

Section A – Nominee Information

Date of Birth: _____ ☐ Male ☐ Female ☐ Non-binary
Last Name: _____ First Name: _____ MI: _____
Social Security Number: XXX-XX-____ 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 #

I understand and agree to provide my transcript, employment information, photo, 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. 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

Section B – Institution

(To be completed by Dean or Director of the Nursing Program of the nominating institution)

Nominating Institution: _____
Nominating Dean/Director – Nursing Program: _____
Verification of the date of hire or a statement certifying intention to hire the person: _____
Anticipated title and discipline(s) of employment: _____
Dean/Director Email: _____ Phone #: _____

Signature of Dean/Director of Nursing Program

Date

Section C – 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

Prior NSP II awards: ☐ NNFF ☐ NEDG ☐ NFAR ☐ GNF/Cohen Scholars

Signature of Dean/Director of Nursing Program

Date

AND/OR

Signature of Department Chair/Institution President

Date