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**Peer Reviewer Application Form**

**Peer reviewers must be current members of NPWH.**Peer reviewers may be asked to review up to three manuscripts per year within a 3-week time frame. Information provided on this form is for *Women’s Healthcare* office use only. It will not be shared with anyone else.

**Please type information and return this form as an email attachment to Beth Kelsey, Editor-in-Chief** **bkelsey@npwh.org****. Thank you!**

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| **Name and credentials**  |  |
| **Email address** |  |
| **Street Address** |  |
| **City, State, Zip Code**  |  |
| **Phone Number**  |  |

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| **Post Baccalaureate Degrees (check all that apply)** |
| **Masters** |  | **DNP** |  | **PhD** |  | **Other (please describe)**  |
| **What is your APRN role and population focus (e.g., WHNP, CNM, FNP)?**  |
| **What is/are your current practice/academic/employment setting(s)**  |

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| **What are your clinical/academic/research areas of expertise and/or interest?** |

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| **List articles published in peer-reviewed journals in past 10 years but limit to 5 articles. Provide information in APA or AMA format** |
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| **Do you have experience as a peer reviewer? Yes\_\_\_\_\_\_ No \_\_\_\_\_\_ \*** |

\* You do not have to have published an article or have experience as a peer reviewer. This information however is helpful when assigning manuscripts for review.

6/2020