# APPLICATION FORM

**Date:**

## Application Information

1. **Name and Credentials of Applicant:** If chapter, specialty assembly, state council, or institutional application, name and credentials of contact person:

2. **Title of Project:**

3. **Institutional Information (employer or school currently enrolled):**

4. **Preferred Mailing Address:**

**City:** **State:** **Zip Code:**

**5. Business Phone:** **Home:** **Cell:**

**Fax:** **E-mail address:**

5. **Registered Nurse in the State(s) of:**

**License number(s):**

**7. AORN membership:** **Yes** **No** **Membership number:**

**Chapter name and number:**

**8. Human Subjects Involved:** **Yes** **No**

**Animal Subjects Involved:** **Yes** **No**

**Institutional Review Board Action (include a copy of the approval)**

**Approval Date:**

**Comments:**

**9. Name and Credentials of Principal Investigator (if different from applicant, include curriculum vitae)**

**Name & Credentials:**

**Address:**

**City:** **State:** **Zip Code:**

**Business Phone:** **Home:** **Cell:**

**10. Information to be completed:**

**Degree sought:** **Expected Date of Completion:**

**School Approval:** **Yes** **No**

**Are you admitted to doctoral candidacy?** **Yes** **No**

**University/College/School:**

**Department:** **Major:**

**11. Starting Date of Project:**

**Proposed Completion Date:**

**Signature of Applicant** **Date**

# BUDGET APPLICATION

**Name and Credentials of Applicant:** **Date:**

**Title of Project:**

**Multiple Funding Sources:** **Yes** **No**

**If yes, please specify:**

| CATEGORIES | AMOUNT REQUESTED | OTHER FUNDING (IF APPLICABLE) | TOTALS |
|---|---|---|---|
| ***Personnel salaries:**<br>• Secretarial staff<br>• Typist<br>• Research assistant(s)<br>• Consultant(s)<br>• Statistician(s) | | | |
| **Supplies** | | | |
| **Equipment (excluding computers)** | | | |
| **Expenses** | | | |
| **Travel (for data collection only)** | | | |
| **Other** | | | |

# LETTER OF AGREEMENT

**This form should be completed, signed, and returned with any research grant application.**

***As a recipient of research funds from AORN, I agree to the following conditions:***

**1. I will assume any and all tax liability for research funds that are issued in my name.**

**2. I will obtain and maintain IRB approval for the duration of the research project.**

**3. I will not use funds to purchase computer or computer related hardware.**

**4. I will submit interim reports at six month intervals until the final report is submitted.**

**5. For grant awards of $10,000 or greater with a projected timeline of one year or longer, AORN's Nursing Research Committee reserves the right to distribute research funds in partial payments over the course of the project following submission of interim reports.**

**6. I will submit a final bound report to the AORN library within six months of completion of the study, and**

**7. I will submit a manuscript reporting the research findings to the *AORN Journal* for potential publication within one year of completion of the study.**

***I understand that failure to meet these conditions will result in my becoming ineligible to apply for further research or scholarship funding from AORN and may require reimbursement for monies dispersed.***

| **Primary Investigator** | **Co-Investigator (if applicable)** |
|---|---|
| **Signature:** | **Signature:** |
| **Name (please print):** | **Name (please print):** |
| **Date:** | **Date:** |