NCSBN Regulatory Scholars Program Scholar in Residence

The Scholar in Residence position will provide the candidate with valuable nursing regulatory/policy experience related to education, practice, licensure, policy, research 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.

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Location

The Þœˆ 6L d # Á3• 5P ufÃtravel expenses will be provided.

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

- x A cover letter describing your interest in nursing regulation and your experience related to nursing regulation. Please include: 1) regulation/policy research interests, 2) what you would like to achieve through the position, 3) previous experience relevant to the position, 4) identification of a potential project that would be mutually beneficial to you and NCSBN.
- x A resume or curriculum vitae (include any honors, awards, and any other relevant accomplishments)
- x Two letters of recommendation preferably from individuals having direct knowledge of your nursing regulation interests and abilities.

Application Deadline: \$ S S O L F D W L R Q V D U H D F F H S W H G R Q D Q R Q J R L Q J

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, 1 X U V L Q J (G X F D W L R Q
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_____

City_____State_____Zip Code_____

Expected Date of Graduation (if applicable) _____

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

How did you hear about this program?_____

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Signature_____Date_____