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**Peer Reviewer Application Form**

Peer reviewers may be asked to review up to three manuscripts per year within a 2-week time frame. Peer reviewers must disclose any potential conflicts of interest in regard to a manuscript they are asked to review. Information provided on this form is for *Women’s Healthcare* office use only. It will not be shared with anyone else.

**Please type information and return this form as an email attachment to info@npwomenshealthcare.com. Thank you!**

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| **Name and credentials**  |  |
| **Email address** |  |
| **Street Address** |  |
| **Phone Number**  |  |

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| **Post Baccalaureate Degrees (check all that apply)** |
| **Masters** |  | **DNP** |  | **PhD** |  | **Other (please describe)**  |
| **What is your APRN role and population focus (e.g., WHNP, CNM, FNP)?**  |
| **What is/are your current practice/academic/employment setting(s)**  |

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| List your **one to three** top areas of clinical, academic, and/or policy expertise. These can be broad (eg, obstetrics, gynecology, non-gynecologic primary care, research, health policy) and/or specialized/focused (eg, high risk obstetrics, gynecologic oncology, menopause, LGBTQ+ health, pelvic health, infertility, mental health, genetics, breast health, health disparities/inequities, complementary and alternative medicine).  |

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| **List articles published in peer-reviewed journals in past 10 years but limit to 5 articles. Provide information in APA or AMA format** |
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| **Do you have experience as a peer reviewer? Yes\_\_\_\_\_\_ No \_\_\_\_\_\_ \*** |

\* You do not have to have published an article or have experience as a peer reviewer. This information however is helpful when assigning manuscripts for review.
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