Maryland Higher Education Commission
Nurse Support Program II (NSP II)
217 E. Redwood St., 21st Floor
Baltimore, MD 21202
https://nursesupport.maryland.gov

New Nursing Faculty Fellowship (NNFF)

Nominee Information Form Postmarked by Aug. 31st

Nominee Information Date of Birth: _____ ☐ Male ☐ Female ☐ Non-binary

Last Name: _____ First Name: _____ MI: _____

SSN: 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: _____
☐ Post-Master's Certificate in Nursing

Nursing Education Teaching certificate	Certified Nurse Educator	CNE NLN #

Attach a copy of:
- ☐ Professional Curriculum Vitae
- ☐ Active Nursing License
- ☐ Job Description
- ☐ Verification of the date of hire/statement of intent to hire
- ☐ Brief narrative/cover letter on letterhead

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

Nominating Institution: _____

Nominating Dean/Director- Nursing Program: _____

Nominee's start date of employment: _____

Nominee's title and discipline(s) of employment: _____

Dean/Director Email: _____ Ph. #: _____

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 new faculty will add value to the nursing program-enrollments, specialty background, expertise, etc. (may include in cover letter). Describe if the position was difficult to fill historically.

_____ _____
Signature of Dean/Director of Nursing Program Date