

**TEXAS TUMOR REGISTRARS ASSOCIATION
SCHOLARSHIP APPLICATION
CTR EXAM**

I. General Applicant Qualifications:

- A. The scholarship is intended to benefit TxTRA members who contribute to the data collection efforts for Texas residents.
- B. Must be a TxTRA member for at least one (1) year in good standing; and
- C. Must not have previously received TxTRA funds for the exam.

II. Qualifications to Sit for NCRA's CTR Examination:

- A. Applicant must meet the eligibility criteria for certification as defined by the National Cancer Registrars Association (NCRA), Council on Certification
- B. The maximum scholarship amount available to an applicant is half the fee for NCRA members (regardless of the applicant's membership status with NCRA). Currently, the fee for a member of NCRA is \$240.00.

III. Application Process:

- A. Applicant mails completed and signed application to the TxTRA Education Chair (1st Vice President)
- B. The Education Chair will:
 - a. Distribute the application to the Education Committee members for review and approval;
 - b. Verify TxTRA membership with the Membership Chair (President Elect);
 - c. Send the approved application to the Treasurer with a request for payment and a scholarship letter to the recipient.
- C. Upon approval, the Treasurer will issue a check to the applicant to send along with the scholarship letter.
- D. Each year, the TxTRA Board approves the amount allocated for CTR exam scholarships. Availability of funds will be a consideration in the application approval process.
- E. Applicants not approved for funding will be notified in writing. The rationale for not approving the request will be included in the letter.

TxTRA SCHOLARSHIP FUNDING – CTR EXAM

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Date of Application: _____

Applicant's Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Home): _____ Phone (Work): _____

Hospital/Organization Affiliation: _____

Length of time in the cancer registry field: _____

If length of time in the registry field is less than 2-years, please document your eligibility to sit for the CTR exam (i.e., applicant must specify which Route they will to qualify to sit for the exam). Please refer to NCRA's Council on Certification "Certification Examination for Cancer Registrars" handbook. _____

Member of TxTRA? _____ If yes, length of membership? _____

Member of NCRA? _____ If yes, length of membership? _____

TEST INFORMATION

Date of Exam: _____ Testing Center Site: _____

TxTRA will provide funding for ½ the amount of the fee for NCRA members.

NOTE: Upon sitting for the CTR exam the scholarship recipient must send a copy of the letter from the NCRA'S Council on Certification to the Education Chairperson indicating that he/she passed the exam along with a receipt for the application fee within thirty (30) days after the exam date.

SIGNATURES

I understand that funding for the CTR exam will be limited to only one-half (1/2) of the exam fee for an NCRA member (regardless of my membership status with NCRA). Further, I understand that no travel expenses will be approved or included for this funding request.

I agree to submit a copy of the letter from the NCRA'S Council on Certification to the Education Chairperson indicating that I passed the exam along with the receipt for the application fee within thirty (30) days after the exam date.

I agree to abide by the requirements and stipulations set forth by the TxTRA Education Committee.

Applicant's Signature

Date

Approved by: _____
Hospital Administrator/Supervisor Signature

Date