

Important Information

The University of Michigan School of Nursing
Office of Multicultural Affairs

Clinical Support Project Clinical Support Nurse Data Form

Date _____

Name _____

Address _____

Phone _____

e-mail _____

Education (please identify the highest degree received)

Diploma _____ MS/MSN _____

Associate _____ Doctorate _____

BS/BSN _____ Other _____

Michigan RN license number _____

Employment Information

Agency _____

Unit _____

Employment Status: Full-time _____ Part-time _____

Years of experience as a nurse _____

For Office Use Only:

Date

_____ Employment papers received

_____ Copy of RN License received

OMA Staff Signature _____