

Donald W. Reynolds Center of Geriatric Nursing Excellence



Building Geriatric Nursing Capacity

Crafting Solutions to Support Aging in Place

D. RN LICENSURE – (At least one is required)

State(s) in which you are currently licensed as a Registered Nurse	RN License numbers

E. PROFESSIONAL BACKGROUND

Present Position
Present Institution
Mailing Address Line 1
Mailing Address Line 2

F. RESEARCH PROGRAM

Have you identified an area of research for your doctoral dissertation? (Required for all predoctoral students except those beginning their first year of study.)

Yes – Title _____

No

G. OU REYNOLDS CENTER MENTOR INFORMATION

Last Name	First Name	Middle Name
Credentials		Position Title
Institution		Work Telephone
Mailing Address Line 1		Fax Number
Mailing Address Line 2		Work Email Address