

Florida Association of Public Health Nurses
Public Health Nursing Legacy Project

Career Journey Referral Form

Please submit this information whether you are conducting the interview yourself or if you would like to refer this so that another person might conduct the interview.

Name of PHN being referred: _____

Address: _____

Phone: _____ Email: _____

Years as a public health nurse in Florida: _____

Practice Location(s): _____

Position: _____

Please provide a brief description of the influence of this PHN on local and/or state public health services:

Other information of interest:

Your name: _____

Position title and location: _____

Phone: _____ Email: _____

I am planning on conducting the interview: _____

Please have someone else conduct this interview: _____

PLEASE RETURN THIS FORM TO:
Katherine Mason email: kmason@nursing.fsu.edu
or mail to: 6124 Pimlico Ct. Tallahassee, FL 32309

