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**IACRN Distinguished Clinical Research Nurse Award Application**

**Application / Nominee Information:**

Name Credentials

Preferred Address

City State Zip

Professional Affiliation

Home Phone Work Phone

E-mail Address

**Nominated by:**

Name Credentials

Home Phone Work Phone

E-Mail Address

Relationship to Nominee

By submitting an application and entering my name below, I understand and agree to abide by the award criteria and application requirements. I understand that all materials submitted in conjunction with the award application will not be returned. I agree that, if selected, highlights from the application may be used by IACRN for such purposes as sharing nominee’s accomplishments with membership, and promotion for future applications.

Signature Date

**Application Deadline: Friday, May 31, 2024**

 **Send the application form, essay, letter of support and nominee’s CV to** **IACRN@IACRN.org**

*“Enhancing clinical research quality and safety through specialized nursing practice.”*