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

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