Application Guidelines:
ABNN Certification Grant Information

These guidelines, prepared by the Agnes Marshall Walker Foundation (AMWF), are offered to elaborate on the required documentation for the ABNN Certification Grant and provide insight regarding what the review committee expects from applicants. Adherence to these guidelines does not guarantee that the applicant will receive a grant. Applicants may seek additional clarification from any member of the AMWF staff or board.

Purpose of the Grant
This grant provides financial assistance to AANN members who have not yet obtained the Certified Neuroscience Registered Nurse (CNRN) credential or Stroke Certified Registered Nurse (SCRN) credential. The total number of grant recipients will be determined by the AMWF Board.

Eligibility
1. Open to all neuroscience/stroke nurses who are individual AANN members in good standing and meet the CNRN/SCRN examination criteria.
2. Current (or newly elected) AANN Board, ABNN Board, and AMWF Board members are excluded from applying for this grant.
3. The applicant must be working in the neuroscience or stroke nursing field and meet the eligibility requirements for the appropriate exam.
4. The applicant should not yet be a Certified Neuroscience Registered Nurse (CNRN) or Stroke Certified Registered Nurse (SCRN) at the time of application submission.
5. The applicant is not eligible if their institution reimburses for certification.
6. The applicant is not eligible if they have received a grant for certification or recertification in the last 10 years.
7. Only one grant per candidate may be awarded for certification or recertification.

Application Guidelines
1. One complete, **typed copy** of the grant application. **Hand-written applications are not accepted and will automatically be denied.**
2. **Letters of Recommendation:** Submit two (2) recommendations from a colleague or supervisor in support of the applicant's pursuit of CNRN or SCRN certification. Letters should refer to the applicant's activities as related to neuroscience nursing or leadership and/or research.
3. **Personal Essays:**

    a. Essay #1 should describe the applicant's primary job role and its relation to neuroscience or stroke nursing. Include any key work accomplishments within the past five (5) years. (250 word maximum)

    b. Essay #2 should describe reasons for seeking certification. Applicant should also describe perceived benefits for career advancement. (500 word maximum)

Deadlines

1. AMWF Certification Grants are offered once yearly and must be ***received*** **at the AMWF office by Wednesday, June 29, 2016.**

2. Applications will ONLY be accepted electronically:

    a. email to grants@AMWF.org (subject line: ABNN Certification Grant)

3. **Incomplete applications will not be considered.**

Review Process

1. Completed applications will be reviewed by the Agnes Marshall Walker Foundation (AMWF) Board and scored based on the applicant's compliance with eligibility criteria as well as quality and comprehensiveness of response.

2. If you have not obtained notification that your application has been received at the AMWF office by 2 weeks after the send date, please contact AMWF at info@amwf.org.

Questions

If you have any questions about this grant or the application process, please contact AMWF staff at grants@AMWF.org.

Notification

All applicants will be notified no later than August 2016.

Recipients of this grant agree to:

1. Utilize grant funds to take either the CNRN or SCRN exam within one (1) year of award date.

2. Submit a summary quote or statement to AMWF about the benefits of receiving the grant within ninety (90) days of recertifying. Send the statement to grants@AMWF.org.

3. Grant permission to AANN and AMWF to use their name in promotion of the AMWF grant program in the AANN *Neuroscience News*, AANN/ABNN website, at the AANN Annual Meeting, on Facebook, through other social media, and otherwise.

Application – 2016 Certification Grant
Biographical Information
**indicates required field*

*Name/Credentials: _____

*Employer/Title: _____

*Mailing Address: _____

*Phone: _____

*Email: _____

*Number of Years in Neuroscience/Stroke Nursing: _____

AANN Membership ID# and Year Joined (optional): _____

*Nursing License # and Date of Expiration: _____

***Please provide an electronic (e.g., scanned) copy of license or other documentation.** If not applicable (i.e., international members), provide a copy of your RN certificate and an English translation of the document.

***As a recipient of this grant, I agree to:**

1. Utilize grant funds to take either the CNRN or SCRN exam within one (1) year of award date. If I am deemed ineligible or cancel my application, I will return the funds to AMWF.

2. Submit a summary quote or statement to AMWF about the benefits of receiving the grant within ninety (90) days of taking the exam. Send the statement to grants@AMWF.org.

3. Grant permission to AANN and AMWF to use my name in promotion of the AMWF grant program in the AANN *Neuroscience News*, AANN/ABNN website, at the annual meeting, on Facebook, through other social media, and otherwise.

_____ _____
Authorized Signature (electronic) Date

Please submit this application form in addition to the following <u>required documentation,</u> as described above and in the Certification Grant Application Guidelines:
(Please check boxes as indicated)

☐ Two (2) letters of recommendation, typed, using recommendation form template below
☐ Essay describing primary job responsibilities/work accomplishments, labeled Essay # 1
☐ Essay describing reasons for seeking recertification/benefits for career advancement, labeled Essay # 2

Local AANN Chapter (if applicable), Year Joined, and Leadership Roles:

Other Professional Involvement (may include internal committees, professional memberships and/or leadership roles):

*Do you have any means for financial support to certify your CNRN or SCRN credential? ☐ Yes ☐ No
If Yes, explain and provide estimated US dollar amounts. Example: institution pays $200 for registration fee or preparation fees.

How did you hear about this grant? _____

*Does your institution reimburse for certification or recertification?
- ☐ Yes
- ☐ No

*Are you a current member of AANN?
- ☐ Yes
- ☐ No

*Have you received a grant from AMWF, NNF, WFNN, or any other group for your certification or recertification in the last 10 years?
- ☐ Yes
- ☐ No

*Are you a current Board member of a National or International Leadership Board of Directors?
- ☐ Yes_____
- ☐ No

AMWF Certification Grant – Candidate Recommendation Form #1

*Typing of this document is **required**. Completed materials must be sent to grants@amwf.org.*

Name of individual completing this form: _____

I worked with this candidate when I was a:

- ☐ Board Member
- ☐ Committee Member
- ☐ Supervisor
- ☐ Co-worker
- ☐ Colleague
- ☐ Other: _____

I worked with the Candidate during the following time period: _____

and while with _____ (name of organization).

Please give specific examples of this candidate's contributions to neuroscience nursing based on the following criteria:

Leadership

Professional Service

Mentoring/Education

Staff/Patient Advocacy

AMWF Certification Grant – Candidate Recommendation Form #2

*Typing of this document is **required**. Completed materials must be sent to grants@amwf.org.*

Name of individual completing this form: _____

I worked with this candidate when I was a:

- ☐ Board Member
- ☐ Committee Member
- ☐ Supervisor
- ☐ Co-worker
- ☐ Colleague
- ☐ Employer
- ☐ Other: _____

I worked with the Candidate during the following time period: _____

and while with _____ (name of organization).

Please give specific examples of this candidate's contributions to neuroscience nursing based on the following criteria:

Leadership

Professional Service

Mentoring/Education

Staff/Patient Advocacy

AMWF Certification Grant - Essay #1

*Typing of this document is **required**. Completed materials must be sent to grants@amwf.org.*

Credentials: _____

Employer/Title: _____

Please describe your primary job role and its relation to neuroscience or stroke nursing. Include any key work accomplishments within the past five (5) years. (250 word maximum)

AMWF Certification Grant - Essay #2

*Typing of this document is **required**. Completed materials must be sent to grants@amwf.org.*

Credentials: _____

Employer/Title: _____

Please describe reasons for seeking certification. Also describe perceived benefits for career advancement. (500 word maximum)