**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: