**Section A – Nominee information:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Social Security Number: | | | | XXX – XX -\_\_\_ \_\_\_ \_\_\_ \_\_\_ | | | | | | | Date of Birth: | | |  | | | | | | | |
| Last Name: | |  | | | | | | First Name: | | |  | | | | | | | | | MI: |  |
| Address: | |  | | | | | | | | | | | | | | | | | | | |
| City: |  | | | | | State: | | | |  | | | | | | | Zip code: | | | |  |
| Nominee’s Work Email: | | | |  | | | | | | | Telephone #: | | | |  | | | | | | |
| Race/Ethnicity: | | | Caucasian | | African American | | | | | | Hispanic | | Asian | | | | | | Other | |  |
| Current educational background/Degree  (Check all that apply) | | | | PhD in Nursing | | | | | DNP | | | Ed.D | | | | Other PhD in: | | | | |  |
| MSN | | | | | MS-Nurse Education | | | BSN  Other MS in: | | | | | | | | |  |
|  | | | | | |  | |  | | | | | | | | |  |  | | | |
| Nursing Education Teaching certificate | | | | | |  | Certified Nurse Educator | | | | | | | | | |  | CNE NLN # | | | |
|  | | | | | |  |  | | | | | | | | | |  |  | | | |

**Section B – Institution (To be completed by Dean or Director of the Nursing Program of the nominating institution).**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Nominating Institution: |  | | | | |
| Nominating Dean/Director/Department Head- Nursing Program: | | |  | | |
| Verification of the date of hire or a statement certifying intention to hire the person: | | |  | | |
| Anticipated title and discipline(s) of employment: | | |  | | |
| Dean/Director/Department Head Email: | |  | | Telephone #: |  |
| I understand and agree to provide my transcript, employment information, photo, brief biography and description of my scholarly work. I understand that if my nomination is accepted, I will be required to work in a nursing education position in a Maryland public or non-profit independent college or university for one year for each year of award and that I will be required to provide MHEC with a copy of my dissertation or capstone project after peer approval by the doctoral committee. If awarded, recipients are required to complete an annual NSP II Faculty Award Survey each Fall for five years to support program evaluation.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Nominee Date  Attach a brief narrative that substantiates how each new faculty will add value to the nursing program-enrollments, specialty background, expertise, etc. (may include in cover letter).  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Signature of Dean/Director of Nursing ProgramDate | | | | | |

**The nomination MUST include the following or it will NOT be accepted** (**check (√) each item below):**

Formal letter of nomination by Dean/Director/ Nursing Leadership

Budget (Use NEDG Template)

Outline of existing external educational support and budgetary needs of individual doctoral nominee

Example: All grants, loans, and employer tuition reimbursement with all allowable expenditures detailed.

Current Sealed Transcript

Letter of intent to work as nursing faculty or in leadership role in nursing education in Maryland

Three to five page paper outlining the nominee’s scholarly work in process or completed for dissertation

research or capstone project

Proposed timeline for doctoral degree completion by semester (Plan of Study and Graduation Date)

Professional Vitae

Active Nursing License

Prior NSP II awards:

|  |  |  |  |
| --- | --- | --- | --- |
| NNFF | NEDG  NFAR | GNF/Cohen Scholars |  |

**Signature of Dean/ Director of Nursing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**and/or**

**Signature of Department Chair/ Institution President\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**