**American Association of Critical Care Nurses**

**Greater Milwaukee Area Chapter**

**NTI Funding Application**

**Application Deadline: February 6, 2023\_\_\_\_\_\_\_\_\_\_\_**

**Name:**

**Email:**

**Phone:**

**Street Address:**

**Employer:**

**Position:**

**Write a short essay on how attending NTI will impact your nursing practice.** Maximum 1000 words.