AWHONN
PROMOTING THE HEALTH OF WOMEN AND NEWBORNS

Application/Info Sheet

Name: _____

AWHONN member #:_____

Hospital of current employment:

_____

Contact information (Email/phone # to best contact you with):

_____

RN experience (# of years, background, current unit):

_____

_____

_____

New/Best Practices your hospital is currently working on! (QI projects, EBP, Research, etc.)

_____

_____

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_____

The change/improvements you want to see in perinatal nursing!

_____

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