

Please return this form to Sarah Ramsey, 217 Godchaux Hall, Nashville, TN 37240

**INVESTITURE OF THE ACADEMIC HOOD AND DIPLOMA AWARDING CEREMONY  
MAY 9, 2008**

**RESPONSE OF ATTENDANCE**

**Please make any corrections below:**

Address:

\_\_\_\_\_

\_\_\_\_\_

Specialty:

\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Phonetic Spelling of full name

\_\_\_\_\_

E-mail address \_\_\_\_\_

Would you like to be included on a VUSN Class of 2007 Listserv to receive information about job opportunities?    \_\_\_\_\_ yes    \_\_\_\_\_ no

- \_\_\_\_\_ I will attend the Investiture of the Academic Hood and Diploma Awarding Ceremony (Line-up begins at 10:30 AM)
- \_\_\_\_\_ I will attend the reception honoring MSN graduates following the Ceremony.
- \_\_\_\_\_ Number of guests attending these activities (fill in number)
- \_\_\_\_\_ I am unable to attend any of the activities listed above.
- \_\_\_\_\_ I will not graduate in May, but plan to graduate in \_\_\_\_\_.

PLEASE ANSWER THE FOLLOWING QUESTIONS AND RETURN THIS FORM IN THE ENCLOSED ENVELOPE BY APRIL 15, 2008. VUSN COLLECTS THIS INFORMATION TO PREPARE REQUIRED DATA FOR FEDERAL TRAINING GRANTS.

Your Name \_\_\_\_\_ SS# \_\_\_\_\_

Your Specialty \_\_\_\_\_

1. Employer/Clinical Agency Name:

\_\_\_\_\_

\_\_\_\_\_

City

State

Zip

2. Job Title:

\_\_\_\_\_

3. Do you work \_\_\_\_\_ full-time or \_\_\_\_\_ part time?

4. Have you obtained national certification since graduation \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, indicate specialty: \_\_\_\_\_

If no, the date you plan to take the exam \_\_\_\_\_

PLEASE CHECK IF ANY OF THESE APPLY TO YOUR PRACTICE. YOU MAY CHECK UP TO THREE CATEGORIES IF APPROPRIATE.

Hospital inpatient	_____	Nursing Home	_____
Community Health Center	_____	Indian Health Service Site	_____
Migrant Health Center	_____	Federally Qualified Health Center	_____
Health Care for the Homeless	_____	Primary Medical Care Health Professional	_____
Public Housing Primary Care	_____	Shortage Area	_____
Rural Health Clinic	_____	Nurse Shortage Area	_____
National Health Service Corps Site	_____	State or Local Health Department	_____
Mental Health Center	_____	Ambulatory Practice Site Designated by	_____
Veterans Administration	_____	Governors as medically underserved	_____
Private Clinic	_____	HMO	_____
Other rural underserved population	_____		_____

Indicate your full time salary range: \_\_\_\_\_ Below \$40,000 \_\_\_\_\_ \$40,000-\$45,000  
 \_\_\_\_\_ \$45,000-\$50,000 \_\_\_\_\_ \$50,000-\$55,000  
 \_\_\_\_\_ \$55,000-\$60,000 \_\_\_\_\_ Above \$60,000

5. Do you have prescriptive authority? \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ application in progress

THANK YOU FOR YOUR COOPERATION IN PROVIDING THIS INFORMATION.

Investiture 2008