**Name:**

|  |
| --- |
|  |

**Contact Information:**

|  |  |
| --- | --- |
| Email |  |
| Phone |  |
| Preferred contact method |  |
| Time Zone |  |
| State/Country of practice |  |

**Education (check highest degree achieved):**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Diploma |  | Associate Degree |
|  | BSN |  | MSN |
|  | DNP |  | PhD |
|  | Masters (describe) |  |  |
|  | Other (describe) |  |  |

**What are your goals for participating in this leadership program?**

|  |
| --- |
|  |

**Have you mentored other clinical research nurses?**

|  |  |  |
| --- | --- | --- |
|  | No |  |
|  | Yes | Please describe (special skills or experiences): |
|  |  |  |

**Are you a member of an IACRN committee?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | No |  | Membership, Marketing, Communications |
|  | Chapter Governance |  | Research |
|  | Conference Planning |  | Partnership |
|  | Education |  |  |

Are there possible barriers that may impact your ability to participate in this leadership program?

|  |
| --- |
|  |

**What is your practice setting and current position?**

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| --- |
|  |

**How many years in current position?**

|  |
| --- |
|  |

**Number of years as a clinical research nurse:**

|  |
| --- |
|  |

**Number of years as a nurse:**

|  |
| --- |
|  |

**List current certifications:**

|  |
| --- |
|  |

*I agree that by signing this form I am committing to be a mentor in the IACRN Leadership Program for the term of 10 months (January 2023 through October 2023).*

**Print Name:**

|  |
| --- |
|  |

**Signature (click on the box to insert an electronic signature):**



|  |
| --- |
| Please email completed form to Lee Ann Lawson at [llawson@amicusrx.com](mailto:llawson@amicusrx.com) |