

# 2018 Leadership Development Program for Simulation Educators

## 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: \_\_\_\_\_

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
- Simulation Innovation Resource Center (SIRC)
- Other

 Education

List your most recent educational degree first.

 Degree #1

Degree: \_\_\_\_\_

Institution (Name, City, State): \_\_\_\_\_

Major Area of Study: \_\_\_\_\_

Year Degree Awarded: \_\_\_\_\_


 Degree #2

Degree: \_\_\_\_\_

Institution (Name, City, State): \_\_\_\_\_

Major Area of Study: \_\_\_\_\_

Year Degree Awarded: \_\_\_\_\_

 Degree #3

Degree: \_\_\_\_\_

Institution (Name, City, State): \_\_\_\_\_

Major Area of Study: \_\_\_\_\_

Year Degree Awarded: \_\_\_\_\_

 Degree #4

Degree: \_\_\_\_\_

Institution (Name, City, State): \_\_\_\_\_

Major Area of Study: \_\_\_\_\_

Year Degree Awarded: \_\_\_\_\_

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

 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: \_\_\_\_\_

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

 Previously Held Position #1 (Related to Simulation only)

Provide your title and/or rank, name of employer, dates, location, and a brief description of responsibilities. Please list your 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 350 words) \_\_\_\_\_

What is the total number of years you have held this position? \_\_\_\_\_

 Previously Held Position #2 (Related to Simulation only)

Provide your 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 350 words) \_\_\_\_\_

What is the total number of years you have held this position? \_\_\_\_\_

 Previously Held Position #3 (Related to Simulation only)

Provide your 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 350 words) \_\_\_\_\_


What is the total number of years you have held this position? \_\_\_\_\_

 Other Relevant Employment or Experience:

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 Biographical Sketch:

**Research/Grant Experience (if applicable):**

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**Publications (selected publications, last three years):**

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**Presentations (selected presentations, last three years):**

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**Awards and Honors:**

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 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 question.

1. State your philosophy on the use of simulation as an educational pedagogy. (in no more than 350 words)

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2. Describe a creative teaching-learning innovation using simulation that you have developed; include why you developed it, how it relates to your philosophy of simulation, the success you had in implementing it, and what you learned from the experience. (in no more than 350 words)

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3. Identify the top 3 leadership development goals you would like to focus on as part of this leadership program. (in no more than 350 words)

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4. Write some reflective thoughts about the following questions: Following your participation in this leadership program, how might you impact changes in simulation education? How will you "reinvent" yourself, both personally and professionally, so as not to merely 'live the status quo?'. (in no more than 350 words)

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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 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@nlm.org](mailto:tbishaw@nlm.org). Note: File name should start with, "SIMSLeaders-letter-your last 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.

1. Are your goals specific and achievable?
2. Is the teaching/learning innovation you describe really creative? Even if it had limited success, do the lessons that you describe reflect learning that can be used when planning future simulation experiences?

#### 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 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.**