**CONFERENCE/CEU AWARD**

**Application Instructions:** General Information

Name of Applicant:

Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell phone) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Other Phone)

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RN License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_

Conference or CEU planning to attend\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous funding from the CON Faculty Practice Fund? \_\_Yes \_\_\_No

 If yes, date, purpose, & amount of previous funding:

Have you received or will you receive other support for this conference/CEU? \_\_\_Yes \_\_\_ No

 If yes, list source of funding, dates/amount:

Are you presenting at this conference/CEU? \_\_\_\_Yes\_\_\_\_\_NO

 If yes, list the title of your presentation and what type of presentation (podium, poster, etc):

If you are not presenting, do you plan to disseminate the information learned at this conference at UNMC CON? \_\_\_Yes\_\_\_No

 If yes, what is your plan for dissemination?

**Please electronically submit the application forms and project proposal to the Faculty Practice Chair:**

Elizabeth Beam or Amy Ford

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ebeam@unmc.edu