

APPLICATION FOR IOMSN MS NURSE MINI-FELLOWSHIP PROGRAM – NOVEMBER 6-9, 2017



Step 1: Review the Eligibility Criteria:

i To apply for the program you must be:

- A licensed nursing professional with a special interest in multiple sclerosis (MS)
- Practicing in the **United States** or **Canada**

Step 2: Complete the Following Information:

Name (First, Last)

Credentials (e.g. LPN, RN, BSN, NP, Other)

Area(s) of Specialty

Name of your current institution, school or workplace

Preferred Mailing Address

Email Address

Telephone

Mobile

How did you hear about the program?

Colleague Email Blast Other (Please specify) _____

Direct Mail IOMSN Website

Are you currently working with MS patients?

Yes (Please indicate number of years in MS nursing) _____ No

Are you certified in a nursing specialty?

Yes (Please specify) _____ No

Do you prescribe medications?

Yes No

In your current practice, do you work with a nurse who has his/her certification in MS Nursing?

Yes No

Emergency Contact :

Name _____
Phone Number _____ Relationship _____

Step 3: Please Attach the Following:

- **Personal Statement (2 page maximum)**
 - ◇ Describe your interest and/or experience in MS
 - ◇ State your career objectives
 - ◇ Explain how participation in this program will help you achieve your career objectives.
If your specialty is not MS, explain your motivation for applying to this program.
- **Copy of Your Current CV or Brief Biography**

Step 4: Submission:

i Please submit the fellowship application via email to: leny.almeda@mscare.org
on or before **SEPTEMBER 8, 2017**