

**New Clinical Faculty Scholarship Sheet**

Name:

Credentials:

Position/Title:

Employing Agency:

Email:

1. Describe the clinical population served in your practice. Please check as many that apply to reflect the age, acuity level, clinical problem, or population served in your practice.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Infants/children        | <input type="checkbox"/> Chronically ill    | <input type="checkbox"/> Community populations |
| <input type="checkbox"/> Parent child (maternal) | <input type="checkbox"/> Critically ill     | <input type="checkbox"/> Psych/mental health   |
| <input type="checkbox"/> Well, ambulatory        | <input type="checkbox"/> Convalescent/rehab | <input type="checkbox"/> Medical/surgical      |
| <input type="checkbox"/> Other:                  |   |  |

2. Describe the area in which you practice. Please check all that apply.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Hospital          | <input type="checkbox"/> School            | <input type="checkbox"/> Home health        |
| <input type="checkbox"/> Public health     | <input type="checkbox"/> Long term care    | <input type="checkbox"/> Ambulatory care    |
| <input type="checkbox"/> Community setting | <input type="checkbox"/> Nursing education | <input type="checkbox"/> Nursing leadership |
| <input type="checkbox"/> Other:            |  |   |

3. Describe projects, research, and/or clinical practice opportunities for which you would invite student/faculty collaboration.

4. Describe any specific research and/or clinical projects in which you are currently involved. Include title, briefly describe your role, dates of projects and collaborators.