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| OADN_print_color_medium.jpg | **ACADEMY OF ASSOCIATE DEGREE NURSING** |
| **ACADEMY MEMBER APPLICATION** | |
| First Name: Last Name: | |
| Credentials: Current Position: | |
| OADN Member #: Member Since: (year) | |
| Current Employer: | |
| Employer City & State: Preferred Mailing Address: \_\_\_Home \_\_\_Work | |
| Address: | |
| City: State/Territory/Province: | |
| Zip/Postal Code: Country: | |
| Phone Number: \_\_\_Home\_\_\_\_Cell \_\_\_Work | |
| Email Address: | |
|  Will attend induction ceremony at the OADN National Convention in November, if selected. | |

**A complete Academy of Associate Degree Nursing nomination packet includes:**

* Application with nominee information and the contact information for the two professional references and program administrator.
* A personal statement from the nominee of no more than 750 words validating your dedication to associate degree nursing education and practice
* A professional headshot
* A 75 word bio-sketch
* A commitment from the nominee to attend the induction ceremony at the November convention, if selected.
* Nominee should choose from **one** of the following areas and describe in 500 words how they have contributed to **associate degree nursing education:**
  + Innovative strategies in teaching and learning with enhanced student learning outcomes
  + Advocacy for the profession through local, state, and/or national efforts
  + Innovative clinical practices with enhanced student learning outcomes
  + Research related to efficacy of associate degree nursing education
  + Leadership in education, practice, or policy that enhances associate degree nursing education.
* Two letters of recommendation from colleagues who can provide support of your work in associate degree nursing education (see Guidelines for Reference Letters on OADN website)
* Curriculum vitae
* One hundred fifty dollar ($150.00) non-refundable application fee, paid by check or money order and mailed to: **OADN 219 Second Avenue, Suite B Edwardsville, IL 62025**

(Please, indicate in the memo, or with a note that the payment is related to an AADN application)

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| Credit Card Number: Visa MasterCard Discover American Express |
| Expiration Date: CVN# |
| Name on Card: |
| Billing Address: |
| City: State: Zip Code: |

**By submitting the application for the Academy of Associate Degree Nursing you are acknowledging that you will maintain an active OADN individual membership and commit to pay $50 annually as dues for the Academy.**

**Professional References\***

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| Contact Information for Letter of Recommendation # 1 |
| Full Name and Credentials: |
| Professional Title: |
| Email Address: |
| Institution: |
| Address: |
| City: State/Territory/Province: |
| Zip/Postal Code: Country: |
| Contact Information for Letter of Recommendation # 2 |
| Full Name and Credentials: |
| Professional Title: |
| Email Address: |
| Institution: |
| Address: |
| City: State/Territory/Province: |
| Zip/Postal Code: Country: |

\* Note: Members of the OADN Board of Directors cannot write references.

**Deadline to submit: June 4, 2021**

**Return application to:** [**Harriet.Mcclung@oadn.org**](mailto:Harriet.Mcclung@oadn.org)