

Peer Reviewer Application

Peer reviewers must be current members of NPWH. This information is for *Women's Healthcare* office use only; it will not be shared with anyone.

Name/Credentials: _____

Street Address: _____

City/Town: _____ State: _____ Zip Code: _____

Phone: Work _____ Mobile _____ Fax _____

Email Address: _____

Education (check all that apply): ___ PhD ___ DNP ___ EdD ___ Master's
 ___ NP (Population Focus): _____ ___ CNM ___ Other _____

Practice areas in which I have experience (check all that apply): ___ Gynecology ___ Sexual Health
 ___ Reproductive Health ___ Prenatal Care ___ Postpartum Care ___ Menopause Health
 ___ Non-gynecological Primary Care ___ Adolescent Health ___ Adult Health ___ Geriatrics
 ___ Mental/Psychiatric Health ___ Other: _____

Current practice/academic/employment setting(s)

Check all general areas of interest for peer review:

Research (check all that apply): ___ Qualitative ___ Quantitative ___ Systematic Literature Review/Synthesis
 ___ Evidence-Based Quality Improvement Reports ___ Other: _____

Clinical (check all that apply): ___ Gynecology ___ Sexual Health ___ Reproductive Health
 ___ Prenatal Care ___ Postpartum Care ___ Menopause Health ___ Non-gynecological Primary Care
 ___ Adolescent Health ___ Adult Health ___ Geriatrics ___ Mental/Psychiatric Health
 ___ Other: _____

I understand that I may be asked to review up to three manuscripts per year. I will attempt to meet the 3-week time period for review. I will let managing editor Dory Greene (dgreene@npwomenshealthcare.com) know if I am unable to meet the due dates.

Signature: _____ **Date:** _____

Please return this form with a brief résumé or curriculum vitae (1-2 pages) to editor-in-chief Beth Kelsey (bkelsey@npwomenshealthcare.com).