

CRE Grant Program for Doctoral Students

NCSBN Center for Regulatory Excellence

Send your completed application via mail or email to:

NCSBN Center for Regulatory Excellence

Attention: Regulatory Innovations

111 E. Wacker Drive, Suite 2900

Chicago, IL 60601-4277

CRE@ncsbn.org

PLEASE TYPE – USE ONLY THE SPACE PROVIDED BELOW

Doctoral Student:

Degree Pursuing: PhD

 DNP

 Other _____

Primary Faculty Advisor:

Investigator Contact Information:

Name: _____
Title: _____
Organization: _____
Street Address: _____
City, State, Zip: _____
Country: _____

Telephone: _____
Fax: _____
E-mail: _____

Date Submitted: _____

Official from Investigator’s Organization to notify if awarded:

Name: _____
Title: _____

(If different from Investigator’s contact information)

Street Address: _____
City, State, Zip: _____

Telephone: _____
Fax: _____
E-mail: _____

Organization Type: (Check one)

Non-profit Public/Government Individual Other, please describe _____

Organization Information:

Legal Name according to the IRS (for U.S.) or IRS-equivalent (non-domestic): _____

Tax ID Number: _____

Does the organization have 501(c)(3) status?

___ Yes

___ No

Describe your area of focus and future goals:

All funded research projects require IRB approval or exemption. Please indicate the date of Institutional Review Board (IRB) approval or if approval is pending, list "pending" with date of IRB submission.

Date of IRB approval: _____

If your proposal is recommended for funding, we expect that you will have IRB approval by the grant start date.

Formatting Instructions

Font: 12 point font (Arial or Times Roman)

Spacing: Double spaced with 1 inch margins for all sections except for the Literature Review (single spaced with double space between items).

Project Title: _____

Project Overview – A concise summary of the project and how it will advance the science of nursing regulation.

Purpose, Problem Statement or Research Question(s):

Literature Review

Methodology

Method of Data Analysis

Limitations

Project Timetable:

Start Date: _____

End Date: _____

Project Timeline

BUDGET JUSTIFICATION

CONSULTANTS _____

TRAVEL _____

DATA COLLECTION, PROCESSING, AND OTHER COSTS

REPRODUCTION/DISTRIBUTION OF SURVEYS OR OTHER TOOLS COSTS

OTHER EXPENSES DIRECTLY RELATED TO THE RESEARCH PROCESS

Attach Curriculum Vitae with documentation of publications of the primary faculty advisors. Evidence should be provided that this individual has the qualifications to supervise the doctoral research in this proposal.