



**2009 NPHF/sanofi pasteur “Health Through Immunizations” Awards**

***Practicing NP Award Checklist***

- Instructions:**
- This checklist must be completed and accompany the application.
  - Forms must be in the same order as the checklist.
  - Be sure that your name is typed in the space at the bottom right hand corner of each page.

- Eligibility Form
- Applicant Identification Information
- Reference Forms (2)
- Abbreviated CV
- Project Description/Goal Statement
- Letter of support from institution, clinic or agency where project is performed
- Copy of Institutional Review Board (IRB) approval or equivalent
- Signed Applicant Statement

After completion of this Application Checklist, attesting to the completion of all forms listed, sign below and attach this sheet to the front of your application.

\_\_\_\_\_  
*Signature* *Date*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
Name