



Sigma Theta Tau International, Inc.

HONOR SOCIETY OF NURSING

DELTA MU CHAPTER

Yale School of Nursing
Yale University
100 Church Street South
P.O. Box 9740
New Haven, Connecticut 06536-9740

**DELTA MU CHAPTER
APPLICATION FOR MEMBERSHIP**

For Official Processing of Application by Eligibility Committee				
<u> </u> RECEIVED	<u> </u> ACCEPTED/REJECTED	<u> </u> NOTIFIED	<u> </u> INDUCTION FEE	<u> </u> DUES PAID

PART I

A.

Name: _____

Address: _____

Local	Zip Code	Telephone Number
Permanent	Zip Code	Telephone Number

Program: _____ Year: _____

B. Name of Sigma Theta Tau members responsible for endorsements (ie. letters of recommendation):

Name	Address	Telephone Number
Name	Address	Telephone Number

(NB: STTI members do not have to be Delta Mu members to write an endorsement letter.)

C. What prompted your interest in membership in Sigma Theta Tau, Delta Mu Chapter?

D. Describe your involvement in any health related activities at the Yale University School of Nursing or within the professional community (Local, state, national, international.) (May include college activities, etc, if relevant.)

E. Describe your community activities aside from organizations or activities related to health professions (before or after admission to YSN. if a student).

F. List any research or publication (including educational media, thesis research). Include an abstract or annotation. Indicate if completed or in the process of completion.

G. List your participation in conferences, workshops, etc., within the last 3 years.

Title	CEU's	Speaker	Planner	Attendee

PART II

(The requirements for Part II may be met with an attached CV/Resume)

A. Education

1. Basic nursing education received from: _____

Year Graduated: _____

2. Baccalaureate (if different from above) received from:

College/University

Program

3. Master's degree received from:

College / University

Program Year Graduated

4. Number of credits towards Master's Degree

Name of College or University _____

Name of Program _____

Expected date of Graduation _____

5. Doctoral degree received from: _____

College/University

Program: _____ Year Graduated: _____

6. Number of credits towards Doctorate

Name of College or University _____

Name of Program _____

Expected Date of Graduation _____

A. Employment (present or most recent):

1. Name of Employer _____

2. Address of Employer _____

Telephone Number _____

3. Indicate your position and describe your responsibilities.

C. Describe your professional activities since graduation from a basic nursing program.