

# 2018 Executive Leadership in Nursing Education and Practice Program

## Applicant Information

Please complete this information. All information is required.

Name (with credentials): \_\_\_\_\_

Home Street Address, City, State, Zip Code: \_\_\_\_\_

Home Telephone and Cellphone: \_\_\_\_\_

Home Email: \_\_\_\_\_

Name of Employer or School where you teach or practice: \_\_\_\_\_

Street Address, City, State, Zip code: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Work Email: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

NLN ID#: \_\_\_\_\_

Previous Leadership or Administrative Position(s): \_\_\_\_\_

## Ethnicity/Race

**Race:** Please choose the category below that best describes the way you identify yourself.


- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- White or Caucasian
- Multiracial
- Native Hawaiian or Other Pacific Islander
- Other/Unknown

## Gender

- Male
- Female

## How Did You Learn About The NLN Leadership Institute?

- Advertisement
- Email communications
- In-person Event
- Nursing Education Perspectives Journal
- Referral from Past Participant
- Search Engine
- Social Networks
- Websites
- Other

 Education

(List your most recent educational degree first)

 Degree #1

Institution (Name, City, State): \_\_\_\_\_  
Major Area of Study: \_\_\_\_\_  
Degree Awarded: \_\_\_\_\_  
Year Degree Awarded: \_\_\_\_\_

 Degree #2

Institution (Name, City, State): \_\_\_\_\_  
Major Area of Study: \_\_\_\_\_  
Degree Awarded: \_\_\_\_\_  
Year Degree Awarded: \_\_\_\_\_

 Degree #3

Institution (Name, City, State): \_\_\_\_\_  
Major Area of Study: \_\_\_\_\_  
Degree Awarded: \_\_\_\_\_  
Year Degree Awarded: \_\_\_\_\_

 Degree #4

Institution (Name, City, State): \_\_\_\_\_  
Major Area of Study: \_\_\_\_\_  
Degree Awarded: \_\_\_\_\_  
Year Degree Awarded: \_\_\_\_\_

If you are employed in a school of nursing, which types of programs are offered at the school?


Select all that apply.

- Practical/Vocational
- Associate
- Diploma
- Baccalaureate
- Master's
- Doctoral

Indicate the ONE program where you have the MAJORITY of your teaching, advisement, and leadership responsibility?

- Practical/Vocational
- Associate
- Diploma
- Baccalaureate
- Master's
- Doctoral

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 Present Position:


Description of responsibilities, including activities, operations, or functions for which you are directly responsible.

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

Academic Rank, if applicable: \_\_\_\_\_

Description of Responsibilities: (in no more than 250 words) \_\_\_\_\_

What is the total number of years you have been in your current position? \_\_\_\_\_

 Previously Held Position #1

Describe previously held positions in nursing education and/or nursing practice (include title and/or rank, name of employer, dates, location, and a brief description of responsibilities). Please list your most recent position first.

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

Dates Position Held: \_\_\_\_\_

Academic Rank (if applicable): \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Location of Employer: (City, State): \_\_\_\_\_

Brief Description of Responsibilities: (in no more than 250 words) \_\_\_\_\_

What is the total number of years you have held this position? (if applicable) \_\_\_\_\_

 Previously Held Position #2

Describe previously held positions in nursing education and/or nursing practice (include title and/or rank, name of school/facility, dates, location, and a brief description of responsibilities)

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

Dates Position Held: \_\_\_\_\_

Academic Rank (if applicable): \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Location of Employer: (City, State): \_\_\_\_\_

Brief Description of Responsibilities: (in no more than 250 words) \_\_\_\_\_

What is the total number of years you have held this position? (if applicable) \_\_\_\_\_

 Previously Held Position #3

Describe previously held positions in nursing education and/or nursing practice (include title and/or rank, name of employer, dates, location, and a brief description of responsibilities)

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

Dates Position Held: \_\_\_\_\_


Academic Rank (if applicable): \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Location of Employer: (City, State): \_\_\_\_\_

Brief Description of Responsibilities: (in no more than 250 words) \_\_\_\_\_

What is the total number of years you have held this position? (if applicable) \_\_\_\_\_

 Previously Held Position #4

Describe previously held positions in nursing education and/or nursing practice (include title and/or rank, name of employer, dates, location, and a brief description of responsibilities)

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

Dates Position Held: \_\_\_\_\_

Academic Rank (if applicable): \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Location of School/Facility (City, State): \_\_\_\_\_

Brief Description of Responsibilities: (in no more than 250 words) \_\_\_\_\_

What is the total number of years you have held this position? (if applicable) \_\_\_\_\_

 Other Relevant Employment or Experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

 Biographical Sketch




Research/Grant Experience (if applicable): \_\_\_\_\_

Publications (selected publications, last three years): \_\_\_\_\_

Presentations (selected presentations, last three years) \_\_\_\_\_

Awards and Honors: \_\_\_\_\_

Leadership Programs attended (if applicable) \_\_\_\_\_

 Please be concise when answering the following questions. One or two paragraphs for each question is sufficient. Be sure to answer all parts of each questions. (no more than 350 words for each question)

1. Describe reasons why you think you need to be re-energized to lead.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



2. What are the two most important challenges facing you in your position?

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3. What organizational system issues have affected your administrative role? What effective strategies have you implemented?

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4. Discuss three leadership goals you wish to achieve as a result of participating in this program.

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5. Write some reflective statements about the following questions: Following your participation in this leadership program, how might you impact changes in nursing education and practice? How will you reinvent yourself, both personally and professionally?

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 Administrator's Letter

Please upload the appropriate administrator's letter on institutional letterhead indicating your leadership potential and administrative support of your participation in all activities related to the program from January 2018 through December, 2018. If your employer is paying all or part of your tuition, transportation/lodging for conferences, meetings and other fees related to participation in this program, it should be acknowledged in this letter.

Note: File names should start with, "Executiveleadership\_letter\_yourlastname".

You will receive a confirmation email when your application is received. If you do not receive an email within five business days of your submission, please contact Mrs. Tigist Bishaw at 202-909-2503 or email: [tbishaw@nln.org](mailto:tbishaw@nln.org).

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 PLEASE BE SURE TO:

Read through your application to be sure that you have completed all sections. Submit your application as stated in the directions above. Appropriate administrator's letter (e.g. dean/director) addressing your leadership abilities or potential, and documenting her/his financial support and time allocation for your participation in this program. Applicants will not be considered if the appropriate administrator's letter does not accompany the application. **ALL APPLICATION MATERIALS MUST BE RECEIVED BY SEPTEMBER 29, 2017 at 5:00 PM ET.**