physician assistants (PAs)	<input type="text"/>
Radiation oncologists	<input type="text"/>	Pharmacists	<input type="text"/>
Primary care physicians (PCPs)	<input type="text"/>	Clinical research staff	<input type="text"/>
Radiologists	<input type="text"/>	HCP trainees	<input type="text"/>
Nuclear medicine physicians	<input type="text"/>	Other (specify): <input type="text"/>	<input type="text"/>
Oncology nurses	<input type="text"/>		
TOTAL ESTIMATED LEARNERS (MINIMUM 25)			<input type="text"/>

05 CV or Biosketch

CV or biographical sketch for the applicant (5-page max; shorter is acceptable), including relevant education, training, and current employment details.

- ☐ My CV or biosketch is attached to my email submission.
- ☐ If applicable: a CV or biosketch for the partner VA HCP is also attached (optional).

06 Impact Statement

Briefly describe the anticipated impact of the one-day program. What would participants learn, and how might this advance practices at the VA facility?

Expected areas of impact (check all that apply)

- ☐ Workflows ☐ Professional knowledge / capacity ☐ Care coordination
- ☐ Clinical trial engagement ☐ Other (describe below)

IMPACT STATEMENT

07 Letter of Support

A brief letter from the site's chief of oncology/hematology or an individual with a similar leadership role (e.g., ACOS-R, VA Chief of Staff) serving patients with prostate cancer.

LEADER FULL NAME

TITLE

EMAIL

- ☐ The letter of support is attached to my email submission.
- ☐ The letter confirms site leadership's support for the program and that the site and HCPs can dedicate a day to holding it by February 15, 2027.

08 High-Level Line-Item Budget

Up to \$50,000 for educational program planning, logistics, and costs, plus regional travel support for participants if applicable (e.g., a hotel night for an attendee who would otherwise face a long commute on the day of the program).

DO NOT INCLUDE

Faculty travel or honoraria. PCF covers these separately.

CATEGORY	DESCRIPTION / JUSTIFICATION	AMOUNT (USD)
Program planning / coordination		
Venue / meeting space		
Catering / meals		
Audiovisual / technology		
Printed materials / supplies		
Participant regional travel (lodging)		
Participant regional travel (mileage / other)		
Other (specify in description)		
Other (specify in description)		
TOTAL REQUESTED (MAX \$50,000)		

09 Submission Checklist and Certification

- | | |
|--|---|
| ☐ Section 1: applicant, VA HCP, and receiving entity are complete | ☐ Section 2: statement of educational needs (1-page max) |
| ☐ Section 3: proposed date, facilities, and 1–3 learning objectives (no faculty proposed) | ☐ Section 4: audience estimate of at least 25 learners |
| ☐ CV or biosketch attached (5-page max) | ☐ Section 6: impact statement |
| ☐ Letter of support attached | ☐ Section 8: budget of \$50,000 or less, with no faculty travel or honoraria |

By submitting this application, I confirm that the information provided is accurate and that I am able to plan and hold the one-day medical education program by February 15, 2027. I understand that award decisions are based on peer and programmatic review.

APPLICANT SIGNATURE

TITLE

DATE

HOW TO SUBMIT

Save or scan the completed form as a PDF and email it with your attachments to akaron@pcf.org by 11:59 p.m. Pacific Time on Sunday, November 15, 2026. Decisions will be announced the following week. Questions? Email akaron@pcf.org.