# Application Information

Top of Form

\*required field

Important Note: Please be very careful to choose the correct options below according to the [**Application and Program Guidance**](https://alpha.programportaltest.hrsa.gov/extranet/forward.seam?to=nclrp-apg). Failure to correctly select your application type may result in your application not being selected for funding.

Applicants who are registered nurses (RN), working full-time (as defined by his or her employer) as a nurse faculty member at an accredited public or private nonprofit school of nursing should select Nurse Faculty below.

Application Type \*

|  |
| --- |
| Registered Nurse |
| Nurse Practitioner |
| Clinical Nurse Specialist |
| Nurse Mid-Wife |
| Nurse Anesthetist |
| Nurse Faculty  1. Are you a licensed Psychiatric Nurse Practitioner?   * If yes, please upload your credentials in the Supporting Documents section * no   2. Do have another Behavioral Health training or certification?   * If yes, please upload your credentials in the Supporting Documents section * No   3. Will you have substance use disorder training or certification by September 30, 2019?   * Yes * No |



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