



2010 NCS MEETING TRAVEL GRANT
Sponsored by Integra Foundation

APPLICATION SUBMISSION CHECKLIST

Do not submit the checklist with your application as it is for your use only.

Completed applications must be **received** via email or fax, no later than **July 31, 2010**. Incomplete applications will not be considered (**i.e. respond to every question within the application**).

APPLICATION SUBMISSION CHECKLIST

- One complete original application that includes:
 - Part 1 (online form)
 - Part 2 (Open-Ended Response Form on next page)
 - Part 3: One copy of license or MD/Pharm/RN Certificate (international members)

Please submit your application using one of the following methods:

- EMAIL*: info@neurocriticalcare.org
*If emailed, submit Parts 2-3 as one PDF document.
- FAX to the attention of Tami Page: (952) 545-6073

For consideration, completed applications must be **received** no later than July 31, 2010.

PART 2: OPEN-ENDED RESPONSE FORM

Fifty percent of the evaluation is based on this portion of the application. The review task force is seeking to understand your purposes in attending the meeting and desired outcome(s). It is recommended that applicants focus on professional growth and reserve issues related to personal hardship.

Your responses to the following questions should be written with as little specific identifying information as is reasonable.

Application Questions

1. Briefly describe your practice environment (facility, numbers and types of patients) and your role including your daily responsibilities.
2. Describe your activities related to the care of neuro/critically ill patient population?
3. What are your purposes in attending the NCS annual meeting?
4. If you were to attend, how do you anticipate the NCS meeting would impact your practice?
5. If you submitted an abstract for the 2010 NCS Annual Meeting, describe your role in the project.

Volunteer Activities

1. Please list up to three volunteer activities in which you have participated within the NCS, AAN, AANN, AACN, SCCM, or other professional society.

ORGANIZATION	POSITION	YEAR
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2. Please list up to three volunteer activities in which you have participated within other professional associations.

ORGANIZATION	POSITION	YEAR
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