

**NATIONAL VA PARKINSON'S DISEASE CONSORTIUM MEMBER APPLICATION**

Please email completed form to Dawn McHale ([dawn.mchale@va.gov](mailto:dawn.mchale@va.gov))

Last Name

First Name

Middle Initial

Credentials

Title

Do you have specialized training in movement disorders? If yes, please explain.

Name of VAMC

Mailing Address

City, State, ZIP

VA Email

Alternate Email

Phone (include area code)

Fax

Do you currently treat patients with Parkinson's disease or related movement disorders?

Yes

No

If yes, how many?

If no, to whom do you refer them to?

If you are active in any national or local organizations focused on Parkinson's disease or related movement disorders, please list the organizations below.

If you are currently involved with any type of support or research programs for those with Parkinson's disease or related disorders, please explain below.

Why are you interested in becoming a member of the National VA PD Consortium?