



Advanced Practice Provider Education Grand Rounds Committee Application

Contact Information

Name	
Licensure (CNS, PA, NP, CRNa)	
Degree	
Faculty appointment (if applicable)	
Department	
E-Mail Address	

Special Skills or Qualifications

Summarize special skills and qualifications you have and how you would contribute to APP education.

Previous presentations or contributions to advanced practice

Summarize your previous contributions as an APP including nursing research, publications, presentations or organizing education for your peers.

Agreement and Signature

I certify the above statements are true.

Name (printed)	
Signature	
Date	