

APRN Scholarship Application 2015

Note: Priority is given to applicants from rural areas

Name:	_		Credentials/Degrees:
Title/Position:	Institution Name:		
Address:			
(Preferred) E-mail:			
	# of Years as AP		
Professional Role:	NP CNS F	Educator	Admin Other:
RN License #	Stat	e	Gender: ☐ Male ☐ Female
Which Conference Will	l You Attend? Kona,	Hawaii; Aug	gust 2015
Ethnic Category:			
☐ Hispanic or Latino	☐ Not Hispanic	or Latino	
Racial Category:			
☐ American Indian or A	Alaskan Native		Asian
☐ Native Hawaiian or C	Other Pacific Islander		Black or African-American
☐ White	☐ More than One Race		Unknown
	ation served: (must total 10		ic or Latino:%
Racial category of popul American Indian/Alaska Native Hawaiian/Other F	ation served: (must total 100 n Native:% Pacific Islander	0%) Asian _% Bl	
			If YES, which one? (Please check)
□Core	□Graduate	□Oncology	y □Pediatric
□Critical Care	□Geriatric	□Veterans	☐Advanced Practice
Since taking ELNEC ha	ave you taught ELNEC bef	fore?	
I am committed to subm	itting 6, & 12 month up-dat	tes to the EL	NEC Project Office as required by the funders.
Print Name:			Date
Application is endors Administrator/Director	•		
Print Name:			Title:
Phone:	Em	ail:	

Scholarship provided by US Cancer Pain Relief



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GOALS AND EXPECTATIONS

Name:
Institution:
Please identify three goals you hope to accomplish as a result of attending this course. In addition, at 6 & 12 months post course, you will be asked to evaluate progress in accomplishing goals and report to the ELNEC project.
Examples of Goals:
 Implement 2 hours of palliative care education in the new hire orientation. Do needs assessment of staff to determine their priorities of topics for end-of-life (EOL) education. Plan 3-4 educational sessions in conjunction with staff CE meetings over the next 12 months. Begin exploring collaboration with local school of nursing to integrate palliative care.
Your goals:
1
2
3