



# Nurse Practitioner Healthcare Foundation

*Improving Health Status and Quality of Care through Nurse Practitioner Innovations*

## 2009 NPHF/Pfizer Community Innovations Awards

### Eligibility Form

Provides eight \$3,500 awards to nurse practitioner graduate students or practicing nurse practitioners who are making contributions to their communities that are innovative, create a significant change in the community and support the health of the community. (Project development and implementation \$2,500; after project completion, \$1,000 for dissemination of outcomes.)

#### Requirements:

1. Grant recipients will be required to submit a one page status report at the end of the first year and a final report upon project completion with a copy of all products (publications, DVDs, slides, etc.) that are a result of this project.
2. Project must be completed within two (2) years.

Eligibility: *Nurse Practitioner Graduate Student or Practicing Nurse Practitioner*

**Application Deadline is November 15, 2009**

#### Eligibility:

Before submitting an application to the NPHF for this award, please complete the eligibility checklist. You must answer YES to criteria #1 and NO to #2-4 in order to qualify. Check box.

- |  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| 1. Are you a U.S. citizen or a permanent U.S. resident?  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 2. Are you a member of the NPHF Board of Trustees, or a relative of a member of the NPHF Boards? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 3. Are you an employee or a relative of an employee of Pfizer, Inc.?                             | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 4. Have you ever received an NPHF scholarship or award in the past?                              | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 5. Have you received funding for this project elsewhere?   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
- Amount \$ \_\_\_\_\_

#### Instructions:

1. Download the Application Checklist for the Award.
2. Download the necessary forms as listed on the Application Checklist.
3. Type your responses directly into the spaces provided.
4. Type your name in the lower right hand corner of each page in the space provided.
5. Print the completed forms.
6. Sign where indicated.
7. Obtain all other signatures necessary. Handwritten or incomplete applications will not be accepted. ONCE SUBMITTED, APPLICATIONS MAY NOT BE REVISED.
8. DO NOT include additional sheets, except where specific documents are requested or answers to specific questions require additional pages. Stay within the required word count specified.
9. Collate and binder clip application materials (original plus 3 copies).
10. Your application must include FOUR copies (original plus 3 copies).
11. Attach the completed and signed Application Checklist to the front of the original application.
12. Faxed or emailed copies will not be accepted.
13. Applications not postmarked by November 15, 2009 will not be reviewed.
14. If you have any questions, please contact the NPHF at 425-861-0911.

**Please mail the completed forms and required documents to:**

Nurse Practitioner Healthcare Foundation  
Attn: Primary Care Outcomes Study Selection Committee  
2647 134th Ave. NE  
Bellevue, WA 98005-1813

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Name