

Membership Intent Form

CCHS Honor Society

Nurse Leader

CRITERIA: Nurses must be registered nurses, legally recognized to practice in their country with a minimum of a baccalaureate degree or the equivalent in any field, and have demonstrated achievement in nursing.

Name: _____
(last) (first) (middle initial)

Present Address _____

City _____ State _____ Zip/Postal Code _____ Country _____

Permanent Address _____

City _____ State _____ Zip/Postal Code _____ Country _____

Phone _____ E-mail _____

How did you learn about the Honor Society:

____ NEMC Intranet ____ Unit Communication ____ Posted flyer ____ email
____ Friend/Co-worker Name of friend/co-worker _____

Former Education (list highest degree first and attach a copy of documentation for the highest degree received):

Please check areas of achievement in nursing:

____ Education ____ Administration

____ Practice ____ Publication

____ Research ____ Other (please indicate) _____

Please list your most recent (last five years) contributions to nursing in areas checked above:

Signature

Date

Please submit completed application to:

Tammy Williams, MSN, NP-BC
Cabarrus College of Health Sciences
401 Medical Park Drive
Concord, NC 28025
(704) 783-1753

2/8/2007