****

***Mary Decker Mentorship Award***

**Purpose**:

To annually recognize a neuroscience nurse for modeling excellence and mentoring other neuroscience nurses. Mary Decker exemplified excellence in mentorship through her work as a staff nurse, nurse practitioner, and member of AANN and the Hydrocephalus Association Medical Advisory Board. As one of the first neuroscience pediatric nurse practitioners in the country, her passion and commitment for mentoring was demonstrated as she guided both novice and expert nurses.

**Eligibility:**

* This award is open to all AANN members

**Individuals *not* eligible for this award include:**

* Current members of the AANN, ABNN, or AMWF Board of Directors
* Recipients of any AANN award within the last 2 years

**\* Candidates may only be considered for one award. No self-nominations.**

**Criteria:**

The recipient of the Mary Decker Mentorship Award will demonstrate the following attributes:

* Excellence and clinical expertise in the care of pediatric or adult neuroscience patients
* Dedication to patients
* Communication
* Teaching and educating in neuroscience
* Inspiring others
* Leadership
* Passion and nurturing

**Application:**

* Describe the characteristics/contributions of the nominee in a 1-2 page summary.

**Award:**

* The winner will receive complimentary registration to the AANN Annual Meeting and an award stipend of $600 to assist with travel expenses.
* A $1,000 scholarship will be made available by the Hydrocephalus Association (HA) to be used for travel expenses to the AANN Annual Meeting. HA will also provide the winner with complimentary registration to the HA biennial national conference.
* Award winner complimentary registration and award stipends are non-transferable.

***Mary Decker Mentorship Award Application***

**Due October 31, 2017**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **NOMINATOR INFORMATION** | | | | | | | |
| Nominator: | | |  | | | | |
| Email Address: | | | |  | | | |
|  | | | | | | | |
| **NOMINEE INFORMATION** | | | | | | | |
| Nominee: | |  | | | | | |
| Area of Advanced Practice (if applicable): | | | | | |  | |
| AANN Member | | | | | \_\_\_\_\_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_\_\_\_\_\_no | | |
| Chapter Name: | | | |  | | | |
| Email Address: | | | |  | | | |
| Telephone: | | |  | | | | |
| RN#: |  | | | | | | |
| Years of Neuroscience Nursing experience: | | | | | | |  |

1. **Do not include any identifying information in the essay.**
2. **Attach a summary outlining how the nominee has achieved the criteria outlined in the award information. Give specific examples.**
3. **Submit ONLY this page of the application and supporting documents by October 31, 2017, to** [**abegezda@aann.org**](mailto:abegezda@aann.org)**.**