APPENDIX A: COVER SHEET & MANDATORY DATA TABLES & PPT-5 PGS. max

**Nurse Support Program II FY 2019 – Competitive Institutional Grants Cover Sheet**

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| --- | --- | --- |
| **Lead Applicant Institution/Organization:** | | |
| **Project Title:** | | |
| **Partnership Members:** | | |
| **Project Duration:** | | |
| **Funding Requested:** | **Value of Match (Funds, In-Kind, Etc.):** | |
| **Type of Grant:** ☐Planning ☐Implementation ☐Continuation ☐Resource Grant | | |
| **Type of Competitive Grant Initiative:**  ☐1. Initiative to Increase Nursing Pre-Licensure Enrollments and Graduates  ☐2. Initiative to Advance the Education of Students and RNs to BSN, MSN, and Doctoral Level  ☐3. Initiative to Increase the Number of Doctorally prepared Nursing Faculty  ☐4. Initiative to Build Collaborations between Education and Practice  ☐5. Initiative to Increase Capacity Statewide | | |
| **Projected Outcomes:** (Identify below the number of additional outcomes expected from funding) | | |
| **Final Outcomes** | | **Projected Increase (# of Additional)**  **Describe Degrees/Results** |
| Nursing Pre-Licensure Graduates | |  |
| Nursing Higher Degrees Completed | |  |
| Nursing Faculty at Doctoral Level | |  |
| Collaborative or Statewide Results | |  |

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| --- |
| Project Director’s Name:  Title: E-Mail Address:  Mailing Address:  Phone: Fax: |
| Grants Office Contact Name:  Title: E-Mail Address:  Phone: Fax: |
| Finance/Business Office Contact Name:  Title: E-Mail Address:  Phone: Fax: |
| Authorized Institutional Representative’s Name and Title:  I certify that the statements herein are true, complete, and accurate to the best of my knowledge. I further certify that if grant funds are awarded, this institution accepts the obligation to comply with terms and conditions set by the Health Services Cost Review Commission and the Maryland Higher Education Commission.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Authorized Institutional Representative’s Signature Date  (President, Vice President, or Dean) |

**Nurse Support Program II FY 2019 – Competitive Institutional Grants**

**Mandatory Data Tables**

*Required Data Set for all Programs*

**Faculty:** Calculate FTEs using the following formula: FTE calculation: 1 FTE = 15 credits or 600 hours per semester or as defined by your institution for Nursing Program Faculty as of October 15th of the most recent year.

|  |  |  |  |
| --- | --- | --- | --- |
| **NURSING FACULTY As of Oct. 15, 2017** | **Equivalents (Total FTEs)** | | |
|  | **FT** | **PT** | **Total Number** |
| **Nursing Faculty with PhD in Nursing** |  |  |  |
| **Nursing Faculty with PhD - Other** |  |  |  |
| **Nursing Faculty with DNP** |  |  |  |
| **Nursing Faculty with EdD** |  |  |  |
| **Nursing Faculty with MSN** |  |  |  |
| **Clinical Nursing Faculty with BS** |  |  |  |
| **Clinical Nursing Faculty with MS** |  |  |  |

How many vacant faculty positions does your program have?

|  |  |  |
| --- | --- | --- |
| **As of Oct. 15, 2017** | **Full-Time** | **Part-Time** |
| **Number of Vacant Faculty Positions** |  |  |

If vacancies, what was the primary cause?

\_\_ Budget constraints

\_\_ Lack of qualified applicants

\_\_ Other (Specify):

Describe limitations in filling vacancies within your institution.

|  |  |  |
| --- | --- | --- |
| **Certified Nurse Educators As of Oct. 15, 2017** | **# with CNE** | **% of FT Faculty** |
| **Number of FT Faculty with NLN CNE credential** |  |  |

Describe the limitations on the capacity of your program during the current academic year

* Faculty recruitment. Specify areas of expertise and/or primary barriers:
* Availability of clinical placements. Specify area(s) of shortage and current clinical sites:
* Other: Describe (e.g. institutional, capacity, demand, student recruitment, etc.):

**Nursing Program Enrollment:** **Unduplicated headcount as of Oct. 15, 2017.**

|  |  |
| --- | --- |
| **Nursing Program Capacity (new students only)** |  |
| **Number of qualified applicants** |  |
| **Qualified but not admitted** |  |
| **Admitted who registered** |  |

|  |  |
| --- | --- |
| **Graduation Rate: AY 2016-2017** |  |
| **Retention Rate: AY 2016-2017** |  |

**Pass Rates:** The NCLEX-RN® pass rate for each campus/site and track is provided for each of the three most recent fiscal years (ACEN or CCNE). The APRNs eligible for each examination for which the program prepares graduates is provided for each of the three most recent fiscal years. (ACEN or CCNE)

**Employment Rate:** Number of graduates, one year after graduation, employed in a position for which the program prepared them (ACEN or CCNE).

|  |  |  |  |
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|  | **FY 2015** | **FY 2016** | **FY 2017** |
| **Pass Rates**  **(NCLEX-RN)** |  |  |  |
| **Employment Rate** |  |  |  |

**Completion/Graduation:** Number of students who graduate within a defined period of time.

* Definition used by the ACEN for the program completion rate is the number of students who complete the program within 150% of the stated program length beginning with enrollment in the first nursing course.
* For part-time programs (such as RN to BSN): The program specifies the entry point and defines the time period to completion. The program describes the formula it uses to calculate the completion rate.

**# Graduates per academic year (All Nursing Programs) AY 2016-2017**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **ADN** | **BSN** | **Master Entry** |  | **RN-BSN** | **RN-MSN** | **MS** | **DNP** | **PhD** |
| **Graduates** |  |  |  |  |  |  |  |  |  |

**Demographics - Students/Faculty AY 2016-2017**

Number from Underrepresented Groups in Nursing: Students and Faculty

\*\*Total Number should add up to # of individuals in group. We no longer collect percentages, only #s.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Underrepresented Groups in Nursing** | **Ethnic/Racial Minority** | | | | | | | |
|  | **Asian** | **Black/ African American** | **Latino/ Hispanic** | **Pacific Islanders & Native**  **American** | **White** | **Mixed Race** | **Other** | **Total Number** |
| **Nursing Faculty (full-time)** |  |  |  |  |  |  |  |  |
| **Clinical or part-time Faculty** |  |  |  |  |  |  |  |  |
| **Nursing students** |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Underrepresented Groups in Nursing** | **Ethnic/Racial Minority** | | |
|  | **White** | **Non-White** | **Total Number** |
| **Nursing Faculty (full-time)** |  |  |  |
| **Clinical or part-time Faculty** |  |  |  |
| **Nursing students** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Underrepresented Groups in Nursing** | **Gender** | | |
|  | **Female** | **Male** | **Total Number** |
| **Nursing Faculty (full-time)** |  |  |  |
| **Clinical or part-time Faculty** |  |  |  |
| **Nursing students** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Underrepresented Groups in Nursing** | **Age** | | |
|  | **Less than age 30** | **Greater than age 60** | **Total Number** |
| **Nursing Faculty (full-time)** |  |  |  |
| **Clinical or part-time Faculty** |  |  |  |
| **Nursing students** |  |  |  |

**Geographic Impact**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **In-State or Out of State** | **State of Residence** | | | | |
|  | **Maryland** | **Geographic Neighbors (VA,DE, DC, PA, West VA)** | **Other States** | **Total Number** | **Percent In State** |
| **Nursing Faculty (full-time)** |  |  |  |  |  |
| **Clinical or part-time Faculty** |  |  |  |  |  |
| **Nursing students** |  |  |  |  |  |
|  |  |  |  |  |  |

Name of person completing Mandatory Data Table Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Info: Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_