



KATHARINE J. DENSFORD  
INTERNATIONAL CENTER  
FOR NURSING LEADERSHIP

UNIVERSITY OF MINNESOTA

## APPLICATION

# Creativity Award

Please provide the following information:

1. Name \_\_\_\_\_

2. Work phone \_\_\_\_\_ Home phone \_\_\_\_\_

3. Fax \_\_\_\_\_ Email \_\_\_\_\_

4. Address \_\_\_\_\_

\_\_\_\_\_

5. Position \_\_\_\_\_

6. Institution \_\_\_\_\_

7. Describe your idea. What helped you think of this?

- 8. a. What changes would you expect to see as a result of this innovation?
- b. How would you evaluate its impact on patient care or the work environment?
- c. What criteria would you use?

9. Is there anything else that we should know about your idea?

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

If award is granted, I will facilitate implementation of the innovation.

\_\_\_\_\_  
Signature of Manager/Director

\_\_\_\_\_  
Date

**Mail or fax to:**  
Densford Center  
6-101 Weaver-Densford Hall  
308 Harvard Street, SE  
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Office: 612-625-1187  
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