Symptom Science RIG
DISSERTATION AWARD
Deadline: December 3, 2019

PURPOSE OF THE AWARD: The purpose of this award is to recognize the contribution of a new PhD prepared nurse whose doctoral dissertation is exceptionally meritorious and exemplifies high standards of scholarship and knowledge development in symptom science.

CRITERIA FOR THE AWARD
• The applicant must be enrolled in or have recently (≤1 year of the nomination deadline date) completed a PhD,
• The dissertation research must contribute to symptom science,
• The applicant has disseminated findings at local and regional conferences,

ELIGIBILITY REQUIREMENTS
• The applicant must be a regular or student member of MNRS in good standing
• The applicant must be a current member of the MNRS Symptom Science RIG

SUBMISSION REQUIREMENTS:
The nomination packet must include:
• Letter of support from a dissertation committee member that addresses the significance of the dissertation to advancing symptom science and meritorious level of scholarship
• Dissertation abstract
• Nominee’s curriculum vitae

NOTIFICATION: The award recipients will be notified by early-January. The award will be presented at the Research Section Meeting during the Annual Research Conference. The awardee is encouraged to be present to receive the award and will be invited to provide a brief presentation (up to 5 minutes) of their research at the section meeting.

Please submit all submission requirements online: by CLICKING HERE by December 3, 2019
Symptom Science RIG
DISSERTATION AWARD
DUE: December 5, 2019

Nominee’s Name: ____________________________________________________________

Nominee’s MNRS Membership Number: _________________________________________

Nominee’s Home Address ______________________________________________________

City: ____________________________ State: ________ Zip Code: ____________________

Nominee’s Email Address: ______________________________________________________

Nominee’s Work Telephone: ________________________________

Nominee’s Employer: __________________________________________________________

Nominee’s Current Position: __________________________________________________

Nominee’s Business Address: __________________________________________________

Nominated by: ______________________________________________________________

Nominator’s MNRS Membership Number: ________________________________________

*If you do not know your ID Number, please log into the MNRS website with your username and password and click “Edit Profile” to see your ID Number

Nominator’s E-mail Address: __________________________________________________

All submitted materials are in accordance with the nomination guidelines required for this award.

_________________________________________  ________________________________
Nominator’s Signature  Date