



2020 Fellowship Support

Participation in the AONL nurse manager and nurse director fellowships require a commitment of time and resources. To confirm that the organization is in support of participation, we ask that this form be completed by the chief nurse executive or equivalent. Once completed, the applicant will upload this form as part of their application.

1) Please enter the Fellowship Applicant's Name: _____

2) Is your organization prepared to support the time and resources required to complete all fellowship sessions and the capstone project? (time commitment: time away from work to participate in all sessions and time to work on project. resources: supporting project completion and/or tuition and travel expenses)

Yes

No

3) If you are unable to support the applicant, please explain

4) Is there anything you would like to share with us about the applicant?

Contact Information for Chief Nurse Executive or Equivalent

Name _____

Title _____

Phone _____

Email _____

Questions related to this form, please contact:

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