

## **The University of Utah College of Nursing 2008-2009 Advanced Education Nursing Traineeship Program**

The Advanced Education Nursing Traineeship (AENT) Grants Program is funded by the U.S. government and is administered through the College of Nursing. AENT grants are governed by the provisions of the Public Health Service (PHS) Act, as amended, and policies and procedures of the PHS Grants Administration. This program was implemented to provide long-term traineeships for full-time academic study at institutions of higher education.

### **Federal Eligibility Criteria**

To qualify for support, an individual must:

- 1) meet admission requirements for graduate study at the University of Utah College of Nursing
- 2) be a United States citizen, a non-citizen national of the United States or a foreign national with permanent residency status in the United States (individuals on temporary or student visas **are not** eligible to receive AENT support)
- 3) have graduated from a state-approved school of nursing
- 4) currently be licensed as a registered/professional nurse in a "State"
- 5) be enrolled in a course of study in nursing (see conditions of AENT Award)
- 6) be eligible for national nursing certification in the nursing specialty or field of study (as applicable) following graduation
- 7) currently practice or plan to practice after graduation in a health care shortage area (rural, underserved populations, state or local health departments)

### **Priorities of AENT Awards**

Within the context of the above eligibility criteria, the following priorities established by the University of Utah will be addressed as applications are reviewed and awards made:

- 1) Financial need
- 2) Full-Time Study

### **Termination of AENT Awards**

Traineeship support will be terminated if the awardee:

- 1) is unable to carry out the program of study (does not enroll, changes to a non-qualifying track)
- 2) withdraws from the College of Nursing
- 3) fails to meet academic standards of the College of Nursing
- 4) registration status falls below the required minimum number of semester hours

## Conditions of the AENT Award

1. Term of appointment. Each appointment or reappointment may not be for less than 9 months, except to complete the required program of study. Since no appointment may exceed 12 months, **application for continuation must be made by the student before the deadline date.**
2. Required number of semester hours. A trainee must be enrolled in full-time study. Full-time study during fall and spring semesters is defined as a minimum of 9 hours per semester. Traineeship support for part-time students is limited to those students expected to complete the program within 12 months.
3. Length of support. Support to an individual is limited to a maximum of 36 months.
4. Level/Type of support. A trainee will be paid a monthly stipend. The amount of the monthly stipend will depend on the total funds available and the number of qualified applicants. The funds received are grants, with no obligation for concurrent service or subsequent monetary payback.

## Responsibilities of the Trainee

1. Provision of information for appointment and continuing eligibility.  
Persons accepting AENT funds are obligated to provide the information necessary to complete the PHS appointment form, to verify the accuracy of the information in the appointment form when they sign it, and to comply with the AENT guidelines.
2. Continued service in health-related fields. Because the intent of the enabling legislation is to prepare nurses for service in needed health-related fields by providing advanced education, each recipient should plan such service after completion of the advanced degree. The College of Nursing may periodically request information from trainees about their professional activity after their training is completed.



**ADVANCED EDUCATION NURSE  
TRAINEESHIP APPLICATION  
2008-2009**

Complete and return the application to:  
Anthony Shirley  
College of Nursing  
10 South 2000 East, Room 426  
Salt Lake City, UT 84112

For Office Use Only

ID # \_\_\_\_\_

SF # \_\_\_\_\_

**I. PERSONAL INFORMATION (Please type or print clearly and answer all questions)**

<p><b>1. Full Name</b> _____  <div style="text-align: center; margin-left: 100px;">Last</div>   <div style="text-align: center; margin-left: 50px;">First                      Middle</div> </p> <p><b>2. U.S. Social Security Number</b> _____ - _____ - _____</p> <p>Date of Birth (Month/Day/Year) ____/____/____</p> <p>Gender:    <input type="checkbox"/> Female    <input type="checkbox"/> Male</p> <p><b>3.</b>   <input type="checkbox"/> Single    <input type="checkbox"/> Married    <input type="checkbox"/> Divorced  # of Dependents: _____</p>	<p><b>4. Residency Status</b></p> <p><input type="checkbox"/> US Citizen</p> <p>Legal State Residency: Utah or Other: _____</p> <p><input type="checkbox"/> Non-Citizen National</p> <p><input type="checkbox"/> Permanent Resident</p> <p><input type="checkbox"/> Non-Citizen Country: _____</p> <p>Student Visa: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>6. Mailing Address</b> _____  <div style="text-align: center; margin-left: 100px;">Street</div>   <div style="text-align: center; margin-left: 50px;">City                      ST                      Zip</div> </p> <p><b>7. Telephone: (Primary)</b> (____) _____</p> <p><b>8. Email:</b> _____</p>	<p><b>9. Ethnicity/Race</b></p> <p><input type="checkbox"/> American Indian/Alaska Native</p> <p><input type="checkbox"/> Asian American</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Pacific Islander/Native Hawaiian</p> <p><input type="checkbox"/> Latina/o</p> <p><input type="checkbox"/> White/Caucasian</p> <p><input type="checkbox"/> Other _____</p>
<p><b>10. CON Program:</b> _____      Program Completion Date: ____/____/____  <div style="text-align: right; margin-right: 50px;">Month      Year</div> Anticipated credit hours Fall 2008 ____ and Spring 2009 ____.</p>	
<p><b>11. Have you ever received a professional nurse traineeship at this or any other institution?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No      If <b>Yes</b>, specify semester(s) and institution _____</p>	
<p><b>12. Do you expect to seek employment in an underserved area after completing your degree?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No      If <b>Yes</b>, specify location: _____</p>	

**II. EMPLOYMENT INFORMATION (please type or print clearly and answer all questions)**

<p>1. Employer University of Utah Health Centers or Other: _____ # of work hours _____ /week Do you receive any tuition benefits from your employer? <input type="checkbox"/> YES <input type="checkbox"/> NO Type _____ Amount _____ /a semester</p>
<p>2. Spouse's Employer _____ # of work hours _____ /week Student? <input type="checkbox"/> NO <input type="checkbox"/> YES PT/FT Institution: _____</p>

**III. FINANCIAL INFORMATION (please type or print clearly and answer all questions)**  
**\*PLEASE attach a copy of your University of Utah 2007-2008 conditional financial aid notice\***

<p><b>1. MONTHLY RESOURCES</b></p> <p>a) Student Wages, salaries, tips, etc \$ _____</p> <p>b) Spouse's Wages, salaries, tips, etc \$ _____</p> <p>c) Other Taxable Income \$ _____</p> <p>d) Benefits (VA, GI Bill, Social Security, etc) \$ _____</p> <p>Specify type(s): _____</p> <p>e) Grants, Scholarships, Fellowships, etc \$ _____</p> <p>Specify type(s): _____</p> <p>f) Other (support from parents, savings, etc) \$ _____</p> <p style="text-align: right;"><b>TOTAL RESOURCES \$ _____</b></p> <p>COMMENTS _____</p> <p>_____</p> <p>_____</p>
<p><b>2. LOANS</b></p> <p>Loans \$ _____</p> <p>Specify type(s): _____</p> <p>Currently in deferment? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

**3. MONTHLY LIABILITIES**

- a) Housing (Rent/Mortgage) \$ \_\_\_\_\_
- b) Utilities (estimate) \$ \_\_\_\_\_
- c) Health/Auto Insurance \$ \_\_\_\_\_
- d) Car Payment \$ \_\_\_\_\_
- e) Food \$ \_\_\_\_\_
- f) Credit Card(s) \$ \_\_\_\_\_
- g) Childcare \$ \_\_\_\_\_
- h) Other \$ \_\_\_\_\_

Specify: \_\_\_\_\_

**TOTAL LIABILITIES** \$ \_\_\_\_\_

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read and understand the Eligibility Criteria, Priorities of AENT, Termination of AENT Award, Conditions of the AENT Award and Responsibilities of the Trainee information provided with this application.

All the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Application Deadline is June 27, 2008**

Date/File \_\_\_\_\_