

FY 22 Nurse Educator Fellowship Program

Nomination by Institution Form

Chief Nursing Administrator (i.e. the person authorized by the institution to nominate a faculty member for the fellowship award)

Name:

Title:

Institution:

Mailing Address:

E-mail:

Phone:

Fax:

I nominate the following faculty member:

Name:

Mailing Address:

E-mail:

Phone:

Fax:

Tenure Status:

Tenured

Tenure-Track

Non-Tenured

No Tenure System

(please check ONE)

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As the Chief Nursing Administrator, I certify that the nominee meets the following qualifications:

- 1) The nominee primarily teaches courses in a pre-licensure registered professional nursing program. "Primarily" means more than 50% of time. Specify program:

ADN BSN Master's Entry Level
- 2) The nominee teaches in a pre-licensure registered professional nursing program that is
 - a) Approved by the Illinois Department of Financial and Professional Regulation (IDFPR) and
 - b) Accredited by either the Commission on Collegiate Nursing Education (CCNE) or the Accreditation Commission for Education in Nursing, Inc. (ACEN).
- 3) The nominee is an Illinois resident (see definition in rules).
- 4) The nominee is employed as a full-time nursing faculty member.
- 5) The nominee has been employed at our institution in a teaching position preparing registered nurses for at least 12 months prior to this nomination.
- 6) The nominee has a *minimum* of a master's degree in nursing.
- 7) The nominee has not received this fellowship award in any one of the prior five years, i.e., fellows selected in 2021, 2020, 2019, and 2018 are not eligible. Please note that fellowships were not awarded in 2017.

Signature: _____

Date: _____

Recommendation: Why do you, the Chief Nursing Administrator, believe this faculty member should receive a Nurse Educator Fellowship? Include the nominee's major accomplishments, contributions, and any doctorate degrees awarded.

Prepare a letter and attach to this form. Limit to one page.