

**Johns Hopkins University School of Nursing
Leadership Fellows Program in Clinical Nursing**



Application Form

(Please Print or Type)

Name: Mr., Mrs. Ms.

First

Middle

Last

Current Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____ Email: _____

Social Security #: _____ Do you have a car? _____

Gender: Male _____ Female _____ Date of Birth: _____

How would you describe yourself?

African American Hispanic Native American Asian/Pacific Islander
 Caucasian Other

Academic Standing: Undergraduate: Traditional Senior Accelerated Class

GPA _____ Number of Credits Completed _____

Previous Inpatient Clinical Experience: Please describe below any inpatient clinical experience that you have had, where you worked, the position you held and the area of specialty (**this type of experience is not required**).

Clinical Courses Completed and Currently Enrolled: Please list the clinical courses you have completed and those you are currently enrolled in, including the semester of enrollment.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Do you prefer: Adults Peds Geriatrics Doesn't matter

Do you prefer: Acute Chronic Intensive care Doesn't matter

Goal Statement: In the space below, please describe your goals for participating in this quality and safety leadership program in clinical nursing.

My signature below indicates that all the information contained in my application is correct and honestly presented.

Applicant's Signature

Date

Please return this application by Friday, November 14, 2008 to:

Dr. Kathleen M. White
Associate Professor
Johns Hopkins University School of Nursing
525 North Wolfe Street, Room 464
Baltimore, MD 21205-2110

Funded by:
The Helene Fuld Health Trust
October 2003

**Johns Hopkins University School of Nursing
Leadership Fellows Program in Clinical Nursing**



**Recommendation
Form**

(Students fill out this section - please print or type)

Name of Applicant: Mr., Mrs. Ms. _____

_____ First _____ Middle _____ Last

School Presently Attending: _____ Program: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____ Fax: _____

Email: _____ Social Security #: _____

Name of Recommender: Mr., Mrs., Ms., Dr. _____

Type of Reference: _____ Academic _____ Professional

RECOMMENDER

The person whose name appears above has applied for the Leadership Fellows Program in Clinical Nursing, a semester long clinical and educational program that provides a mentored experience in the inpatient hospital setting studying a specific quality and/or safety problem. Please provide your assessment of the student applicant and complete the information requested on both sides of this form. When complete, return in a **sealed envelope with your signature on the back to Dr. Kathleen M. White, Associate Professor, Johns Hopkins University School of Nursing, 525 North Wolfe Street, Room 464, Baltimore MD 21205-2110. All forms are due by Friday, November 14, 2008.**

Please describe your relationship with the applicant and how long you have known him/her. _____

What do you consider to be the applicant's strengths? _____

What do you consider to be the applicant's weaknesses? _____

What do you think is the applicant's potential for clinical leadership and scholarship? _____

Please rate the applicant using the following scales:

	Best I know	Top 5%	Top 20%	Top 50%	Below Average	Unable to Assess
Intellectual ability						
Breadth of general research knowledge						
Quality of oral expression						
Quality of written expression						
Ability to work with others						
Emotional maturity						
Analytical ability						
Quantitative ability						
Perseverance						
Promise as a research assistant						
Potential for a career in biomedical/biobehavioral research						
Cultural Awareness and Adaptability						

Please comment on the ratings that you have assigned and make additional comments about the applicant’s record, potential, personal or leadership qualities, which you feel would be helpful in the selection process. We are especially interested in anything that you might add that would not be otherwise apparent in the information you provided above.

In making our decision, we value your appraisal of the applicant’s qualities. Thank you for your evaluation.

Name _____ Title _____

Institution _____

Address _____

Signature _____ Date _____

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