The ABOHN Research Committee is accepting applications for the 2019 Applied Research Grant. Proposals for research projects that are in progress. Research projects which have been completed in 2018 will also be accepted. The purposes of the Applied Research Grant are to assist nurses to be successful in becoming certified, assess the effects of certification, and demonstrate the value of certification in occupational health nursing. The winner of this award will receive $1,000.

Consideration for awards may be based upon the following criteria.

1. Applicant must be a certified occupational health nurse (COHN or COHN-S), or a non-certified registered nurse who works in occupational health or is studying occupational health nursing who is collaborating with a certified occupational health nurse.

2. Applicant must present an applied research project focusing on certification in occupational health nursing. Examples of research related to certification include:

   - The effect of certification on occupational health service outcomes (i.e., quality, cost, effectiveness, safety, etc.);
   - The effects of preparation strategies for successfully achieving certification;
   - Effects of age, education, experience, practice setting, etc. on success in becoming certified;
   - The relationship of certification on OHN retention, career development, satisfaction, benefits, etc.;
   - Strategies to improve employer and management understanding of certification for occupational health nurses;
   - The relationship of certification regarding role expansion or career diversity;
   - The career benefits OHNs experience from certification;
   - The role of the certified OHN on multi-disciplinary teams;
   - The value of certification for the employer, consumer, or nurse.

Please note: ABOHN will support research projects by providing mailing labels or e-mail addresses of certified nurses as appropriate to the project, and by making aggregate data available from the ABOHN database at no cost (over 3,500 certified nurses).

The deadline for submission of completed applications is October 31, 2019. Send a PDF of the application to:

info@abohn.org
Attention: Research Committee
The proposal should address each of the following elements:

**Part I: Narrative**
(Page limit for Narrative is five single-spaced pages excluding abstract, references, budget, and appendices)
- Abstract (up to 200 words)
- Purpose of the study
- Specific aims/hypotheses
- Theoretical/conceptual framework or rationale
- Literature review (if separate from other sections)
- Method including:
  - Subjects and setting
  - Instruments/apparatus
  - Procedure
  - Plan for data analysis/management
  - Limitations
- Plan for human subjects’ review
- Plan for dissemination of findings

**Part II: References and Appendices**
- References
- Instruments/questionnaires
- Letter of approval from employer (if study was done on work time or involves employee population or employer resources)
- Resume, CV or biosketch for investigator(s)
- If the applicant is university based, human or animal subject approval by the institutional review board must be submitted. Include a letter of approval or, if approval is pending include a copy of the application.
- Time line

**Part III: Completed Forms**
- Application Form for Research Award (page 3 of this packet)
- Research Grant Agreement (page 4 of this packet)

**SUBMISSION OF APPLICATIONS**
The deadline for submission of completed applications (which should include all the above items) is October 31, 2019. Scan the completed packet to:

info@abohn.org
Attention: Research Committee

Please direct questions to Carole Cusack, Managing Director at 630-789-5799.
ABOHN RESEARCH COMMITTEE
APPLICATION FORM FOR RESEARCH GRANT

1. Name of Principal Investigator: _____________________________________________________

2. Preferred Mailing Address: ________________________________________________________
   _________________________________________________________________________________
   _________________________________________________________________________________

3. Phone (Work) _____________________ (Home) _______________________
   FAX Number _____________________ E-Mail________________________

4. Names of other investigators: _____________________________________________________
   _________________________________________________________________________________
   _________________________________________________________________________________

5. Have you previously received an ABOHN Research Award?         Yes         No
   If yes, please identify year ___________

6. Are you certified in occupational health nursing?         Yes         No
   If yes, specify year certification obtained __________________
   Is/are co-investigator(s) certified in occupational health nursing?         Yes         No
   If yes, specify year certification obtained__________________

7. Start date of the research project _________________________

8. Anticipated completion date of the project ________________

9. Title of the research project_____________________________________
   _________________________________________________________________________________
   _________________________________________________________________________________
   _________________________________________________________________________________

10. Date of application submission___________________
RESEARCH AWARD AGREEMENT

If I am the recipient of the year 2019 ABOHN Applied Research Award, I agree:

1. To assume responsibility for the scientific conduct of this project.

2. To send one copy of the completed project and an abstract of the project to the Research Committee.

3. Develop a poster for submission to a conference (such as AAOHN or AOHP).

4. To acknowledge receipt of the ABOHN Applied Research Award in all presentations/publications related to this research activity.

5. To coordinate presentation of the findings of the research with ABOHN.

Signed ___________________________________________________________

Date ______________________

FOR RESEARCH COMMITTEE USE

1. Action on grant: _________________________________________________

2. Research Committee Reviewer: ___________________ Date: ____________

3. Recommended Action: ____________________________________________

4. Comments/notes: ________________________________________________
   _________________________________________________________________
   _________________________________________________________________