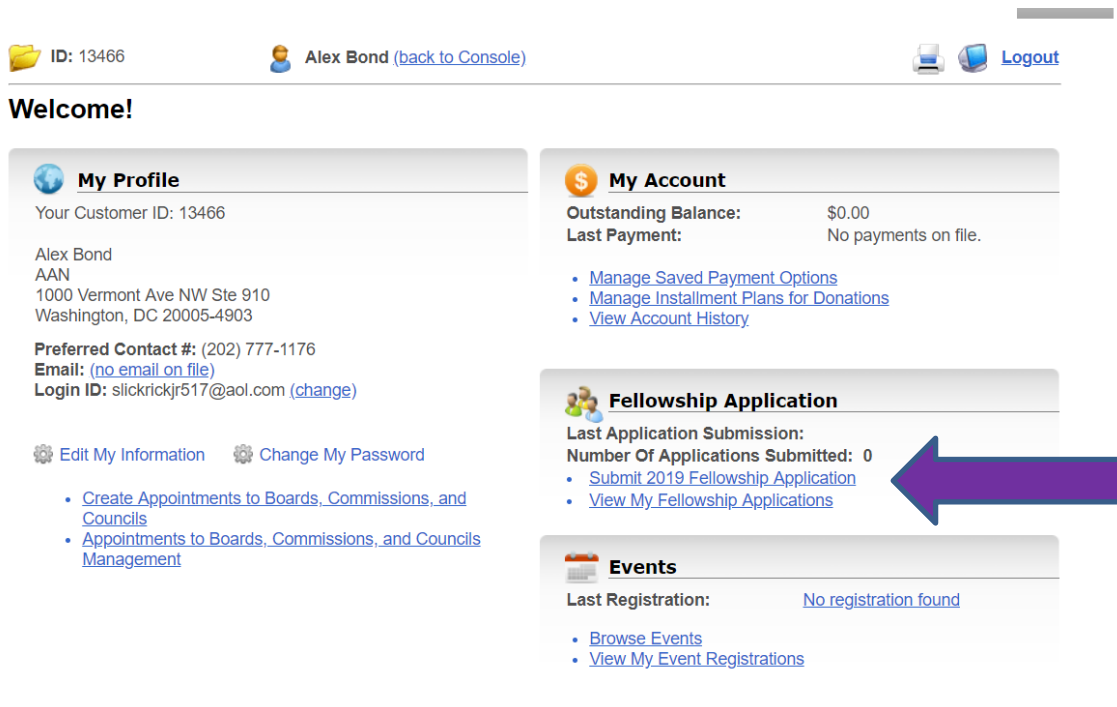


2019 FELLOWSHIP SUBMISSION INSTRUCTIONS

(Application deadline: Monday, February 11, 2019)

- To submit your 2019 Fellowship Application, please login to your [profile](#) if you have already created an account. If you have not, please follow the instructions to create an account [here](#). **DO NOT** submit your application using a sponsor's account.
- Once logged in or once your account has been created, you will then be directed to your "Profile Page." To submit your application, click the "Submit 2019 Fellowship Application" link under the "Fellowship Application" header on the right hand side of the screen. If the link is not appearing as shown in the picture below, please contact Joshua Poole, Member Engagement Manager, at 202-777-1176 or JPoole@AANnet.org.



The screenshot shows a user interface for Alex Bond. At the top, there is a navigation bar with the user's ID (13466), name (Alex Bond), and a 'Logout' button. Below this is a 'Welcome!' message. The main content area is divided into three sections: 'My Profile', 'My Account', and 'Fellowship Application'. The 'My Profile' section includes contact information and links to 'Edit My Information' and 'Change My Password'. The 'My Account' section shows an outstanding balance of \$0.00 and links to manage payment options and view account history. The 'Fellowship Application' section displays 'Last Application Submission: Number Of Applications Submitted: 0' and a link to 'Submit 2019 Fellowship Application', which is highlighted by a purple arrow. Below this is an 'Events' section with a link to 'Browse Events'.

- On this page, follow the directions to submit your 2019 application.
 - Under **Basic Information** section, please complete all fields.
 - Under **Application Materials** section, upload your 2019 application and CV. Once you have chosen the file to upload, the file name will appear beside "Choose File" (see below image).

Application Materials

Upload your application: *
(Application Document must be labeled: Lastname_Firstname_fellowshipAPP)
 Pool_Joshua...hipAPP.docx

Upload your CV: *
(Application Document must be labeled: Lastname_Firstname_CV)
 Poole_Joshua_CV.docx

- C. Under **Sponsors** section, Fellows' names will populate from our database in the search box. To locate your sponsors, please type in their name and select them from the drop-down options. In order for your sponsors' names to attach to the submission form, you **MUST** select your sponsors' names from the drop-down options (see image below). Should you have difficulty locating your sponsor, search for them by their last name.

Sponsors

Sponsor One: *

Sponsor Type:

	Name	Type/Name	Email Address	Preferred Address City	Preferred Address State Code
Applicant	Joshua Aaron	Fellowship	JAPoole007@gmail.com	Washington	DC
What is your State (if applicable)	Joshua Goodman		jgoodman@pewtrusts.org		
	Josh Phoebus		joshua_phoebus@aannet.org	Washington	DC
Applicant	ja poole	Fellowship	joshua_poole@aannet.org	Washington	DC
	Joshua Poole		Joshua_Poole@aannet.org		

- D. Applicants residing in the United States **ONLY** need to complete the **Applicants Residing in the United States** section. See below image.

Applicants Residing in the United States

What is your ANA/SNA ID?

State (if applicable):

- E. Applicants residing internationally **ONLY** need to complete the **Applicants Residing Internationally** section. Please note that if the copy of your verification document is a letter from your National Nursing Association and is not in English, it will need to be translated.

Applicants Residing Internationally

National Nursing Organization Membership ID/Number:

National Nursing Organization:

Name of Country:

Copy of Verification Document: No file chosen

- F. Once you have filled out the necessary sections, click on **Submit**.

4. You will be directed to the billing page, where you will have the option to pay by Credit/Debit Card, Electronic Check, or Check.

Please note that the Academy's preferred option of payment is by Check (this includes Electronic Check). Payment by any other means will be assessed a \$7.95 convenience fee. Once you have selected your payment option and completed the necessary fields, click **Continue**.

ID: 11611

[Home >](#)

Enter Billing Information

Amount Due: **\$350.00**

How would you like to pay?

Use Your Saved Payment Options
Currently, you have no saved payment methods. When you check out, you can save your payment information on your account so you do not have to re-enter it again.

Pay With a New Credit/Debit Card
 Pay With Electronic Check
 Pay With Check

or [Cancel Your Order](#)

5. You will then be directed to an order confirmation page. Please review the information and then click **Place Order**.
6. You have successfully submitted your 2019 application and will see the message as shown below. You will then receive two emails. One confirms that we have received your application, and the other will confirm payment (if you selected pay by check, it will be an invoice; if you selected pay by credit/debit card or pay by electronic check, it will be a receipt).

[Home >](#)
2019 Fellowship Application Submission

Application must be submitted by **MONDAY, FEBRUARY 11, 2019, 11:59 pm ET** in order to be considered in the 2019 Fellow Application Review Process. Click [here](#) to review application submission requirements.

Thank you for your submission.

Basic Information

First Name:	a
Last Name:	a
Credentials:	a
Organization/University:	a
Job Title:	a

Application Materials

Upload your application: [Click here to download file.](#)
Upload your CV: [Click here to download file.](#)

Sponsors

Sponsor One:	Joshua Aaron
Sponsor Two:	Joshua Poole

(To add your sponsor, please type in their LAST name and select it from the drop-down options. In order for their names to attach to your application submission, you **MUST** select your sponsors' name from the populated options.)

Applicants Residing in the United States

What is your ANA/SNA ID?
State (if applicable):

Applicants Residing Internationally

National Nursing Organization
Membership ID/Number:
National Nursing Organization:
Name of Country:
Copy of Verification Document:

Please Note

All applicants are required to pay a one-time application fee of \$350.00 (USD) at the time of submission.

All check payments must be postmarked by February 11, 2019, or your application will NOT be accepted.
