



WORLD FEDERATION OF CRITICAL CARE NURSES

APPLICATION TO BECOME A WFCCN AMBASSADOR

Applicant Information

Name of Applicant: (First) _____ (Last) _____

Credentials: (Eg. RN, PhD, FAAN) _____

Place of employment: (Hospital/Institution/University) _____

Work Phone: _____ Home/Mobile Phone: _____

Email: _____

Address: _____

State: _____ Country: _____ Post Code: _____

Critical Care Nurses Membership: _____

Country: _____

Please state your reason for applying to be a WFCCN ambassador.

Sponsor Information

Name of Sponsor: (First) _____ (Last) _____

Credentials: (Eg. RN, PhD, FAAN) _____

Place of employment: (Hospital/Institution/University) _____

Email: _____

WFCCN Association Membership: _____

Country: _____

How long have you known the applicant: _____

Please state the capacity in which you have known the applicant / nature of your relationship with the applicant and reason for your sponsorship.