



**PEER REVIEWER APPLICATION**

Name: \_\_\_\_\_  
Credentials: \_\_\_\_\_  
Title: \_\_\_\_\_

**Business Address:**

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Country (if outside of U.S.): \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Home Address:**

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Country (if outside of U.S.): \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Correspondence:** Please check your preferred:

Method for receiving manuscripts:  Email  Mail  
Mailing address:  Business  Home  
Means of contact:  Email  Phone

**Specialty areas:** Please list your specialty areas or interests below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return this form to the National League for Nursing. Attention: Katie Michalek**  
**PLEASE INCLUDE A COPY OF YOUR CURRICULUM VITAE.**

National League for Nursing  
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New York, NY 10006

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