

ATTACHMENT B - 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 for the fellowship:

Name: _____

Mailing Address: _____

E-mail: _____

Phone: _____

Fax: _____

Tenure Status: Tenured Tenure-Track Non-Tenured No Tenure System
(Check ONE)

FY23 Nurse Educator Fellowship Program

I certify 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 the 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 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 rules for definition).
- 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 professional 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 (fellows selected in 2022, 2021, 2020, 2019, and 2018 are not eligible)

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 separate letter and attach to this form. Limit to one page.
