

New Mexico Nurse Practitioner Council



Spring Conference Lacy Houdek Memorial Subsidy
Application Deadline: March 20, 2020

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) recognize the importance rural primary care. (The Scholarship Committee gives preference to primary care providers practicing in a rural area.)
- 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 a) why you want to attend the conference, b) where you practice, c) how the conference will advance your knowledge and d) 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 March 20, 2020.

OFFICE USE ONLY

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

PO Box 40682 • Albuquerque, NM 87196-0682
www.NMNPC.org • contact@NMNPC.org • (505) 366-3763