**SCRN 2024-2027 Test Development Committee 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:

**Attestations:**

I am available to attend the 2-day in-person TDC meetings that are held in conjunction with the AANN Annual Conference each year. I can attend this year’s meeting in Salt Lake City, UT on March 15th-16th.

I understand that as a member of the TDC, I am unable to take the exam for recertification if it is during my term. I also understand that I cannot be involved in SCRN preparation materials during my term and for 2 years after my term ends.

**Primary** SCRN Content Specialty Area:

Anatomy, Physiology, and Etiology of Stroke

Hyperacute Care

Acute Care

Post-acute Care

Primary and Secondary Preventative Care

Credentials:

APN

APRN

CCRN

CMSRN

CNRN

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: