



Application Guidelines: CNRN/SCRN Recertification Grant Information

These guidelines, prepared by the Agnes Marshall Walker Foundation (AMWF), are offered to elaborate on the required documentation for the CNRN/SCRN Recertification 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 CNRN and SCRN certificants with an expiration date of December 31, 2021 and who will apply for recertification by the October 1, 2021 early bird deadline.

Eligibility

1. Open to all CNRNs/SCRNs due to recertify in 2021.
2. Current (or newly elected) AANN Board, ABNN Board, AMWF, and WFNN 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 CNRN/SCRN Recertification eligibility requirements.
4. The applicant must 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 recertification.
6. The applicant is not eligible if they have received a grant for certification or recertification in the last 10 years or have received a travel or research grant in the last 5 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 be automatically denied.**
2. **Letters of Recommendation:** Submit two (2) recommendations from a colleague or supervisor in support of the applicant's pursuit of CNRN/SCRN Recertification. Letters should refer to the applicant's activities as related to neuroscience or stroke 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 recertification. Applicant should also describe perceived benefits for career advancement. (500 word maximum)

Deadlines

1. AMWF Recertification Grants are offered once yearly and must be **received at the AMWF office by Thursday, August 12, 2021.**
2. Applications will ONLY be accepted electronically:
 - a. email to grants@AMWF.org (subject line CNRN/SCRN Recertification Grant)
3. **Incomplete applications will not be considered.**

Review Process

1. All applications will be blinded and removed of any identifying information.
2. Completed applications will be reviewed by the Agnes Marshall Walker Foundation (AMWF) Grant Review Committee and scored based on the applicant's compliance with eligibility criteria as well as professionalism, quality, and comprehensiveness of response.
3. 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.

Notification

All applicants will be notified no later than late September 2021.

Questions

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

Recipients of this grant agree to:

1. Utilize grant funds to recertify their CNRN/SCRN credential by no later than October 1, 2021.
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 annual meeting, on Facebook, through other social media, and otherwise.

Application – 2021 CNRN/SCRN Recertification Grant

Typing of this document is required. *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 recertify the CNRN/SCRN credential by October 1, 2021. If I am deemed ineligible to recertify or submit an incomplete 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 recertifying. Send the statement to grants@AMWF.org.
4. 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 required documentation, as described above and in the Recertification Grant Application Guidelines:

(Please check boxes as indicated)

- Two (2) letters of recommendation, labeled Recommendation #1 and Recommendation #2
- 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 recertify your CNRN/SCRN credential? Yes No
If Yes, explain and provide estimated US dollar amounts. Example: institution pays \$200 for registration fee.

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

***Which certification are you seeking recertification funding for?**

- CNRN
 SCRN

***Have you received a grant from AMWF, NNF, WFNN, or any other group for your certification or recertification in the last 10 years or travel grant in the last 5 years?**

- Yes _____
 No

***Are you a current Board member of a National or International Leadership Board of Directors?**

- Yes _____
 No

AMWF Recertification 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 Recertification 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 Recertification Grant - Essay #1

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. (500 word maximum)

AMWF Recertification Grant - Essay #2

Credentials: _____

Employer/Title: _____

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