**Nurse Support Program II FY 2024– 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 (choose only one):**☐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 Doctoral-Prepared Nursing Faculty☐4. Initiative to Build Collaborations between Education and Practice☐5. Initiative to Increase Capacity Statewide☐6. Initiative to Increase Cohen Scholars as Future Faculty and Clinical Educators |
| **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 (describe) |  |
| Nursing Faculty at Doctoral Level |  |
| Collaborative or Statewide Results (specify) |  |

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| Project Director’s Name:Title: Mailing Address:Phone: E-Mail Address: Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Grants Office Contact Name:Title: Phone: E-Mail Address:Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Finance/Business Office Contact Name:Title: Phone: E-Mail Address: Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| 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/Director of Nursing)  |

**Nurse Support Program II FY 2024 – Competitive Institutional Grants**

**Mandatory Data Tables**

*Required Data Set for all Programs*

These definitions and metrics are consistently collected and reported by nursing programs in annual Maryland Board of Nursing (MBON) or accreditation reports.

**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, 2022** |  | **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, 2022** | **Full-Time** | **Part-Time** |
| **Number of Vacant Faculty Positions** |  |  |

If faculty vacancies or difficulty admitting students, what was the primary cause?

\_\_\_\_ Insufficient funds to hire new faculty

\_\_\_\_\_Lack of qualified applicants- \_\_ competition \_\_\_\_unavailable in geographic area

\_\_\_\_\_Retirements or \_\_\_\_ Resignations- describe

\_\_\_\_\_Clinical Placements

\_\_\_\_\_Limited budgets in addition to above- describe

\_\_ Other (Specify):

Describe limitations in filling vacancies within your institution.

|  |  |  |
| --- | --- | --- |
| **Certified Nurse Educators As of Oct. 15, 2022** | **# with CNE** | **% of FT Faculty** |
| **Number of FT Faculty with NLN CNE credential** |  |  |

Discuss increases in CNE credentials in a paragraph with information on the faculty experiences with CNE Workshops, CNE examinations and % change this year.

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.):

**Academic Year/Session for Indicated Program: FY 2024 RFA (AY 2021-2022)**

**Enrollment: Unduplicated headcount for academic year as of Oct. 15, 2022.**

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

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

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

|  |  |
| --- | --- |
| **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 (as appropriate) Define AY reported: \_\_\_\_\_\_\_\_\_\_**

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

**Demographics - Students/Faculty Define AY reported :\_\_\_\_\_\_\_\_**

**Number from Underrepresented Groups in Nursing: Students and Faculty**

**\*\*Total Number should add up to # of individuals in group. We are no longer collecting 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** |  |  |  |  |  |
|  |  |  |  |  |  |

**Note: The Dean/Director or designee already submits this information to the MBON and accrediting bodies each year. We expect it to match. Any questions, refer to your Dean/Director of the nursing program.**

Name of person completing Mandatory Data Table Form:

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

Contact Info:

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address:

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