



## School Based Health Care Special Interest Group (SBHC SIG) Award Application

<b>Name:</b>	
<b>Credentials:</b>	
<b>City/State of Practice:</b>	
<b>Type of Practice:</b>	
<b>Are you currently a SBHC SIG member? How long have you been a member of the SBHC SIG?</b>	
<b>Description of Practice – Include sponsoring agency, ages seen, your role, and duties. Indicate any leadership roles you have taken in your practice.</b>	
<b>List years of practice in SBHC and years as a PNP/FNP. Describe your involvement in the SBHC SIG to date. Indicate any leadership roles you have taken in the SBHC SIG activities.</b>	
<b>What does your practice do best for kids? What are the unique features your school based practice offers?</b>	
<b>What do you hope to learn/gain from SBHC SIG sponsored attendance at the NAPNAP conference?</b>	
<b>Please attach a copy of your Curriculum Vitae.</b>	
<b>Email to: <a href="mailto:sigs@napnap.org">sigs@napnap.org</a></b>	<b>Fax to: 856-857-1600</b>

**In applying for this award, I realize that I must attend both the SIG annual meeting and the SIG sponsored Educational session at the NAPNAP conference. I will submit an article for the next SBHC SIG Newsletter, summarizing highlights from the NAPNAP conference.**

<b>Signature of PNP/FNP (<i>sign or type in your name</i>):</b>	
<b>Date of Application:</b>	