

Application for Nurse Traineeship
Department of Health and Human Services (DHHS)
Nursing Education Grant 2009 2010

To: Graduate Nursing Students

From: Dr. Marilyn Ryan

Regarding: Application for nurse traineeships funds

You are eligible to apply for money from the DHHS awarded to the School of Nursing. The money is being allocated for clinical fees for the following nursing courses:

N 634 Assessment

N 682 Primary Care of Children

N 684 Primary Care of Women

N 680 Advanced Care of Adults

N 672 Practicum (all sections) 800c educators; 801c administrators and CNS; 803c NPs

Fill in the application and print. You can either fax, scan or mail.

School Fax: 765 285 2169 (must have cover page with my name: Marilyn Ryan, and your name).

Mail to:

Marilyn Ryan
School of Nursing
Ball State University
Muncie, IN 47306

Address questions to Marilyn Ryan mryan@bsu.edu or 765 285 5764

		Form approved through 9/30/97 OMB No. 0925-0001		
Department of Health and Human Services Public Health Service		Please Note: See instruction sheet and follow carefully. Complete and submit this form at the time individual enters the program, is reappointed, or the reported appointment is amended. (See definitions on instruction sheet). Return three copies to the PHS awarding component. For post-doctoral trainees under NRSA. A payment agreement must accompany this form on new and reappointments.		
Statement of Appointment		2. TRAINEE'S NAME (Last, first, initial)		3. SEX
1. PHS GRANT NUMBER	I/D Serial No		<input type="checkbox"/> F <input type="checkbox"/> M	
Type 2	Activity A10	A10HP00055		
4. TYPE OF ACTION (Check one type)		5. PRIOR SUPPORT (individual or institutional)		
<input type="checkbox"/> NEW appointment (NOT previously supported by this grant)		<input type="checkbox"/> NO <input type="checkbox"/> YES (if "Yes", see instructions)		
<input type="checkbox"/> REAPPOINTMENT (Previously supported by this grant)				
<input type="checkbox"/> AMENDMENT of items checked <input type="checkbox"/> 2 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> 17				
6. SOCIAL SECURITY NO.	7. BIRTHDATE (Month, day, year)		8. CITIZENSHIP (See instructions)	9. RACE
10. PERMANENT MAILING ADDRESS		11. DISCIPLINE, SPECIALTY, OR FIELD Nursing		
		12. PERIOD OF THIS APPOINTMENT (Month, day, year) Fall 2009, Spring 2010, and Summer 2010		
13. EDUCATION—AFTER HIGH SCHOOL (Indicate all academic and professional education. For foreign degees, give U.S. equivalent.)				
(a) Name of Institution, Department, and Location		(b) Month and Year Attended		(c) Degree(s) Received
		From To		(d) Major Field
				(e) Minor Field
14. NAMES OF SPECIALTY BOARDS		15. SEEKING CERTIFICATION FOR		16. CERTIFIED BY (Include date of certification)
17. SUPPORT FOR PERIOD OF APPOINTMENT				
Type	This Grant (omit cents)			
	(a) Total	(b) Monthly		(c) Other Sources
Stipend/salary	To be Determined			
Tuition/fees (estimated)	Clinical Fee \$400	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		
Travel (estimated)		xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		
TOTAL	To be determined	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		
18. STATEMENT OF NONDELINQUENCY ON FEDERAL DEBT. Is the trainee delinquent on the repayment of any Federal debt(s)?				
<input type="checkbox"/> NO <input type="checkbox"/> YES (If "Yes," please explain below. Use additional pages if necessary.)				
19. CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true and complete to the best of my knowledge and that I will comply with all applicable Public Health Services terms and conditions governing my appointment. I am aware that any false, fictitious or fradulent statements or claims may subject me to criminal, civil, or administrative penalties.		(a) SIGNATURE OF TRAINEE		(b) DATE
20. This individual is qualified for this program and is eligible to receive financial support for the period specified above. A copy of this appointment form will be given to the individual.		(a) SIGNATURE OF PROGRAM DIRECTOR <i>Marilyn Ryan</i>		(b) DATE 7/19/09
(c) TYPED NAME OF PROGRAM DIRECTOR Marilyn Ryan, Ed D, RN		(d) NAME, ADDRESS, AND PHONE NO. OF INSTITUTION (Street, city, state, zip code)		
(e) SCHOOL Ball State University		(f) DEPARTMENT Nursing		
		Ball State University 2000 University Avenue Muncie, IN 47306		