

**NBNA FOUNDERS LEADERSHIP INSTITUTE
2009 APPLICATION**

PERSONAL DATA

Name:

Last 4 digits of SS #:

Home Address:

City/State/Zip:

Email Address:

Home Phone:

Cell Phone:

Gender:

Age:

EDUCATION: Number of Years Completed _____

EMPLOYMENT INFORMATION

Currently employed: Yes No

If YES, Employment Status: Full-time Part-time

Job Title:

RN LPN/LVN

Place of Employment:

Work Address:

City/State/Zip:

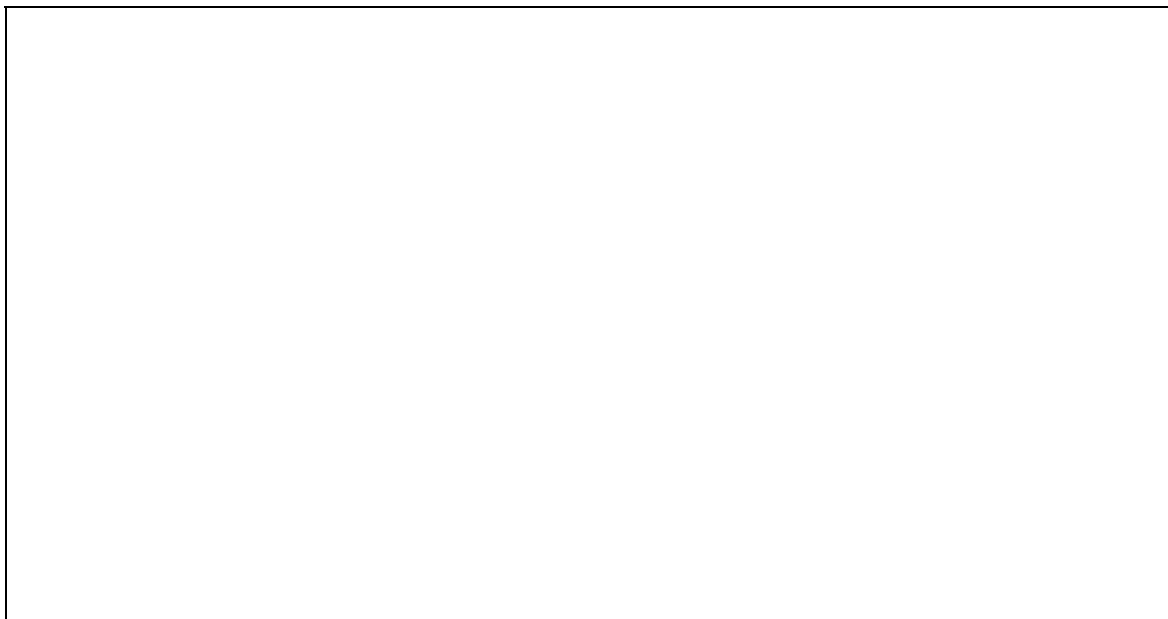
Work Number:

Fax Number:

PROFESSIONAL ACTIVITIES: Click in the box below and describe all professional activities in which you have been involved by date and organization; provide examples of any leadership role in this area. (no more than one half page, single spaced 12 point type.)



CIVIC ACTIVITIES: List your most significant civic, religious and/or community activities by date; provide examples of your leadership. (no more than one half page, single space 12 point type)



CAREER CHALLENGE: Please briefly describe a leadership challenge you are experiencing at your facility or community that you would like to discuss at the institute. Describe your expected outcome. (no more than one half page, single spaced, 12 point type)

GOAL STATEMENT FOR PARTICIPATING IN THIS LEADERSHIP INSTITUTE: Briefly describe what you hope to gain by being a participant in this Institute. (no more than one half page, single space, 12 point type)

RESUME: Please include your resume

LETTERS OF RECOMMENDATION

We respectfully ask that applicants email two (2) letters of recommendation with the completed application. The Chief Nursing Officer or equivalent should provide one recommendation, and the applicant's direct supervisor should provide the second recommendation. Letters of recommendation must include the following: reference name, title, organization, address, phone, and fax, applicant name, reference signature and date. Letters of reference should address the following questions:

1. In what capacity do you know the applicant?
2. How long have you known the applicant?
3. Why do you believe the applicant has the potential to be a change agent? Please elaborate on reasons for supporting the applicant and provide examples if possible.

I understand the purpose and requirements of the Founders Leadership Institute and will abide by them. I will devote time to complete the learning activities and participate in the multi-method approach to learning.

Applicant's Signature _____ Date: _____

APPLICATIONS ARE DUE: Friday March 27, 2009

Selected participants will be notification by June 5, 2009.

- **EMAIL completed application to NBNA@erols.com**
- Please complete the application using 12pt type.
- To sign the application electronically, type in your name using the Lucinda Handwriting font
- Email 2 recommendations

If you have questions, contact: Millicent Gorham Exec. Dir., NBNA