

**NURSE EDUCATORS OF ILLINOIS  
EXCELLENCE IN TEACHING AWARD  
FACULTY NOMINATION APPLICATION**

**NAME OF FACULTY MEMBER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NAME OF NURSING PROGRAM:** \_\_\_\_\_

Is program NLNAC or CCNE accredited? Yes  No

Is program a member of NEI? Yes  No

Is applicant a member of NEI? Yes  No

**NOTE:** Eligibility for this award *requires* that either the applicant or the applicant's program be a NEI member.

In support of this application for an NEI Faculty Excellence in Teaching award I have attached the following:

1. Curriculum Vitae, including current faculty position.
2. Letter of recommendation
3. Narrative description of characteristics and special skills to document indicators of excellence and role modeling.

If I am a recipient of this award, I hereby grant permission for my name to be posted on the NEI website.

Yes  No . I may be requested to attend the Fall Program meeting of NEI.

\_\_\_\_\_  
Signature and Title of Applicant

\_\_\_\_\_  
Date

Please return by April 30, 2010, to: Award Committee \* Nurse Educators of Illinois \* P. O. Box 695 \* Morton Grove, IL 60053