



Institute For Nurse Educator Development

PLEASE TYPE OR PRINT LEGIBLY

PERSONAL INFORMATION

Name: _____ Degree/Certification: _____
Address: _____ Landline phone: _____
City, state, zip: _____ Cell phone: _____
Email address: _____

LEVEL OF NURSING EDUCATION COMPLETED

DIPLOMA Year completed: _____
Program name: _____

ASSOCIATE'S DEGREE Year completed: _____
Program name: _____

BACHELOR'S DEGREE Year completed: _____
Program name: _____

MASTER'S DEGREE Year completed: _____
Program name: _____

DOCTORAL DEGREE Year completed: _____
Program name: _____

Email to: cpdn@rutgers.edu
Mailing Address: Dr Gayle A Pearson
Rutgers College of Nursing
Center for Professional Development
175 University Avenue – Conklin Hall 244
Newark, New Jersey 07102-1814

APPLICATION DEADLINE: June 30, 2009

PERSONAL BACKGROUND

COMPLETING THIS SECTION IS VOLUNTARY.

AGE:		SEX:	Do you need handicapped or special accommodations?
<input type="checkbox"/> 25 - 30	<input type="checkbox"/> 31 - 40	<input type="checkbox"/> Female	<input type="checkbox"/> Yes (Please specify) _____
<input type="checkbox"/> 41 - 50	<input type="checkbox"/> 51 +	<input type="checkbox"/> Male	<input type="checkbox"/> No

PLEASE CHECK YOUR ETHNIC BACKGROUND

- | | |
|---|---|
| <input type="checkbox"/> AFRICAN AMERICAN/BLACK | <input type="checkbox"/> ASIAN |
| <input type="checkbox"/> CAUCASIAN | <input type="checkbox"/> PACIFIC ISLANDER |
| <input type="checkbox"/> HISPANIC | <input type="checkbox"/> AMERICAN INDIAN |
| <input type="checkbox"/> OTHER (please specify) _____ | |

COMMITMENT

I understand the format of the 2008 – 2009 Institute for Nurse Educator Development (INED) is conducted over the course of 9 months, with 10 sessions scheduled Saturdays of every month starting September 9 2009 – May 2010. Each seminar will be conducted over a full day and participation is mandatory.

I commit to attend all session and submit projects as assigned. I understand the purpose and requirements of the INED and I will devote my time and effort to complete the program.

Please sign and return this agreement

Dr Gayle A Pearson
Rutgers College of Nursing
Center for Professional Development
175 University Avenue – Conklin Hall 244
Newark, New Jersey 07102

Tel: 973-353-5895
Fax: 973-353-1700
Email: cpdn@rutgers.edu

CANDIDATE'S SIGNATURE

DATE

PRINT NAME

Email address: _____

Work phone: _____

Home phone: _____

Cell phone: _____