

**Academic Nurse Educator Certification
(ANEC) award for completion of CNE**

Nominee Information Form Due electronic & postmarked by March 15th

SSN: XXX – XX – _____ Date of Birth: _____ ☐ Male ☐ Female ☐ Non-binary

Last Name: _____ First Name: _____ MI: _____

Previous/Maiden Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Nominee's Work Email: _____ Telephone #: _____

Race/Ethnicity: ☐ Caucasian ☐ African American ☐ Hispanic ☐ Asian ☐ Other _____

Current educational background/Degree (Check all that apply) ☐ PhD in Nursing ☐ DNP ☐ Ed.D ☐ Other PhD in: _____

☐ MSN ☐ MS-Nurse Education ☐ BSN ☐ Other MS in: _____

Nursing Education Teaching certificate

Certified Nurse Educator

CNE NLN #

Attach a copy of:

- ☐ Professional Curriculum Vitae
- ☐ Active Nursing License
- ☐ **NLN Testing Score sheet (with passing score)/Renewal of Certification Certificate**
- ☐ Letter from faculty with current educator functions and impact of CNE on their role at institution
- ☐ Include documentation in letter if you attended NLN CNE Workshop or prepared for exam independently
- ☐ Brief narrative/cover letter on letterhead

Prior NSP II awards:

- ☐ NNFF ☐ NEDG ☐ NFAR ☐ GNF/Cohen Scholars

Nominating Institution: _____

Nominating Dean/Director/Department Head- Nursing Program: _____

Dean/Director/Department Head Email: _____ Telephone #: _____

If awarded, recipients are required to complete an annual NSP II Faculty Award Survey each Fall for five years to support program evaluation.

Signature of Nominee

Date

Reminder: Attach a brief narrative on letterhead that substantiates how each nominated faculty have demonstrated excellence in nursing education specialty, are full time faculty in good standing with verification of date of hire & title of full-time position (may include in a cover letter).

Signature of Dean/Director of Nursing Program

Date