



**BETSY LOVE MCCLUNG
ENDOCRINE NURSE DEVELOPMENT AWARD**

APPLICATION

Nominee / Applicant Name _____

Credentials _____

Initial ENS membership date _____

Mailing Address _____

Email _____ Cell _____

Nominated by (if applicable) _____

Email _____ Cell _____

Describe how nominee/applicant meets award criteria (Max 3 pages not including manuscripts)

Nominee / Applicant Signature _____ Date _____