



## Postmaster Program Application

### Applicant Information

Full Name: \_\_\_\_\_  
Last /Family Name First/Given Name

Present Position: \_\_\_\_\_

Institution/University: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Country

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Proposed Begin Date: \_\_\_\_\_ Proposed End Date: \_\_\_\_\_

Are you licensed as a registered nurse?

If so, list country: \_\_\_\_\_

### Research Interests and Experience

What is the area of research interest for your postmaster?

Please list your top 3 objectives for your postmaster:

- 1.
- 2.
- 3.

Please list all of your publications within the last 5 years.

Please summarize your research experience from the last 5 years.

### Proposed Mentor

Please list your proposed mentor. Please leave blank if no preference.

### Certification and Signature

*I certify that the information true and complete to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_