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***Women's Healthcare: A Clinical Journal for NPs***

**Peer Reviewer Application**

**This information is for *Women's Healthcare* office use only; it will not be shared with anyone.**

**Name/Credentials:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Street Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City/Town: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ State: \_\_\_ Zip Code:**

**Phone: Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Education (check *all* that apply):** \_\_\_PhD \_\_\_DNP \_\_\_EdD \_\_\_Master’s  
\_\_\_NP (Population Focus):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_CNM \_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Practice areas in which I have experience (check *all* that apply):** \_\_\_Gynecology \_\_\_Sexual Health \_\_\_Reproductive Health \_\_\_Prenatal Care \_\_\_Postpartum Care \_\_\_Menopause Health   
\_\_\_Non-gynecological Primary Care \_\_\_Adolescent Health \_\_\_Adult Health \_\_\_Geriatrics \_\_\_Mental/Psychiatric Health \_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current practice/academic/employment setting(s)**

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**Check *all* general areas of interest for peer review:**

**Research (check *all* that apply):** \_\_\_Qualitative \_\_\_Quantitative \_\_\_Systematic Literature Review/Synthesis \_\_\_Evidence-Based Quality Improvement Reports \_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Clinical (check *all* that apply):** \_\_\_Gynecology \_\_\_Sexual Health \_\_\_Reproductive Health  
\_\_\_Prenatal Care \_\_\_Postpartum Care \_\_\_Menopause Health \_\_\_Non-gynecological Primary Care \_\_\_Adolescent Health \_\_\_Adult Health \_\_\_Geriatrics \_\_\_Mental/Psychiatric Health   
\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I understand that I may be asked to review up to three manuscripts per year. I will attempt to meet the 3-week time period for review. I will let managing editor Dory Greene ([dgreene@healthcommedia.com](mailto:dgreene@healthcommedia.com)) know if I am unable to meet the due dates.

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please return this form with a brief résumé or curriculum vitae (1-2 pages) to editor-in-chief Beth Kelsey (**[**bkelsey@bsu.edu**](mailto:bkelsey@bsu.edu))**.**