



**Substance Abuse and Mental Health Services Administration  
Minority Fellowship Program**

**American Nurses Association**

**Signature Page**

**I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED TO THE  
SAMHSA MFP AT ANA IS CORRECT.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Social Security Number: \_\_\_\_\_**

**Please complete this form and mail to:**

**American Nurses Association  
Attn: Janet Jackson, Program Manager  
SAMHSA Minority Fellowship Program  
8515 Georgia Avenue, Suite 400  
Silver Spring, MD 20910-3492**