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APPLICATION FOR INTERNATIONAL NURSING LEADERSHIP INSTITUTE

NAME _____
PATRONYMIC _____
FAMILY NAME _____
DATE OF BIRTH _____

HOME ADDRESS _____
CITY/COUNTRY/CODE _____
HOME TELEPHONE _____

FAX _____ EMAIL _____

COUNTRY OF CITIZENSHIP _____
PASSPORT # _____

EDUCATION:

INSTITUTE FROM WHICH YOU RECEIVED YOUR BASIC NURSING EDUCATION

BACCALAUREATE INSTITUTE _____

MASTER'S INSTITUTE _____

DOCTORAL INSTITUTE _____

DATE AND SUBJECT OF LAST CONTINUING EDUCATION COURSE TAKEN

WORK HISTORY:

CURRENT POSITION _____

INSTITUTION _____

FULL ADDRESS _____

CITY/COUNTRY/CODE _____

WORK PHONE _____

NUMBER OF YEARS IN THIS POSITION _____

PREVIOUS EMPLOYER _____

CITY/COUNTRY _____

NUMBER OF YEARS _____

PUBLICATIONS/PRESENTATIONS:

LIST ANY ABSTRACTS, CHAPTERS, TEXTBOOKS THAT YOU HAVE PUBLISHED OR FORMAL PRESENTATIONS THAT YOU HAVE GIVEN:

FACULTY POSITION:

DO YOU CURRENTLY HOLD A FACULTY POSITION IN A SCHOOL OF NURSING, POSTGRADUATE INSTITUTE, OR MEDICAL INSTITUTE [] YES [] NO

LOCATION/NAME _____

YOUR TITLE _____

PROFESSIONAL ORGANIZATIONS/ACTIVITIES:

NURSING ASSOCIATION _____

YOUR POSITION, I.E. OFFICER, DIRECTOR, BOARD MEMBER _____

FACULTY APPOINTMENTS/STATUS _____

IS YOUR ASSOCIATION A MEMBER OF ICN? [] YES [] NO

OTHER LEADERSHIP ACTIVITIES:

LANGUAGE SKILLS:

NOTE: A BASIC UNDERSTANDING OF THE ENGLISH LANGUAGE IS A REQUIREMENT FOR PARTICIPATION. PLEASE INCLUDE A COPY OF A CERTIFICATE INDICATING COMPLETION OF ENGLISH LANGUAGE STUDY. PLEASE COMPLETE THE FOLLOWING STATEMENT:

I CERTIFY THAT I POSSESS THE FOLLOWING ENGLISH LANGUAGE COMPETANCIES:

[] READ [] WRITE [] SPEAK

OTHER LANGUAGES:

RUSSIAN UKRAINIAN FRENCH ARMENIAN GEORGIAN

AZERI KAZAKH KYRGYZ

OTHER _____

COMPUTER SKILLS:

EMAIL INTERNET WORD PROCESSING DATABASE

OTHER _____

PERSONAL STATEMENT:

PLEASE STATE IN 25 WORDS OR LESS WHAT YOU HOPE TO GAIN, PERSONALLY AND PROFESSIONALLY, FROM PARTICIPATION IN THIS PROGRAM, AND HOW YOU PLAN TO USE THE INFORMATION?

PROJECT PROPOSAL:

I PROPOSE THE FOLLOWING PROJECT, WHICH I HAVE DISCUSSED WITH MY CHIEF PHYSICIAN OR HEAD NURSE:

THIS PROJECT WILL BENEFIT MY INSTITUTION BY:

SIGNATURE OF APPLICANT _____

DEADLINE FOR SUBMISSION: