

## American Board of Neuroscience Nursing Certificant of the Year Award

### Purpose:

To annually recognize outstanding achievement of a Certified Neuroscience Registered Nurse (CNRN®) or Stroke Certified Registered Nurse (SCRN®).

Nominees may be self-or peer-nominated. Peer nominations should be done so with permission from the nominated individual. Individuals will be notified to confirm willingness to proceed with the award application.

### Application Submission Deadline: October 31, 2017

### Award:

The award winner will receive a \$500 monetary award and complimentary registration to attend the American Association of Neuroscience Nurses' (AANN) annual meeting where the award will be presented.

### Eligibility Requirements:

- CNRN or SCRN for a minimum of one (1) year.
- Member of the American Association of Neuroscience Nurses (AANN).

Members of the American Board of Neuroscience Nursing (ABNN) Board of Trustees, American Association of Neuroscience Nurses (AANN) Board of Directors, and Agnes Marshall Walker Foundation (AMWF) Board of Directors are **not** eligible to be nominees, nominate individuals or to provide recommendations for nominees.

### Criteria:

The recipient of the ABNN Certificant of the Year Award will demonstrate outstanding leadership and contributions to neuroscience/stroke nursing through professional service, mentoring/education, staff/patient advocacy, and promotion of the CNRN/SCRN certification.

### Submission Criteria:

The award recipient will be selected by the ABNN Board of Trustees based on a blind review of the following materials.

- Nominees must submit a completed, typed application along with a statement of how the nominee has met the award criteria
- Nominees must have **two typed references** from supervisors/colleagues describing the nominee's achievements based on criteria in neuroscience/stroke nursing clinical practice.
- The summary and recommendations must be no greater than 500 words, and electronic submission is preferred. Exemplars of the nominee's success can take the form of narrative, brief case studies, or reflection. **There cannot be identifying information in the recommendation (i.e., no name of nominee).**

### Submissions:

Completed application must be received by **October 31, 2017**, and submitted electronically to Kelly Podkova, ABNN Manager, at [kpodkova@abnncertification.org](mailto:kpodkova@abnncertification.org).

# American Board of Neuroscience Nursing

## ABNN Certificant of the Year Award

### Application form

(Please type in form fields)

Nominee \_\_\_\_\_ Credentials \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Work Telephone (\_\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ Work Telephone (\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

---

Reference #1 Name \_\_\_\_\_ Position \_\_\_\_\_

Reference #2 Name \_\_\_\_\_ Position \_\_\_\_\_

Please submit **two reference forms** from colleagues describing the nominee's achievements in neuroscience/stroke nursing clinical practice according to the following guidelines:

Give a detailed explanation of this individual's performance as a Certified Neuroscience Registered Nurse (CNRN) or Stroke Certified Registered Nurse (SCRN) exemplar. Examples are, but not limited to, providing nursing staff education sessions, teaching a neuroscience/stroke nursing course, encouraging national membership participation, encouraging CNRN/SCRN board certification, developing hospital protocols, and/or demonstrating neurological assessment skills.

Please attach completed reference statements to this form (template below). **All written statements (nominee and references) must be typed, be limited to 500 words or less, and must NOT contain any identifying information (i.e., no name of nominee or their institution).**

#### Application Checklist

- Application Form
- Nominee statement (**typed**)
- Two** reference statement forms from colleagues (**typed**)

**Application must be received by October 31, 2017**

Please submit electronically to Kelly Podkova, [kpodkova@abnncertification.org](mailto:kpodkova@abnncertification.org)

**American Board of Neuroscience Nursing  
ABNN Certificant of the Year Award  
Nominee Written Statement**

Credentials \_\_\_\_\_

Please give **specific examples** of your contributions to neuroscience/stroke nursing clinical practice based on the following criteria (statement may not exceed 500 words):

Leadership

Professional Service

Mentoring/Education

Staff/Patient Advocacy

Promotion of the CNRN/SCRN credential

**American Board of Neuroscience Nursing  
ABNN Certificant of the Year Award  
Blinded Reference Statement Form #1**

Reference Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

***References may be contacted for additional information or clarification of information. Please complete form below. All references must be blinded (no identifying information).***

**American Board of Neuroscience Nursing  
ABNN Certificant of the Year Award  
Blinded Reference Statement Form #1 (cont'd)**

I worked with the nominee during the following time period \_\_\_\_\_ and with  
\_\_\_\_\_ (name of institution).

Please give **specific examples** of this nominee's contribution to neuroscience/stroke nursing clinical practice through your first-hand experience with the nominee (statement may not exceed 500 words):

Leadership

Professional Service

Mentoring/Education

Staff/Patient Advocacy

Promotion of the CNRN/SCRN credential

**American Board of Neuroscience Nursing  
ABNN Certificant of the Year Award  
Blinded Reference Statement Form #2**

Reference Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

***References may be contacted for additional information or clarification of information. Please complete form below. All references must be blinded (no identifying information).***

**American Board of Neuroscience Nursing  
ABNN Certificant of the Year Award  
Blinded Reference Statement Form #2 (cont'd)**

I worked with the nominee during the following time period \_\_\_\_\_ and with \_\_\_\_\_ (name of institution).

Please give **specific examples** of this nominee's contribution to neuroscience/stroke nursing clinical practice through your first-hand experience with the nominee (statement may not exceed 500 words):

Leadership

Professional Service

Mentoring/Education

Staff/Patient Advocacy

Promotion of the CNRN/SCRN credential