



The Maryland Clinical Simulation Resource Consortium

*Nurse Support Program II funded by the Health Services Cost Review Commission
Administered by the Maryland Higher Education Commission
Hosted by Montgomery College*



Name:

Verification of the date of hire:

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

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: _____