



THE EDMOND J. SAFRA VISITING NURSE FACULTY PROGRAM

at the Parkinson's Disease Foundation 

Sample Application

Thank you for your interest in The Edmond J. Safra Visiting Nurse Faculty Program at the Parkinson's Disease Foundation. Before beginning the application, please have ready: your short statement of purpose; your CV; and two letters of reference.

Please note that this downloadable sample application is intended to give applicants a preview of the questions asked on our online application. We do ask that you apply online at www.pdf.org/edmondjsafranursing in order for us to process your application.

1. To which program site of the Visiting Nurse Faculty Program are you applying?

- Miami, FL-February
- Baltimore, MD-May
- Philadelphia, PA-May
- Minneapolis, MN-June
- San Francisco, CA-July
- Boston, MA-August

2. I am applying as a(n):

- Nurse faculty
- Auditor

3. Please share the following information:

First Name: _____

Last Name: _____

4. Please share the following information:

School of Nursing Affiliation: _____

Primary Employer: _____

Position/Title: _____

Employer Address: _____

City/Town: _____

State/Province: _____

ZIP/Postal Code: _____

Country: _____

Email Address: _____

Phone Number: _____

5. Please choose one or more to describe your ACADEMIC DEGREES:

- Ph.D.
- D.N.P.
- Ed.D.
- M.P.H.
- M.S.N.
- B.S.N.
- A.A.
- Other (please specify)

6. Please choose one or more to describe your CREDENTIALS:

- A.P.N.
- A.R.N.P.
- C.R.N.P.
- F.N.P.
- G.N.P.
- A.N.P.
- C.N.S.
- R.N.
- Other (please specify)

7. How did you hear about this program?

- Colleague (EJS alumni)
- Colleague (non alumni)
- Conference
- Email from EJS program
- PDF newsletter
- PDF email
- PDF website
- Brochure
- Other (please specify)

8. Why are you interested in attending the Visiting Nurse Training Program?

9. Please share a short narrative bio. If applicants are accepted, this information may be shared with fellow nurse faculty and program staff for The Edmond J. Safra Visiting Nurse Faculty Program at PDF.

SAMPLE

10. Share the following information about your first reference, for someone who can comment on your interest and experience in Parkinson's. You will be asked to upload a letter from this reference later.

Name: _____

Relationship to applicant: _____

Title: _____

Institute: _____

Email Address: _____

Phone Number: _____

11. Share the following information about your second reference, for someone who can comment on your interest and experience in Parkinson's. You will be asked to upload a letter from this reference later.

Name: _____

Relationship to applicant: _____

Title: _____

Institute: _____

Email Address: _____

Phone Number: _____

12. I agree to send a deposit made out to the Parkinson's Disease Foundation (\$200 for faculty/\$150 for auditors) to: Parkinson's Disease Foundation / Attn: EJS-VNF Program at PDF / 1359 Broadway, Suite 1509 / New York, NY / 10018. In MEMO please write: "Deposit EJS-VNF" and the location of your training.

The deposit will hold a space for you in the program. It is refundable upon completion of the didactic portion of the program. No refunds will be given if a cancellation is made less than 45 days of program date.

Yes

No

Please submit the following attachments and be sure to click first, "submit" and then "next." Applications without letters of reference will be considered incomplete.

CV or resume

Reference Letter 1

Reference Letter 2

Thank you for your application to the Edmond J. Safra Visiting Nurse Faculty Program at the Parkinson's Disease Foundation.

Please note that applications are rolling. You will hear from us within four to six weeks of submitting your application.

This is a sample survey.

**Please apply online at
www.pdf.org/edmondjsafranursing**