**<Insert Developing Honor Society Name here>**

**Professional Nurse (Nurse Leader) Membership Application**

**PLEASE READ CAREFULLY:**

Thank you for your interest in membership in the <*insert developing honor society name here*>.

Nursing professionals not previously inducted as nursing students can join STTI as a professional Nurse Leader.

Students in graduate programs who meet the professional Nurse Leader criteria shall be eligible to be considered

as a Nurse Leader at any point in the program.

**Criteria for consideration:**

* **Must be a registered nurse, legally recognized to practice in their country**
* **Must have a minimum of a baccalaureate degree (or the equivalent) in any field**
* **Must have demonstrated achievement in nursing in one of the following areas:**
	+ **Administration**
	+ **Global Health**
	+ **Publication**
	+ **Education**
	+ **Practice**
	+ **Research**
	+ **Other**

**Instructions:**

* Please complete and submit this application
* Include your brief (no more than 8 pages) CV, biosketch, or resume
* Submit completed application and CV/biosketch/resume to:
	+ <*Insert developing honor society and name here*>

**Personal Information**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name and Credentials)

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 (Number and Street, City/Province, State, Postal Code, Country)

Place of Business / Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Employer Name/Department)

Business Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Number and Street, City/Province, State, Postal Code, Country)

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Office / Home)

Fax Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address(es) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (personal / business)

Do you prefer we use your “business” or “home” email address for communication? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Present Position** (title and description)

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**Education** (include basic preparation through highest degree held)

 Line #1 Degree Institution Major Area Year

Line #2 (Name, City, Country) Of Study Completed

1.

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2.

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**Areas of Achievement**

Please check all areas of achievement in nursing and use the space below to describe:

\_\_\_\_\_\_ Administration

\_\_\_\_\_\_ Global Health

\_\_\_\_\_\_ Publication

\_\_\_\_\_\_ Education

\_\_\_\_\_\_ Practice

\_\_\_\_\_\_ Research

\_\_\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Describe all Areas of Achievement:**