



AMERICAN ACADEMY OF NURSING
2012 FELLOWSHIP APPLICATION FORM
(DUE DATE: FEBRUARY 13, 2012)

First Name: _____ M.I.: _____ Last Name: _____

Credentials: _____

(Limit 3- Preferred order is as follows: highest degree, licensure, and certification. Ex: PhD, RN, BC.)

Work phone: _____ Home Phone: _____

Fax: _____ Email: _____

Work Address

Company/Institution: _____

Title: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State _____ Zip/Postal Code _____

Country: _____

Home Address

Address Line 1: _____

Address Line 2: _____

City, State, Zip: _____

Country: _____

Communication Preferences

Preferred Mailing Address: Home Work

ANA/SNA Membership (US Applicants Only)-

State (if applicable): _____ ID#: _____

National Nursing Association Membership (Applies only to International Applicants/non-United States Citizens only)-

Name of Country _____ Organization: _____

Member ID/Number: _____

(Application will not be considered without current & accurate SNA, ANA, or National Nursing Association information.)

BY CHECKING THIS BOX AND SUBMITTING THIS APPLICATION I AM COMMITTING TO ACTIVE PARTICIPATION IN FURTHERANCE OF THE MISSION OF THE ACADEMY IF I AM INDUCTED.

SECTION 1-APPLICATION INFORMATION (Cont'd)

- 1. Briefly describe what you consider to be your most outstanding contribution to nursing and relate your contributions to the Criteria for Selection of Fellows. Include evidence of the national or international impact of your work OR the potential for your regional impact to have national application. Please be specific.**

(RESPONSE CANNOT EXCEED 4,000 CHARACTERS INCLUDING SPACES – APPROXIMATELY 600 WORDS).

Applicant Name: _____

SECTION 1- APPLICANT INFORMATION (Cont'd)

Applicant Name: _____

SECTION 1- APPLICANT INFORMATION (Cont'd)

2. **In what specific ways will you contribute to the Academy's mission and participate in its activities?
(RESPONSE CANNOT EXCEED 1,500 CHARACTERS INCLUDING SPACES- APPROXIMATELY
200 WORDS)**

Applicant Name: _____

SECTION 2- SPONSOR #1 INFORMATION

Name of AAN Fellow Applicant: _____

Sponsor #1 First Name: _____ **Sponsor #1 Last Name:** _____

Place of Employment: _____

Position: _____

Email: _____ **Daytime Phone:** _____

Preferred Mailing Address:

City: _____ **State:** _____ **Zip/Postal Code:** _____

Please indicate which the above address belongs to: Home Work

Please state the capacity in which you have known the applicant/nature of your relationship to the applicant:

How long have you known the applicant?

In the space provided (approximately 300 characters), summarize the candidate's seminal contributions:

I have reviewed the evidence supporting the applicant's qualifications for Fellowship in the Academy and verify, to the best of my knowledge, that the information presented is valid and of significant quality.

Date: _____

Applicant Name: _____

SECTION 2- SPONSOR #1 STATEMENT

Cite specific evidence of the significance of the applicant's contributions to nursing, the scope of influence of this applicant's work, and the sustainment of the applicant's commitment to nursing; relate these to the Criteria for Selection of Fellows.

**(RESPONSE CANNOT EXCEED 2,100 CHARACTERS INCLUDING SPACES–
APPROXIMATELY 300 WORDS)**

Applicant Name: _____

SECTION 3- SPONSOR #2 INFORMATION

Name of AAN Fellow Applicant: _____

Sponsor #2 First Name: _____ **Sponsor #2 Last Name:** _____

Place of Employment: _____

Position: _____

Email: _____ **Daytime Phone:** _____

Preferred Mailing Address:

City: _____ **State:** _____ **Zip/Postal Code:** _____

Please indicate which the above address belongs to: Home Work

Please state the capacity in which you have known the applicant/nature of your relationship to the applicant:

How long have you known the applicant?

In the space provided (approximately 300 characters), summarize the candidate's seminal contributions:

I have reviewed the evidence supporting the applicant's qualifications for Fellowship in the Academy and verify, to the best of my knowledge, that the information presented is valid and of significant quality.

Date: _____

Applicant Name: _____

SECTION 3- SPONSOR #2 STATEMENT

Cite specific evidence of the significance of the applicant’s contributions to nursing, the scope of influence of this applicant’s work, and the sustainment of the applicant’s commitment to nursing; relate these to the Criteria for Selection of Fellows.

(RESPONSE CANNOT EXCEED 2,100 CHARACTERS INCLUDING SPACES– APPROXIMATELY 300 WORDS)

Applicant Name: _____

SECTION 4- PAYMENT OF APPLICATION FEE

SPECIAL INSTRUCTIONS: The application fee should be mailed (if paying by check) or faxed (if paying by credit card) with a copy of this form, separate from the emailed application. For your security, please do not email credit card information to AAN. Payment will only be processed if received via fax or mail postmarked on or before February 13, 2012.

Mail this form with payment to:
American Academy of Nursing
Attn: 2012 Fellowship Application
1000 Vermont Avenue, Suite 910
Washington, DC 20005

Fax this form with payment to: (202) 777-0107, Attn: Jocelyn Cunic

Applicant's Name: _____

Billing Information

Name: _____ Credentials: _____

Company/Institution: _____

Title: _____

Address (Line 1): _____

Address (Line 2): _____

City: _____ State: _____ Zip/Postal Code: _____

Phone: _____ Email: _____

Application Fee

2012 Fellowship Application fee: \$300.00 (U.S. Currency).

<p>Credit Card</p> <p><input type="checkbox"/> MasterCard <input type="checkbox"/> Visa</p> <p>Name on card: _____</p> <p>Credit Card #: _____ Exp. Date (mm/yy): _____</p> <p>Signature: _____</p>

Federal ID No: 52-221-3870

Applicant Name: _____

2012 Fellowship Application Checklist

Review this form before submitting the completed application form. Incomplete applications will NOT be considered.

This form should be used to verify that all steps of the application process have been followed and all required documents have been submitted.

- Pre-Fellow Self-Assessment Worksheet:** Complete- it is HIGHLY RECOMMENDED that you complete this self assessment prior to applying. (You do not need to submit this assessment with your application.)

- Applicant's Section of the Application Form:** Complete-all fields filled in and accurate.

- Curriculum Vitae (CV):** Included only the following: Employment history, educational history, publications, research with dollar amounts, awards and honors, professional activities and community service, selected presentations and other activities that demonstrate sustained contributions. (DO NOT include courses taught, theses/dissertations supervised, extensive job descriptions, institutional committees, publications in process, continuing education.) See "CV Guidelines" in the instructions for a more detailed description.

- National Nursing Association Membership Verification Document:** Required only for International Applicants.

- Sponsor #1 Statement:** Complete- all fields filled in and accurate.

- Sponsor #2 Statement:** Complete- all fields filled in and accurate.

- \$300.00 Application Fee Paid:** Please make sure you follow special instructions on the payment form.

Please Note: By submitting this application, you are confirming that this 2012 Application for Fellowship has been reviewed and is complete. No changes or additions may be made to this application once submitted.

Applicant Name: _____