

NCSBN Regulatory Scholars Program Scholar in Residence

The Scholar in Residence position will provide the graduate student or faculty member with valuable nursing regulatory experience related to education, practice, licensure, policy and/or discipline depending on both the applicant's primary area of interest and NCSBN's organizational objectives. One applicant annually will be selected for this eight-week program to participate in a project related to nursing regulation under the guidance of NCSBN Nursing Regulation Staff. This position will typically occur during the summer, but might be held at other time points based on NCSBN's needs.

Location

The graduate student or faculty member will work in the NCSBN offices in downtown Chicago, IL for the duration of the 8-week position.

Financial Support

A \$6,000 stipend as well as reimbursement for travel expenses will be provided.

Who Should Apply

Graduate students or faculty.

Application Process

To apply, complete and submit the application below and the following supporting information:

- A cover letter describing your interest in nursing regulation and your experience related to nursing regulation. Please include: 1) research interests, 2) what you would like to achieve through the position, and 3) previous experience relevant to the position.
- A resume or curriculum vitae (include any honors, awards, and any other relevant accomplishments)
- Two letters of recommendation preferably from individuals having direct knowledge of your nursing regulation interests and abilities.

Extended Application Deadline: March 15, 2019

Submit application materials to the following address or via email as attachments:

National Council of State Boards of Nursing
Attn: Nancy Spector, PhD, RN, FAAN, Director, Regulatory Innovations
111 E Wacker Drive, Suite 2900
Chicago, IL 60601
Email: regulatoryscholars@ncsbn.org

Applicant Information

Full Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email Address _____

Institution Enrolled In _____

City _____ State _____ Zip Code _____

Expected Date of Graduation _____

Are you legally eligible to work in the U.S.? Yes No

How did you hear about this program? _____

Signature _____ Date _____