



Applicant Identification Information

1. Applicant:

Name _____
First MI Last Degree/Certification

Mailing Address for All Correspondence:

City State Zip Code

Social Security # _____ - _____ - _____
Day Phone (_____) _____ - _____ Evening Phone (_____) _____ - _____
Cell Phone (_____) _____ - _____ E-mail _____

2. Student:

• Name of Educational Program _____
School/College of Nursing _____
Address of Program _____

City State Zip Code

Name of Program Director _____
Year of Entry into Program _____
 Full-time Part-time (number of credit hours) _____ / Semester
Expected Date of Completion _____

• NP Program Specialty
 Acute Care NP Geriatric NP Psych/Mental Health NP
 Adult NP Neonatal NP Women's Health NP
 Family NP Pediatric NP Other _____

• Program Leads to Advanced Degree of (check one)
 Master of Science in Nursing (MSN or MS) Doctor of Nursing Practice (DNP)
 Master of Nursing (MN) Doctor of Nursing (DN)
 PhD Other _____

Name: _____



2012 - 2013 NPHF "Purdue Pharma L.P. "Pain Management" Awards

- Program of Study/Transcript
 Submit one (1) copy of your NP program of study, showing all required graduate courses.
 Submit one (1) copy of an official transcript. If an official transcript is not available, a printed grade report signed by your program director is acceptable.
- Program Director Reference
 Have the Director of your NP program complete the *Program Director Verification Form*.
- Professional Reference
 Include two references one from a supervisor or instructor and one from another professional who can address your abilities.
- Abbreviated CV: Attach curriculum vitae using the Abbreviated CV Format.
- Letter of support from institution, clinic, or agency where project is performed.
 Needs to include title of project, your name, and relate an understanding of your project.
- In projects where an Institutional Review Board (IRB) is required, include a copy of the IRB approval.

4. Practicing Nurse Practitioners:

- Area of Practice _____
 Name of Practice _____
 Address of Practice _____

- | | | |
|-------------|--------------|-----------------|
| <i>City</i> | <i>State</i> | <i>Zip Code</i> |
|-------------|--------------|-----------------|

- Professional Reference
 Include two references, one from a supervisor and the second from a peer.
 Both need to be able to address your abilities. Please use the *NPHF Reference Form*.
- Abbreviated CV: Attach curriculum vitae using the Abbreviated CV Format.
- Letter of support from institution, clinic, or agency where project is performed.
 Needs to include title of project, your name, and relate an understanding of your project.
- In projects where an Institutional Review Board (IRB) is required, include a copy of the IRB approval.

Name: _____