



**Eligibility Criteria:**

- Member in Good Standing in IOMSN and MS certified nurse will be given priority consideration (but NOT required).
- MS nursing professional with nursing experience either in MS or a related field.
- **Application must be completed in English.** U.S. applications will not be considered.

**Applicant Information**

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_

*City / State* *Country* *ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ Credentials (RN, BSN, NP, etc): \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_

*City / State* *Country* *ZIP Code*

Are you an IOMSN member?      YES    NO  
                                   

Are you an MSCN?                    YES    NO  
                                   

How long have you been an MS nurse or licensed MS nursing professional? \_\_\_\_\_

## MS Project

*In the space provided below, please describe your current or proposed MS project, its benefits to yourself, patients, community or to the organization. Also, include its projected outcomes. (You may add extra page(s) if needed).*

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Submit the Application Form and Attachments (if any)

*Please submit your application **now** via email or fax. Deadline of submission is [August 15, 2020](#).*

Leny Almeda | Email: [leny.almeda@mscare.org](mailto:leny.almeda@mscare.org) | Fax: 862-772-7275