

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

Name

Contact information:

- Email
- Phone

What is your preferred contact method:

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:

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 you a member of an IACRN committee?

- Chapter governance
- Conference planning
- Education
- Membership, Marketing, & Communications
- Research

No

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 2021 through October 2021.

Print Name

Sign Name

Date