

## Fellowship Application Form

Selection Process: A call for applicants to the Chamberlain University Fellowship Program will be initiated via communication from the Center for Faculty Excellence. The selective application procedure will be reviewed through a blind process using scholarly university nursing faculty. All applicants must be fulltime faculty or academic partners who have been employed by Chamberlain University for a minimum of one year. Approval must be obtained by the applicants' dean/director prior to submission of the application. The research fellow will be the primary investigator. No team applications will be accepted.

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Position: \_\_\_\_\_

Program: \_\_\_\_\_ Email: \_\_\_\_\_

Manager/Dean/Director: \_\_\_\_\_

Title of your proposed research/evidence-based project: \_\_\_\_\_

Has this been reviewed and approved by your Manager/Dean/Director?	Yes	No
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Has this been reviewed by IEAR?	Yes	No
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Has this been reviewed by IRB?	Yes	No
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Is this project an original work?	Yes	No
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Copy and paste your research proposal in the space below: