## AAOHN NURSE IN WASHINGTON INTERNSHIP (NIWI) GRANT

**Purpose:** To support member participation and learning about the legislative process, AAOHN is providing one grant to the next session of the Nurse in Washington Internship (NIWI). This grant is to provide assistance to offset the costs associated with attending NIWI.

The program, which provides participants the opportunity to learn from health policy experts, members of Congress and other government officials and to network with nurses from around the country, is sponsored by the Nursing Organizations Alliance, an umbrella group of national nursing organizations, including AAOHN.

**Eligibility:** A willingness to serve or, experience in a leadership role at the local, state, regional or national level of AAOHN. Current "Active Membership" for a minimum of one year.

**Award:** One grant of \$2,500.00 toward reimbursement of usual and customary expenses related to attending the NIWI program that immediately follows the grant award.

A certificate will be awarded at the AAOHN Awards' presentation during the annual conference.

Request to delay attendance requires timely notification to the AAOHN national office and approval from the AAOHN Board of Directors. This may result in the award being forfeited to the next applicant with the highest score or, the grant not being awarded.

#### **Procedure**

Submission must include:

- 1. Completion of the entry form
- 2. Applicant's statement
- 3. One page personal profile
- 4. Letter or recommendation from an AAOHN chapter officer, community leader or the applicant's manager.

#### Additional pertinent information

- AAOHN will acknowledge receipt of completed application package by email or fax to each applicant.
- The status of the application will be communicated to each applicant prior to the registration deadline for NIWI. (Dates of NIWI are March 15-17, 2015).
- The submission and evaluations may be posted on the AAOHN website or in other communications.
- The recipient is expected to participate in governmental affairs or AAOHN activities.
- Upon completion of the internship, it is strongly advised that a poster be presented at the following year AAOHN National conference and/or an article to describe and share the recipient's experience be submitted to the journal or newsletter.

#### **Preparing Your Entry**

Submit original entry form and supporting materials by **November 1**.

#### Criteria

Clearly and succinctly in 1000 words or less on 8 ½ x 11", typewritten, double-spaced, single-sided pages with 1" margins using a 12-point font. For all acronyms, provide full name of organization or program the first time it is used.

Judging is based on a weighted rating scale using the following criteria:

### 1. 45% Submit a personal profile.

- Previous Policy/Government Affairs Activities
  - O List your involvement/activities in policy and/or government affairs activities within your nursing organization for the past three years OR with minimal experience clearly articulate how the NIWI experience will allow you to advance the goals of nursing practice.
- Professional Activities
  - o List organizational memberships, community activities, related presentations, and other relevant professional activities for the past three years.
- 2. 45% Submit a Goal Statement explaining how this experience will be used by the recipient to influence and/or support:
  - o How you will use the knowledge gained from NIWI and apply it to your area of practice, your nursing organization, and nursing as a profession
    - the Profession of Occupational Health Nursing,
    - your business or workforce,
    - governmental affairs, legislation or regulation
    - your local, state, regional or national AAOHN
    - other pertinent information
  - Describe how you plan to disseminate this knowledge to members of your nursing organization
- 3. 10% Submit a letter of recommendation from an AAOHN chapter officer, community leader or the applicant's manager.

# AAOHN Nurse in Washington Internship (NIWI) Grant ENTRY FORM

CANDIDATE NAME:			MEMBER #
DEGREES, PERTINENT CERTIFIC	CATES, LICENSU	JRE:	
ADDRESS:			
CITY:	_ STATE:	ZIP:	
TELEPHONE:	FA	X:	
EMAIL:			
EMPLOYER:			
Be sure to attach the following mate	rials:		
<ul> <li>□ Applicant's statement</li> <li>□ One page personal profile</li> <li>□ Letter or recommendation from manager.</li> </ul>	om an AAOHN ch	apter officer, community	leader or the applicant's
Please check your entry carefully. Ir	ncomplete entries	will be disqualified.	
Please remember to: address each o	f the criteria for t	<mark>he award</mark> (See award d	escription for criteria).
<b>EMAIL</b> entry by November 1 to:	aaohngov@dancy Subject: AAOHN		