



**Maryland Clinical Simulation Resource Consortium
Train the Trainer Program
Nominee Information Form**

Nominee information (To be completed by the Dean, Director or Chief Nursing Officer nominating Faculty or Staff for the Train the Trainer Program)

Date of birth: _____/_____/_____

Last name: _____ First name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip code: _____

Nominee's Email: _____ Telephone #: _____

Current educational background/Degree : (Check all that apply) PhD in Nursing: __; DNP: __; Ed.D: __; Other PhD in _____ (title); MS or MSN in Nursing __; BSN __; ADN __; Nursing Education Teaching Certificate: __; Certified Nurse Educator (CNE): __

Attach a copy of:

- Professional Vitae
- Active Nursing License
- Job Description
- Proof on *In-Process* Matriculation, if applicable

Nominating Institution: _____

Nominating Dean/Director/Chief Nursing Officer: _____

Dean/Director/Chief Nursing Officer Email: _____ Telephone #: _____

Verification of the date of hire: _____



A brief narrative that substantiates how each nominated faculty (or staff) will increase the use of simulation in the nursing program and how he/she will impact the quality of simulations in the program (may include in cover letter)

**Number of years of simulation experience: _____

**Signature of Dean/Director of Nursing Program
or Chief Nursing Officer of Hospital:** _____

Date: _____

**Maryland Clinical Simulation Resource Consortium
Montgomery College, Takoma Park Campus
Main Nursing Office
Attention: MCSRC
7600 Takoma Avenue, HC
Takoma Park, Maryland 20912-4197**

