**Child Neurology Foundation**

**Application for Endorsement**

**Instructions:** Complete the following information in detail. Failure to provide complete answers may delay the processing of your application.

**Date of Application Submission**:

**BACKGROUND INFORMATION**

1. Name of Organization:
2. Type of Organization:
3. Address:
4. Name & Title of Contact Person:
5. Phone:
6. Email:
7. Title of Educational Program or Materials:
8. Description of Educational Program or Materials:

**AUDIENCE**

1. Target Audience (i.e. caregivers, patients, advocates, etc.):
2. Estimated Reach:

**NEEDS ASSESSMENT**

1. How were the educational needs of your intended audience determined? What needs were identified (outline the specific needs based on your needs data)?

**REVISIONS**

1. If this is a resubmission based on revision, list the key edits:

**LEARNING OBJECTIVES**

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| --- |
| **Upon exposure to this educational program or material, individuals will be able to:** |
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**COMMERCIAL SUPPORT**

1. Is there commercial support?
2. If yes, list the proposed corporate supporters.

**EVALUATION**

1. How will this program or material be evaluated to see if it meets the stated purpose/objectives?
2. Will you be willing to share your evaluation report with CNF?

**SIGNATURES/AGREEMENT**

By signing this application, I agree to abide by all of the terms and requirements set forth in this application and the CNF’s endorsement policy. Failure to do so will result in termination of the endorsement.  
  
**Signature of Applicant: Date:**