

**JOHN RANDOLPH MEDICAL CENTER
AWARD FOR NURSE EDUCATORS**

BASIC DATA SHEET

Applicant's Name _____
First M.I. Last Nickname

Home Address _____

City State Zip _____

Telephone _____ Email _____

School where you are currently teaching _____

Grade Level _____

Classes Currently Teaching _____

Total Years of Teaching Experience _____ Years in Present Position _____

I possess a current license as a registered nurse. I hereby give my permission that any or all of the attached materials may be shared with persons involved with the selection of the John Randolph Medical Center Award for Nurse Educators. If I win the award, I give my permission for John Randolph Foundation and the Medical Center to use my name and photograph in publications relating to the award.

Signature of Candidate _____

Social Security Number _____ - _____ - _____

Supervisor's Signature _____

Supervisor's Name (please print) _____

Date _____

Applications may be sent by mail, email or fax no later than **4:00 p.m.** on **April 15** to:

*John Randolph Foundation
Attn: JRMC Nurse Educator Award
112 N. Main Street
P.O. Box 1606
Hopewell, VA 23860
Telephone: 458-2239
Fax: 458-3754
Email: bfalls@johnrandolphfoundation.org*