**SCRN 2016-2017 RDS 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 Stroke Nursing:

Number of Years Certified as SCRN:

Primary SCRN Content Specialty Area:

Anatomy and Physiology

Preventative Care

Hyperacute Care

Stroke Diagnostics

Acute Care

Medications

Post-acute Care

Systems and Quality

Credentials:

APN

APRN

CCRN

CMSRN

CNRN

CRNP

FAAN

FAHA

FNP-C

LPN

NEA-BC

Other:

Highest Degree Earned:

ADN

BN

BSN or equivalent

DNP

MEd

MS

MSN

PhD

PhD Nursing

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

Medical-Surgical

Outpatient

Perioperative

Research

Other: