



National Hartford Center of Gerontological Nursing Excellence

Application Form for Certificate of Recognition as a Distinguished Educator in Gerontological Nursing

Deadline May 15, 2018

DATE _____

CONTACT INFORMATION

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Email: _____

ACADEMIC BACKGROUND

- List all graduate programs completed.

Institution	Degree	Date	Major

(3 points for masters or doctoral degree in gerontological nursing or adult/gerontological nursing, or aging)

POINTS: _____

POST-BACCALAUREATE PROFESSIONAL DEVELOPMENT

2. List post-baccalaureate professional development programs completed to develop gerontological nursing or gerontological nursing education expertise (e.g., workshops, continuing education programs, short courses).

Program	Sponsor	City/State	Month/Year	Contact Hours

(1 point for each, 3 points maximum; credit only given if applicant does not have a masters or doctoral degree with a focus in gerontological or adult/gerontological nursing)

POINTS: _____

CERTIFICATION

3. Current national certification as a gerontological nurse or in advanced practitioner in gerontological nursing(nurse practitioner/clinical nurse specialist) or adult/gerontological nursing: (ANCC or AANP)

Certification	Organization	Inclusive Dates

(3 points for initial certification, 3 points maximum) POINTS: _____

(1 point for recertification in past 5 years, 1 point maximum) POINTS: _____

PRACTICE EXPERIENCE IN GERONTOLOGICAL NURSING

4. List practice positions or other practice activities working with older adults over past 5 years.

Position/Role	Organization	City/State	Inclusive Dates

(1 point for each, 3 points maximum)

POINTS: _____

5. List participation in the development of any collaborative practice models for care of older adults.

Description	Organization	City/State	Month/Year	Role

(1 point for each, 2 points maximum)

POINTS: _____

TEACHING EXPERIENCE IN GERONTOLOGICAL NURSING

6. Years in nursing education _____

Level of nursing education program(s) in which you have taught. (Check all that apply)

- Licensed practical nursing
- Associate degree nursing
- Baccalaureate degree nursing
- Master's degree nursing
- Doctor of nursing practice degree
- PhD in nursing
- Postdoctoral training
- Staff education

7. Years in gerontological nursing education _____

Level of nursing education program(s) in which you have taught gerontological nursing education content/courses. (Check all that apply)

- Licensed practical nursing
- Associate degree nursing
- Baccalaureate degree nursing
- Master's degree nursing
- Doctor of nursing practice degree
- PhD in nursing
- Postdoctoral training
- Staff education

8. Years in interprofessional geriatric education _____

9. List any administration or coordination positions held in gerontological nursing or aging-related studies.

Position	Organization	Inclusive Dates

(1 point for each, 3 points maximum)

POINTS: _____

10. List courses related to gerontological nursing or aging that you have taught in the past 5 years.

Course Title	Course Type *	Student Level	Interprofessional (Y/N)	Organization	Month/Year

*Use the following abbreviations to indicate course type:

Theory/didactic/lecture formal course:	L
Seminar course:	S
Online theory or seminar course:	O
Clinical practicum:	CP
Laboratory/simulation course:	LS
Professional/staff development program:	P
Community/patient education program:	C

(1 point for each, 3 points Min requirement, 5 points maximum) POINTS: _____

11. List teaching or curriculum development in professional development program related to gerontological nursing or aging-related education during the past 5 years.

Title/Activity	Role	Inclusive Dates

(1 point for each, 5 points maximum) POINTS: _____

12. Describe any significant aging or gerontological nursing teaching or curricular innovation that you have designed (e.g., new curriculum, development of case study, simulation experience, online module, etc).

Description	Academic Organization	Month/Year

(1 point for each teaching or curriculum innovation, 4 points maximum) POINTS: _____

13. List any aging/gerontological nursing related teaching awards that you have received.

Award	Organization	Month/Year

(1 point for each award, 2 points maximum) POINTS: _____

14. List mentorship of faculty, students, or clinicians in gerontological nursing during the past 5 years.

Name	Position	Inclusive Dates

(1 point for each individual, 5 points maximum) POINTS: _____

SCHOLARSHIP AND LEADERSHIP EXPERIENCE IN AGING/GERONTOLOGICAL NURSING

15. List participation as a speaker or moderator in gerontological nursing/aging-related sessions at regional, national, or international meetings during the past 5 years.

Title	Conference	Month/Year

(1 point for each presentation, 2 points maximum) POINTS: _____

16. List grants related to aging research, education or clinical practice received.

Title	Grant Agency	Month/Year	Grant Amount

(1 point for each grant, 3 points maximum) POINTS: _____

17. List active participation in aging related quality initiatives.

Initiative	Role	Month/Year

(1 point for every initiative, 2 points maximum) POINTS: _____

18. List authored or co-authored education, research, or clinical articles related to gerontological nursing or aging that you have published in a peer-reviewed journal.

Title	First or Co-Author (F/C)	Journal	Month/Year Published

(1 points for each article, 5 points maximum) POINTS: _____

19. List authored or coauthored articles related to aging that you have published in a non-peer reviewed medical publication.

Title	First or Co-Author (F/C)	Journal	Month/Year Published

(1 point for each article, 2 points maximum) POINTS: _____

20. List other aging related publications that you authored (e.g., book chapters, pamphlets, etc.).

Title	Source	Year

(1 point for each title, 2 points maximum) POINTS: _____

21. List if you have served on an editorial board or completed manuscript review for any gerontological/geriatric publication, including print, online and patient education resources.

Publication	Role	Start/End Date

(1 point for each, 2 points maximum) POINTS: _____

22. List if you have served as a chair, officer, or committee member that serves older adults such as GAPNA, NGNA, GSA, AGS, or related organization.

Position	Organization	Month/Year

(1 point for each activity, 3 points maximum) POINTS: _____

23. List any other professional service positions held in gerontological nursing (e.g., consultant, leadership role in local/organizational, regional, national, or international committee, workgroup, etc.).

Position	Organization	Inclusive Dates



National Hartford Center of Gerontological Nursing Excellence

Position	Organization	Inclusive Dates

(1 point/year, 3 points maximum)

POINTS: _____

24. List if you have served as a chair, officer, or committee member in an education-related organization such as AGHE, NLN, etc.

Position	Organization	Month/Year

(1 point for each activity, 2 points maximum)

POINTS: _____

25. List any volunteer patient education or clinical activities related to care of older adults in past 5 years.

Activity	Location	# of Hours	Month/Year

(1 point for every 12 hours spent volunteering, 2 points maximum) POINTS: _____

26. Describe if you have performed any public relations activity that explains gerontological nursing or aging to the public such as lectures to civic groups, public service announcements, interviews, radio or TV or digital media such as podcasts and appearances in past 5 years.

Activity	Group/Location	# of Hours	Month/Year

(1 point for each activity, 2 points maximum)

POINTS: _____

27. List if you have served on a community or health care organizational board related to aging or gerontological nursing.

Organization	City/State	Role	Inclusive Dates

(1 point for each activity, 2 points maximum)

POINTS: _____

28. List if you have performed advocacy work to improve health care policy or services to older adults.

Organization	City/State	Description	Month/Year

(1 point for activity, 2 points maximum) POINTS: _____

Please submit completed application either by mail or email to:

NHCGNE
c/o Julie Utano
11130 Sunrise Valley Drive, #350
Reston, VA 20191

Email: nhcgne@nhcgne.org

Deadline is May 15, 2018