

## West Virginia Nursing Leadership Institute Application Instructions

The WVNLI Application must be emailed to the WVNLI at the following email address:  
wvnl@hsc.wvu.edu

A letter of commitment from the organization's Board Chairperson or CEO/CNO is a required part of the application (see application form). This signed letter may be scanned and emailed to the WVNLI. Alternatively, it can be mailed directly to the West Virginia Nursing Leadership Institute at the following address: Room 2016, 3110 MacCorkle Ave, SE, Charleston, WV 25304.

To start the application process, the CNO must download the application or designate one team member to download the application. Each organization sponsoring a team(s) will submit **ONE APPLICATION PER TEAM**. Specific instructions can be found below for completing and emailing this application to the WVNLI.

1. **Download and open the application file.**
2. **Go to the Toolbar and click "File", click "Save As", and in the "Save in" box select "Desktop" in the drop down menu. In the "File Name" box, type WVNLI Application and Your Organization's Name. For example: "WVNLI Application – Bethesda Naval Hospital".**
3. **Click "SAVE" and close out of Acrobat Reader.**
4. Before starting to enter your responses, **make sure that you are on the 1<sup>st</sup> page of the application** (when 1<sup>st</sup> opened from the website, the application should automatically default to the 1<sup>st</sup> page). You will be able to click in each field to enter your response.
5. Team Sponsor: One dimension of effective team work and leadership is the development and use of a team sponsor. The WVNLI has included such a dimension in its program structure. It is the team's responsibility to develop the team sponsor relationship. The sponsor's role is to assist your team to figure out how to navigate the system in which your team needs to implement their project.
6. **VERY IMPORTANT – The application will not save on its own. Once you enter all of your responses you will need to click "SAVE".** Your responses will be saved to the application on your desktop. Once you save the application, close out of Acrobat Reader and go to the desktop and open the file again to make sure that all of your responses were saved.
7. If multiple users are completing various sections of your institution's application, each user should follow these instructions until the application is completed. The CNO is requested to submit the final application by email to the WVNLI.

If you have any questions about completing or submitting the WVNLI Application, please contact Christine Hansbarger, BSN, RN, Program Coordinator at [WVNLI@hsc.wvu.edu](mailto:WVNLI@hsc.wvu.edu) or call (304) 347-1207.

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Organization Name

# Application

West Virginia Nursing Leadership Institute

**WVNL**I

 West Virginia University  
SCHOOL OF NURSING/CHARLESTON DIVISION

 CAMC  
Institute

# West Virginia Nursing Leadership Institute

## Application



### Team Member 1

(Temporary Team Leader for Correspondance)

Name \_\_\_\_\_  
 Degrees \_\_\_\_\_  
 Position \_\_\_\_\_  
 Gender \_\_\_\_\_ DOB: \_\_\_\_\_  
 Ethnicity \_\_\_\_\_  
 Race \_\_\_\_\_  
 Email \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Number of years in position \_\_\_\_\_  
 Number of years in agency \_\_\_\_\_

### Team Member 2

Name \_\_\_\_\_  
 Degrees \_\_\_\_\_  
 Position \_\_\_\_\_  
 Gender \_\_\_\_\_ DOB: \_\_\_\_\_  
 Ethnicity \_\_\_\_\_  
 Race \_\_\_\_\_  
 Email \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Number of years in position \_\_\_\_\_  
 Number of years in agency \_\_\_\_\_

### Team Member 3

Name \_\_\_\_\_  
 Degrees \_\_\_\_\_  
 Position \_\_\_\_\_  
 Gender \_\_\_\_\_ DOB: \_\_\_\_\_  
 Ethnicity \_\_\_\_\_  
 Race \_\_\_\_\_  
 Email \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Number of years in position \_\_\_\_\_  
 Number of years in agency \_\_\_\_\_

### Team Member 4

Name \_\_\_\_\_  
 Degrees \_\_\_\_\_  
 Position \_\_\_\_\_  
 Gender \_\_\_\_\_ DOB: \_\_\_\_\_  
 Ethnicity \_\_\_\_\_  
 Race \_\_\_\_\_  
 Email \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Number of years in position \_\_\_\_\_  
 Number of years in agency \_\_\_\_\_

Do you consider yourself to have ever been from an economically or educationally disadvantaged background?

**Note:** The following criteria may help you decide whether you are from a "disadvantaged" background: (1) Are you in the first generation of your family to go to college? (2) Was your family, to the best of your knowledge, below the federal poverty line when you were growing up?

Team  
Member 1

Team  
Member 2

Team  
Member 3

Team  
Member 4

Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 CNO Name \_\_\_\_\_  
 CNO Email Address \_\_\_\_\_

### Team Sponsor Section

Name \_\_\_\_\_  
 Position \_\_\_\_\_  
 Email \_\_\_\_\_  
 Work Phone \_\_\_\_\_

**Team Questions**

1. Please state your team's reasons for interest in this program. Describe your team's purpose, objectives or particular interests that would be supported and enhanced through participation in this program.

2. Discuss how and why team members were selected for this application.

3. Describe, in detail, an organizational challenge that your team would strive to address through a leadership project during this program. This project will be developed, implemented and evaluated during the WVNL program.

### **Organizational Commitment**

Please include a letter from the CEO/CNO or Board Chairperson/Director of your employing organization which indicates an agreement to provide:

- Compensation and release time for team members to attend program seminars and activities.
- Reimbursement for team member in-state travel and lodging for the four on-site seminars.
- Opportunities for the team to impact change in the nursing care environment.
- Commitment to provide a team sponsor in the organization to facilitate the work of the team.
- Commitment to support the measurement of the results of the team's initiatives through access to data regarding outcome measures.