2017 NPHF / Astellas Promoting Heart Health Across the Life Span Award Program

Applicant Attestation

I understand that if the application is not complete, it will be ineligible for judging. I attest that the contents of this application are true and accurate. I understand that the review process is not a blind one and that all judging is final. I understand that an award sponsor may request a copy of this completed application form. I agree that if I receive an award, my photograph and any correspondence may be published in a professional journal, or displayed on NP Healthcare Foundation materials, activities, media, and website.

I agree to acknowledge the Nurse Practitioner Healthcare Foundation and Astellas in any clinical, educational, or research publications, posters, or presentations stemming from work done through this funding, with the following acknowledgment statement: "This project was supported by an award from the Nurse Practitioner Healthcare Foundation through a charitable donation from Astellas." I understand that all judging is final. I have read and understand the eligibility requirements and attest that I am eligible to apply.

_____ / _____ / _____

Signature of Applicant *Date*

_____

Print Name

_____

Name