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 Advi	sor:	
Investigator Contact	Information:	Official from Investigator's Organization to notify if awarded:
Name:		Name:
Title:		Title:
Organization:		(If different from Investigator's contact information)
Street Address:		
City, State, Zip:		Street Address: City, State, Zip:
Country.		City, State, Zip.
Telephone:		Telephone:
E-mail:		Fax: E-mail:
Organization Type:	(Check one)	
Non-profit	Public/Government Individ	dual Other, please describe
Organization Inform	nation:	
Legal Name according	g to the IRS (for U.S.) or IRS-equivalen	nt (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 exem or if approval is pending, list "pending" with date of IRB seconds.	ption. Please indicate ubmission.	e the date of Institutional Review Bo	ard (IRB) approval
Date of IRB approval:			
If your proposal is recommended for funding, we expect th	at you will have IRB	approval by the grant start date.	

Spacing: Double spaced with 1 inch margins for all sections except for the <u>Literature Review</u> (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

Formatting Instructions

Font: 12 point font (Arial or Times Roman)

Project Timetable:	
Start Date:	_
End Date:	_
Project Timeline	
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DETAILED BUDGET FOR PROJECT PERIOD DIRECT COSTS ONLY (Budget Justification on next page)				FROM	THROUGH	
PERSONNEL (Applicant					DOLLAR AMOUNT REQUESTED	
organization only) NAME	RESEARCH ASSISTANT	YEAR 1	YEAR 2	TOTAL		
				\$]	
CONSULTANT COSTS (ex	pertise outside student com	nmittee, no	t to excee	d \$250/day)		
TRAVEL (for study, such as	s visiting sites)					
, ,						
DATA COLLECTION, PRO	CESSING COSTS					
REPRODUCTION/DISTRIE mailing lists)	BUTION OF SURVEYS OR	OTHER T	OOLS CO	STS (such as pu	rchasing	
OTHER EXPENSES DIREC	CTLY RELATED TO THE R	ESEARCH	H PROCES	SS		
SUBTOTALS				SUBTOTALS		\$
CODICIALO				SOBIOTALO		.
TOTAL DIRECT COSTS FO	OR PROJECT PERIOD					\$

BUDGET JUSTIFICATION

CONSULTANTS
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TRAVEL
DATA COLUENTION PROGEOGINO AND OTHER COOTS
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.