



**TEXAS TECH UNIVERSITY**  
**HEALTH SCIENCES CENTER™**  
School of Nursing  
Center of Excellence in Evidence Based Practice

## **FACULTY MEMBERSHIP APPLICATION for the CEEBP**

Name:

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Academic Rank:

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Academic Department and Section:

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Office Mailing Address:

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Office Location (room number): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Webpage: \_\_\_\_\_

Major research area of interest:

Major Evidence-Based Practice areas of interest:

Major teaching and clinical responsibilities:

Community interests:

Technology interests:

Please provide a brief BIOGRAPHICAL NARRATIVE in the space below, or include as an attachment. This will be a brief paragraph in complete sentences, describing matriculation, professional interests, any evidence-based projects engaged in or completed, and recent publications:

**SIGNATURES:**

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* Please attach a current CURRICULUM VITAE**