

New Mexico Nurse Practitioner Council



Fall Conference Subsidy
Application Deadline: October 16, 2019

1. Full Name _____
Last First Middle Initials

2. Social Security Number _____

3. Mailing Address _____
Street City State Zip Code

4. Contact Information _____
Home Telephone Work Telephone Email Address

5. Supporting Documents

- Personal statement that you a) are a New Mexico resident and b) agree to volunteer at the conference as needed.
- Copy of license lookup from the New Mexico Board of Nursing website verifying current unencumbered nursing license.
- A concise narrative of 300 words or less describing why you want to attend the conference, why you need financial assistance, how the conference will advance your knowledge and how you intend to share the knowledge you gain with colleagues. Put your initials only (not full name) at the top of the narrative page.

6. Signature _____ Initials _____ Date _____

Email the completed application and supporting documents to:
contact@NMNPC.org by October 16, 2019.

OFFICE USE ONLY

Date All Documents Received by NMNPC _____ # Assigned to Applicant _____

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