

**State of Illinois**  
*Bruce Rauner, Governor*

**Illinois Board of Higher Education (IBHE)**  
*Tom Cross, Chair*



# ***Nurse Educator Fellowship Program***

*Fiscal Year 2019*

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*Release of Materials: August 20, 2018*  
*Submission Deadline: October 31, 2018*

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## PROGRAM INFORMATION

The purpose of this program is to help ensure the retention of well-qualified nursing faculty in pre-licensure RN programs offered by Illinois institutions of higher learning. This is a competitive program.

### ELIGIBILITY

Participation in this program is open to Illinois institutions of higher learning with a pre-licensure RN program approved by the Illinois Department of Financial and Professional Regulation and accredited by the Commission on Collegiate Nursing Education (CCNE) or the Accreditation Commission for Education in Nursing (ACEN).

Fellowship nominations are limited to no more than three full-time nursing faculty members per eligible institution per award cycle.

To be eligible to receive an award, a faculty member 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;
- Did not receive a fellowship within the prior five years (fellows were selected in 2018, 2015, and 2014); please note that a 2015 Fellow may be nominated since no fellowships were awarded in 2015 due to the suspension of the grant program; and
- Nominated by the chief nursing administrator at an eligible institution.

### AWARDS

Each fellowship is an award of \$10,000. The allocation for the fiscal year 2019 program will support 19 fellowships. Fellowship funds are salary supplements that, at the discretion of the Fellow, may be used for expenses related to professional development, conference expenses, continued education, professional dues, and recognition meeting. 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.

Note for Public Institutions: The State Universities Retirement System (SURS) did not consider the fellowship award to be employee earnings that would impact retirement contributions. In October 2014 SURS reviewed the issue, the applicable laws and administrative rules, and provided IBHE with the following statement:

SURS Legal Counsel has found that Administrative Code 1600.205-3(a)(ii) identifies this payment as an award that is not associated with a particular time period and therefore not subject to SURS withholding. As such, this payment would not be included in the final rate of earnings and therefore, would not be included as earnings in the calculation of the 6% provision.

(80 Ill. Adm. Code 1600.205(d)(3)(A)(ii))

## **NOMINATION PROCESS**

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

- Nomination by institution, including the nominee's major accomplishments and contributions to the nursing program;
- Nominee's personal statement in support of the nomination and of continued employment with institution;
- Nominee's anticipated use of funds (for expenses during the period of December 4, 2018 thru December 31, 2019);
- Statewide geographic distribution of fellowship recipients; and
- Nominee's tenure status (preference given to tenured/tenure-track faculty).

## **CONDITIONS OF AWARD**

As a condition of the fellowship, each Fellow shall agree to

- Be actively involved in statewide nursing advocacy, as requested;
- Participate in the recognition meeting (tentatively scheduled for September 11, 2019);
- Repay the fellowship if Fellow terminates employment within six months after award notification, i.e., December 4, 2018 to June 3, 2019; and
- Provide a final report describing experiences and the use of funds.

As a condition of the fellowship, each institution shall agree to

- Receive the award on behalf of the Fellow;
- Use the funds to supplement the salary of the Fellow;
- Pay the Fellow in accordance with institutional payroll policies and procedures; and
- Provide a financial report within 30 days after making such payment to Fellow (NEW).

## **IMPORTANT DATES**

- Submit nomination materials on or before Thursday, October 31, 2018.
- It is anticipated that the Board of Higher Education will consider the staff recommendations at the December 4, 2018 meeting. Attendance is not required. IBHE will send e-mails with the Board decision to the nominating institutions and nominees.
- Meeting to recognize the fiscal year 2019 Fellows is tentatively scheduled for September 11, 2019. More information from the Illinois Nursing Workforce Center will be forthcoming.

## STEPS TO NOMINATE

Each nomination must be submitted as outlined below.

### PRE-AWARD REQUIREMENTS

Pursuant to the Grant Accountability and Transparency Act (GATA), institutions must meet the grantee requirements, including the submission of the FY19 Internal Controls Questionnaire (ICQ) before a grant award can be processed.

See GATA website at <https://www2.illinois.gov/sites/GATA/Grantee/Pages/default.aspx> for more information about grantee requirements.

The Grantee Portal is at <https://grants.illinois.gov/portal/>.

### UNIFORM APPLICATION FOR STATE GRANT ASSISTANCE

This form must be downloaded, completed, dated, printed, and signed by the President/CEO of the applicant institution.

Download from the IBHE website at <https://www.ibhe.org/nefp.html>.

Send the file by e-mail to [grants@ibhe.org](mailto:grants@ibhe.org) or mail to Illinois Board of Higher Education, Grants: FY19 Nurse Educator Fellowship, 1 N. Old State Capitol Plaza, Suite #333, Springfield, IL 62701. Applications sent or postmarked after October 31, 2018 will not be accepted.

### NOMINATION & SUPPORTING DOCUMENTS

Fellowship nominations are limited to no more than three full-time nursing faculty members per eligible institution per award cycle. A separate nomination with supporting documents is required for each nominee.

1. Chief Nursing Administrator makes the nomination.
  - a. Download the Nomination by Institution form at <https://www.ibhe.org/nefp.html> and certify eligibility.
  - b. Write a recommendation for the nominee.
2. Nominee prepares supporting documents.
  - a. Download the Nominee's Supporting Documents form at <https://www.ibhe.org/nefp.html> and complete.
  - b. Write a personal statement indicating (i) qualifications for award, (ii) proposed use of funds, and (iii) intent to remain employed as a nursing faculty member.
  - c. Prepare a budget to support the proposed use of funds.
  - d. Provide a resume or curriculum vitae.
  - e. Give completed form and supporting materials to the Chief Nursing Administrator.

3. Chief Nursing Administrator sends forms and supporting documents to IBHE at [grants@ibhe.org](mailto:grants@ibhe.org) or by mail to Illinois Board of Higher Education, Grants: FY19 Nurse Educator Fellowship, 1 N. Old State Capitol Plaza, Suite #333, Springfield, IL 62701.

The nomination and supporting materials must be submitted on or before October 31, 2018.  
Materials sent or postmarked after the deadline will not be accepted.

**UNIFORM APPLICATION FOR STATE GRANT ASSISTANCE**

Uniform Application for State Grant Assistance– <a href="#">Download file</a>		
Agency Completed Section		
1.	Type of Submission	<b>X Application</b>
2.	Type of Application	<b>X New</b>
3.	Date / Time Received by State	<b>Completed by State Agency upon Receipt of Application</b>
4.	Name of the Awarding State Agency	<b>Illinois Board of Higher Education</b>
5.	Catalog of State Financial Assistance (CSFA) Number	<b>601-00-1591</b>
6.	CSFA Title	<b>Nurse Educator Fellowship Program</b>
Catalog of Federal Domestic Assistance (CFDA)		<b>X Not applicable (No federal funding)</b>
7.	CFDA Number	<b>Not Applicable</b>
8.	CFDA Title	<b>Not Applicable</b>
9.	CFDA Number	<b>Not Applicable</b>
10.	CFDA Title	<b>Not Applicable</b>
Funding Opportunity Information		
11.	Funding Opportunity Number	<b>Not Applicable</b>
12.	Funding Opportunity Title	<b>Not Applicable</b>
Competition Identification X Not Applicable		
13.	Competition Identification Number	<b>Not Applicable</b>
14.	Competition Identification Title	<b>Not Applicable</b>
Applicant Completed Section		
Applicant Information		
15.	Legal Name	
16.	Common Name (DBA)	
17.	Employer / Taxpayer Identification Number (EIN, TIN)	
18.	Organizational DUNS number	
19.	SAM Cage Code	
20.	Business Address	
Applicant's Organizational Unit		
21.	Department Name	
22.	Division Name	

Applicant's Name and Contact Information for Person to be Contacted for <i>Program</i> Matters involving this Application		
23.	First Name	
24.	Last Name	
25.	Suffix	
26.	Title	
27.	Organizational Affiliation	
28.	Telephone Number	
29.	Fax Number	
30.	Email address	
Applicant's Name and Contact Information for Person to be Contacted for <i>Business/Administrative Office</i> Matters involving this Application		
31.	First Name	
32.	Last Name	
33.	Suffix	
34.	Title	
35.	Organizational Affiliation	
36.	Telephone Number	
37.	Fax Number	
38.	Email address	
Areas Affected		
39.	Areas Affected by the Project (cities, counties, state-wide)	
40.	Legislative and Congressional Districts of Applicant	
41.	Legislative and Congressional Districts of Program / Project	
Applicant's Project		
42.	Description Title of Applicant's Project	<b>Nurse Educator Fellowship</b>
43.	Proposed Project Term	<b>Start Date: December 4, 2018</b> <b>End Date: June 30, 2019</b>
44.	Estimated Funding (include all that apply)	<b>Amount Requested from the State:</b> <b>Total Amount: \$10,000</b>



**Applicant Certification:**

By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, Section 1001)

(\* ) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity. If a NOFO was not required for the award, the state agency will specify required assurances and certifications as an addendum to the application.

I agree

**Authorized Representative**

45.	First Name	
46.	Last Name	
47.	Suffix	
48.	Title	
49.	Telephone Number	
50.	Fax Number	
51.	Email Address	
52.	Signature of Authorized Representative	
53.	Date Signed	

## NOMINATION BY INSTITUTION

### Nomination by Institution Form - [Download 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: \_\_\_\_\_

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

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

**Eligibility:** *I certify that the nominee meets the following criteria:*

- 1) The nominee primarily teaches courses in a pre-licensure nursing program. Please specify program:  
ADN \_\_\_\_\_ BSN \_\_\_\_\_ Master's Entry Level \_\_\_\_\_
- 2) The pre-licensure nursing program 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 (ACEN) (previously the National League for Nursing Accrediting Commission).
- 3) The nominee is an Illinois resident.
- 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.
- 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 were selected in 2018, 2015, and 2014). A 2015 Fellow may be nominated since fellowship awards were not given in 2015.

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

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

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

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

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

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

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

*Prepare a separate document and attach to this form.*

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## NOMINEE’S SUPPORTING DOCUMENTATION

### *Nominee’s Supporting Documentation Form- **Download Form***

**Nominee Information:**

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

Institution: \_\_\_\_\_

- 1) Personal Statement & Employment:** Why do you, the Nominee, believe you should be awarded a fellowship? Explain your employment plans for the current academic year. This grant requires that you remain employed as a nursing faculty member with the nominating institution for six months after Board approval (or from December 4, 2018 to June 3, 2019). Limit to one page.

*Prepare a separate document and attach to this form.*

- 2) Anticipated Use of Award:** Fellowship awards are salary supplements that, at the discretion of the Fellow, may be used for expenses related to professional development, conference expenses, continued education, professional dues, and recognition meeting expenses. Describe how you intend to use the fellowship award during the period of December 4, 2018 thru December 31, 2019.

Withholdings Estimate: Fellowship awards are salary supplements subject to payroll withholdings for taxes, retirement contributions, and FICA for Social Security and Medicare. The \$3,000 figure is an estimate; please check with your payroll department for specific withholding amounts.

\$ 3,000

Proposed Expenditures: Provide a description of the proposed expenditures and dollar amounts. *Use the expandable box below.*

\$ 7,000

	Total (includes withholding amounts) \$ 10,000
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- 3) Curriculum Vitae / Resume:** *Please attach to this form.*

**IBHE ADMINISTRATIVE RULE**

## 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) [*which is now the Accreditation Commission for Education in Nursing (ACEN)*].

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

"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, 1 N. Old State Capitol Plaza, Suite #333, Springfield, Illinois 62701 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.
- 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.
- 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;
  - 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.