CRE Grant Program for Doctoral Students NCSBN Center for Regulatory Excellence

Send your completed application via mail or entoxil

NCSBN Center for Regulatory Excellence Attention: Regulatory Innovations 111 E. Wacker Drive, Suite 2900 Chicago, IL 606014277 CRE@ncsbn.org

PLEASE TYPE - USE ONLY THE SPACE PROVIDED BELOW

Doctoral Student				
Degree Pursuing:	PhD			
	DNP			
	Other	-		
Primary Faculty Advis	sor			
Investigator Contact Information:		Official from Investigator's Organization to notify if awarded:		
Name:		Name:		
Title:		Title:		
		(If different from Investigator's contact information)		
		Street Address:		
-profit Public/Government IndividualOther, please describe				
Organization Informa	tion:			
Legal Name according to the IRS (for U.S.) or IRS ivalent (nordomestic)				
Tax ID Number:				

Does the organization have 501((3)) status?	Yes	No		
Describe your area of focus and future goals:				
All funded research projects require IRB appeal or exem or if approval is pending, list "pendijn" with date of IRB s	ption. Please incubmission.	dicate the date of Ins	titutional Review Boar	d (IRB) approva
Date of IRB approval:				

Formatting Instructions

Font: 12 point font (Arial or Times Roman)

Spacing: Double spaced with 1 inch margins for all sections except for the spaced with double spaced between items).

Project Timetable:	
Start Date:	
End Date:	
End Date:	
Project Timeline	

BUDGET JUSTIFICATION

CONSULTANTS
TRAVEL
DATA COLLECTION, PROCESSING, AND OTHER COSTS
REPRODUCTION/DISTRIBUTION OF SURVEYS OR OTHER TOOLS COSTS
OTHER EXPENSES DIRECTLY RELATED TO THE RESEARCH PROCESS

Attach Curriculum Vitae with documentation of publications of the primary faculty advisors Evidence should be provided that this individual has the qualifications to supervise the doctoral research in this proposal.