Breastfeeding SIG Continuing Education Award Application

Name:					
Street Address:					
City:		**State:**		**Zip:**	

Certification			**Education**	
	Yes	**No**		**Checkmark highest level**
CPNP-PC:			**Master of Science in Nursing:**	
CPNP-AC:			**Post-Masters:**	
PNP-BC (ANCC):			**Doctorate (PhD, DNSc, DNP):**	
CCRN:			**Other:**	
Other:				

Place of Employment:	
Years as a BFE SIG Member:	
Years as a Nurse Practitioner:	
Specialty/Area of Work:	

Please describe what you feel are the most important issues as a PNP working with breastfeeding families.
Please submit a one page narrative describing your professional activities (committee involvement, research activities, publishing, etc., including participation in a State Breastfeeding Coalition, La Leche League, etc.)

Submit your application and current CV:	
By Email:	**sigs@napnap.org**
By Fax:	**856-857-1600**

****Please limit application to 2 double-spaced pages****