

NATIONAL EMERGENCY NURSES ASSOCIATION



Policy	Emergency Nursing Research Funding
Number of Pages	4
Approval Date	November 2019
Past Revision Date	November 2017

NENA acknowledges the importance of *financial assistance* to support Canadian emergency nursing research.

Committee Qualifications:

- Currently employed in Canadian emergency nursing environment, as defined per NENA Policy
- ENC(C) preferred
- Current NENA member, in good standing, for a minimum of 1 year

Understandings / Expectations:

1. The NENA Research Committee shall be a standing committee from members of NENA. The committee shall be comprised of 3 members, at least 1 of which will be on the Board of Directors, and 1 shall serve as the chair. It is preferred that all 3 members have Canadian emergency nursing research experience.
2. The committee members must be committed to meeting regularly and to reporting to the committee chair as directed. They are also expected to promote NENA as the professional organization and the voice for emergency nurses in Canada.
3. The NENA Research Committee shall be responsible for reviewing on behalf of NENA, all research financial assistance requests submitted in writing, for practice issues relating to Emergency Nursing.
4. The principle investigator must be a Emergency Nurse, a current NENA member for a minimum of 2 years and in good standing with their respective college and NENA.
5. The NENA Research Committee shall make recommendations to NENA Board of Directors for approval or denial of any request for research financial assistance. All final assistance decisions, including specific financial amounts shall be made by the NENA Board of Directors.
6. The maximum allowable request for financial assistance on research applications shall be no more than \$10,000.00.
7. Successful applicants are eligible to apply for financial assistance for a new or different research project no more frequently than every three years.
8. NENA reserves the right to recommend partial funding to the research investigators, based on the number of applications received in a budget year.
9. If the research is aborted prematurely, the financial award must be repaid to NENA within 3 months.

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10. The deadline for research financial assistance applications is March 1st and September 1st of each year.
11. All applications are to be submitted to the NENA Secretary (secretary@nena.ca). They will be blinded prior to forwarding to the research committee for review.

INSTRUCTIONS AND CHECKLIST FOR SUBMITTING A NENA RESEARCH FINANCIAL ASSISTANCE APPLICATION FORM

All items below need to be completed and checked off. Return this page with the completed application.

1. Completed and enclosed application form. Yes No
2. Submitted evidence of ethical approval. Yes No
3. Submit the following to NENA, including a brief summary of the research:
 - a. Statement of the hypothesis to be studied Yes No
 - b. Brief review of the literature Yes No
 - c. Statement of the relevance of the research to ED nursing Yes No
 - d. Hypotheses/research question(s), methodology, instrumentation data analysis and time frame for completion of research Yes No
 - e. Information regarding reliability and validity of the data collection methods Yes No
 - f. Statement of all ethical considerations entailed in the research Yes No
 - g. Proof of current NENA membership for at least the past two years Yes No
 - h. Submitted a Curriculum Vitae for each applicant Yes No
4. Submitted an electronic copy of questionnaire/research instruments applicable to the study, as appropriate Yes No
5. Completed and submitted a copy of the Research Budget Application Form Yes No
6. Agree to submit an article to CJEN summarizing the research and findings Yes No

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NENA NURSING RESEARCH FINANCIAL ASSISTANCE REQUEST

PLEASE COMPLETE THE FOLLOWING FIELDS:

Applicant Name(s) _____

Place of Employment _____

Employer's Address _____

Current Position _____

Contact Phone(s) _____

Title of Research _____

Submit a Curriculum Vitae (for each applicant) no more than 3 pages with emphasis on:

Educational Preparation

Professional Experience

Experience relevant to the proposed research

Publications

References:

NAME

CURRENT POSITION

CONTACT NUMBER

1. _____

2. _____

3. _____

Has this project received other financial or other research support?

Yes No

Please explain _____

Have you applied for other research support?

Yes No

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If yes, specify amount, type and deadline for notification of successful application

Is there any conflict of interest that needs to be declared from any/all investigators? Yes No

If yes, please explain:

NENA RESEARCH FINANCIAL ASSISTANCE REQUEST BUDGET APPLICATION

Please indicate a budget section title and rationale for each submission.

Example:

RATIONALE – to cover the cost of mailing questionnaires to participants

Applicant's name(s) _____

Title of research _____

Itemized List of Anticipated Requirements for Completion and Publication of Research

- | | | |
|----|-------|----------|
| A. | _____ | \$ _____ |
| B. | _____ | \$ _____ |
| C. | _____ | \$ _____ |
| D. | _____ | \$ _____ |
| E. | _____ | \$ _____ |
| F. | _____ | \$ _____ |

TOTAL \$ _____

Signature of Applicant(s) _____ Date _____

All completed documents are to be forwarded to secretary@nena.ca. Incomplete applications will not be processed.