



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
- MS nursing professional practicing in the United States

Applicant Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone: _____ Email: _____

Title: _____ Credentials (RN, BSN, NP, etc): _____

Current Employer: _____

Employer Address: _____
Street Address

City *State* *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 **MARCH 15, 2020**.*

Leny Almeda

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