




# Illinois Board of Higher Education

Rod Blagojevich, Governor  
Carrie J. Hightman, Chairwoman • Judy Erwin, Executive Director

## MEMORANDUM

**TO:** The Illinois Higher Education Community

**FROM:** Judy Erwin 

**DATE:** August 6, 2008

**RE:** **FY2009 Nurse Educator Fellowship Program Application Materials**

**Application deadline is September 30, 2008**

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The Illinois Board of Higher Education (IBHE) is seeking nominations for the *Nurse Educator Fellowship Program*. This is the third year that the IBHE has administered the program (110 ILCS 9/32). The purpose of the Nurse Educator Fellowship Program is to ensure the retention of well-qualified nursing faculty at institutions of higher learning that award degrees in nursing. Awards will be used to supplement the salaries of the nursing faculty selected for the Fellowship. Additional program details are contained in the attached administrative rules.

### GENERAL INFORMATION

#### INSTITUTIONAL ELIGIBILITY

Participation in this program is open to Illinois institutions of higher learning with a nursing program approved by the Illinois Department of Financial and Professional Regulation and accredited by the Commission on Collegiate Nursing Education (CCNE) or the National League for Nursing Accrediting Commission (NLNAC). Fellowship nominations are limited to no more than three full-time nursing faculty members per eligible institution per award cycle.

#### FELLOW ELIGIBILITY

To be eligible to receive an award, applicants must meet the following criteria:

- Illinois resident and a minimum of a master's degree in nursing;
- employed in a full-time nursing faculty position at an eligible institution;
- employed by the nominating institution in a teaching position preparing registered nurses for a minimum of 12 months;
- made significant contributions to the nursing program;
- not received an award in the past two years (FY2007 and FY2008); and
- nominated by the chief nursing administrator in an eligible institution.

## AWARDS

The anticipated amount of the Fellowship is \$10,000. In fiscal year 2009, the \$150,000 appropriation for the Fellowship program will support 15 Fellowship awards. Fellowship funds are salary supplements that, at the discretion of the Fellow, also may be used for expenses related to professional development and continuing education. Awards will be made to institutions on behalf of the Fellow. The institutions will make payments to the Fellow in accordance with institutional payroll policies and procedures. Since the Fellowship award is a taxable salary supplement, the net payment after payroll deductions will vary.

## APPROVAL PROCESS

Applications will be reviewed to ensure that all eligibility requirements are met. The IBHE staff will make recommendations to the Board based on:

- personal statement regarding proposed use of funds;
- major accomplishments and contributions to the nursing program;
- budget explanation of proposed use of funds;
- statewide geographic distribution of Fellowship recipients; and
- tenure status (preference given to tenured/tenure-track faculty).

## CONDITIONS OF AWARD

As a condition for acceptance of the Fellowship, Fellows shall agree to be actively involved in statewide nursing advocacy and participate as needed in the following activities:

- collaborate with the IBHE and the Illinois Center for Nursing;
- assist the IBHE in reviewing Fellowship nomination materials in subsequent years;
- participate in Fellowship meetings and conferences; and
- provide a final report describing Fellowship experiences and the use of funds.

## APPLICATION PROCESS

The application materials for the Nurse Educator Fellowship Program are provided in the following pages of this document/posting. **The application materials must be submitted online.** The online system can be accessed from the IBHE web-site at: <http://www.ibhe.org/Grants/default.htm>.

Once all sections of the application have been successfully completed, the application can be printed. Please complete all required signatures (President/CEO, Chief Nursing Administrator, and Nominee) and mail one copy with all original signatures to:

Illinois Board of Higher Education  
Grants: FY2009 Nurse Educator Fellowships  
431 East Adams, 2<sup>nd</sup> Floor  
Springfield, IL 62701-1404

## APPLICATION DUE DATE

Completed proposals – online application and one copy with original signatures – must be received no later than **September 30, 2008**. Application materials received after the due date will not be considered.

*If you have any questions regarding this program, please contact Rich Jachino at 217/557-7339 or [grants@ibhe.org](mailto:grants@ibhe.org).*

# IBHE Nurse Educator Fellowship Program FY2009 Application

## INSTRUCTIONS

Please complete the following nomination materials for the Nurse Educator Fellowship Program. This is a competitive grant. Fellowship nominations are limited to no more than three full-time nursing faculty members per eligible institution per award cycle. A separate application/nomination form is required for each Fellowship nominee. All applications must be submitted online using the IBHE website (<http://www.ibhe.org/Grants/default.htm>).

There are two steps for entering an online application: (1) register and receive an application number assigned by the system and (2) enter and submit the information that makes up the application. You will not need to enter all application information at one time. You may log in and log out of the system as time permits. To enter an online application, please follow these steps:

### Registration Process

**Step 1:** The Chief Nursing Administrator must register with the system by entering contact information. Several eligibility questions will be asked about the Nominee. If the Nominee is not eligible, you will not be able to continue with the application process.

**Step 2:** After the contact information is entered, you will receive an e-mail with your login ID, password, and application number. **Be sure to print and save your login ID, password, and application number.**

### Application Process

**Step 1:** Log in to the system with your assigned login ID, password, and application number. Only one login ID and password is assigned per application; therefore, the nominating institution's Chief Nursing Administrator and the nominee must work jointly on the application. All sections of the application must be entered into the online system. (Note: If the nominee completes the form in a Microsoft Word format, this information can be cut and pasted into the online system to eliminate re-keying of that information.)

**Step 2:** Complete the following sections:

**Section I:** Chief Nursing Administer provides registration information to verify the eligibility of the nominee.

**Section II:** Chief Nursing Administrator provides additional contact information and a one-page recommendation.

**Section III:** Nominee provides a personal statement indicating (a) intent to remain employed as a nursing faculty member in the state, (b) anticipated use of Fellowship funds, (c) a current vitae or resume.

**Step 3:** Once all sections of the application have been successfully completed, the entire application can be printed. A completed online application includes uploading the administrator's recommendation in Section II and the nominee's resume/vitae in Section III. Please obtain all required signatures on the signature page and mail the original signature page to: Illinois Board of Higher Education, Attn: FY2009 Nurse Educator Fellowship, 431 East Adams Street, Second Floor, Springfield, IL 62701-1404.

**Contact Person:** All questions should be directed to Rich Jachino at 217-557-7339 or [grants@ibhe.org](mailto:grants@ibhe.org).

**IBHE Nurse Educator Fellowship Program  
FY2009 Application**

*Signature Page*

**Instructions:** Once all sections of the application have been completed, the entire application can be printed. A completed online application includes uploading the recommendation in Section II and the nominee's resume/vitae in Section III. Please obtain all required signatures on this page and mail the original signature page to: Illinois Board of Higher Education, Attn: FY2009 Nurse Educator Fellowship, 431 East Adams Street, Second Floor, Springfield, IL 62701-1404.

***Name of the Institution:*** \_\_\_\_\_

***Chief Nursing Administrator:*** *As the chief nursing administrator of the nursing program at the aforementioned institution I have submitted my online nomination for the Nurse Educator Fellowship.*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***President / Chief Executive Officer:*** *I am authorized by the aforementioned institution to approve the submission of the online application for the Nurse Educator Fellowship.*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Nominee:*** *If selected, I agree to be actively involved in statewide nursing advocacy and fulfill the Conditions of Award and Fellow Responsibilities outlined for the Nurse Educator Fellowship program. The information in Section III of the online application is accurate to the best of my knowledge.*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**IBHE Nurse Educator Fellowship Program  
FY2009 Application**

***Section I: Registration Information***

***Chief Nursing Administrator***

*(i.e. the person authorized to nominate a faculty member for the fellowship award)*

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

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***Nomination:*** *I nominate the following faculty member for the fellowship:*

Name: \_\_\_\_\_

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***Eligibility:*** *The nominee is eligible if answers one thru six are "Yes" and seven is "No."*

- 1) Is your nursing program approved by the Illinois Department of Financial and Professional Regulation? Yes ( ) No ( )
- 2) Is your nursing program accredited by either the Commission on Collegiate Nursing Education (CCNE) or the National League for Nursing Accrediting Commission (NLNAC)? Yes ( ) No ( )
- 3) Is the nominee an Illinois resident? Yes ( ) No ( )
- 4) Is the nominee employed as a full-time nursing faculty member? Yes ( ) No ( )
- 5) Has the nominee been employed at your institution in a teaching position preparing registered nurses for at least 12 months? Yes ( ) No ( )
- 6) Does the nominee have a minimum of a master's degree in nursing? Yes ( ) No ( )
- 7) Has the nominee received this fellowship award in a previous year? Yes ( ) No ( )

**IBHE Nurse Educator Fellowship Program  
FY2009 Application**

***Section II: Chief Nursing Administrator***

**Nominee Information:** (i.e., the faculty member I nominated for the fellowship)

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Tenure Status: (please check ONE)	Tenured ( )	Tenure-Track ( )	Non-Tenured ( )	No Tenure System ( )
Title: (please check ONE)	Professor ( )	Associate Professor ( )	Assistant Professor ( )	Instructor ( ) Other _____ ( ) _____

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**Recommendation:** Why do you believe this faculty member should receive a Nurse Educator Fellowship? Include the nominee's major accomplishments and any doctorate degrees awarded. (limit your recommendation to one page)

*Please upload your recommendation in the online application.*

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**Award Processing:** Provide the person and department responsible for determining the withholding amounts since the award is a salary supplement.

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Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

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**IBHE Nurse Educator Fellowship Program  
FY2009 Application**

***Section III: Nominee***

**Employment:** Do you intend to remain employed in 2009 as a nursing faculty member in the State of Illinois?

*Please provide a brief explanation of your intentions.*

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**Anticipated Use of Award:** Please use the following categories to describe how you intend to use the fellowship award during the time period between February and the end of the calendar year. Fellowship awards are salary supplements that, at the discretion of the Fellow, may also be used for expenses related to professional development and continuing education.

**Withholdings Estimate:**

Fellowship awards are salary supplements subject to payroll withholdings for State and Federal taxes, retirement, and FICA, Social Security and Medicare. The \$3,000 figure is an estimate; please check with your tax accountant or payroll director for specific withholding amounts.

\$ 3,000

**Professional Development:**

Costs incurred while attending seminars and conferences related to health professions and nursing, teaching improvements.

*Please provide a brief description of the proposed expenditures.*

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**Travel (Nursing Meetings):**

Costs incurred while attending nursing meetings related to the Fellowship Conditions of Award (e.g., meetings with Illinois Center for Nursing, Illinois Board of Higher Education, conferences, etc).

*Please provide a brief description of the proposed expenditures.*

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**Continuing Education:**

Costs incurred to further personal nursing education, including books, materials, and training.

*Please provide a brief description of the proposed expenditures.*

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**Instructional Materials:**

Costs incurred to provide supplemental learning materials, books, and equipment for classroom purposes.

*Please provide a brief description of the proposed expenditures.*

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**IBHE Nurse Educator Fellowship Program  
FY2009 Application**

*Section III: Nominee (continued)*

**Other/Miscellaneous:**

Discretionary use of funds.

*Please provide a brief description of the proposed expenditures.*

Total (includes withholding amounts)     \$ 10,000    

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***Vitae / Resume:*** Please provide a copy of your recent vitae / resume.

*Please upload in the online application.*

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# IBHE Administrative Rules

## TITLE 23: EDUCATION AND CULTURAL RESOURCES SUBTITLE A: EDUCATION CHAPTER II: BOARD OF HIGHER EDUCATION

### PART 1105 NURSE EDUCATOR FELLOWSHIP PROGRAM

#### Section

1105.100	Purpose of the Nurse Educator Fellowship Program
1105.200	Definitions
1105.300	Fellow Eligibility
1105.400	Nomination Process
1105.500	Approval Process
1105.600	Awards
1105.700	Fellow Responsibilities

**AUTHORITY:** Implementing and authorized by Section 9.32 of the Board of Higher Education Act [110 ILCS 205/9.32].

**SOURCE:** Emergency rules adopted at 30 Ill. Reg. 14363, effective August 16, 2006, for a maximum of 150 days; adopted at 30 Ill. Reg. 19523, effective December 5, 2006.

#### **Section 1105.100 Purpose of the Nurse Educator Fellowship Program**

The purpose of the Nurse Educator Fellowship Program is *to ensure the retention of well-qualified nursing faculty by supplementing nursing faculty salaries at institutions of higher learning that award degrees in nursing.* [110 ILCS 205/9.32] The Program is designed to reward outstanding nursing faculty and provide an incentive to retain qualified faculty at Illinois institutions of higher learning.

#### **Section 1105.200 Definitions**

"Board" means the Board of Higher Education.

"Institution of Higher Learning" means a public or nonpublic institution of higher education located within Illinois that offers associate, baccalaureate or post-baccalaureate degrees and that is authorized to operate in the State.

"Eligible Institution" means an institution of higher learning in Illinois with a nursing program approved by the Illinois Department of Financial and Professional Regulation and accredited by the Commission on Collegiate Nursing Education (CCNE) or the National League for Nursing Accrediting Commission (NLNAC).

"Fellow" means an individual who receives Fellowship assistance under this Program.

## **IBHE Administrative Rules**

"Fellowship" means the *competitive award that supplements nursing faculty salaries to ensure the retention of well-qualified nursing faculty*. [110 ILCS 205/9.32]

"Illinois Resident" means an individual who resides in the State of Illinois and is considered to be a resident by the Illinois Department of Revenue or Illinois Secretary of State.

"Nominating Institution" means an eligible institution that has submitted Fellowship nomination materials on behalf of a nursing faculty member at its institution.

"Qualified Applicant" means a nursing faculty member, nominated by an eligible institution, who meets the requirements of Section 1105.300.

### **Section 1105.300 Fellow Eligibility**

A qualified applicant must:

- a) be an Illinois resident;
- b) have a minimum of a master's degree in nursing;
- c) be employed in a full-time nursing faculty position at an eligible institution;
- d) have been employed by the nominating institution in a teaching position preparing registered nurses for a minimum of 12 months prior to submission of nomination materials;
- e) have made significant contributions to the nursing program; and
- f) have not received a Fellowship under this Program within the past 5 years.

### **Section 1105.400 Nomination Process**

- a) Eligible institutions will be notified by the Board when funding opportunities and nomination materials for the Nurse Educator Fellowship Program are available.
- b) Nomination materials may be obtained from the Illinois Board of Higher Education, 431 East Adams Street, Second Floor, Springfield, Illinois 62701-1404 or the Board's website at [www.ibhe.org](http://www.ibhe.org).
- c) Nominations from eligible institutions are limited to no more than 3 full-time nursing faculty members per campus annually.

## **IBHE Administrative Rules**

- d) The chief nursing administrator at an eligible institution shall identify and nominate qualified applicants for the Fellowship by completing the nomination form included in the nomination materials.
- e) The nominee must complete the personal statement section of the nomination materials, indicating his or her intent to remain employed as a nursing faculty member in the State and his or her anticipated use of Fellowship funds.
- f) The nomination materials must be signed by the chief executive officer of the nominating institution.
- g) Completed nomination materials in accordance with subsections (d), (e) and (f) of this Section must be submitted to the Board by the announced deadline, which shall not be less than 45 days from the announcement and release of nomination materials.

### **Section 1105.500 Approval Process**

- a) The Board shall accept nominations for Fellowships in accordance with Section 1105.400.
- b) Board staff shall review nominations to ensure the eligibility requirements are met in accordance with Section 1105.300.
- c) Board staff shall make recommendations to the Board for approval of Fellowships based upon factors that shall include, but are not limited to, the following:
  - 1) Personal statement regarding proposed use of funds and employment plans;
  - 2) Major accomplishments, such as research, program improvements, and other nursing program contributions;
  - 3) Statewide geographic distribution of Fellowship recipients; and
  - 4) Tenure status (preference will be given to tenured/tenure-track faculty).
- d) Upon Board approval, Fellowships can be made to the nominating institution, on behalf of the Fellow.

### **Section 1105.600 Awards**

- a) The amount of the Fellowship shall be \$10,000.
- b) The number of Fellowships awarded in a given fiscal year is contingent upon available funding.

## **IBHE Administrative Rules**

- c) If for any reason the appropriation to the Board is insufficient to fund Fellowships for all selected Fellows in accordance with subsection (a) of this Section, all Fellowships shall be reduced pro rata as necessary.
- d) The purpose of the Fellowship is to enhance retention of well-qualified faculty by providing a salary supplement. At the discretion of the Fellow, funds may be used for, but are not limited to, professional development, conference expenses, continued education, professional dues, and other activities as defined in Section 1105.700.
- e) The Fellow and the nominating institution shall be notified of the award in writing upon approval by the Board.
- f) Upon Board approval, funds shall be disbursed to the nominating institution on behalf of the Fellow.
- g) The institution must use the Fellowship funds to supplement the salary of the Fellow and shall not supplant other revenue sources that support faculty salaries.
- h) Fellowship funds are payable to the Fellow in either a lump sum or installment plan in accordance with institutional payroll policies and procedures.
- i) If the Fellow terminates employment within 6 months after award notification from the Board:
  - 1) The Fellow shall repay the funds awarded to date. These funds shall be remitted to the State for deposit in the General Revenue Fund.
  - 2) Fellows are not entitled to funds not yet paid by the institution. The institution must remit any unused portion of the Fellowship to the State for deposit in the General Revenue Fund.
- j) Any interest earned on Fellowship funds by the institution may be retained by the institution when the cost of accounting for the interest or allocating interest to principal is deemed significant in terms of the amount of interest to be received.

### **Section 1105.700 Fellow Responsibilities**

- a) As a condition for acceptance of the Fellowship, the Fellow shall agree in the application form to be actively involved in statewide nursing advocacy, including participation as needed in the following activities:
  - 1) Collaboration with the Board and Illinois Center for Nursing regarding statewide nursing issues;

## **IBHE Administrative Rules**

- 2) Review of Fellowship nomination materials in subsequent years to assist the Board in Fellowship determination; and
  - 3) Participation in Fellowship meetings or associated conferences sponsored by the Board or Illinois Center for Nursing.
- b) Provide a final report to the nominating institution describing Fellowship experiences, including the use of funds. The nominating institution shall submit the report to the Board on behalf of the Fellow.