

CRE Grant Program for Doctoral Students
NCSBN Center for Regulatory Excellence

Send your completed application via mail or email

NCSBN Center for Regulatory Excellence
Attention: Regulatory Innovations
111 E. Wacker Drive, Suite 2900
Chicago, IL 60601-2777
CRE@ncsbn.org

PLEASE TYPE – USE ONLY THE SPACE PROVIDED BELOW

Doctoral Student

Degree Pursuing: PhD
 DNP
 Other _____

Primary Faculty Advisor

Investigator Contact Information:

Name: _____
Title: _____
Date Submitted: _____

Official from Investigator's Organization to notify if awarded:

Name: _____
Title: _____

(If different from Investigator's contact information)

Street Address: _____

-profit Public/Government Individual Other, please describe _____

Organization Information:

Legal Name according to the IRS (for U.S.) or equivalent (non-domestic): _____

Tax ID Number: _____

Does the organization have 501(c)(3) status?

Yes

No

Describe your area of focus and future goals:

All funded research projects require IRB approval or exemption. Please indicate the date of Institutional Review Board (IRB) approval or if approval is pending, list "pending" with date of IRB submission.

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 Literature Review (single spaced with double space between items).

Project Timetable:

Start 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.