



Request for Employer Support

AMDAPP Annual Education Conference

DATE	
TO / TITLE	
INSTITUTION / DEPARTMENT	
FROM / CREDENTIALS	

Dear [Manager/Supervisor/Department Leader],

I am requesting institutional support to attend the Association of Movement Disorder Advanced Practice Providers (AMDAPP) Annual Education Conference, taking place [Conference Dates] in [Location].

AMDAPP is dedicated specifically to the education and professional development of nurse practitioners and physician associates/assistants caring for patients with Parkinson's disease and other movement disorders. Unlike broader neurology conferences, the AMDAPP Annual Education Conference is designed around the clinical responsibilities, educational needs, and scope of practice of advanced practice providers (APPs).

Why This Education Is Important

Movement disorders is a highly specialized and rapidly evolving area of neurologic care. APPs are increasingly involved in the diagnosis, treatment, education, and longitudinal management of patients with complex movement disorders. Their responsibilities may include medication management, recognition and management of motor and non-motor symptoms, patient and caregiver education, and participation in advanced therapies such as deep brain stimulation, infusion therapies, and botulinum toxin treatment.

Despite these responsibilities, there are limited continuing education opportunities developed specifically for APPs practicing in movement disorders. Ongoing, specialty-focused education is essential to maintaining current clinical knowledge, developing advanced skills, and incorporating emerging therapies and evidence into practice.

The AMDAPP Annual Education Conference helps address this need by providing APP-focused continuing medical education led by experienced clinicians and experts in movement disorders. The program combines evidence-based education with practical clinical strategies that can be directly applied to patient care.

Value to Our Institution

Supporting my attendance is an investment not only in my professional development, but also in the patients and clinical team I serve. Knowledge and skills gained through the conference can help:

- Strengthen evidence-based management of patients with Parkinson's disease and other movement disorders.



- Increase knowledge of new and emerging treatment options and advanced therapies.
- Enhance clinical decision-making and confidence in managing complex patients.
- Support APPs in practicing at the top of their education, training, and scope of practice.
- Improve patient and caregiver education and support.
- Bring practical clinical strategies and resources back to our movement disorders/neurology team.
- Create opportunities to learn from and collaborate with APP colleagues and movement disorder experts from institutions across the country.

The conference also provides an opportunity to earn continuing education credits, supporting professional licensure, certification, and ongoing competency requirements.

Request for Support

☐ Conference registration	☐ Airfare / transportation
☐ Hotel accommodations	☐ Meals / per diem
☐ Professional / educational leave	☐ Other: _____

Following the conference, I would be happy to share relevant educational materials, clinical pearls, and key takeaways with our team so that the benefit of this investment extends beyond my individual attendance.

Thank you for considering my request and for supporting continued professional development in movement disorders. Providing APPs with access to specialty-specific education helps build a knowledgeable, highly skilled workforce and ultimately supports our shared goal of delivering exceptional care to patients living with movement disorders.

Sincerely,

APP NAME, CREDENTIALS

TITLE / POSITION

DEPARTMENT / INSTITUTION

EMAIL / PHONE