

Application
Certificate Program in Pediatric Bioethics
Nursing Leadership Program
Children's Mercy Bioethics Center

Name: _____
Address: _____

Phone: _____ Email: _____

Current Institutional Affiliation and Title: _____

Please describe the current role of ethics (pediatric and/or nursing) at your institution:

Please write 1-2 paragraphs explaining your goals for applying for the Nursing Leadership Program (use additional page if necessary):

Please provide a letter of support from your CNO and/or Nurse Manager (list their name(s) and contact information below:

Name Contact Information (phone and email)

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RETURN APPLICATION TO: cmhc@cmh.edu and aknacksted@cmh.edu. If you have not received an email confirmation within three business days, please call us at (816) 701-5285 to confirm.