

NOTE: THIS SAMPLE APPLICATION IS FOR REFERENCE ONLY

To begin the application process, please visit the [how to apply page](#) of the website and follow the instructions listed.

**BETTY IRENE MOORE FELLOWSHIP PROGRAM FOR
NURSE LEADERS AND INNOVATORS 2021 SAMPLE APPLICATION**

Thank you for your interest in the Betty Irene Moore Fellowship Program for Nurse Leaders and Innovators. The application has two required components: submission of this online application including your electronic signature, and email submission of a single PDF file of required documents (see below) to: hs-NurseLeaderFellows@ucdavis.edu. ***Both components must be submitted by December 1, 2020 at 5:00PM Pacific Time for full consideration.***

Required documents for the single PDF (in this order):

1. Applicant CV in the NIH biosketch format
2. Dean or Chief Nurse Executive/Chief Nursing Officer nomination statement
3. Self-selected mentor letter of support
4. Self-selected mentor CV in NIH biosketch format
5. Project timeline
6. Budget
7. Budget justification

How to submit an application

Step 1 — [Request a personal application link](#).

Step 2 — Use your personalized link to access your online application. Please note that your entries will automatically save each time you exit the online application system. Always use your personal application link to return to the saved application at any time prior to submission.

Step 3 — Complete all required sections of the online application and provide an electronic signature at end of the application prior to submission. You will receive an email confirmation acknowledging that your application has been received. If you do not receive an email confirmation, please contact hs-NurseLeaderFellows@ucdavis.edu.

Step 4 — Prepare a single PDF file of required documents (see above) and send to hs-NurseLeaderFellows@ucdavis.edu. Include your last name in the subject line.

Step 5 — You will receive an email confirming receipt of your PDF. If you do not receive an email confirmation, please contact hs-NurseLeaderFellows@ucdavis.edu.

If you have any questions, email our team at hs-NurseLeaderFellows@ucdavis.edu. Please also refer to the website for updates and program information.

Applicants selected for an interview will be notified the week of February 8, 2021. Interviews will take place via Zoom February 22-24, 2021.

SECTION 1: Applicant's Institution and Contact Information

Applicant's Sponsoring Institution

- My sponsoring institution is an eligible academic institution.
If this option is selected, select from the pull-down menu of eligible institutions.
- My sponsoring institution is a health system or other health-related organization.

For applicants from a health system or other health-related organization:

Please provide the name of your health system or organization:

Briefly describe the type of health system or organization (e.g., academic health system with inpatient and outpatient services, community hospital, public health, etc.) *(approximately 100 words)*

Describe how your health system or organization demonstrates (1) commitment to nursing science, scholarship, and leadership and (2) infrastructure to support fellows throughout the program and propel them forward in their career development *(approximately 250 words)*

Applicant's Contact Information

First Name: _____

Last Name: _____

Degrees/Credentials: _____

Home Address: _____

City: _____

State: _____

Zip Code: _____

Cell Phone Number: _____

Work Address: _____

City: _____

State: _____

Zip Code: _____

Work Email Address: _____

Work Phone Number: _____

How did you hear about the fellowship (select all that apply)?

- Advertisement
- Someone associated with the fellowship (e.g., current fellow, national advisor, faculty or staff)
- Dean/Chief Nurse Executive/Chief Nursing Officer
- Email
- Professional organization
- Search engine
- Social media
- Website
- Word of mouth

Year PhD degree conferred – select one:

- 2011
- 2012
- 2013
- 2014
- 2015
- 2016
- Prior to 2011 with prior approval from the National Program Office.

If a leave situation impacted your career trajectory, please contact the National Program Office at hs-NurseLeaderFellows@ucdavis.edu to discuss potential eligibility.

Current title/position:

- My current position is in an academic setting.
Select from the following two options:
 - Tenure track**
 - I am in a tenure-track position – and not yet tenured
 - I am in a tenure-track position – and tenured
[if this option is selected, indicate year tenure received _____]
 - Other, non-tenure track**
 - My primary role is teaching
 - My primary role is clinical
 - My primary role is research
 - Other - please describe: _____
- My current position is in a health system setting.

SECTION 2: Personal Statement of Purpose

In this section, we ask you to share information about yourself, including:

- Your leadership and scholarship aspirations, experience and career goals
- Your vision for health, health care delivery systems and quality
- Your desired outcome of the fellowship and impact on health and health care delivery systems and quality

1. Describe your leadership journey to date. *(approximately 250 words or less)*

2. Describe an example that illustrates your innovation and creativity – the example can be based on any aspect of your professional career (e.g., research, education, practice or policy) and does not necessarily need to relate directly to the project you propose for this fellowship. *(approximately 250 words or less)*

3. Describe how your leadership, scholarship and career aspirations advance population health and improve health care systems/delivery. *(approximately 250 words or less)*

4. Describe how you envision this fellowship program accelerating your leadership and scholarship journey – what do you hope to gain and what impact do you aspire to have after this fellowship? *(approximately 250 words or less)*

5. Describe your past, present, and future contributions to promoting equity, inclusion, and diversity in your leadership and scholarship. *(approximately 250 words or less)*

SECTION 3: Self-selected Mentor

You may have a mentoring team, however, please provide the name, email address and rationale for selecting your primary mentor.

Primary Mentor First Name: _____

Primary Mentor Last Name: _____

Primary Mentor Work Email Address: _____

Provide a rationale for this selection. What do you hope to gain by working with this mentor, specifically? Describe previous experience working with this mentor in any capacity. *(approximately 250 words or less)*

SECTION 4: Proposal

Fellows complete an innovative project focused on generating new knowledge. Refer to the [how to apply page](#) of the website for information about project scope.

Projects can include:

- Research studies
- Implementation of an evidence-based intervention that incorporates implementation science
- Inventions that incorporate rapid cycle design process

Project Title (*10 word limit*): _____

1. What is the health or healthcare problem you aim to solve and why is it important? (*approximately 250 words or less*)

2. What innovative thoughts or ideas do you have to solve this problem? (*approximately 250 words or less*)

3. What is the overall goal of your proposed project? What will be different after you are finished? (*approximately 100 words or less*)

4. Describe your thinking regarding your approach to and potential methods for your proposed project. (*approximately 250 words or less*)

5. What challenges or barriers do you anticipate in carrying out the project and how will you overcome these issues? (*approximately 250 words or less*)

6. What are the skills and experiences that make you uniquely well-suited to carry out this project? (*approximately 250 words or less*)

7. How will your institution support your project (including mentorship, collaborative relationships, resources, and release time)? (*approximately 250 words or less*)

SECTION 5: Demographics (optional)

Please complete the self-identification questionnaire about gender identity, ethnicity, race, disability, and veteran status. You can choose “decline to respond” for any question, but sharing information provides important data about the University of California’s community diversity and informs UC’s efforts to create an inclusive environment.

What is your current gender identity?

- Female
- Male
- Trans Female/Trans Woman
- Trans Male/Trans Man
- Nonbinary
- Different Identity
- Decline to respond

Are you of Hispanic, Latino or Spanish origin?

- No, I am not of Hispanic, Latino or Spanish origin
- Yes, I am Mexican/Mexican American/Chicano
- Yes, I am Puerto Rican
- Yes, I am Cuban
- Yes, I am other Hispanic, Latino or Spanish origin (please specify)

- Decline to respond

Please select the race(s) you identify with (select all that apply):

- Asian**
 - Chinese/Chinese American
 - Filipino/Pilipino
 - Japanese/Japanese American
 - Korean/Korean American
 - Pakistani/East Indian
 - Vietnamese/Vietnamese American
 - Other Asian
- White**
 - European
 - Middle Eastern
 - North African
- American Indian or Alaskan Native**
- Black or African American**
- Native Hawaiian or other Pacific Islander**
- Decline to respond

Disability (select one of the following choices):

- Yes, I have a disability (or previously had a disability)
- No, I do not have a disability
- Decline to respond

Veteran Status (select one of the following choices):

- I identify as one or more of the defined classifications shown in link above
- I am not a protected veteran
- I am not a veteran
- Protected veteran, no self-identify
- Decline to respond

SECTION 6: Additional documents required to complete application

Prepare a single PDF of required documents and send to hs-NurseLeaderFellows@ucdavis.edu. Include your last name in the subject line.

Required documents for the single PDF (in this order) include:*

1. **Applicant curriculum vitae (CV)** in the [National Institutes of Health \(NIH\) biosketch format](#) (5 pages maximum)
2. **Dean or Chief Nursing Executive/Chief Nursing Officer nomination statement** — A nomination statement or letter of support from the nursing school Dean or Chief Nurse Executive/Chief Nursing Officer of a health system or organization. The letter must attest to applicant's demonstrated promise as a nurse leader and innovator, characteristics of the applicant that align with the program, strength of applicant's proposed idea and the quality and impact of the project. Include a commitment to institutional support and a statement of commitment to at least 30% release time throughout the three-year fellowship -- including a plans to backfill applicant's responsibilities. Also include a brief narrative regarding the intended use of the one-time payment of \$50,000 to the institution.

Please note: Representatives from the National Program Office for the Betty Irene Moore Fellowships for Nurse Leaders and Innovators reserve the right to contact the Dean/Chief Nurse Executive/Chief Nursing Officer and mentor.

3. **Self-selected mentor letter of support** — Letter from the applicant's self-selected mentor that references the quality and impact of the project; evaluates the promise of the applicant's aptitude for leadership based on expertise, training, education and personal characteristics; attests to the strength of the proposed idea; identifies areas for growth and development and includes a commitment to serve as a mentor.
4. **Self-selected mentor CV** in [NIH biosketch format](#) (5 pages maximum)
5. **Project timeline** (by quarter for three years) - [Use project timeline template \(Word\)](#)
6. **Budget** – [Use budget template \(Excel\)](#)
7. **Budget justification** - Narrative budget justification that explains the line items outlined in the budget.

**Do not include additional materials outside these required elements. To ensure a fair and efficient review process, additional materials are not considered.*

- In addition to the online application, I understand that I need to submit a single PDF of the required documents to complete my application, as instructed above.

Submission Page

Thank you for completing your application to the Betty Irene Moore Fellowship Program for Nurse Leaders and Innovators. Please read and sign the application release statement below:

I hereby apply for admission to the Betty Irene Moore Fellowship Program for Nurse Leaders and Innovators and certify that, to the best of my knowledge, all of my responses and information in this application are correct and complete. I authorize the University of California, Davis to verify the accuracy of anything contained in the application and accompanying material.

I understand that false, incomplete, or misleading information given in my application, interview(s), documents, or communications will result in the removal of my application from further consideration and/or the withdrawal of any offer of admission and/or funding.

As part of our program evaluation, we would appreciate your willingness to answer questions in the coming years, whether you are selected for the program or not.

Please indicate your willingness to be contacted in the future for brief follow-up:

- I am willing to be contacted in the future.
- Please do not contact me in the future.

Please affirm both statements:

- I affirm I will be available to attend the week-long convocation in Sacramento, California in July of each year of my fellowship.
- I affirm that I will participate in the online learning community and monthly meetings throughout the duration of my program.

Note: Submission of the online application requires your electronic signature.