



National Medical Association

NMA Asthma & Allergy Rescue Project
8403 Colesville Road; Suite 920
Silver Spring, Maryland 20910
202-347-1895 (O); 202-347-0722 (Fax)

NMA ASTHMA CHAMPION APPLICATION FORM

1. **Please state your name:** _____
2. **Please provide your contact information:**
 - Address:** _____

 - Telephone:** (____) _____
 - Email:** _____
3. **Please state your professional specialty:** _____
4. **State the name of your local NMA Society:** _____
5. **Do you currently treat asthmatic patients?**
 - € YES
 - € NO

If yes on average how many asthmatic patients **per week** do you treat? (Please check)

 - € 1-9 patients
 - € 10-19 patients
 - € 20-29 patients
 - € 30 + patients
6. **Which category best describes your primary work establishment? Please circle all that apply**
 - a) Health Center
 - b) Fitness Facility
 - c) Hospital
 - d) Health and Wellness Program
 - e) Private Practice
 - f) Community Based
 - g) Other: _____
7. **How would you describe the asthmatic demographic profile of the client/patient population you serve? (Check the box(s) representing your best estimate of the percentage within each category)**

	0-25%	26-50%	51-75%	76-100%
a) Male				
b) Female				
c) < 18 years old				
d) >65 years old				
e) Non-Hispanic White				
f) African American/African decent				
g) Asian				
h) Native American				
i) Hispanic				
j) Medicaid				
k) Medicare				
l) Self-pay				
m) Charity Care				

Signature: _____

Date: _____

Please fax this completed form to 301-495-0359