



2024 CRNA Scholar Application - Doctoral & Post-Doctoral

Deadline: April 1

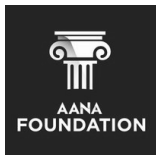
This AANA Foundation application is open to AANA member CRNAs only. All required information must be submitted in order to be reviewed. The application fee is \$50 for the first CRNA Scholar opportunity and \$10 for each additional. You will pay online via credit card at the end of this application. All tasks must be completed before submission of your application.

IMPORTANT: To save your work, you must complete all fields on a page and proceed to the next page. You must use the same device/browser to save your progress on your application. Only one application can be submitted from the same device/browser. Do not clear your cache until after submission. We recommend you save your documents and essays in a separate file as a precaution.

* 1. Are you a CRNA?

Yes

No (Students/residents are ineligible.)



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*** 2. Contact Information**

(NOTE: Only AANA member CRNAs are eligible to apply.)

First Name	<input type="text"/>
Last Name	<input type="text"/>
Credentials	<input type="text"/>
AANA #	<input type="text"/>
Current Position	<input type="text"/>
Facility/Business Name	<input type="text"/>
Business Street Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
ZIP	<input type="text"/>

*** 3. Home Address**

Street Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
ZIP	<input type="text"/>
Primary Phone #	<input type="text"/>
Primary Email	<input type="text"/>

*** 4. Project Information: All post doctoral and doctoral applicants must retain an academic advisor as a mentor while conducting their research.**

Name of University or Affiliation	<input type="text"/>
State of University or Affiliation	<input type="text"/>
Project Title	<input type="text"/>
Budget Amount Requested \$	<input type="text"/>
Academic Advisor's Name	<input type="text"/>
Academic Advisor's Email	<input type="text"/>

*** 5. Scholar Type**

- Doctoral (DNP/DNAP/DNSc/other)
- Doctoral (PhD)
- Post-Doctoral



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Doctoral Scholar Candidates Only

*** 6. Chairperson Information**

Name of Chairperson

Address of Chairperson

Doctoral Degree Sought

GPA

Anticipated Graduation Date (indicate MM/YYYY)

*** 7. Progress in Program Essay - Describe where you are in your academic program toward degree completion (less than 250 characters including spaces):**

*** 8. Previous Recipient: If applying for a research doctorate scholar (PhD), please indicate if you have received the award in a previous year.**

- I'm not applying for the research doctorate scholar (PhD) (formerly known as 'fellowship').
- No, I haven't previously received the award.
- Yes, I have received the award (year required)

* 9. Copy of doctoral degree transcripts

Upload a copy of doctoral degree transcripts (unofficial transcripts are acceptable). File must be in PDF or Word format. Cumulative GPA must be circled. All uploaded attachments must be named using the following format: LastName_FirstName_DescriptiveFileName (i.e., Doe_John_Budget).

Choose File

Choose File

No file chosen

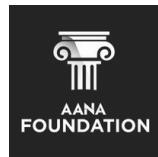
* 10. Program of study

Upload a copy of your entire program of study to earn your doctoral degree. File must be in PDF or Word format. All uploaded attachments must be named using the following format: LastName_FirstName_DescriptiveFileName (i.e., Doe_John_Budget).

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The overall goal of the Scholar Program is to:

- Cultivate the development of leaders in research within nurse anesthesia
- Encourage CRNAs to pursue a program of research
- Equip CRNAs with the skills to be leaders in research
- Recognize exceptional academic ability and leadership
- Establish a network of talented researchers
- Support a strong research commitment
- Funding is to be used to support an academic course of study and/or a target research project

[List of CRNA Scholars Funding Available](#)

* 11. Scholar Selection: Please check all that apply. The application fee is \$50 for the first scholar and \$10 for each additional.

- Post-Doctoral CRNA Scholar
- Practice and Research Doctorate CRNA Scholar
- Hugh and Maria Roach Research Doctoral CRNA Scholar
- Kay Wagner Pennsylvania Association of Nurse Anesthetists Practice and Research CRNA Doctoral Scholar
- Lorraine D. Dankowski Doctoral CRNA Scholar
- Palmer Carrier, CRNA Doctoral Scholar



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Organization, Community Service, Publications, Awards

Involvement and Accomplishments (Include a description of activities during the past five years, listing only the top five most prestigious accomplishments) Leave blank if none.

12. Organization (description of activities during the past five years. Do not use acronyms)

Type of Involvement	Type	Level
	<input type="text"/>	<input type="text"/>

Organization #1

13. Organization (description of activities during the past five years. Do not use acronyms)

Type of Involvement	Type	Level
	<input type="text"/>	<input type="text"/>

Organization #2

14. Organization (description of activities during the past five years. Do not use acronyms)

Type of Involvement	Type	Level
	<input type="text"/>	<input type="text"/>

Organization #3

15. Organization (description of activities during the past five years. Do not use acronyms)

Type of Involvement	Type	Level
	<input type="text"/>	<input type="text"/>

Organization #4

16. Organization (description of activities during the past five years. Do not use acronyms)

Type of Involvement	Type	Level
	<input type="text"/>	<input type="text"/>

Organization #5



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Community Service

Include a description of activities during the past five years, listing only the top five most prestigious accomplishments. Leave blank if none.

17. Community Service (description of activities during the past five years. (Do not use acronyms)

Type of Involvement	Type	Level
	<input type="text"/>	<input type="text"/>

Organization #1

18. Community Service (description of activities during the past five years. (Do not use acronyms)

Type of Involvement	Type	Level
	<input type="text"/>	<input type="text"/>

Organization #2

19. Community Service (description of activities during the past five years. (Do not use acronyms)

Type of Involvement	Type	Level
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Organization #3

20. Community Service (description of activities during the past five years. (Do not use acronyms)

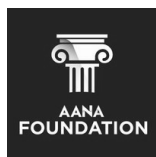
Type of Involvement	Type	Level
	<input type="text"/>	<input type="text"/>

Organization #4

21. Community Service (description of activities during the past five years. (Do not use acronyms)

Type of Involvement	Type	Level
	<input type="text"/>	<input type="text"/>

Organization #5



Publications

Professional/Scientific Only (Include a description of activities during the past five years, listing only the top five most prestigious accomplishments. Leave blank if none.)

22. Publication #1

Title

Authors

Date of Publication (MM/DD/YYYY)

23. Publication #2

Title

Authors

Date of Publication (MM/DD/YYYY)

24. Publication #3

Title

Authors

Date of Publication (MM/DD/YYYY)

25. Publication #4

Title

Authors

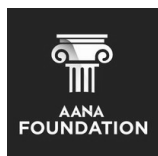
Date of Publication (MM/DD/YYYY)

26. Publication #5

Title

Authors

Date of Publication (MM/DD/YYYY)



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Awards

Must Be Related to Nurse Anesthesia Only. (Include a description of activities during the past five years, listing only the top five most prestigious accomplishments. Leave blank if none.)

27. Award #1

Title	<input type="text"/>
Recipients	<input type="text"/>
Date of Award (MM/DD/YYYY)	<input type="text"/>

28. Award #2

Title	<input type="text"/>
Recipients	<input type="text"/>
Date of Award (MM/DD/YYYY)	<input type="text"/>

29. Award #3

Title	<input type="text"/>
Recipients	<input type="text"/>
Date of Award (MM/DD/YYYY)	<input type="text"/>

30. Award #4

Title	<input type="text"/>
Recipients	<input type="text"/>
Date of Award (MM/DD/YYYY)	<input type="text"/>

31. Award #5

Title	<input type="text"/>
Recipients	<input type="text"/>
Date of Award (MM/DD/YYYY)	<input type="text"/>



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Essays & Additional Attachments

Incomplete applications will not be reviewed. To apply, all items must be completed online.

* 32. Nurse Anesthesia Essay: An essay describing your current involvement in nurse anesthesia education, practice, and/or research. Describe your future program of research and how this funding will support you as a leader in research. (1500 character maximum including spaces)

* 33. Previous Scholar/Fellowship Recipient Essay: *Are you a previous recipient of the Research Doctoral Fellowship (now Scholar)?* If so, please provide an essay showing research proposal progress, use of funds from the previously awarded doctoral fellowship/scholar, and justification of need for additional funds. (2500 character maximum including spaces)

* 34. Biographical Sketch and Curriculum Vitaes of Key Researchers

Merge all documents into one file, with the biographical sketch as the introduction. Describe the key researchers' qualifications and attributes for this research project (bio sketch is limited to 1000 characters, including spaces.) Include the curriculum vitaes of key researchers (no limit on length) at the end of the document. Curriculum vitaes/biographical sketch must be in Microsoft Word. All uploaded attachments must be named using the following format: LastName_FirstName_DescriptiveFileName (i.e., Doe_John_Budget).

No file chosen

* 35. An abstract of research, not including a budget (limit 14 pages).

An abstract of research, not including a budget (limit 14 pages). (An additional maximum of two pages of references is permitted). A formal, well-documented research project with strong rigor is required, and will be evaluated on a competitive basis. Only detailed projects are acceptable; a simple proposed idea is not. The abstract must be in Microsoft Word. All uploaded attachments must be named using the following format:

LastName_FirstName_DescriptiveFileName (i.e., Doe_John_Budget).

No file chosen

* 36. Budget (See [template](#) and [sample budget](#).)

A budget must be supplied in PDF format (an estimate will suffice if a final version is not feasible); see the template and sample budget above. According to Foundation policy, the following will not be funded: Primary researcher's salary and/or benefits, travel, tuition or other educational expenses such as books, fees, etc. All uploaded attachments must be named using the following format: LastName_FirstName_DescriptiveFileName (i.e., Doe_John_Budget).

Choose File

Choose File

No file chosen

* 37. Letters of Reference: Letter #1 of 2

Maximum of two letters of reference in PDF format (Doctoral applicants must submit one from chairperson). These letters must be hand-signed on the reference's letterhead in PDF format. Do not attach emails from references. All uploaded attachments must be named using the following format: LastName_FirstName_DescriptiveFileName (i.e., Doe_John_Budget).

Choose File

Choose File

No file chosen

* 38. Letters of Reference: Letter #2 of 2

Maximum of two letters of reference in PDF format (Doctoral applicants must submit one from chairperson). These letters must be hand-signed on the reference's letterhead in PDF format. Do not attach emails from references. All uploaded attachments must be named using the following format: LastName_FirstName_DescriptiveFileName (i.e., Doe_John_Budget).

Choose File

Choose File

No file chosen

* 39. IRB/IACUC status

Information about IRB/IACUC status in PDF format is required upon application. If you have IRB/IACUC approval or exemption at time of application, please upload the document. If IRB/IACUC documentation is currently unavailable, please upload an informal letter indicating the date of anticipated receipt. NOTE: IRB/IACUC documentation is required before funding is distributed. Award recipients MUST provide IRB/IACUC approval or exemption documentation (or attestation that IRB is not applicable) within 12 months of award notification if it is not included with the online application. (We will notify all applicants of award status three months after the application's submission deadline.) All uploaded attachments must be named using the following format: LastName_FirstName_DescriptiveFileName (i.e., Doe_John_Budget).

Choose File

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No file chosen

40. Photo (Optional)

Please include a current photo (optional) using a professional looking head shot that is at least 2 MB to be used for potential promotional purposes. All uploaded attachments must be named using the following format: LastName_FirstName_DescriptiveFileName (i.e., Doe_John_Budget).

Choose File

Choose File

No file chosen



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Evaluation Process

Selection Process: The Professional Development and External Research Committees of the AANA Foundation will review applications. Applications will be reviewed on a competitive basis with a focus on the quality and relevancy of the research project. The Committee's recommendations will be forwarded to the AANA Foundation Board of Trustees for a final decision. Note: The Board of Trustees reserves the right to reject an application without review if any of the required components are missing or unsatisfactory.

Research Funding Priorities

The AANA Foundation will give funding priority to the following topics:

- Healthcare policy
- Science of anesthesia
- Education
- Practice
- Leadership

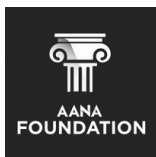
To see how your application will be evaluated, please review:

1. [Evaluation Tool](#)
2. [Previous Recipients Evaluation Tool](#)

Before submitting your application, please click to see this checklist to verify all the necessary components are completed: [CRNA Scholars Checklist](#)

Your application will be considered complete when we have:

- Your completed application along with all applicable attachments submitted online
- Your application payment (please provide in the last task)



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Payment and Attestation

* 41. Confirm Payment: The application fee is \$50 for the first Scholar (formerly Fellowship) and \$10 for each additional. [Click here](#) to pay the application fee, then confirm you have made your payment below. Be sure to submit your application below after payment is made.

I confirm I paid for my application.

* 42. If I am selected as a CRNA Scholar, I agree to release my name, address, and telephone number and the use of my name, photo and interview comments to the sponsor and AANA Foundation. I attest that the information in the application is accurate by typing my name below.

If you have paid for your application and are ready to submit, please click "Submit" below. You must be certain that the application is correct before submission. Once you submit your application, no changes can be made. Please do not call the Foundation office to make changes to your application.