**CNRN 2020 Cut/Passing Score Study Task Force Application**

First Name:

Last Name:

Employer:

Position:

Work Address:

City:       State:       Zip:

Work Telephone:

Primary Email:

Number of Years in Nursing:

Number of Years in Neuroscience Nursing:

Number of Years Certified as CNRN:

Primary CNRN Content Specialty Area:

[ ]  Trauma

[ ]  Cerebrovascular

[ ]  Tumors

[ ]  Infection and Immune Complications

[ ]  Neurodevelopental Conditions

[ ]  Neurological Disorders

Credentials:

[ ]  APN

[ ]  APRN

[ ]  CCRN

[ ]  CMSRN

[ ]  SCRN

[ ]  CRNP

[ ]  FAAN

[ ]  FAHA

[ ]  FNP-C

[ ]  LPN

[ ]  NEA-BC

[ ]  Other:

Primary Position:

[ ]  Administrator

[ ]  Advanced Practice Nurse

[ ]  Case Manager

[ ]  Clinical Educator

[ ]  Clinical Nurse Specialist

[ ]  Consultant

[ ]  Faculty

[ ]  Instructor

[ ]  Nurse Practitioner

[ ]  Researcher

[ ]  Staff Nurse

[ ]  Student

[ ]  Other:

Highest Degree Earned:

[ ]  ADN

[ ]  BN

[ ]  BSN or equivalent

[ ]  DNP

[ ]  MEd

[ ]  MS

[ ]  MSN

[ ]  PhD

[ ]  PhD Nursing

[ ]  Other:

Area of Expertise:

[ ]  Mixed Neuroscience

[ ]  Neurology

[ ]  Neurosurgery

[ ]  Research

[ ]  Other:

Primary Patient Population:

[ ]  Adult

[ ]  Geriatrics

[ ]  Mixed

[ ]  Neonatal

[ ]  Pediatrics

[ ]  Other:

Primary Specialty Area:

[ ]  Epilepsy

[ ]  Geriatrics

[ ]  Movement Disorders

[ ]  Neuromuscular

[ ]  Neuro-Oncology

[ ]  Neurotrauma

[ ]  Pediatrics

[ ]  Spine

[ ]  Stroke

[ ]  Other:

Primary Responsibility:

 [ ]  Administrator

 [ ]  Clinical Care

 [ ]  Industry/Commercial

 [ ]  Instructor

[ ]  Consultant

 [ ]  Medical-Surgical

 [ ]  Outpatient

 [ ]  Perioperative

 [ ]  Research

 [ ]  Other:

Work Setting:

 [ ]  Academic

 [ ]  Ambulatory

 [ ]  Community Hospital

 [ ]  Consulting

[ ]  Industry

 [ ]  Private Physician Practice

 [ ]  Rehabilitation Facility

 [ ]  Research Lab

 [ ]  University/Teaching Hospital

 [ ]  Other: