**Section A – Nominee information (To be completed by the Doctoral Nominee)**

Social Security Number: \_\_\_\_ \_\_\_\_ \_\_\_\_ - \_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Last name: \_\_\_\_First name: MI:

Address:

City: State: Zip code:

Email: Telephone #:

Name of doctoral program institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Credits:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Award/Degree sought: PhD in Nursing: \_\_\_\_ ; DNP:\_\_\_\_ ; Ed.D:\_\_\_\_\_\_\_; PhD in \_\_\_\_\_\_\_\_\_\_( title)

I understand that MHEC may request my transcript & employment information directly from the sponsoring institution.  I give my consent and authorize the sponsoring institution to provide this information to MHEC on MHEC’s request.

I agree to allow MHEC to publish my photo, a 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Nominee Date

**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean/Director/Department Head Email: \_\_\_Telephone #: \_\_\_\_\_

Degree Program :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominee’s Expected Graduation Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution where nominee works or intends to work in nursing education role to fulfill the service obligation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Dean/Director of Nursing Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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

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

**and/or**

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

Under provisions of the Americans with Disabilities Act, the material is available in alternate formats.

Please call (410) 767--3300, (800) 974-0203, or (800) 735-2258 (TTY /Voice)