



**National League  
for Nursing**

# *INTEREST FORMS*



# APPOINTED POSITIONS INTEREST FORM

## (FORM A)

**I am interested in the following appointed position/volunteer position(s):**

- Certification Committee\*
- Certification Test Development Committee\*
- Education Summit Program Planning Work Group

**Please return the completed form to the Summit Registration Desk or mail, email or fax to:**

Office of the CEO  
National League for Nursing  
61 Broadway, 33<sup>rd</sup> Floor  
New York, NY 10006  
212.812.0392 (Fax)  
oceo@nlm.org

*\*Applicants must hold the CNE credential*

Name \_\_\_\_\_ (please print): \_\_\_\_\_



# CENTERS OF EXCELLENCE CONSULTANT INTEREST FORM (FORM C)

**Describe how you meet the criteria for appointment as a Center of Excellence consultant** (i.e., extensive experience and current knowledge of trends and issues in nursing education, commitment to excellence and innovation, openness to new ideas, and ability to review material objectively)

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**What experiences have you had as a consultant?**

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Please return the completed form(s) -- along with a copy of your *Curriculum Vitae* -- **no later than *December 17, 2007*** to the Summit Registration Desk, or via mail or fax. You may submit your own name and the names of several colleagues by completing a separate form for each individual. The individual who will review this Interest Form and follow up with you is:

Terry Valiga, EdD, RN, FAAN  
Chief Program Officer  
tvaliga@nln.org

Name            (please print): \_\_\_\_\_



(Form D – Continued --)

What experiences has this individual had on review panels?

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**NOMINATOR INFORMATION**

Name/credentials: \_\_\_\_\_

Email address (required): \_\_\_\_\_

Phone number: \_\_\_\_\_

Please return the completed form *no later than December 17, 2007* to the Summit Registration Desk, or via mail or fax. You may submit several nominations by completing a separate form for each individual. The individual who will review this Interest Form and follow up with you is:

Terry Valiga, EdD, RN, FAAN  
Chief Program Officer  
tvaliga@nlh.org

Name            (please print): \_\_\_\_\_

**RESEARCH GRANT REVIEWER  
&  
SCHOLARSHIP REVIEWER INTEREST FORM  
(FORM E)**

\_\_\_\_\_ I am interested in serving as a reviewer for **nursing education research grant** proposals

\_\_\_\_\_ I am interested in serving as a reviewer for **dissertation award** applications

\_\_\_\_\_ I am interested in serving as a reviewer for **faculty scholarship** applications

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Briefly discuss your qualifications for and interest in serving on a research grant, dissertation award or scholarship review panel:**

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Please return the completed form, **along with a copy of your *Curriculum Vitae***, to the Summit Registration Desk, or via mail or fax. The individual who will review this Interest Form and follow up with you is:

Maureen Peters  
Executive Director  
NLN Foundation for Nursing Education  
mpeters@nlm.org

**Name**               **(please print):** \_\_\_\_\_

**MANUSCRIPT PEER REVIEWER  
INTEREST FORM  
(FORM F)**

*Nursing Education Perspectives*

Please list your area(s) of specialty or interest in manuscript reviews:

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Would you prefer that we send you each manuscript as an email attachment, or through the mail as a hard copy?

- Email attachment
- Mail hard copy

Please return the completed form, **along with a copy of your *Curriculum Vitae***, to the Summit Registration Desk, or via mail or fax. The individual who will review this Interest Form and follow up with you is:

Katie Michalek  
Administrative Associate  
kmichalek@nlm.org

Name                      (please print): \_\_\_\_\_

**CERTIFIED NURSE EDUCATOR<sup>CM</sup> (CNE) EXAMINATION  
ITEM WRITER INTEREST FORM  
(FORM G)**

How many total years have you worked full-time as an academic nurse educator? \_\_\_\_\_

How many years have you worked full-time as an academic nurse educator within the past five years? \_\_\_\_\_

Highest degree earned: \_\_\_\_\_

Which of the CNE eligibility criteria do you meet?             Option A     Option B

Employer: \_\_\_\_\_

Type of nursing program in which you teach (primary responsibility):

Have you served as an Item Writer in the past?             Yes             No

If YES, please indicate the organization(s) and the year(s) in which you served.

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\_\_\_\_\_  
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Do you have a specific area of nursing education expertise?     Yes             No

If YES, please indicate.

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Please return the completed form to the Summit Registration Desk, or via mail or fax. The individual who will review this Interest Form and follow up with you is:

Tracy A. Ortelli, MS, RN  
Manager, Nurse Educator Certification  
tortelli@nlm.org

Name               (please print): \_\_\_\_\_

