



THE 2025 IOMSN  
INTERNATIONAL  
NIGHTINGALE AWARDS  
IS SUPPORTED BY THE  
IOMSN THROUGH A  
GRANT FROM MERCK  
KGAA, DARMSTADT,  
GERMANY.

## This award will be given to 10 eligible candidates

who live and work in countries **outside** of the United States.

## NIGHTINGALE AWARDS RECIPIENTS

WILL SUBMIT A PROGRESS REPORT  
TO THE IOMSN IN JUNE 2026.

## Each will receive funding up to \$5,000 for

- ✓ Current projects, related to MS nursing, that require ongoing support and/or additional funding for the growth of the program (i.e. self-help groups, wellness classes, educational programs)
- ✓ Proposed time-limited projects in the field related to MS nursing
- ✓ Activities that will support the professional growth and development of an MS Nursing professional
- ✓ Nursing research in MS and/or a related field

## ELIGIBILITY CRITERIA

The 2025 IOMSN International Nightingale Awards is seeking **MS nursing professionals** or **Physician Assistants (PA)**:

- ✓ With nursing experience either in MS or a related field
- ✓ Members in good standing in IOMSN and MS certified nurses will be given priority consideration (**but NOT required**)
- ✓ Practicing outside the United States. US applications will not be considered
- ✓ Not currently employed by a pharma company



# 2025 IOMSN NIGHTINGALE AWARDS INTERNATIONAL

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Please submit your application via email to [leny.almeda@mscare.org](mailto:leny.almeda@mscare.org). Deadline of submission is **MARCH 31, 2025**.

## Applicant Information: NO HANDWRITTEN PLEASE

Full Name:

*First Name*

*Last Name*

Address:

*Street Address*

*City/State*

*Country*

*Zip Code*

Phone:

Email Address:

Title:

Credentials (RN, NP, PA, etc.):

Current Employer:

Employer Address:

*Street Address*

*City/State*

*Country*

*Zip Code*

Are you an IOMSN member?

Yes

No

Are you an MSCN?

Yes

No

How long have you been an MS nurse or licensed MS nursing professional or Physician Assistant?

## Current / Proposed Project

*Please describe in 250 words.*

## Statement of Need

*Please include benefits to patients, community and/or organization and yourself.*

## Goals / Projected Outcomes

## Timeline

## Budget

*Please include estimated budget and any funding from other sources. Of note, preference may be awarded to those without additional financial support.*

**Signature [Submit this application form and attachments (if any) to [leny.almeda@mscare.org](mailto:leny.almeda@mscare.org)]**

*I certify that my answers are accurate and complete to the best of my knowledge.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_