

IACRN Leadership Program Intake and Commitment Form for Leadership Fellow (Mentee)

Name: _____

State/Country of practice: _____

Education: (check highest degree achieved):

- Diploma
- Associate Degree
- Baccalaureate Degree in Nursing
- Master's Degree in Nursing
- Doctoral Degree in Nursing
- Baccalaureate Degree in another field
- Master's Degree in another field
- Doctoral Degree in another field
- Other: Please indicate: _____

IACRN committees you are currently/or have been member of:

How do you hope to benefit from this program?

What personal characteristics do you have that will contribute to your ability to be a mentee in the IACRN Leadership program?

Are there possible barriers that may impact your ability to be a leadership fellow in this program? Please explain.

Background:

Practice Setting: _____

Current position: _____

Years in current position: _____

Clinical practice specialty: _____

Years as a Clinical Research Nurse: _____

Years in nursing: _____

Certification:

List current certifications: _____

I agree that by signing this form I am committing to be a mentee in the IACRN Leadership program for the term of 10 months; January 2020 through October 2020.

Print Name:

Sign Name:

Date: