**2025 CSAM Annual Conference**

**MERF Resident/Fellow/Faculty Scholarship Application**

**\*Note: this document is for reference only. All applications should be submitted through the** [**online link here.**](https://www.surveymonkey.com/r/2HTBX2L)

First Name

Last Name

**Degree(s):**

Please complete the information below and upload a letter from your Program Director for your application to be considered.

**“*NOTE****:****All MERF Scholar registrations are discounted****from the usual conference registration which includes the Motivational Interviewing Workshop, the CSAM Annual Conference and the additional components of the unique MERF Scholars mentored learning experience. These include MERF activities & group meals, we rely on your program’s support for your participation as a MERF Scholar.*

*Priority will be given to residents and fellows who have a faculty applying to attend with them as a team to enhance incorporating new projects in their program. Qualified applicants who have their own funding will receive priority status.”*

**NEW**: Beginning this year, we request all applicants, as part of your application, to indicate a specific addiction medicine area of interest or focus in your application (see below):

* Teaching
* Curriculum Development
* Practice
* Scholarly Activity
* Combination of the above areas

Having your area or areas of interest acknowledged by your faculty and/or program director, in their application or letter, respectively, will provide us with additional information valued in our selection process.

**Email:** (Please give your personal email; your work email may block our communication):

**Phone: (to be used for MERF admin contact only)**

**Mailing Address:** (Street, City, State, Zip, Country)

**Primary Medical Specialty:**

Make this a dropdown/radio button selection of specialties with the option of Other

Residency:

Family Medicine

Internal Medicine

Psychiatry

 Pediatrics

Adolescent Medicine

Other

Fellowship:

 Addiction Medicine

 Addiction Psychiatry

 Pain Medicine

 Other:

I currently practice in a primary care setting, or intend to in the future

Yes

No

If no, please indicate the specialty of your current/intended setting.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application Type:**

Resident

Fellow

Faculty

**Program Name**:

**Program Address**: (Street, City, State, Zip, Country)

**If you are a resident/fellow, will there be a faculty member or another resident or fellow applying with you?**

Yes

No

If so, please note:

 Name of Faculty Member: \_\_\_\_\_\_\_\_\_\_\_\_

 Name of other Resident or Fellow: \_\_\_\_\_\_\_\_

**If you are a faculty member, will there be another faculty member, resident or fellow applying with you?**

Yes

No

If so, please note:

 Name of Faculty Member: \_\_\_\_\_\_\_\_\_\_\_\_

 Name of other Resident or Fellow: \_\_\_\_\_\_\_\_

**For Residents, what is your PGY year as of August 2025?**

PGY-

For Faculty, how long have you been in your current program?

\_\_\_\_ # years as faculty

**Program Director’s Name:**

First Last

**Program Director’s Email:**

**Residents and Faculty Applicants:** A letter from your Program Director on institution letterhead is required, including the PD commitment to provide the time needed for your full participation in the CSAM-MERF Conference, all MERF activities at the Conference, Journal Clubs, and mentored learning experiences over the course of the year. Please upload the PD Letter of Recommendation with your application.

**Upload Letter from Program Director Here:**

**Why would you like to participate in this conference and the MERF mentored Learning experiences?**

**Share your suggestions for increasing opportunities for training about prevention and treatment of substance use disorders in your residency program. If applying with a resident or faculty member, how will you work together to do this? If not, who might be on your team?**

**NOTE: MERF** Scholars are required to participate in all scheduled MERF activities during the 2025 CSAM Annual Conference and the subsequent Journal Clubs and mentored learning experiences.

* + MERF Orientation session (virtual) - August 6, 2025 from 7:00 – 8:30 pm (PT)
	+ CSAM-MERF in-person sessions - August 13 – 16, 2025, including Pre-MI Workshop orientation lunch on August 13
	+ Quarterly Journal Clubs (dates TBD) and Mentored Learning Experiences

**Do you agree to participate in all MERF aspects of the 2025 CSAM Annual Conference, beginning with orientation prior to the conference and for the entirety of the conference?**

Yes

No

**Do you agree to participate in all MERF-associated virtual Journal Clubs and meetings approximately every 3 months for 9 months until July 2026?**

Yes

No

All applicants are required to submit a case example of a patient or patient scenario that illustrates a common addiction medicine challenge or dilemma encountered in your clinical practice or teaching that would help others to better understand how to manage substance use disorder clinical challenges. Please include this with your application. (Maximum 200 words)

**Please indicate to the best of your ability which one of the following categories will you be committed to as a project or innovation in your program:**

Teaching

Curriculum development

Practice

Scholarly activity

**Please provide an example of what you plan or are currently doing to expand addiction medicine teaching or practice in your program.**

Please have this acknowledged by your faculty and/or program director, in their application or letter of recommendation. This will provide us with additional information that is valued in our selection process.

**Do you currently treat patients with medication for opioid use disorder (buprenorphine, methadone, naltrexone)?**

Yes

If yes: With faculty

 With other providers in my practice

No

**At this time, if you (or your Attending, if a Resident) prescribe medication for opioid use disorder (MOUD), specifically buprenorphine, about how many patients do you prescribe per month?**

0 (none)

1 – 5

6 -10

11 – 20

21 – 30

More than 30

**Do you prescribe naltrexone IM for opioid use disorder?**

Yes

No

**Do you currently treat patients with medication for alcohol use disorder (naltrexone, acamprosate, disulfiram)?**

Yes

No

**Do you prescribe naltrexone IM for alcohol use disorder?**

Yes

No

**How likely is that you will be able to increase your medication for addiction treatment (MAT) prescribing, to include MOUD and MAUD by** **20%?** (Range of 1-5: 1 is highly unlikely and 5 is highly likely) (Please move the bar to your usage)

**Do you work in another organization/Clinic?**

Yes

No

I work in Private practice

Other

**I work/practice/teach in the following types of clinical settings (Check all that apply)**

Rural

Suburban

Urban

Other

**My site is a/an (click all that apply):**

Specialty substance use program

Specialty mental health program

Community clinic, with FHQC status

Community clinic, without FHQC status

Emergency department

Hospital based (in-patient) care

Other

**I serve as (click all that apply):**

Solo Practitioner

Resident/fellow

Faculty

Administrator

Program supervisor

**NOTE:** California “Hub and Spoke” model designates an Opioid Treatment Program (e.g., methadone program) as a “Hub” and primary care practitioners in relation to them who prescribe buprenorphine or naltrexone as “Spokes.”

**Are you or have you been formally designated as a “Spoke” with a contractual relationship with a “Hub”?**

Yes

Not at this time

**Is your institution willing to pay for all or part of your CSAM-MERF experience? Check all that apply.**

Hotel

Travel

Pre-Conference Motivational Interviewing Workshop

Additional MERF activities and MERF meals

CSAM Conference registration

All of the above

Make sure you attached Program Director's Letter.

Please double check that you have answered everything as accurately as possible and click Submit when you are ready.

Thank you for your interest in our MERF Scholars program!