TUFTS HEALTH PLAN NURSE SCHOLARS PROGRAM APPLICATION
Program to Improve the Nurse Faculty Shortage

Submitted by the Massachusetts Hospital Research and Educational Association, Inc.

Background
According to the journal *Health Affairs*¹, nearly a quarter-million nurses entered the workforce in 2007-08, an 18 percent surge. Despite this increase, however, long-term projections still indicate that the nursing shortage will widen over the next decade as the aging workforce retires. Schools are facing a critical capacity problem primarily because of a lack of nursing education faculty. The problem is at least three-fold: 1) there are not enough Master’s- or Doctoral-prepared nurses who can teach; 2) the current nursing faculty is aging and approaching retirement; and 3) compensation for nursing faculty is not competitive with nursing salaries in direct care settings.

Nationwide, according to the 2008 Annual Survey of Institutions with Baccalaureate and Higher Degree Nursing Programs by the American Association of Colleges of Nursing (AACN), 49,948 qualified applicants were turned away from colleges and universities primarily because of a shortage of faculty and resource constraints. Of this total, 41,385 applicants were turned away from entry-level baccalaureate programs, 1,659 applicants from RN-to-baccalaureate programs, 5,902 applicants from master’s programs, and 1,002 applicants from doctoral programs.

Purpose of the Tufts Health Plan Foundation Nurse Scholars Program
To meet the future need for nurse educators in Massachusetts, the Tufts Health Plan Foundation has created the Nurse Scholars Program. Eligible clinical nurses are encouraged to apply, and candidates of diversity are particularly encouraged to apply. This program was developed with the Massachusetts Hospital Research and Educational Association (MHREA – a subsidiary of the Massachusetts Hospital Association). In addition, a key leadership partner in this initiative is the Massachusetts Department of Higher Education, which has been working in partnership with other healthcare stakeholders and our higher education institutions to develop statewide and regional programs to address the shortage of the clinical and faculty nursing workforce. These efforts by industry stakeholders and public and private education institutions resulted in the Department of Higher Education Nursing Initiative – an industry-wide collaboration working to address these nursing workforce issues by 1) increasing the supply of skilled nurses by expanding the higher education pipeline, 2) increasing the number of qualified nursing faculty and 3) redesigning the nursing education program system to meet future demands.

The Tufts Health Plan Foundation provided a grant of $250,000 to MHREA to support the Nursing Initiative’s efforts to increase the number of qualified nursing faculty in schools of nursing. This program will support the additional education and training of current clinical nurses enrolled in masters and doctoral nursing programs. The long-term goal of this initiative will be to increase the number of new full-time or part-time nurse faculty positions and promote the opportunity for these new educators to teach didactic courses in the classroom and/or supervise students in the clinical

settings. It will provide funds for tuition, fee stipends and other expenses to enable them to be enrolled in masters and doctoral programs at public and private educational institutions in Massachusetts.

MHREA, in collaboration with the Department of Higher Education and other organization stakeholders in the healthcare workforce field, including a representative from the Tufts Health Plan Foundation, will coordinate the program award process, review, and recommendation of awardees. Awards of up to $10,000 will be made to awardees named for this program, which will cover the winter, spring and fall 2010 semesters. Awards will be made to eligible students enrolled in the masters or doctoral nursing programs at the following colleges and universities:

**Private Colleges and Universities - Massachusetts**
- American International College- Masters Track
- Boston College- Masters and Doctorate
- College of the Lady of the Elms- Masters
- Curry College- Masters
- MGH Institute of Health Professions- Masters and Doctorate
- Northeastern University- Masters and Doctorate
- Regis College- Masters and Doctorate
- Simmons College - Masters and Doctorate

**Public Colleges and Universities - Massachusetts**
- Fitchburg State College- Masters
- Framingham State College- Masters
- Salem State College- Masters
- Worcester State College- Masters
- University of Mass./Amherst – Masters and Doctorate
- University of Mass/Boston- Masters and Doctorate
- University of Mass/Dartmouth- Masters and Doctorate
- University of Mass/Lowell- Masters and Doctorate
- University of Mass/ Worcester- Masters and Doctorate

*Previous Tufts Health Plan Nurse Scholars Program awardees are not eligible to apply.*

We are pleased to offer this unique collaborative professional development opportunity to qualified nurses in Massachusetts to become nurse educators. While supporting the work of the Nursing Initiative, this will increase the numbers and diversity of our nursing faculty. In turn, these nurse educators will contribute to increasing and sustaining our future nursing workforce.
Eligibility
- Full-time or part-time student in masters and doctoral nursing programs at the Massachusetts colleges and universities listed above, who have completed at least one full-year in his/her program prior to applying.
- Underrepresented Minorities are particularly encouraged to apply, meaning those racial and ethnic populations that are underrepresented in the nursing profession relative to their numbers in the general population.
- U.S. citizen, permanent resident, refugee or qualified immigrant.
- Resident of the state of Massachusetts.
- A commitment to teach nursing in the state of Massachusetts after successful completion of degree program. Awardees will be required to sign a letter of commitment that they will provide a one-year payback in a teaching role in an academic setting in Massachusetts. Failure to complete the payback requirement will require that funding be repaid to the program by the recipient.
- Funding may be used for tuition, fees and other personal expenses directly related to the applicant’s education.
- Previous Tufts Health Plan Nurse Scholars Program awardees are not eligible to apply.

Program Award Information:
- Awards will be made for up to $10,000. Awards will be made to full-time and part-time students.
- The award must be used between January and December 2010.

Program Award Grantee Requirements:
- Would have completed one full-year of study in his/her current program prior to applying for this award.
- Be enrolled into a masters or doctoral nursing program (i.e. MSN, PhD, DNP).
- Agree to submit a written report of student progress and goal achievement at the end of each semester, as a result of receiving the award. The report must also include an outline of academic and professional plans for the next six months. This summary will be provided to Tufts Health Plan Foundation and to MHREA.
- Agree to commit to teach in an academic setting for one year in Massachusetts upon completion of program.

Application Deadline:
- Applications must be received by October 9, 2009, regardless of post-mark date. Applications received after that date will not be accepted. Incomplete applications will not be considered. Facsimile transmissions will not be accepted. Applicants will be advised of funding decisions by mid-December, 2009.

Applications should be submitted to:
Massachusetts Hospital Research and Educational Association
c/o Massachusetts Hospital Association
5 New England Executive Park
Burlington, MA 01803-5096
ATTN: Karen Nelson
Sr. Vice President, Clinical Affairs
APPLICATION PROCEDURE
Tufts Health Plan Foundation Nurse Scholars Program

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The following items must be included in the application packet. Incomplete applications will not be considered. Late applications will not be considered.

The application should include all of the following which are completed and submitted together as the application packet:

- Applicant Data Sheet

- Two signed references in sealed envelopes with the references’ signature across the seals from:
  1) an administrator in your clinical setting (university setting if you are currently teaching);
  2) a faculty member where you are currently enrolled

- **Two-page** letter (no more than 2,000 words) from applicant describing personal and professional interest in nursing education. Include in this letter:
  - at least 3, no more than 5 measurable educational/teaching goals (see also Goal Identification Form) that you will have for the next 12 months.
  - what you hope to accomplish by teaching nursing
  - what competencies you already have, if any, related to teaching nursing
  - what opportunities, if any, that you have had to teach within the past 2 years
  - what challenges you envision while obtaining your education
  - what opportunities you have had to demonstrate your leadership capabilities
  - cite educational opportunities that you personally have had with faculty and students and underrepresented ethnic minority faculty and students
  - confirm your commitment to increasing mentoring, recruitment, and retention with future nursing students in the state of Massachusetts

- Official transcript from the School of Nursing in which you are enrolled

- A copy of applicant’s most recent tax filings (e.g.: IRS form 1040 for tax year 2008)

- Outline Program of Study

- Budget Outline with signature of a financial official at your School of Nursing

- Resume or Curriculum Vitae (CV)

- Applicant’s Signature Form

- Completed Check List (Please be sure to place this at the front of your completed application package)

**Calendar**

- Contact Karen Nelson at knelson@mhalink.org or Anne Marie Boursiquot at annemarie_boursiquot@tufts-health.com with any questions related to the application process.
- Submit application to MHA as noted above. Submission Response Deadline: Complete proposals must be received from applicants by **October 9, 2009**, regardless of post-mark date.
- Program award announcements will be made no later than mid-December, 2009.
APPLICATION PROCEDURE
Tufts Health Plan Foundation Nurse Scholars Program
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Selection Procedure and Evaluation Criteria
All completed applications will be reviewed by a Selection Review Committee comprised of representatives from the healthcare workforce field. Incomplete proposals will not be reviewed.

Evaluation Criteria include:
  o Evidence of commitment to a career in nursing education in the state of Massachusetts and to mentoring, recruiting, and retaining future nurses and nurse colleagues.
  o Commitment to and quality of nursing education professional development plan as submitted by applicant.
  o Potential to contribute to the advancement of nursing education.
  o Leadership potential.
APPLICANT DATA SHEET  
Tufts Health Plan Foundation Nurse Scholars Program

Applicant Name: ______________________________________  Credentials: _____________________

Current Work Title: ____________________________________________________________________________

Mailing Address: ________________________________________________________________________________

City: __________________________ State: ________ Zip: __________________________

Telephone Numbers (at least one required): (H) __________________________ (W) __________________________ (C) __________________________

E-mail: __________________________ Fax: __________________________

Date of Birth (optional): __________________________

Citizenship: __________________________ Proof of Permanent U.S. Residency: __________________________

Provide number and copy of residency card. Reminder: You must be a Massachusetts resident to apply for this scholarship.

How long have you been a Massachusetts resident _____?

School of Nursing (SON) in which you are currently enrolled: ____________________________________________

Business Address at SON: __________________________

City: __________________________ State: ________ Zip: __________________________

Name of Dean at SON: __________________________________________

Date of acceptance to the above named school: ______________________________________________________

Number of years completed at SON? _______; Credits earned in program to date? ______________

How many credits are you enrolled for next semester? _______; Number of classes? _______

What is your projected graduation date? _______

Remaining credits needed to complete the program? _______

How did you find out about this scholarship program? ________________________________________________

What specific degree are you seeking? ______________________________________________________________

What is your focused area of study? ________________________________________________________________

Where do you plan to teach after you earn your degree? _______________________________________________
CONFIDENTIAL REFERENCE REPORT
Tufts Health Plan Foundation Nurse Scholars Program
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TO BE COMPLETED BY THE APPLICANT:
Make two copies of this reference report and accompanying Reference Score Sheet to give to two different references:
1. An administrator in your clinical setting (university setting if you are currently teaching); and
2. A faculty member where you are currently enrolled.

This section below is to be typed and signed by the applicant before giving it to the reference for completion. References are to return completed Confidential Reference Reports to the applicant in a sealed envelope, with the referrer’s signature across the seal. Signed references in the sealed envelopes must accompany the applications.

Applicant Full Name: _____________________________________________________________
Phone: __________________________ Email: _________________________________________
I hereby waive my right to examine this reference material.
Signature of Applicant: _________________________________________________________ Date: ______________

TO THE REFERENCE:
The above-named applicant has listed you as a reference for the Tufts Health Plan Foundation Nurse Scholars Program. This program is designed to increase the number of nurse faculty in the state of Massachusetts. Please provide the following items in a sealed envelope with your signature across the seal:
• This signed confidential reference report.
• A completed, signed, confidential Reference Score Sheet (next page).
• A brief statement (no more than 200 words) which includes how long and in what capacity you have known the applicant as well as his/her abilities and characteristics. Please address his/her level of commitment to nursing education, scholarliness, intellectual curiosity, interpersonal skills and ability to maintain relationships over time—relationships with peers in nursing education and other fields. Please cite specific examples.

Please return these items to the applicant in a sealed envelope with your signature across the seal, no later than September 30; in time for the applicant to meet the October 9, 2009 deadline (MHA must receive all application materials by October 9, 2009 regardless of postmark date).
REFERENCE SCORE SHEET
Tufts Health Plan Foundation Nurse Scholars Program
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Address the following items in the table below on a 1-5 scale.
1 = not competent  
2 = below average  
3 = average  
4 = above average  
5 = exceptional  
N/A = do not have the knowledge to answer this question

Comments (Up to 200 words. You may use a separate sheet if necessary):

Reminder: Please return the a) confidential reference report signed by the applicant, b) this reference score sheet and pertinent attachments, to the applicant in a sealed envelope with your signature across the seal, no later than September 30, in time for the applicant to meet the October 9, 2009 deadline (MHA must receive all materials by October 9, 2009 regardless of post-mark date.)

Reference Name (print): ____________________________________________________________

(Signature):  ___________________________________________________________________

Title:  _________________________________________________________________________

Institution:  ___________________________________________________________________

Phone:  ____________________________  Date:  ________________________________
BUDGET OUTLINE  
Tufts Health Plan Foundation Nurse Scholars Program

In section I, please provide an official statement from your institution detailing tuition and fees for your program. The official’s signature is required on the second page. In section II, applicants must include information about their income, any additional grant(s), scholarship(s), or fellowship funds that they currently receive or will receive. For either section, the school official or you may use a separate sheet if necessary. Your application will not be accepted if incomplete information is provided.

<table>
<thead>
<tr>
<th>I. Tuition (2010 school year)</th>
<th>Sub-totals</th>
<th>Totals</th>
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</thead>
<tbody>
<tr>
<td>Per Credit Hour rate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Credits</td>
<td></td>
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</tr>
</tbody>
</table>

**Non-Tuition Costs**

| Fees                  |            |        |
| Textbooks             |            |        |
| School supplies and equipment – please list | | |
| Laboratory expenses   |            |        |
| Housing expenses      |            |        |
| Other – please list   |            |        |

**TOTAL EDUCATION COSTS**

*Budgets must be reviewed and approved by an appropriate official (signature below) at the proposed institution of study prior to application submission.*

I have reviewed this budget and agree that it is appropriate for 2009-2010. I also understand that if I am receiving other forms of financial assistance that include teaching/service requirements, these obligations are cumulative and cannot be satisfied concurrently.

[Signature of Applicant]  [Date]

[Print name of school official who reviewed budget]  [Title of Official]

[Signature of Official]  [Date]

| II. Current Income                     |            |        |
| Annual Salary (self)                  |            |        |
| Annual Salary (spouse)                |            |        |
| Military/VA/GI Benefits               |            |        |
| Social Security Benefits              |            |        |
| Scholarships/Fellowships/Grants       |            |        |
| Other – please list                   |            |        |

[Signature of Applicant]  [Date]

**TOTAL INCOME**

NOTES/CLARIFICATIONS (Use separate sheet if necessary):
OUTLINE PROGRAM OF STUDY  
Tufts Health Plan Foundation Nurse Scholars Program

In the program in which you are currently enrolled, what nursing courses have you already taken? (You may use a separate sheet of paper.)

<table>
<thead>
<tr>
<th>Course</th>
<th>Number of Credits</th>
<th>Semester</th>
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<tbody>
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<td>5)</td>
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</table>

What courses do you still need to complete?

<table>
<thead>
<tr>
<th>Course</th>
<th>Number of Credits</th>
<th>Semester</th>
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To the best of your ability, how many semesters/quarters will you need to complete your undergraduate courses? ________________

How would this be translated in years? ________________
GOAL IDENTIFICATION FORM
Tufts Health Plan Foundation Nurse Scholars Program

List at least 3, no more than 5 measurable goals that you will have for the next 12 months.

1. ____________________________________________________________

2. ____________________________________________________________

3. ____________________________________________________________

4. ____________________________________________________________

5. ____________________________________________________________

Applicant’s Signature: ____________________________ Date: ______________
SIGNATURE FORM
Tufts Health Plan Foundation Nurse Scholars Program

Initial* the following and sign below:

_____ I understand that in order to qualify for this program, I must be enrolled as a full-time or part-time student in a masters or doctoral nursing program (MSN, PhD, DNP), in a school of nursing in Massachusetts, and will have completed one year of the program at the time of application.

_____ I further understand that if I cannot complete my degree, then I will be responsible for paying back the award given to me at the time of my withdrawal.

_____ I will provide a written report of my progress and goal achievement at the end of each semester. These updates will be provided to the Tufts Health Plan Foundation and to MHREA. If I fail to provide these updates, I understand that my award will be withdrawn immediately, and I will be responsible for paying back monies to the program as outlined in the agreement I will sign upon receipt of the award.

_____ I understand that if I am receiving other forms of financial assistance that include a teaching/service requirement, that these obligations will be cumulative and cannot be satisfied concurrently.

*Check marks will not be accepted

Print Name: ____________________________________________________________

Signature: ____________________________ Date: __________________________
APPLICATION CHECK LIST
Tufts Health Plan Foundation Nurse Scholars Program

- Please be sure to include the following components with your application, **due October 9, 2009 regardless of post-mark date.** Facsimiles will not be accepted.
- Place completed checklist at the front of your completed application package.

Applications should be submitted to:
Massachusetts Hospital Research and Educational Association
c/o Massachusetts Hospital Association
5 New England Executive Park
Burlington, MA 01803-5096
ATTN: Karen Nelson
Sr. Vice President, Clinical Affairs

- Application Data Sheet
- First signed, sealed reference letter from administrator (with the reference's signature across the seal)
- Second signed, sealed reference letter from faculty member (with the reference's signature across the seal)
- **Two-page** letter describing personal and professional interest and specific goals (also complete Goal Identification Form)
- Official transcript from school of nursing currently attending (at least one year of study must have been completed)
- Budget Outline (with an official statement from your institution detailing tuition and fees)
- A copy of applicant’s most recent tax filings (e.g.: IRS form 1040 for tax year 2008)
- Copy of applicant’s most recent tax filings
- Outline program of study sheet
- Goal Identification Form
- Resume or Curriculum Vitae (CV)
- Applicant’s signature form (check marks will not be accepted)