

TEXAS HIGHER EDUCATION COORDINATING BOARD

Emergency and Trauma Care Education Partnership Program Graduate Nursing Education FY 2024-2025

APPLICATION FORM

Application Deadline: 11:59 p.m. CT, February 12, 2024

Applications received after the deadline will not be considered for funding.
Applications must be submitted to the THECB at ETEP@highered.texas.gov

**Refer to the Request for Applications (RFA) to ensure accurate form completion.
Headings in the Application Form correspond to Section 8 of the RFA.**

Contact for questions: ETEP@highered.texas.gov

RFA SECTION 8.1. CERTIFICATION OF APPLICATION INFORMATION

The submitted Application is binding and valid at the discretion of the Texas Higher Education Coordinating Board. Any terms and conditions attached to an Application will not be considered unless specifically referred to in this Request for Applications and Applicant's attachment of such terms and conditions to an Application may disqualify the Application.

By signing this document, I certify to the following:

- 1) I am authorized to submit this Application on behalf of the Applicant institution.
- 2) The statements herein are true, complete, and accurate to the best of my knowledge.
- 3) If funds are awarded, this institution fully accepts the terms and conditions described in this Request for Applications and accepts the obligation to comply with terms and conditions set by the Texas Higher Education Coordinating Board.

Applicant Institution:

Name of Individual Authorized to Sign the Application:

Signature of the above Authorized Individual (with date):

Title:

Phone Number:

Email Address:

RFA SECTION 8.2 PROJECT NARRATIVE

8.2.1 CONTACT INFORMATION

Institution Information

Applicant Institution:

Mailing Address:

City:

State: Texas

Zip:

Contact Information

Project Director:

Title:

Phone:

Email:

Co-Project Director (if applicable):

Title:

Phone:

Email:

Office of Sponsored Projects Contact

Name:

Title:

Phone:

Email:

Fiscal Agent Overseeing the Financial Responsibilities

Name:

Title:

Phone:

Email:

Partner Education Institutions (if applicable)

Contact Information – Partner Education Institution #1

Partner Institution:

Mailing Address:

City: State: Texas Zip:

Primary Faculty Contact at Partner Education Institution #1

Name:

Title:

Phone: Email:

Contact Information – Partner Education Institution #2

Partner Institution:

Mailing Address:

City: State: Texas Zip:

Primary Faculty Contact at Partner Education Institution #2

Name:

Title:

Phone: Email:

[Applicant should discuss the items listed below. Limit responses to the space provided.]

8.2.2 Project Summary

Provide a brief description of the proposed ETEP Graduate Nursing Education Program. The description should be suitable for public release.

Describe how the partnership will serve to increase training opportunities for nurses receiving graduate-level training in emergency and trauma care including clinical hours and other activities/events.

Specify qualifications of key personnel and the type of emergency/trauma care training provided to students.

Submit as an Attachment the most recent programmatic accreditation letter for each participating graduate professional nursing program from an agency recognized by the Secretary of the U.S. Department of Education and/or by the Council for Higher Education Accreditation.

8.2.3 Description of Applicant and Partners

Provide information on the eligible partnership(s), including a description of the roles, commitments, and responsibilities of the hospital(s) and graduate nursing program(s) including information relevant to the required utilization of existing expertise and facilities.

Provide confirmation that the Applicant will maintain existing clinical training agreements between hospitals and graduate nursing programs not participating in the partnership (as applicable).

Describe how the employment of partnership participants will be tracked during and after completion of participation.

Explain how the program or similar activities would continue after the grant period ends.

Describe potential program replication.

List hospital partner(s) with whom the Applicant has fully executed agreements.
Submit copies of agreements as Attachments.

8.2.4 Assessment of Need

List the resources required for the operation of the proposed ETEP Graduate Nursing Education Program.

Briefly summarize the planned use of ETEP funds to increase graduate nursing education opportunities in emergency and trauma care. Are there funds and/or in-kind contributions made available by the partnership to match a portion of the grant funds? Note that there is no matching fund requirement. The details of the costs will be captured in the proposed budget (Form 4 of the Application).

RFA SECTION 8.3 PROJECT WORK PLAN OR TIMELINE

8.3.1 Project Goal Statement

Identify the ultimate outcome of the ETEP Graduate Nursing Education Program.

8.3.2 Major Project Objectives and Expected Outcomes

Identify major project objectives that measure the progress toward the project goal named in Section 8.3.1 and specify expected project outcomes. Objectives should be specific and measurable. Expected outcomes should be clearly articulated and relate to the project objectives.

Graduate Nursing Education Program/Tracks

Type of Graduate Nursing Emergency/Trauma Care Program/Track Offered	Length of Program in Semesters	Semester Credit Hours Required to Complete Program	Clinical Hours Required to Complete Program
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Actual Program Enrollment

List the number of students newly enrolled in the program during the semesters shown below.*

Type of Graduate Nursing Emergency/Trauma Care Program/Track Offered	Fall 2022	Spring 2023	Summer 2023	Fall 2023	Spring 2024	Summer 2024
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Projected Program Enrollment during Grant Period

List the number of students projected to be newly enrolled in the program during the semesters shown below.*

Type of Graduate Nursing Emergency/Trauma Care Program/Track Offered	Fall 2024	Spring 2025	Summer 2025	Fall 2025	Spring 2026	Summer 2026
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**Enrollment numbers should include only students newly admitted and enrolled in the program for the first time in the semesters indicated. Do not include continuing students.*

List Other Activities/Events* for Emergency & Trauma Care Training

Include Projected Participation

Type of Activity/Event	Activity/ Event Date	# of Graduate Nursing Students	# of Faculty	# of Partners
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*Activities/Events beyond normal clinical hours

List any other participants for above Activities/Events including community, agencies, etc.

Describe the educational contents, including the didactic and clinical components, that ensure students will acquire the competencies required for providing emergency/trauma care. List courses and descriptions on the next page.

Courses

List of required emergency and trauma courses with course description and number of credit hours. Include the semester each course is offered during the grant period.

Course Name with Course Description	Credit	Semester
	Hours	Offered

Courses-Continued

Course Name with Course Description

**Credit Hours Semester
Offered**