

**Certified Nurse Educator (CNE) Exam Scholarship**

**Scholarship:**

The scholarship is a one-time amount of the cost of the CNE examination

**Criteria:**

The minimum qualifications for the award are as follows:

The applicants must:

* have a current membership in the Alabama League for Nursing (ALN)
* have an active, unrestricted Alabama nursing license
* have successfully passed the NLN Certified Nurse Educator Examination within the past 12 months.
* attend annual conference to receive the award

The recipient is required to submit the application along with the copy of the CNE certificate.

Scholarships will be awarded during the during the Alabama League for Nursing Annual Conference. Names will be drawn from qualified attendees using a random number generator and presented at the conference. Late entries will not be accepted.

**Return all required documentation before February 2, 2024, via email to:**

Steadman McPeters, DNP, CPNP-AC, CRNP, RNFA

[smcpeters@chamberlain.edu](mailto:smcpeters@chamberlain.edu)

Subject Line: ALN CNE scholarship

*The scholarship will be awarded to a qualified applicant regardless of age, sex, race, religion, or political affiliation*

**Certified Nurse Educator (CNE) Exam Scholarship Application**

PLEASE PRINT OR TYPE

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First) (Last)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street) (City) (State) (Zip)

Telephone: Home/Cell (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a current member of the Alabama League for Nursing? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_

Do you hold a current Alabama nursing license? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

Alabama RN License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach the following documents:

1) Application

2) Copy of CNE certificate

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_