

## REQUIREMENTS

### GAPAN/ GSA PERIANESTHESIA NURSE SCHOLARSHIP – CONTRIBUTION TO PERIANESTHESIA NURSING

*Points are earned for each activity met. Activities marked with an \* are required for the application to be considered. You are NOT required to meet all activities.*

Points earned	Activity	Examples of how to meet activity	Required supporting documentation
<b>10</b>	<b>* Letter of recommendation from nurse manager, coworker or physician. (Cannot be submitted by a member of GAPAN's current Executive Board.)</b>	<b>Letter must state how the applicant serves as a clinical expert and resource person.</b>	<b>Typewritten letter.</b>
<b>10 per activity</b>	<b>Unit specific perianesthesia clinical activity directed by nurse manager completed within 5 years.</b>	<b>Participates in performance improvement project, writes/revises clinical policies/procedures, active in unit practice committee, etc.</b>	<b>Document specific examples of perianesthesia clinical activities and your role. Must be validated by your manager.</b>
<b>10 per topic</b>	<b>Presentation of a clinical topic completed within 5 years.</b>	<b>Topic must be applicable to perianesthesia nursing, any format or venue. Excludes ACLS, PALS, and BLS.</b>	<b>Provide typed outline or lesson plan.</b>
<b>10</b>	<b>Cross trained to another perianesthesia area of practice.</b>	<b>Can work in more than one area: Phase I PACU, preadmission testing, pre-op, or Phase II PACU.</b>	<b>Provide names of areas. Must be validated by your manager.</b>
<b>10</b>	<b>Preceptor for new employees with a preceptorship completed within 5 years.</b>	<b>Acts as preceptor/mentor for new employees.</b>	<b>Must be validated by your manager.</b>
<b>1 per Contact hour</b>	<b>*Attends continuing education activities within the last year (August 1 – August 30). Minimum of 10 contact hours must be completed.</b>	<b>Excludes college credits.</b>	<b>Provide a copy of the contact hour certificate(s).</b>
<b>3 per specialty</b>	<b>Instructor of specialty certification course.</b>	<b>ACLS, PALS, BLS instructor.</b>	<b>Provide copy of current instructor card(s).</b>
<b>5</b>	<b>*Active member of local GAPAN district.</b>	<b>Regular attendance and active participation in local district.</b>	<b>Must be validated by a district officer.</b>
<b>5</b>	<b>GAPAN district officer/</b>	<b>President, Vice</b>	<b>Include in CV.</b>

	committee chair or co-chair.	President/President Elect, Secretary or Treasurer of district, or committee chair or co-chair.	
3	GAPAN district committee member	Active member of district committee (excludes chair/co-chair.	Include in CV.
10	GAPAN state officer.	Executive Board, Member at Large, Editor, or Historian.	Include in CV.
2	Pursuing Bachelors degree in nursing		Provide copy of transcript.
5	Bachelors degree in nursing		Include in CV.
3	Pursuing Masters degree in healthcare field.		Provide copy of transcript.
8	Masters degree in healthcare field.		Include in CV.
5	ASPAN committee member within the last 3 (three) years.	Any ASPAN committee.	Include in CV.
5	GAPAN state committee member.	State seminar committee, bylaws committee.	Include in CV.
7	Chair of GAPAN state committee.	State seminar committee, bylaws committee.	Include in CV.
5	Published in state/national perianesthesia newsletter within 10 years.	ASPAN's <i>Breathline</i> or GAPAN's <i>Awakener</i> or an edition of an ASPAN Specialty Practice Group newsletter.	Provide a copy of the article.
10	Published in a national journal – must be perianesthesia related- within 10 years.	<i>JOPAN</i> or other nursing journal.	Provide a copy of the article.
10 points each	CPAN and/or CAPA certified.		Provide a copy of card(s).

*GAPAN/GSA PeriAnesthesia Nurse Scholarship*

PLEASE TYPE OR PRINT LEGIBLY

Name and Credentials \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (home) \_\_\_\_\_ Telephone (work) \_\_\_\_\_

Email address \_\_\_\_\_

Perianesthesia Nursing Experience:

Employer \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Date of Hire \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

*Falsification or failure to follow all instructions will disqualify this applicant.*

**Application Process**

- 1 The following information must be submitted:
  1. A completed application form.
  2. A copy of your ASPAN membership card.
  3. A brief CV – no more than three pages – include professional experience, education level, and participation in state or national nursing organizations.
  4. Supporting documentation of your contribution to perianesthesia nursing. (See next page for Activity Verification form, may be duplicated.)
  5. Provide two (2) copies of all of the above information to a current State Board member.

DEADLINE: Prior to the Board of Director's Meeting, the Friday of State Conference—see conference brochure for details. NO EXCEPTIONS.

**GAPAN/ GSA PeriAnesthesia Nurse Scholarship  
ACTIVITY VERIFICATION**

I verify that \_\_\_\_\_ has conducted the following activity:

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Supervisor/District Officer Signature Telephone Number Date

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I verify that \_\_\_\_\_ has conducted the following activity:

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Supervisor/District Officer Signature Telephone Number Date

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I verify that \_\_\_\_\_ has conducted the following activity:

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Supervisor/District Officer Signature Telephone Number Date