



Policy and Procedure

NEAOHN Conference Grant Application Procedure

Purpose

The purpose of the conference grant is to support NEAOHN members in their pursuit of professional growth and to foster participation within NEAOHN.

Marketing of NEAOHN Conference Grant

Members are informed of the grant and the application process through the NEAOHN and state web sites, state newsletters and annual meetings.

Eligibility

Candidate must have developed or been a primary participant in a project or program developed or delivered within the last two (2) years that promoted health and safety in their workplace and/or promoted occupational health nursing. Candidate must be an active member in good standing in NEAOHN for at least one year. Current NEAOHN Officers and Board members are not eligible.

Procedure

1. Time period: Recipients attend the 2017 NEAOHN conference.
2. Deadline: Application and supporting material must be submitted no later than ***July 1, 2017***
3. Application: Participants must:
 1. Complete Application form
 2. Complete Grant Abstract, double spaced, one inch margins in 12 point font
 3. Submit supporting material identified on the application form
 4. Present and/or display a poster presentation at the 2017 NEAOHN Conference
4. Selection: A minimum of 3 NEAOHN Conference Grant Selection Committee members representing 3 states will select the grant recipient(s). **Application must achieve minimum score of 80% for grant consideration.** Selection will be made within 2 weeks of submission deadline. (see NEAOHN Conference Grant Selection Policy and Procedure).
5. Grant: Four \$500.00 grants are offered to help defray the cost of attending the NEAOHN Annual Conference. For the year 2017, the grant will be applied to the NEAOHN Conference to be held October 4-6, 2017 in Norwich, Connecticut.
6. Notification: Recipients are notified in writing within 6 weeks of application deadline.
7. Presentation: Award to be presented at the 2017 NEAOHN Conference.



Northeast Association of Occupational Health Nurses

NEAOHN Conference Grant Application

Applicant Name: _____

Preferred Address: _____

State Affiliation: _____

Program Title: _____

Date of submission: _____

Daytime phone number: (w) (_____) _____ (h) (_____) _____

Email address: _____

Present Position: _____

(Employer name
and job title) _____

Should you be the recipient of the Conference grant would you like your employer notified by NEAOHN?

() YES () NO

If yes, please identify the name of the person you wish notified and their address:

Name

Title

Address

Email Address



Northeast Association of Occupational Health Nurses

NEAOHN Conference Grant Abstract

Applicant Name:

Project/Program Title:

Project/Program Goal(s):

Rationale for Program:

Program Description:

Program Outcome:

Program Conclusion:

Date Program Developed:

Dates Program Delivered:



Conference Grant

Only the selection committee will view information provided unless NEAOHN receives written permission from the author to share contents with other members.

I acknowledge that I am an active member in NEAOHN for at least one year.

In the spirit of sharing information with other members of the occupational and environmental health nursing profession, I give permission to NEAOHN to display my project/program at the NEAOHN Conference and on their web site. Additionally, I agree to make my project/program available at the NEAOHN Conference by a poster presentation. **I confirm that I developed or was a primary participant in the submitted program.**

Grant money will be used to attend the 2017 NEAOHN conference. Under special circumstances grant money may be applied to another venue (conference or program) at the discretion of the NEAOHN Board and Grant Selection Committee.

Signature

Date

Please submit no later than July 1, 2017:

1. Completed Application form.
2. Completed Conference Grant Abstract form, describing a project or program **you either developed** or were a primary participant that promoted health and safety in your workplace and/or promoted occupational health nursing.
3. **Documentation of program development or delivery within last 2 years.**
4. Copy of the project or presentation must be submitted with application.
5. Copy of AAOHN membership card.

Email required application materials and direct any questions concerning the application process to:

Pat Sadowski, BSN, RN, COHN-S/CM
NEAOHN Conference Grant Selection Committee
sadowski_patricia@yahoo.com

Applicant Name _____ Evaluator _____

Program Name _____

Proof of development and delivery within the last 2 years YES NO

Provide comments and scoring for the following areas:

1. Project/Program Title:

Comments:

Scale: 0 – 10

Score _____

2. Project/Program Goal(s):

Comments:

Scale: 0 – 15

Score _____

3. Rationale for Program:

Comments:

Scale: 0 – 20

Score _____

4. Program Description:

Comments:

Scale: 0 – 25

Score _____

5. Program Outcome:

Comments:

Scale: 0 – 30

Score _____

Comments:

Overall rating

Comments:

Score _____

Signature _____

Date _____