

2018 LEAD: Nurses in Education and Practice Transitioning into Administrative Leadership Roles and Emerging Leaders

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

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.



Institution (Name, City, State): _____
Major Area of Study: _____
Degree Awarded: _____
Year Degree Awarded; _____



Institution (Name, City, State): _____
Major Area of Study: _____
Degree Awarded: _____
Year Degree Awarded; _____



Institution (Name, City, State): _____
Major Area of Study: _____
Degree Awarded: _____
Year Degree Awarded; _____



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

Check the ONE program where you have majority of your teaching, advisement, and leadership responsibility

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

Doctoral

 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 present position? _____

If your primary employment is in a practice setting, what is your clinical specialty and/or administrative role. (in no more than 250 words) _____

 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 the most recent position first.

Position Title: _____

Academic Rank, if applicable: _____

Name of Employer: _____

Dates Position Held: _____

Location of Employer (City, State): _____

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

Other Relevant Employment or Experience: (in no more than 250 words) _____

 Previously Held Position #2

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: _____

Academic Rank, if applicable: _____

Name of Employer: _____

Dates Position Held: _____

Location of Employer: (City, State): _____

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

Other Relevant Employment or Experience: (in no more than 250 words) _____

 Previously Held Position #3


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: _____

Academic Rank, if applicable: _____

Name of Employer: _____


Dates Position Held: _____
Location of Employer: (City, State): _____
Brief Description of Responsibilities: (in no more than 250 words) _____
Other Relevant Employment or Experience: (in no more than 250 words) _____


 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: _____
Academic Rank, if applicable: _____
Name of Employer: _____
Dates Position Held: _____
Location of Employer: (City, State): _____
Brief Description of Responsibilities: (in no more than 250 words) _____
Other Relevant Employment or Experience: (in no more than 250 words) _____

 Biographical Sketch


Research/Grant Experience (if applicable): _____
Publications (selected publications, last three years): _____
Presentations (selected presentations, last three years): _____
Awards and Honors: _____

 Please be concise when answering the following questions.

One or two paragraphs (in no more than 350 words) for each question are sufficient. Be sure to answer all parts of the question/statements..

1. Explain why you want to be accepted in the LEAD program. _____
2. Discuss three top leadership goals you want to focus on as a result of participating in LEAD and include the rationale for each goal. _____
3. What leadership challenges have you experienced in your leadership role? What strategies have you used to manage these challenges? _____

4. Write some reflective thoughts about the following questions: Following your participation in this leadership program, how might you impact changes in nursing practice or nursing education? How will you "reinvent" yourself, both personally and professionally, so as not to merely "live the status quo?"

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 and other fees related to participation in this program, it should be acknowledged in this letter. You will receive a confirmation email when your application is received and complete. 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. Note: File name should start with, "LEAD-letter_yourlast name".

Directions for Submitting Materials

This is a highly competitive program. We encourage you to have someone review your application and provide feedback before you submit. We do look for a concise answer to the questions -- longer is not necessarily better. Here are some questions to ask yourself as you prepare your answers to each question. Are your leadership goals specific and achievable? Have you specifically identified leadership challenges in your role as well as strategies you have implemented to manage them?

PLEASE BE SURE TO:

1. Read through your application to be sure that you have completed all sections.
2. Submit your application as stated in the directions above.
3. Upload appropriate administrator's letter (e.g. dean/director) addressing your leadership abilities or potential, and documenting her/his financial and time allocation support 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.**