

PENS Research Fellowship Program

What is the Research Fellowship Program?

- A chance for pediatric endocrine nurses who are interested in nursing research to learn about the research process
- Begin a research project
- Get a research mentor who will provide ongoing support

Who should participate in the PENS Research Fellowship Program?

- Nurses who would like to begin the research process
- Nurses who have completed the research process and would like to be a mentor

What do you need to do to participate in the 1st PENS Research Fellowship Program?

- Have some idea about a nursing research project you would like to begin
- Spend a weekend in January
 - Listening to experts from PENS discuss various aspects of nursing research
 - Meet with your mentor and develop a schedule for continuing your research project
- Fill out the attached application if you are interested

As this is the first year for the program, we anticipate including 5 mentors and 5 fellows.

**PEDIATRIC ENDOCRINOLOGY NURSING SOCIETY
RESEARCH FELLOWSHIP PROGRAM
Mentor Application**

Please Print or Type

1. Name _____
Address _____

Phone: Home _____ Work _____
FAX _____
Email: _____

2. Credentials: _____

Additional Preparation _____

3. Professional Nursing Experience
Present position _____
Employer _____
Previous Position(s) _____

4. Previous research experience
- Have you had a role as part of a research team (PI, Co-PI, data collector, etc)

 - Describe the research study

 - Who funded the research study?

5. Why do you want to be a research mentor?

6. Areas of interest (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Turner Syndrome | <input type="checkbox"/> Patient Adherence |
| <input type="checkbox"/> GH | <input type="checkbox"/> Evidence Based Practice |
| <input type="checkbox"/> Research Coordination | <input type="checkbox"/> Adolescence |
| <input type="checkbox"/> Thyroid Disorders | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Endocrine Assessment | <input type="checkbox"/> Transition to Adult Care |
| <input type="checkbox"/> Stimulation Test Procedure | <input type="checkbox"/> Other |

7. Publications

Please mail or email a copy of your CV to:

**Heather McKnight
865 Cassel Rd.
Collegeville, PA 19426**

Heathermcknight@msn.com

If enrolled into the research Fellowship program, I promise to serve to the best of my ability. I understand that my commitment to the Research Fellowship Program will be 6 months. I agree to complete the evaluation forms. The cost of travel to the January meeting (airfare or gas for car and hotel x 1-2 nights) will be approved by research committee chair. Reimbursement will be made by PENS after the visit and evaluation is complete; the reimbursement form and receipts to be sent to the Program Coordinator:

Signature _____ Date _____

Office Use: Approximate cost of travel _____ Hotel costs _____ Visit approved? _____
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PEDIATRIC ENDOCRINOLOGY NURSING SOCIETY
RESEARCH FELLOWSHIP PROGRAM
Fellow Application

Please Print or Type

1. Name _____
Address _____

Phone: Home _____ Work _____
FAX _____
Email: _____

2. Credentials: _____

Additional Preparation _____

3. Professional Nursing Experience
Present position _____
Employer _____
Previous Position(s) _____

4. Proposed Nursing Research Project

- Describe your research proposal

- How do plan to complete your research (on the job, outside of work)?

- Is your proposal part of a school thesis?

- Does you employer support you research?

- How do you think having a research mentor will benefit you?

5. Previous Research Experience

- Have you had a role as part of the research team (PI, Co-PI, data collector, etc)

- Describe the research study

- Who funded the research study?

- How long did the study last?

6. Areas of interest (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Turner Syndrome | <input type="checkbox"/> Patient Adherence |
| <input type="checkbox"/> GH | <input type="checkbox"/> Evidence Based Practice |
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