

# **ABNN BOARD MENTORSHIP PROGRAM**

#### **PURPOSE:**

The American Board of Neuroscience Nursing (ABNN) is committed to the advancement of neuroscience nurses' practice and contributions to neurological health through certification of registered nurses. The ABNN Board of Trustees (BOT) realizes the importance of diversity and inclusion within ABNN leadership in order to ensure that all demographics are represented at the Board level. As part of this commitment, the ABNN BOT has developed a mentee position on their Board for a neuroscience staff nurse (stroke, neuro ICU, general neuroscience, or disease specific specialty) who will serve a one-year term on the ABNN BOT as a non-voting member. The goal of this program is to help develop and support future ABNN leaders by giving the mentee exposure to the Board as well as gain valuable insight from the mentee related to the organization's initiatives.

#### **MENTEE ELIGIBILITY CRITERIA:**

Mentee applicants should have an interest in furthering their neuroscience career and meet the criteria below:

- CNRN or SCRN Certificant\*
- A staff nurse
- Be cognizant of ABNN's mission, vision and values
- Willingness to commit time and energy to ABNN activities
- Willingness to positively represent ABNN and its mission, products and services
- Demonstrate effectiveness in leadership skills
- Daily access to e-mail

\*Please Note: For accreditation purposes, mentees who do not hold both CNRN and SCRN certification may not sit for the other examination while completing their mentee term and for 2 years after the term has ended. Mentees may also not be involved in any preparation material for either of the examinations for their term and for 2 years after the term has ended.

#### **MENTEE RESPONSIBILITIES:**

The Mentee will partner with an ABNN BOT buddy and staff members to work on initiatives consistent with the strategic priorities of ABNN. A sample initiative would include collaboration (alongside an ABNN BOT member) with certificants to evaluate how certification can be better leveraged and grow in order to increase the value of membership and certification for future neuroscience nurses. In addition, the mentee will be involved in a variety of committees alongside the BOT liaisons that may include: Test development committee, diversity and inclusion, nominations, and AANN/AMWF. The BOT buddy will work with the mentee to identify mentee interests and opportunities in leadership throughout the year to appreciate the rewards of serving in a leadership position in a national organization. At the completion of this program, the Mentee will complete a reflection and evaluation form of their mentorship experience on the ABNN BOT as well as present at the AANN Annual Meeting about their experience as a mentee. All Board discussions must be kept confidential.

Mentees can expect to gain enhanced leadership skills and professional development, increased self-confidence, knowledge from experienced ABNN leaders, and a strengthened network from acquiring the skills and guidance needed to excel in the neuroscience profession.

#### **ABNN BOARD RESPONSIBILITIES:**

The ABNN BOT will assume the role of a leadership mentor through the Tri-Board Mentorship Program. BOT members are expected to develop and support the mentee in this position by building a relationship with the mentee, providing open communication, being available by phone/email, and maintaining confidentiality. ABNN will be financially responsible for the mentee BOT member including expenses for attending board meetings (travel, hotel, and food per diem) and AANN annual meeting conference registration.

#### **ESTIMATED TIME COMMITMENT:**

The mentee must receive approval from their employer and/or supervisor regarding time commitment as described below prior to applying for the position.

- Board Meetings (include weekdays and weekends): approximately 3 board meetings held via conference call per year and 3 face-to-face meetings annually. In preparation for each meeting (face-to-face or conference call) members are expected to review all materials.
- Travel: approximately 10 days per year including annual educational meeting and face-to-face board meetings 3 times per year.
- Additional time commitments may vary based on assignments and responsibilities. Mentees should plan to review and respond to emails throughout each week.

## **TENTATIVE TIMELINE:**

What	When
Deadline for Mentee Applications	November 17, 2020
Review/Selection/Phone Interviews	November 30-Dec. 11, 2020
Board approval	December 2020
Mentee Virtual Orientation	January 2021
Mentee term begins	April 1, 2021
Attend AANN Annual Meeting & ABNN Board face-to-face meeting (San Antonio,	April 17-20, 2021
TX)	
Attend Summer ABNN Board Face-to-Face meeting (TBD)	August 2021*
Attend Fall ABNN Board Face-to-Face meeting (Chicago, IL)	October 2021*
Attend AANN Annual Meeting & ABNN Board face-to-face meeting (TBD)	March/April 2022*
Mentee term ends (in conjunction with AANN Annual Meeting)	March 2022*

<sup>\*</sup>Dates TBD

MENTEE APPLICATION CHECKLIST: (all applications must be typed and submitted electronically to <a href="mailto:info@ABNNcertification.org">info@ABNNcertification.org</a>; Subject Title: ABNN Board Mentee Application by no later than November 17, 2020.)

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Review ABNN Mentee Candidate Guidelines
Application and Mentee Statements (pg. 3-4)
Two (2) Reference letters from colleague using template below (pg. 5-8)
Code of Conduct and COI/Confidentiality Form (pg. 9-11)
Approval form from Supervisor/Employer for Expected Time Commitment (pg. 12)

# **ABNN BOARD MENTEE APPLICATION**

Applications must be submitted electronically and received by **November 17, 2020.** Please send completed applications to <a href="mailto:info@ABNNcertification.org">info@ABNNcertification.org</a>; **Subject Title:** ABNN Board Mentee Application. If you have any questions, please contact ABNN, at 888/557-2266 or 847/375-4733.

Name:	Gender:
Employer:	
City:	State:
Number of Years CNRN Certified (if applicable):	
Number of Years SCRN Certified (if applicable):	
Year joined AANN Membership (if applicable):	
AANN Chapter (if applicable):	
Phone:	Email:
Education (Check Highest Degree Achieved):	
☐ Pre-License	
☐ ADN	
□ BSN	
☐ BS (in other field)	
☐ MSN	
☐ MS (in another field)	
☐ PhD	
☐ Other:	
Years in nursing:	Years in neuroscience or stroke nursing:
Current Title:	Years in current position:
Current Title: Primary Specialty:	Years in current position: Primary Position:
Current Title:  Primary Specialty:  □ Epilepsy	Years in current position:  Primary Position:  □ Administrator
Current Title:  Primary Specialty:  □ Epilepsy □ Geriatric	Years in current position:  Primary Position:  Administrator  Case Manager
Current Title:  Primary Specialty:  □ Epilepsy □ Geriatric □ Movement disorders	Years in current position:  Primary Position:  Administrator  Case Manager  Clinical Educator
Current Title:  Primary Specialty:  □ Epilepsy □ Geriatric □ Movement disorders □ Neuromuscular	Years in current position:  Primary Position:  ☐ Administrator ☐ Case Manager ☐ Clinical Educator ☐ Clinical Nurse Specialist
Current Title:  Primary Specialty:  □ Epilepsy □ Geriatric □ Movement disorders □ Neuromuscular □ Neuro-oncology	Years in current position:  Primary Position:  ☐ Administrator ☐ Case Manager ☐ Clinical Educator ☐ Clinical Nurse Specialist ☐ Consultant
Current Title:  Primary Specialty:  □ Epilepsy □ Geriatric □ Movement disorders □ Neuromuscular	Years in current position:  Primary Position:  Administrator  Case Manager  Clinical Educator  Clinical Nurse Specialist  Consultant  Faculty
Current Title:  Primary Specialty:  □ Epilepsy □ Geriatric □ Movement disorders □ Neuromuscular □ Neuro-oncology	Years in current position:  Primary Position:  ☐ Administrator ☐ Case Manager ☐ Clinical Educator ☐ Clinical Nurse Specialist ☐ Consultant
Current Title:  Primary Specialty:	Years in current position:  Primary Position:  Administrator  Case Manager  Clinical Educator  Clinical Nurse Specialist  Consultant  Faculty
Current Title:  Primary Specialty:	Years in current position:  Primary Position:  Administrator  Case Manager  Clinical Educator  Clinical Nurse Specialist  Consultant Faculty Instructor
Current Title:  Primary Specialty:	Years in current position:  Primary Position:
Current Title:  Primary Specialty:	Years in current position:  Primary Position:
Current Title:  Primary Specialty:	Years in current position:  Primary Position:

Please list any Awards/Honors/Accolades:

# **MENTEE STATEMENTS**

Submit an individual statement (250 words or less) in paragraph style for each item listed below in the order specified, using the headings specified. **Accomplishments in Profession and/or Leadership Positions Vision for Neuroscience/Stroke Nursing Certification** What would you like to accomplish from this mentorship program?

# **ABNN BOARD MENTEE REFERENCE FORM #1**

Typing of this document is required.

Name of Candidate:	
I worked with the Candidate during the following time period a (name of organization).	nd while with
(name of organization).	
Please give <b>specific examples</b> of this candidate's work for ABNN or other organizations thr first-hand experience with the candidate:	ough your
Demonstration of Leadership Abilities	
Communicates Professionally	
Self-Motivation/Self Directed/Ability to Meet Deadlines	
Quality of Work/Excellence	
Demonstrates Vision/Creativity/Innovation	
Function with Accountability and Integrity	
Other information, which may support the candidacy of this individual.	

Signature		_ Date
Address		
Dhana	[mail	
Phone	_ Email	

 $References\ may\ be\ contacted\ for\ additional\ information\ or\ clarification\ of\ information.$ 

# **ABNN BOARD MENTEE REFERENCE FORM #2**

Typing of this document is required.

Name of Candidate:		
I worked with the Candidate during the following time period	_ (name of organization).	and while with
Please give <b>specific examples</b> of this candidate's work for ABNN first-hand experience with the candidate:	or other organizations th	nrough your
Demonstration of Leadership Abilities		
Communicates Professionally		
Self-Motivation/Self Directed/Ability to Meet Deadlines		
, , ,		
Quality of Work/Excellence		
Demonstrates Vision/Creativity/Innovation		
Function with Accountability and Integrity		
Other information, which may support the candidacy of this ind	ividual.	
	- 3-3	

Signature		Date	
Address			
Phone	Email		

 $References\ may\ be\ contacted\ for\ additional\ information\ or\ clarification\ of\ information.$ 

## CODE OF CONDUCT AND DISCLOSURE AGREEMENT

This Code of Conduct provides behavioral expectations for ABNN board members, volunteers and staff regarding integrity, honesty, ethical conduct and policy and procedural compliance. This Code of Conduct has two parts. Part I discusses the Conduct and Disclosure. Part II outlines the Conflict of Interest and Confidentiality expectations.

As a member of the Board of Trustees (BOT) I will:

- Keep Board proceedings confidential
- Become fully informed and actively partake in discussions before voting on issues
- Conduct discussions regarding confidential ABNN business outside of board meetings only with members of the BOT and relevant other parties (i.e., Liaison relationships), and will report back to the BOT.
- Respect and consider carefully other Board members' opinions
- Respect and abide by all Board decisions
- Bring significant issues impacting ABNN, our certificants, and candidates to the Board
- Represent the interests of all served, not only specific geographic or special interest groups
- Serve as a "trustee" ensuring effective management, financial security, and always operate according to the Board's stated objectives
- Refer complaints promptly to the President or Executive Director as appropriate
- Refrain from using the ABNN name or logo, or imply ABNN sponsorship or endorsement unless specifically authorized by ABNN; and then conform the authorized use to ABNN's name and logo policy;
- Identify and disclose all conflicts of interest involving my Board position, and abstain from voting on or influencing others regarding issues in which I am conflicted
- Review and respond to all electronic and print materials promptly and participate in all meetings and teleconferences. If an unavoidable schedule conflict arises, I will follow ABNN's excusal policy
- Differentiate when speaking on behalf of ABNN versus self
- Recognize the authority vested in the Board to act as the governing body of ABNN
- Not be pending results for or take a certification exam developed and implemented by ABNN during and for 2 years thereafter
- Not prepare any study materials towards an ABNN certification exam during their term and for two (2) years after their term expires, including but not limited to:
  - Planning, organizing, teaching, or participating in delivery of any part of a review or test preparation course
  - o Review material directed toward any ABNN certification examination.

The ABNN Board of Trustees may, in its discretion, to	ake all actions to enforce and uphold the Code of
Conduct.	
Cianad.	Data

Signed.	Date	-
I have nothing to disclose		
I have the following to disclose (	(attach written disclosure as a separate sheet if nee	ded)

# CONFLICT OF INTEREST AND CONFIDENTIALITY POLICY AND FORM

The ABNN Board, Test Development Committee members and other individuals acting on behalf of ABNN shall be made aware of and conform to the following policies. The intent of these policies is to avoid any assumption or appearance of conflict of interest or unauthorized representation of ABNN. Conflict of interest is defined as, but not limited to, activities that oppose, detract from, or in some manner could become detrimental to ABNN as described in the Bylaws, policies, and procedures.

- 1. No individual has the authority to act on behalf of ABNN except with such authority as is outlined in the Bylaws or approved by the Board of Trustees.
- 2. No individual is authorized to use the ABNN name or logo or any terminology implying ABNN sponsorship or endorsement without prior approval of the Board of Trustees.
- 3. Individuals acting on behalf of ABNN shall not participate in any ABNN-related decision or action in which they have a financial interest unless the Board authorizes such participation after full disclosure of all relative facts.
- 4. Duality of interest or possible conflict of interest on the part of any individual acting on behalf of ABNN shall be fully disclosed to ABNN officials prior to entering into any formal relationship with any person, group, or organization. The undersigned shall not use any confidential information acquired through or from ABNN for personal profit or advantage or for the undersigned's employer's personal profit or advantage. The undersigned shall not accept or seek from any individuals or entity conducting or interested in conducting business with ABNN, a gratuity, favor, loan, or gift greater than nominal value beyond the common courtesies usually associated with accepted business practice.
- 5. Individuals acting on behalf of American Board of Neuroscience Nursing agree that ABNN maintains full ownership of all rights, titles, and interests, including the copyright in and to all items developed for the certification examinations.

Please disclose affiliations or interests that may present a potential or possible conflict of interest:

I have read, understand, and support the above Conflict of Interest Policy. I will direct any inquiries or concerns not specifically addressed in the policy statement to the ABNN Board prior to participating in any association or performing any act that may be considered as a potential or possible cause of conflict of interest to ABNN. I agree that I will maintain the security of examination materials at all times. I understand that I may be privy to confidential information about the examination(s), regarding item content and composition, as well as examination development and standard setting procedures. I agree not to divulge this information. I will not reproduce, divulge, or disseminate any portion of these examination materials. I also agree not to retain in any form, a copy or copies of the examination materials referred to in this agreement.

Date	Signature	<del></del>
(Print Name)		

## SUPERVISOR APPROVAL FORM

The American Board of Neuroscience Nursing (ABNN) Board of Trustees (BOT) has developed a mentee position on their Board for a neuroscience staff nurse who will serve a one-year term on the ABNN BOT as a non-voting member. The goal of this program is to help develop and support future ABNN leaders by giving the mentee exposure to the Board as well as gain valuable insight from the mentee related to the organization's initiatives.

The Mentee will partner with the ABNN BOT and staff members to work on initiatives consistent with the strategic priorities of ABNN. Mentees can expect to gain enhanced leadership skills and professional development, increased self-confidence, knowledge from experienced ABNN leaders, and a strengthened network from acquiring the skills and guidance needed to excel in the neuroscience profession.

The estimated time commitment for the mentee is below:

- Attend Board Meetings (include weekdays and weekends): approximately 3 board meetings
  held via conference call per year and 3 face-to-face meetings annually. In preparation for each
  meeting (face-to-face or conference call) members are expected to review all materials.
- Travel: approximately 10 days per year including annual educational meeting and face-to-face board meetings 3 times per year. Expenses for travel, meals, and overnight stay for the face-to-face meeting and ABNN Annual Meeting will be paid by ABNN.
- Additional time commitments may vary based on assignments and responsibilities. Mentees should plan to review and respond to emails throughout each week.

The following dates and events have been set so far:

What	When
Deadline for Mentee Applications	November 17, 2020
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# **Supervisor Agreement:**

I have read the information about the ABNN Board Mentorship Program and agree to the time
commitment and support my employee, if appointed, to participate in all aspects of this program.

Supervisor Signature (typed):	Date:
Supervisor Title:	
Organization:	
Supervisor Title:Organization:	

# **ABNN BOARD MENTEE EVALUATION TEMPLATE**

Inis form should be completed by the mentee periodically as agreed upon during the first meeting.  Mentee Name:
Mentee Name:
Describe the goals that have been completed during this evaluation period:
Have there been any issues during this evaluation period? If so, please describe:
Identify where you and your mentor are on your projected mentoring timeline:
Please leave additional feedback here: