Nurse Faculty Loan Program - Program Specific Data Form

CURRENT FISCAL YEAR? (Formatted DATE Field)
Instruction: Enter the fiscal year date that is provided in the current NFLP Funding Opportunity Announcement cover page.

PREVIOUS NFLP APPLICANT? ___Yes ___No
Instruction: Select 'YES' if your school has ever received past NFLP funding. Enter 'NO' if your school has never received NFLP funding.

A. Program Information

Select Type of Institution:	[_]Public [ ]Private
Select Type of Entity:	[ ]School/College of Nursing [_]Other Entity/Department within the Institution that offers a Graduate Nursing Degree Program
Provide Educator Component/Course Offered:	Applicants may add new educator courses offered or edit/delete previous educator courses specified.

B. Accreditation

State the applicable accreditation for the graduate nursing program(s) offered and provide the required documentation:

C. Federal Funds Requested

Indicate the total Federal Capital Contribution (FCC) Amount Requested.	

D1. NFLP Loan Fund Balance/Unused Accumulation

Indicate the institution's NFLP loan fund balance as of the past reporting period end date.	

D2. NFLP Loan Fund Default Rate

Does the institution's NFLP default rate exceed the threshold (>5%)?	___Yes ___No
If yes, has a corrective action plan been included as part of your application?	___Yes ____No

D3. Last NFLP Student Loan Award

Has an NFLP loan been disbursed from the institution's NFLP loan fund within the last two academic years?	___Yes ____No

E.1 NFLP Enrollees Information by Degree – Continuing Students Expected to Request NFLP Support

Type of Institution	Master's Degree		Doctoral Degree	
				PT

E.2 NFLP Enrollees Information by Degree - New Students Expected to Request NFLP Support

Type of Institution	Master's Degree		Doctoral Degree	
Public – In-state				
Public – Out-of-state				

	Total Number of NFLP Graduates		Total Number of NFLP Graduates Employed as	
	Master's	Doctoral	Master's	Doctoral

	NFLP Enrollees	
Nurse Practice Role		

					Doctoral Program			

<p style="text-align:center">NFLP PROGRAM SPECIFIC DATA FORM <mark>(Revision)</mark>
Instructions</p>

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PART 1 – PROGRAM INFORMATION

A. Applicant and Program Information

Type of Institution

Public and private institutions are eligible to apply. The selection will enable the applicable data fields to be completed under Sections E.1-E.2 (Enrollee Information) and F. (Tuition Information).

Eligible Entity

An eligible entity is an accredited collegiate school of nursing that offer advanced graduate (master's and doctoral) nursing degree programs that prepare nurse faculty/educators.

Educator Component/Course Offered?

For each course entered, details such as the number of credits, whether it is a required or elective course, if it includes distance learning, and the competencies it addresses should be provided.

Of the six educator competencies listed (below), at least two of the first four Nurse Educator Competencies must be selected for all courses added in this section.

- Use of educational theory and evidence-based teaching practices.
- Identification of individual learning styles and unique learning needs of traditional and non-traditional students.
- Assessment, measurement, and evaluation strategies.
- Curriculum design and evaluation of program outcomes.
- Design and implementation of scholarly activities in an established area of expertise.
- Balancing teaching, scholarship, and service demands inherent in the role of nurse educator.

B. Accreditation and Approvals

Accreditation documentation for your program should be provided either in the form of a letter or certificate from CCNE, NLNAC, COA, or ACME. A letter from the United States Department of Education providing reasonable assurance of accreditation for your Program(s) is also accepted. Failure to provide documentation of each applicable accreditation with the application will render the application non-responsive and the application will not be considered for funding under this announcement.

Each letter(s) or certificate of accreditation, or letter(s) of Reasonable Assurance from the U.S. Department of Education, <u>must be uploaded as Attachment 1</u>. The filename attachment should specify the accreditation name (i.e., *Attachment1_CCNE.doc, Attachment1_COA.doc*).

Other Attachments

All 'other' attachments must <u>not</u> be uploaded in this form. Please upload attachments 2-11 below under the Other Project Information section of the HRSA EHBs application.

- Biographical Sketch – Required, upload as Attachment 2
- Sample plan for Full and Part-Time Students – Required, upload as Attachment 3
- Educator Component/Coursework Description – Required, upload as Attachment 4
- Maintenance of Effort Documentation – Required, upload as Attachment 5
- Loan Disbursement Plan – Required, upload as Attachment 6
- Sample NFLP Loan Commitment Letter – Required, upload as Attachment 7
- Statement of Employment Partnership – Required, upload as Attachment 8
- Documentation of Collaborative Agreement – If Applicable, upload as Attachment 9
- Default Rate Action Plan – If Applicable, upload as Attachment 10

Documentation of Private or Public Non-Profit Status – Required, upload as Attachment 11

PART 2 – FUND INFORMATION

C. Federal Funds Requested

Applicants may determine the Federal Capital Contribution (FCC) amount requested by calculating the tuition and other educational fees for the academic year multiplied by the number of continuing NFLP students and prospective new students expected to receive NFLP loan support. The Federal funds requested in this section should consider the enrollee data that will be provided under Sections E.1-E.2.

Example:
FCC Amount Requested   = (Tuition costs <u>plus</u> other educational fees/expenses for an academic year <u>multiplied by</u> the number of continuing NFLP students <u>plus</u> the number of prospective new NFLP students expected to request NFLP)

= $(25,000 + 2000) * (15 + 5)

= $540,000

IMPORTANT NOTE: Applicant should consider the required 1/9 institutional capital contribution when providing the information.

D1. NFLP Loan Fund Balance/Unused Accumulation
If your institution received NFLP funding in the past, provide the actual or projected NFLP loan fund balance through June 30 of this award year. Verify the NFLP loan fund balance with the appropriate officials at your institution. New applicants must enter "$0".

D2. NFLP Loan Fund Default Rate
Verify the NFLP loan fund default rate with the appropriate officials at your institution. Default rate information should be collected from the most recent NFLP Annual Performance Report. New applicants must select "No".

D3. Last NFLP Student Loan Award
Verify the last NFLP student loan fund award from the NFLP loan fund. Student Loan Award information should be collected from the most recent NFLP Annual Performance Report. New applicants must select "No".

PART 3 – NFLP ENROLLEE AND GRADUATE INFORMATION

This section will enable data fields based on the selection for "Type of Institution" (Public or Private) under Section A.

E.1 **NFLP Enrollees (Continuing) by Degree Level –** Provide the number of continuing NFLP enrollees expected to receive NFLP support during the current academic year (Fall/Spring/Summer). All data fields must be completed. Enter "0" if not reporting data in the fields.

E.2 **NFLP Enrollee (New) by Degree Level –** Provide the number of projected new enrollees expected to receive NFLP support during the current academic year (Fall/Spring/Summer). All data fields must be completed. Enter "0" if not reporting data in the fields.

E.3 **NFLP Graduates and Graduates Employed as Nurse Faculty** – Provide the number of NFLP students that graduated during the <u>previous academic year</u>. Provide the number of NFLP graduates that reported employment as full-time faculty during the <u>previous academic year</u>. All data fields must be completed for current NFLP awardees as applicable Graduate and graduate employment information should be collected from the most recent NFLP Annual Performance Report. Enter "0" if not reporting data in the fields.

E.4 **NFLP Enrollees by Practice Role –** Provide the total number of continuing and projected new NFLP enrollees by practice. All data fields must be completed. Enter "0" if not reporting data in the fields.

   ✓ The total Master's enrollees for all Nurse Practice Roles listed should reconcile with the sum of total <u>Master's Degree</u> (FT and PT) under Sections E.1 and E.2.

   ✓ The total Doctoral enrollees for all Nurse Practice Roles listed should reconcile with the sum of total <u>Doctoral Degree</u> (FT and PT) under Sections E.1 and E.2.

PART 4 – TUITION INFORMATION

F. Tuition, Required Terms and Credit Hours

Provide the required tuition information for each distinct graduate nursing degree program for which enrollee information is provided under Sections E.1-E.2.

- Program Degree – Select each program degree level and provide the number of terms, the number of credits and the tuition data.

- Tuition Costs Per Term – For "Full-time" tuition costs per TERM, enter total amount for <u>one term with fees and expenses</u> based on the required full-time credit hours (or average full-time credit hours). For "Part-time" tuition costs per TERM, enter total amount for <u>one term with fees and expenses based on the required part-time credit hours (or average part-time credit hours).</u>   NOTE: If you are a PRIVATE institution, enter tuition data under in-state only.