

NATIONAL NURSING EDUCATION INITIATIVE

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) Handbook provides specific direction, guidelines and procedures related to the operation of the National Nursing Education Initiative (NNEI). NNEI helps ensure that Department of Veterans Affairs (VA) nurses are educationally prepared to provide the highest quality of health care to veterans across the full range of clinical practice roles. Additionally, the NNEI will better prepare nurses for their new and evolving roles as the VHA continues its transformation from a hospital-based system to one that focuses on primary care and care management in outpatient, home and community settings. This update incorporates changes to the program required by Public Law 107-135, the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001.

2. SUMMARY OF CONTENTS: The NNEI supports the opportunities for VA's registered nurses to complete or expand their formal education. This policy provides comprehensive information about the initiative. It specifies program responsibilities at the employee, facility, Veterans Integrated Service Network (VISN), and VHA Central Office levels. It describes other important information such as the eligibility requirements for registered nurses to receive educational assistance under the NNEI, the application and selection processes for employees, and the funding allocation processes for facilities and VISNs.

3. RELATED DOCUMENTS: VHA Directive 1020 and VHA Handbook 1020.1.

4. RESPONSIBLE OFFICE: The Health Care Staff Development and Retention Office (HCS德罗) is responsible for the contents of this Handbook. Inquiries should be directed to (504) 589-5267. HCS德罗 will administer the NNEI in collaboration with the Nurse Qualification Standard Steering Committee. ***NOTE:** HCS德罗 and the Nurse Qualification Standard Steering Committee will conduct a comprehensive review of the NNEI on an annual basis to ensure that program requirements are consistent with the needs and mission of VHA.*

5. RESCISSIONS: None.

6. RECERTIFICATION: This VHA Handbook will be recertified on or before the last working day of May 2007.

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- Under Secretary for Health

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NATIONAL NURSING EDUCATION INITIATIVE

1. PURPOSE

This Handbook provides detailed direction, guidance, and procedures for administering and operating the National Nursing Education Initiative (NNEI) at Veterans Health Administration (VHA) field facilities.

2. FOCUS

The revised Nurse Qualification Standard, dated November 10, 1999, establishes new education and practice requirements for the appointment and advancement of nurses within the Department of Veterans Affairs (VA) health care system. The Nurse Qualification Standard helps ensure that VHA's registered nurses are educationally prepared to provide the highest quality of health care to veterans across the full range of current clinical practice roles and settings, as well as within the many evolving new roles for nurses. The NNEI provides opportunities for VHA's registered nurses to pursue education and training that will enhance their capability to assist in carrying out the statutory missions of the veterans health care system, and are consistent with the revised qualification standard. The primary intent of the NNEI is to award scholarships for completion of baccalaureate degrees in nursing or advanced degrees in nursing or related fields.

3. AUTHORITY

The VA Employee Incentive Scholarship Program (EISP), was established by Title VIII of Public Law 105-368, the Department of Veterans Affairs Health Care Personnel Incentive Act of 1998, and codified at sections 7671 through 7675 of Title 38, United States Code (U.S.C.) as modified by Public Law 107-135, the Department of Veterans Affairs Health Care Program Enhancement Act of 2001. Under this authority, VA may award scholarships to employees pursuing degrees or training in certain health care disciplines for which recruitment and retention of qualified personnel is difficult. A scholarship covers the cost of an employee's tuition and related educational expenses such as registration, fees, books, materials, and supplies. VHA has recognized the need to hire and retain nurses with baccalaureate and higher level degrees to meet anticipated staffing demands on VA's health care system. To this end, VHA has established the NNEI, pursuant to which EISP scholarships will be awarded to qualifying nursing staff. The NNEI will at the same time satisfy the Department's obligation under its December 18, 1998, Memorandum of Understanding (MOU) with the American Association of Colleges of Nursing (AACN) to raise the qualification standards of its nursing staff. Though the scope of the authority contained in the EISP is substantial, it does have limitations. *NOTE: The details of this authority are described and exemplified in other sections of this document.*

4. BACKGROUND

VHA's new qualification standard for registered nurses is based on the "Standards of Care and Standards of Professional Performance" found in the Standards of Clinical Nursing Practice. VHA is committed to provide educational assistance to help its nursing workforce attain baccalaureate degrees in nursing or advanced degrees in nursing or related fields. VHA and the

AACN have pledged to jointly seek to create and expand non-traditional educational programs that offer innovative academic opportunities to VA nurses.

5. RESPONSIBILITY

a. **Health Care Staff Development and Retention Office (HCSDRO) Responsibility.** The Director, HCSDRO, in collaboration with the Nurse Qualification Standard Steering Committee, is responsible for national implementation and management of the NNEI. This includes:

- (1) Publishing and maintaining directives, handbooks, and supporting documentation.
- (2) Allocating funds to facilities and Veterans Integrated Service Networks (VISNs).
- (3) Executing official program contracts for NNEI participants.
- (4) Monitoring facility and VISN compliance with applicable directives.
- (5) Evaluating program progress and effectiveness to be used in the preparation of annual reports for the Under Secretary for Health, the National Partnership Council, and the Nurse Qualification Standard Steering Committee.
- (6) Providing program guidance to local facilities and VISNs.
- (7) Exploring the potential for enhancing the flexibility to provide innovative educational assistance to VA's Registered Nurses.

b. **Facility Responsibility**

(1) **Facility Director and the Nurse Executive.** The facility Director and the Nurse Executive are responsible for:

- (a) Local-level NNEI implementation and management consistent with VA and VHA directives.
- (b) Ensuring that local policies and procedures related to this Handbook are developed and implemented with predecisional involvement of Labor-Management Partnerships.
- (c) Establishing a Selection Committee and identifying a Registered Nurse Program Coordinator.
- (d) Publishing an open continuous announcement about the NNEI.
- (e) Reviewing and approving Selection Committee applicant recommendations.
- (f) Approving Facility Funding Requests and forwarding them to HCSDRO.
- (g) Notifying candidates who have been approved for funding after HCSDRO allocates funds to the requesting facility.

(h) Reporting to HCSDRO annual nurse staffing data by grade as well as promotion and education status.

(i) Identifying accessible, reasonably priced education and training programs (e.g., distance learning) to meet local requirements.

(j) Conducting nursing exit interviews as required (see App. J).

***NOTE:** The facility Director may invoke authority under 38 U.S.C. 7405 to authorize replacement salary in limited cases where an employee is unavailable to perform duties while pursuing training or education under the NNEI. In such cases, replacement salary will be used to help prevent disruption of critical health care services.*

(2) **Selection Committee.** The Selection Committee's responsibility includes:

(a) Defining and publishing local selection criteria.

(b) Reviewing and evaluating applications.

(c) Making preliminary selections of applicants.

(d) Prioritizing and recommending preliminary applicant selections to the facility Director and Nurse Executive (based on priority levels defined in this Handbook and the individual facility's staffing needs).

(e) Preparing Facility Funding Requests for approval by the facility Director.

(3) **Program Coordinator.** The Program Coordinator's responsibility includes:

(a) Implementing the NNEI locally.

(b) Maintaining and providing NNEI application packages.

(c) Ensuring educational programs under consideration by applicants meet required standards.

(d) Providing assistance and guidance to employees during the application process.

(e) Reviewing applications for submission to the Selection Committee.

(f) Reviewing Statements of Intent (SOI) that identify employees who are interested in participating in the NNEI, but do not meet the requirements to apply.

(g) Compiling relevant funding information from applications and SOIs for the Selection Committee to prepare the Facility Funding Request .

(h) Processing official program contracts and forwarding them to HCSDRO for signature.

- (i) Developing a mentoring program.
- (j) Monitoring student progress.
- (k) Reporting student progress to HCSDRO.
- (l) Coordinating with other appropriate services such as Human Resources Management and Financial Management.

(4) **Applicant/Participant.** This responsibility includes:

- (a) Completing an NNEI Application.
- (b) Submitting the completed application to the Program Coordinator.
- (c) Signing a contract if recommended for a scholarship award.
- (d) Reporting educational progress to the Program Coordinator.
- (e) Informing the Program Coordinator of any change in educational status impacting the terms of the contract.
- (f) Ensuring that the NNEI program officials have access to educational or training institution official transcripts and other information and documents required to assess the academic standing, status and progress of the scholarship recipient.
- (g) Satisfying all contract requirements (i.e., service obligations, liability, etc.).

(5) **Human Resources Management Service.** Human Resources Management Service must maintain a copy of the executed contract in the employee's official personnel folder.

(6) **Financial Management Service.** Financial Management Service must maintain a copy of the executed contract in the appropriate file and ensure that award payments made to facility participants do not exceed the lesser of either the funding authorized by HCSDRO, or the amounts participants actually paid for the authorized education. Receipts and other appropriate documentation is to be used to validate the amount of funds disbursed to each participant.

c. **Nurse Qualification Standard Steering Committee Responsibility.** The Nurse Qualification Standard Steering Committee is to collaborate with HCSDRO on issues related to NNEI program administration.

6. FUNDING

a. Funding for this initiative is centralized. HCSDRO is responsible for managing the NNEI funding process. This includes, but is not limited to reviewing and approving all funding requests based on the factors cited in the next paragraph. Additionally, HCSDRO, in

collaboration with the Nurse Qualification Standard Steering Committee, will refine funding criteria as needed.

b. Health care facilities should initiate Funding Requests based on staffing needs that consider factors such as total number of nurses, percentage of nursing staff by educational status, local tuition costs, employee interest and eligibility, and workload considerations. VISNs may also submit requests when they coordinate, as well as support the infrastructure for, innovative and accessible programs (i.e., distance learning) that impact employees at several facilities. To assist with this process, HCSDRO will provide real-time staffing data and related information, as well as program consultation to VISN and facility Directors. **NOTE:** *For additional information on preparing forecasts, see Appendix D and Appendix E.*

c. Health care facility and VISN funding requests must be submitted to HCSDRO annually by April 30th via E-mail. Appendix D contains instructions for completing VA Form 10-0003L-6, NNEI Funding Request Worksheets. Appendix E contains samples of the worksheets. HCSDRO will provide an electronically formatted template for use when submitting funding requests. Requests outside of the annual cycle will be reviewed on a case-by-case basis contingent on the availability of funds.

d. Scholarships are awarded based on availability of funds. A nurse approved for an NNEI scholarship award may receive funds to cover the full or partial cost of tuition and related expenses. Funding allocations will be approved based on the following priority order:

(1) Applicants enrolled in school who will complete their baccalaureate degree in nursing in 1 year or less.

(2) Applicants enrolled in school who will complete their baccalaureate degree in nursing in more than 1 year.

(3) Applicants accepted to school who will complete their baccalaureate degree in nursing in 1 year or less.

(4) Applicants accepted to school who will complete their baccalaureate degree in nursing in more than 1 year.

(5) Applicants enrolled in or accepted to masters or doctoral degree programs in nursing or related fields.

(6) Applicants enrolled in or accepted to other educational or training programs deemed critical to the VA mission.

e. Measures are to be taken to ensure equitable funding distribution across VISNs and facilities. **NOTE:** *HCSDRO will collaborate with the Nurse Qualification Standard Steering Committee to refine funding criteria as needed to meet overall VHA goals.*

7. PROGRAM ACCOUNTABILITY

a. The NNEI requires significant accountability on the part of each student and the organization. Student accountability includes submitting an application in a timely manner, signing a program contract, maintaining an acceptable level of academic standing, as determined by the educational institution in which the employee is enrolled, and completing a specified period of obligated service in VHA (see App. A).

b. Facilities and VISNs are accountable for the following:

- (1) Establishing a Selection Committee, identifying a Program Coordinator,
- (2) Publishing an open continuous announcement,
- (3) Implementing a selection process,
- (4) Processing official program contracts and forwarding them to HCSDRO for signature,
- (5) Providing guidance and support to students, and
- (6) Monitoring progress of NNEI participants (see App. A).

c. HCSDRO is responsible for:

- (1) Funding as many students as possible within available NNEI resources,
- (2) Providing technical guidance to staff in VISN offices and field facilities,
- (3) Executing official program contracts, and
- (4) Monitoring employee participation in the NNEI.

8. ACADEMIC CURRICULA

Academic curricula covered under this initiative include baccalaureate degrees in nursing or advanced degrees in nursing or related fields. All nursing programs must be accredited by the National League for Nursing Accrediting Commission (NLNAC) or the Commission on Collegiate Nursing Education (CCNE).

9. PROGRAM LENGTH

The maximum number of school years for which a scholarship may be paid to a participant is 6 school years. A participant may not receive a scholarship for more than the equivalent of 3 years of full-time coursework. Full-time coursework is defined in paragraph 10a(2).

10. ALLOWABLE SCHOLARSHIP EXPENSES

a. A scholarship award under the NNEI covers the cost of tuition and related educational expenses (e.g., registration, fees, books, materials, and supplies).

(1) Scholarships awarded under the NNEI support implementation of the new Nurse Qualification Standard. NNEI scholarship awards are prioritized to allow as many nurses as possible to obtain baccalaureate degrees in nursing or advanced degrees in nursing or related fields.

(2) The total amount of a scholarship that may be awarded to an employee is limited to \$31,080 for the equivalent of 3 years of full-time coursework. A full-time undergraduate course load is 30 semester hours per school year. At the graduate level, the figure is 18 semester hours (see subpar. 25j).

(3) The maximum scholarship amount that can be paid to a part-time student may be calculated by following the two-step process described as follows:

(a) Divide the total number of authorized credit hours of coursework in the part-time student's academic program by the number of credit hours for 3 years of equivalent coursework (undergraduate or graduate) in a full-time academic program. **NOTE:** *For coursework that is credited in semester hours, the denominator will be 90 for undergraduate study and 54 for graduate study.*

(b) Multiply the maximum scholarship amount that is authorized for a full-time student (see subpar. 10a(2)) by the proportion obtained in subparagraph 10a(3)a.

(4) The maximum scholarship award will be increased in direct proportion to the general Federal pay raise for those awards that are obligated in the same fiscal year that the pay increase takes effect. **NOTE:** *The general Federal pay increase does not include locality pay.*

b. The NNEI may also support continuing education that is not specifically designed for a participant to pursue a degree, but is deemed critical to the VA mission.

11. ELIGIBILITY

a. The NNEI applies to full-time and part-time VA registered nurses.

b. There are other eligibility requirements that employees must meet to be eligible for participation in the NNEI. Each candidate must:

(1) Have been continuously employed with VA for not less than 1 year;

(2) Have met the 1-year requirement for employment as of the date on which the employee submits an official application for a scholarship award under the NNEI;

(3) Have been accepted to, or enrolled in an appropriate education or training program as of the date that the employee submits the official application for an NNEI scholarship award;

(4) Agree to incur a contractual service obligation as specified in paragraph 13;

(5) Not be obligated under any other Federal programs to perform service after completion of the course of education or training; and

(6) Must have a record of employment that demonstrates a high likelihood that the employee will be successful in completing the education or training, and in employment in such field.

12. ELIGIBILITY EXCLUSION

An employee is not eligible to apply to participate in the NNEI if the employee is obligated under any other Federal programs to perform service after completion of the course of education or training.

13. SERVICE OBLIGATION

All NNEI participants, whether full-time or part-time employees, are required to serve in a full-time VHA position for a period of obligated service. The date for the beginning of a participant's obligated service is the later of the employee's course completion date, or when the employee meets any applicable licensure, certification, or registration requirement. The amount of obligated service depends on two factors: the employee's status as a student, (i.e., full-time or part-time), and the total amount of education or training covered under the NNEI.

a. The participant who is a full-time student must agree to serve as a full-time VHA employee for a period of 1 calendar year for each school year or part thereof, for which the participant was provided a scholarship under the NNEI, but for not less than 3 years. Service obligation examples for a full-time student include:

(1) A full-time student who completes a portion of an academic year (e.g., one semester) incurs a service obligation of 3 years.

(2) A full-time student who completes 1 academic year of education or training incurs a service obligation of 3 years.

(3) A full-time student who completes 2 academic years of education or training incurs a service obligation of 3 years.

(4) A full-time student who completes 3 academic years of education or training incurs a service obligation of 3 years.

b. The obligated service for a part-time student is pro-rated. It is based on the proportion of the number of credit hours carried by the student in any school year to the number of credit hours required to be carried by a full-time student in the approved course of academic training. However, in no event will the requirement for obligated service for a part-time student under the NNEI be less than 1 year or greater than 3 years of full-time employment. For example:

(1) Part-time Student. One-Quarter Time

(a) A student whose academic curriculum amounts to one-quarter of a full-time student's workload and completes the requirements for a degree within 1 academic year incurs a service obligation of 1 year.

(b) A student whose academic curriculum amounts to one-quarter of a full-time student's workload and completes the requirements for a degree over the course of 3 academic years incurs a service obligation of 1 year.

(c) A student whose academic curriculum amounts to one-quarter of a full-time student's workload and completes the requirements for a degree over the course of 6 academic years incurs a service obligation of 1 and 1/2 years.

(2) Part-time Student. One-Half Time

(a) A student whose academic curriculum amounts to one-half of a full-time student's workload and completes the requirements for a degree within 1 academic year incurs a service obligation of 1 year.

(b) A student whose academic curriculum amounts to one-half of a full-time student's workload and completes the requirements for a degree over the course of 3 academic years incurs a service obligation of 1 and 1/2 years.

(c) A student whose academic curriculum amounts to one-half of a full-time student's workload and completes the requirements for a degree over the course of 6 academic years incurs a service obligation of 3 years.

(3) Part-time Student. Three-Quarters' Time

(a) A student whose academic curriculum amounts to three-quarters of a full-time student's workload and completes the requirements for a degree within 1 academic year incurs a service obligation of 1 year.

(b) A student whose academic curriculum amounts to three-quarters of a full-time student's workload and completes the requirements for a degree over the course of 3 academic years incurs a service obligation of 2 and 1/4 years.

(c) A student whose academic curriculum amounts to three-quarters of a full-time student's workload and completes the requirements for a degree over the course of 4 academic years incurs a service obligation of 3 years.

***NOTE:** A student in the program may not receive an award for more than 3 years of full-time education. A part-time student in the NNEI may receive a scholarship award for up to a maximum of 6 years. The total part-time education must not exceed the equivalent of 3 years of full-time education.*

14. SERVICE COMMENCEMENT DATE

The service commencement date is the date on which a participant in the NNEI begins the participant's period of obligated service.

a. The service commencement date varies depending on the type of education or training received by the NNEI participant.

(1) In the case of a participant receiving a degree from a school of nursing, the participant's service commencement date is the later of the:

(a) Participant's course completion date, or

(b) Date upon which the participant becomes licensed as a registered nurse in a State, Territory, or Commonwealth of the United States (i.e., Puerto Rico), or in the District of Columbia.

(2) In the case of a participant not covered by subparagraph 14a(1), the participant's service commencement date is the later of the:

(a) Participant's course completion date, or

(b) Date upon which the participant meets any applicable licensure or certification requirement.

b. The Under Secretary for Health, or designee, shall notify the participant of the service commencement date within 60 days of that date.

c. As soon as possible after a participant's service commencement date, the Under Secretary for Health, or designee, in the case of a participant who is:

(1) Not a full-time employee in VHA, must appoint the participant as such an employee.

(2) An employee in VHA, but is not serving in the position for which the participant's course of education or training prepared the participant, must assign the participant to such a position.

15. PROGRAM ANNOUNCEMENT

a. An open continuous announcement to promote educational opportunities under the NNEI is to be prominently displayed at each VHA facility. At a minimum, the announcement should include the following program information:

(1) The type of educational opportunities that are offered.

(2) The eligibility requirements for participation in the NNEI.

(3) The selection criteria.

- (4) The application process.
- (5) The name, routing symbol, and telephone number of the local Program Coordinator.
- (6) A statement emphasizing that the final decision on the scholarship award is contingent on the availability of NNEI funds, since the overall program funding process is centralized.

16. APPLICATION PROCESS

Employees who are interested and eligible to participate in the NNEI are encouraged to apply for educational and training opportunities that are announced at the local level. Each candidate must complete an official NNEI application (see App. B) and submit it to the local Program Coordinator. **NOTE:** *Since VA Form 10-0003L, NNEI Application for Nurses Enrolled In or Formally Accepted To an Education or Training Program, is a low use form, it will not be stocked by the Forms and Publications Depot (see App. B).*

17. SELECTION PROCESS

Selections for participation in the NNEI will be made at the local level. Each facility Director and Nurse Executive must:

- a. Ensure that candidates selected to receive NNEI scholarship awards have demonstrated a high likelihood that they will be successful in completing their education and training, and in employment in such field.
- b. Identify appropriate, specific selection criteria consistent with these requirements and NNEI educational priorities.
- c. Ensure that selections are made on the basis of merit and without regard to race, creed, color, national origin, sex, age or disability.

18. PROGRAM CONTRACT

A decision to award a scholarship under the NNEI cannot be finalized until an official contract is first signed by the applicant and then accepted and signed by the Under Secretary for Health, or designee. **NOTE:** *See Appendix H for VA Form 10-0003L-4, NNEI Scholarship Program Contract.*

19. POTENTIAL NNEI APPLICANT IDENTIFICATION PROCESS

There will be employees interested in the NNEI who are ineligible to apply for a scholarship at the present time, but will become eligible to do so at some point in the future. Facilities should initiate action to assess the interest and potential eligibility of these employees. An Statement of Intent (SOI) may be used for this purpose. The SOI assists facilities in determining future program needs and preparing Facility Funding Requests. **NOTE:** *See Appendix C for VA Form 10-0003L-1, Statement of Intent.*

20. PARTICIPANT LIABILITY

a. **Liquidated Damages.** A participant in the NNEI, other than a participant described under subparagraph 20b, who fails to accept payment, or instructs the educational institution in which the participant is enrolled not to accept payment, in whole or in part, of a scholarship award under the NNEI program agreement is liable to the United States for liquidated damages in the amount of \$1,500. Such liability is in addition to any period of obligated service or other obligation or liability under the agreement.

b. **Liability During Course of Education or Training.** Except as provided in subparagraph 20d, a participant in the NNEI shall be liable to the United States for the amount which has been paid to, or on behalf of, the participant under the agreement if the participant:

(1) Fails to maintain an acceptable level of academic standing in the educational institution in which the participant is enrolled.

(2) Is dismissed from the educational institution for disciplinary reasons.

(3) Voluntarily terminates the course of education or training in such institution before completing the education or training.

(4) Fails to meet any applicable licensure, certification and/or registration requirements for VA employment in the occupation for which the education was provided.

(5) Who is a part-time student, fails to maintain employment, while enrolled in the course of education or training being pursued by the participant as a VA employee.

NOTE: Liability under this subsection is in lieu of any service obligation arising under a participant's agreement.

c. **Liability During Period of Obligated Service.** Except as provided in subparagraph 20d, if a participant in the NNEI breaches the agreement by failing for any reason to complete the period of obligated service incurred under the agreement, the United States shall be entitled to recover an amount equal to the amounts of all award funds to the participant, plus interest, multiplied times three, and prorated for the months of service completed under the obligation.

d. **Limitation on Liability for Reductions-in-Force (RIF).** Liability shall not arise in the case of a participant who is separated due to a staffing adjustment and meets either of the following conditions:

(1) The participant has not completed the period of obligated service.

(2) The participant is a part-time student who fails to maintain VA employment while enrolled in the course of education or training that the participant is pursuing.

e. **Period of Payment for Damages.** Any amount of damages which the United States is entitled to recover under this section shall be paid to the United States within the 1-year period beginning on the date of the breach of the agreement.

21. WAIVER PROVISIONS

a. Any service or payment obligation incurred by a participant under the NNEI scholarship contract will be cancelled upon the participant's death.

b. A participant may seek a waiver or suspension of the service or payment obligation incurred under this program by written request to the Under Secretary for Health setting forth the basis, circumstances, and causes which support the requested action. The Under Secretary for Health may approve an initial request for a suspension for a period of up to 1 year. A renewal of this suspension may be granted.

c. The Under Secretary for Health may waive or suspend any service or payment obligation incurred by a participant whenever compliance by the participant is impossible, due to circumstances beyond the control of the participant, or whenever the Under Secretary for Health concludes that a waiver or suspension of compliance would be in the best interest of VA.

d. Compliance by a participant with a service or payment obligation will be considered impossible due to circumstances beyond control of the participant if the Under Secretary for Health determines, on the basis of such information and documentation as may be required, that the participant suffers from a physical or mental disability resulting in permanent inability to perform the service or other activities which would be necessary to comply with the obligation.

e. Waivers or suspensions of payment obligations when not related to subparagraph 21d and when considered in the best interest of VA, will be determined by the Under Secretary for Health on an individual basis. *NOTE: Refer to MP-4, Part I, Chapter 8, Paragraph 8A.18, for the jurisdiction of the Committee on Waivers and Compromises in the settlement of breached training contracts and procedures to request a waiver of overpayment.*

22. REPLACEMENT ASSISTANCE

In rare instances, and contingent upon availability of resources, centralized funding to cover the cost of replacement salary may be authorized to support a critical VA mission while helping to meet a short-term educational goal (see subpar. 25i for additional information).

23. REPORTING REQUIREMENTS

a. HCSDRO and the Nurse Qualification Standard Steering Committee must review the NNEI on an annual basis to ensure that program requirements are consistent with the needs and mission of VHA. Based on these reviews, HCSDRO develops annual reports that include baseline data on the education level of VA nurses, the number of NNEI participants by academic program per year, the number of promotions granted by waiver, and other pertinent information (see App. F for a copy of VA Form 10-0003L-3, NNEI Facility Annual Education and Promotion Worksheet). These reports will be submitted to the Under Secretary for Health, the National Partnership Council, and the Nurse Qualification Standard Steering Committee.

Additionally, HCSDRO will prepare an annual report on VA's Educational Assistance Program, including matters relating to the conduct of the NNEI, as required by 38 U.S.C. 7632.

b. Field facilities must provide initial enrollment and semi-annual update reports as required. These reports must be filed electronically over the Intranet (see App. G for a copy of VA Form 10-0003L-2, NNEI Facility Semi-Annual Enrollee Progress Review Worksheet).

24. DEFINITIONS

a. **Academic Year.** The 1-year period that begins on the date of the first day of classes for the fall session at the particular academic institution where an employee has been accepted for enrollment, or is enrolled under NNEI.

b. **Acceptable Level of Academic Standing.** The cumulative grade point average that an employee must maintain to fully meet the requirements to graduate with a degree or satisfactorily complete a training program, at the academic institution in which the employee is enrolled as an NNEI scholarship recipient. Academic dismissal at any point during the employee's pursuit of education or training under the NNEI constitutes failure to maintain an acceptable level of academic standing.

c. **Agreement.** A signed, legally binding contract between VA and an employee who participates in the NNEI. It specifies the obligations of the Department and the employee.

d. **Course Completion Date.** The date on which a participant in the NNEI completes the course of education or training.

e. **Eligible Employee.** An employee must meet specific eligibility requirements to participate in the NNEI. To be eligible for participation, an employee must:

- (1) Have been continuously employed with the Department for not less than 1 year.
- (2) Have met the 1-year employment requirement as of the date on which the employee submits an application for the NNEI.
- (3) Be enrolled, or accepted for enrollment, as a full-time or part-time student in a specified field of education or training.
- (4) Agree to incur a contractual obligation for service as specified in paragraph 13.
- (5) Not be obligated under any other Federal educational program(s) to perform service after completion of the course of education or training.
- (6) Have a record of employment that demonstrates a high likelihood that the employee will be successful in completing the education or training, and in employment in such field.

f. **Full-time Enrollment.** An employee is considered a full-time student if the employee carries 30 semester hours of undergraduate coursework per school year, or 18 semester hours of graduate coursework per school year.

g. **Interest.** The calculation for the amount of funds that the United States is entitled to recover from an NNEI participant who fails to complete the period of obligated service includes interest. The rate of interest in these circumstances is equivalent to the rate on loans bearing interest at the maximum prevailing rate, as determined by the Treasurer of the United States, at the time the funds are paid by the participant who breaches the contract.

h. **Part-time Enrollment.** An employee is considered a part-time student if the employee is carrying less than a full-time load. A full-time academic workload is defined as 30 semester hours of undergraduate level coursework (or equivalent, e.g., 45 quarter hours) per academic year and 18 semester hours of graduate-level coursework (or equivalent, e.g., 27 quarter hours) per academic year. The proportion of part-time enrollment (e.g., quarter-time, half-time, etc.) is calculated by dividing the number of part-time credit hours by the minimum number of credit-hours defined as a full-time academic workload.

i. **Replacement Salary.** Replacement salary covers the cost of hiring a new staff member (typically on a temporary basis) to carry out the duties and responsibilities of an employee who is unavailable to perform them while pursuing full-time education or training. Replacement salary is additional funding that is not included in the expenses that are allowed for a scholarship under the NNEI. Facility Directors are encouraged to invoke their authority under 38 U.S.C. 7405, to authorize replacement salary in limited cases where an employee is unavailable to perform critical duties while pursuing education or training under the NNEI. In such cases, replacement salary may be used to help prevent disruption of health care services. A request for centralized funding to cover the cost of replacement salary will rarely be approved and only under the following conditions:

(1) Replacement salary is limited to up to 1 year per student and must be used to support a critical VA mission,

(2) Requests for replacement salary will be given secondary consideration to all appropriate requests for scholarships, and

(3) Replacement salary will only be used to cover the assignments of nurses who will complete their education or training on a full-time basis within 1 year.

j. **Scholarship.** A scholarship is a monetary award that covers the cost of a student's tuition and related educational expenses (e.g., registration, fees, books, materials, and supplies). There are limitations on the amounts of coursework, funding and time to complete an academic program that may be authorized for an NNEI participant. The maximum of amount of education that an employee may be authorized to pursue under NNEI is the equivalent of 3 years of full-time coursework. The maximum EISP award amount that may be authorized for the maximum amount of coursework is \$31,080. The maximum number of credit hours of coursework that an employee may be authorized to pursue under NNEI sponsorship is 90 semester hours at the undergraduate level and 54 at the graduate level. The maximum amount of funding that may be authorized for each semester hour of coursework in an NNEI participant's academic program is \$345.33 at the undergraduate level and \$575.56 at the graduate level. ***NOTE: These amounts cover the cost of tuition, books and all other appropriate expenses.*** Moreover, NNEI payments made to participants may not exceed the lesser of either the funding authorized by HCSDRO or

the amounts participants actually paid for their authorized education. An NNEI participant's authorized academic plan may include coursework that can be accomplished in as little as one academic session or may involve several academic sessions over a period up to a maximum of 6 years. To the extent that an NNEI award does not exceed any of the limitations on the amounts of coursework and funding cited in the preceding, there are no restrictions on the amounts of education and funding that may be authorized for an NNEI student in a specific academic year. The maximum scholarship amount will be adjusted in direct proportion to the periodic general Federal pay increases beginning in calendar year 2002.

k. **Service Commencement Date.** The service commencement date is the date on which a participant in the NNEI begins the period of obligated service. The service commencement date varies depending on the type of education or training received by the NNEI participant.

(1) In the case of a participant receiving a degree from a school of nursing, the participant's service commencement date is the later of the:

(a) Participant's course completion date, or

(b) Date upon which the participant becomes licensed as a Registered Nurse in a State, Territory, or Commonwealth of the United States (i.e., Puerto Rico), or in the District of Columbia.

(2) In the case of a participant not covered by subparagraph 25k(1), the participant's service commencement date is the later of the:

(a) Participant's course completion date, or

(b) Date upon which the participant meets any applicable licensure or certification requirement.

l. **Service Obligation.** Each recipient of an NNEI scholarship award must agree to serve as a full-time employee in the VHA for a period of obligated service in a facility selected by the Under Secretary for Health, or designee.

25. REFERENCES

a. VHA Memorandum 10-98-04, "Nurse Qualification Standard Steering Committee," December 7, 1998.

b. Memorandum of Understanding Between the American Association of Colleges of Nursing and the Veterans Health Administration, United States Department of Veterans Affairs, December 18, 1998.

c. Title 38, U.S.C. Section 512, Sections 7401-7402, Section 7421, Sections 7601-7604, Sections 7632-7636, and Sections 7671-767.

d. VA Directive 5102.1, Nurse Qualification Standard, dated November 10, 1999.

**NATIONAL NURSING EDUCATION INITIATIVE (NNEI)
PROGRAM ACCOUNTABILITY**

The following grid details minimum requirements regarding program accountability:

Student Accountability	Organizational Accountability
Accurately complete Department of Veterans Affairs (VA) Form 10-0003L, NNEI Application for Nurses Enrolled or Formally Accepted to an Education or Training Program (see App. B) or VA Form 10-0003L-1, Statement of Intent (see App. C).	Establish a Selection Committee and identify a Registered Nurse Program Coordinator.
Submit an application for an NNEI Scholarship award by March 31 st . Out of cycle requests will be considered.	Publish an open continuous announcement to promote the National Nursing Education Initiative (NNEI).
Sign VA Form 10-0003L-4, NNEI Scholarship Program Contract (see App. H).	Implement Selection Process: 1. Program Coordinator reviews Application or Statement of Intent (SOI). 2. Selection Committee submits recommendations to the facility Director. 3. Facility Director approves selections and submits VA Form 10-0003L-6, NNEI Facility Funding Request Summary Worksheet (see App. D and App. E) to Health Care Staff Development and Retention Office (HCS DRO) by April 30 th . Out of cycle requests will be considered.
Provide accurate educational status to the Program Coordinator within 10 working days following the completion of each academic period (i.e., semester, quarter, etc.). For example, submit transcript or other evidence of satisfactory course completion.	Forward an NNEI Scholarship Program Contract (VA Form 10-0003L-4, App. H) that has been signed by the applicant to HCS DRO for formal acceptance and signature.
Maintain an acceptable level of academic standing as determined by the educational system in which the employee is enrolled.	Provide Guidance and Support to NNEI Participants: 1. Contribute to student's written plan for degree completion through first-level supervisory support, a mentoring program, and flexible working conditions. 2. Ensure that second-level review is available to explore options if the work assignment cannot support the proposed student experience.
Complete a contracted service obligation as a full-time Veterans Health Administration (VHA) employee as defined in VA Form 10-0003L-4 (see App. H, Section C, pars. 7 and 8).	Monitor Progress of NNEI Participants: 1. Reconcile differences in student profiles contained in the Funding Request with profiles of actual students participating in the NNEI. 2. Submit semi-annual student progress reviews to HCS DRO. 3. Submit annual facility level registered nurse grade, promotion, and educational status information to HCS DRO; i.e., VA Form 10-0003L-3, (see App F). 4. Monitor completion of service obligations. 5. Conduct Nursing Exit Interviews when applicable VA Form 10-0003L-5, (see App. J).

**NATIONAL NURSING EDUCATION INITIATIVE (NNEI)
VA FORM 10-0003L, APPLICATION FOR NURSES ENROLLED IN OR
FORMALLY ACCEPTED TO AN EDUCATION OR TRAINING PROGRAM**

Below is an embedded copy of Department of Veterans Affairs (VA) Form 10-0003L. This form can also be found on the Veterans Health Administration (VHA) Forms Intranet at <http://vaww.va.gov/forms/medical/searchlist.asp>. This is to be used for local reproduction. Since this is a low use form, it will not be stocked by the Forms and Publications Depot.

To view this form you should have Adobe Acrobat 5.5 or later. To print this form, your printer must be set to “print as image” and “fit to page.”



10-0003L.pdf

NATIONAL NURSING EDUCATION INITIATIVE (NNEI) APPLICATION

For Nurses Enrolled in or Formally Accepted to an Education or Training Program

DIRECTIONS: Carefully read these directions before completing the application.

1. This application is to be used only by Department of Veterans Affairs (VA) Registered Nurses who are already enrolled in or who have been accepted to accredited education programs leading to baccalaureate degrees in nursing, or advanced degrees in nursing or related fields.
2. To be considered for the NNEI, applicants will complete Sections 1, 2 and 3 of the application, and forward it to the NNEI Program Coordinator.
3. After reviewing and validating the information, the NNEI Program Coordinator will forward the application to the Selection Committee.
4. The NNEI Selection Committee will use this information for initial applicant screening, and to prepare the Facility Funding Request for review by the facility Director or designee.
5. Following notification of the funding allocation by Health Care Staff Development and Retention Office (HCS德罗), the facility Director or designee will sign each approved application in Section 3, Authentication.
6. A copy of the authenticated application and the original contract, signed by the student will be forwarded to HCS德罗 for final acceptance and signature. Once the Director, HCS德罗 executes the contract, it will be returned to the local NNEI Program Coordinator. The Program Coordinator will ensure that a copy of the contract is provided to the scholarship recipient, the original is placed in the Official Personnel Folder and that copies are placed in appropriate local files. ***NOTE: Any questions, may be referred to HCS德罗 at (504) 589-5267.***

PRIVACY ACT NOTICE

The VA is asking you to provide the information on this form under the authority of 38 U.S.C. 7601-7625 in order for VA to determine your eligibility to receive a scholarship award. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information for: civil or criminal law enforcement; congressional communications; the collection of money owed to the United States; litigation in which the United States is a party or has an interest; the administration of VA training and scholarship programs, including verification of your eligibility to participate; and personnel administration. You do not have to provide this information to VA, but if you do not, VA will be unable to process your request for a scholarship. If you give VA your social security number, VA will use it to obtain information relevant to determining whether to grant a scholarship, and to administer your scholarship, if awarded. It also may be used for other purposes authorized or required by law.

NATIONAL NURSING EDUCATION INITIATIVE (NNEI) APPLICATION

For Nurses Enrolled in or Formally Accepted to an Education or Training Program

NOTE: Print or type all entries in Sections 1 and 2.

Section 1 - General Identification Information and Educational History.

1. Facility Name		2. Facility Number				
3. Last Name		4. First Name		5. Middle Initial		
6. Social Security Number		7. Home Phone (include area code)		8. Work Phone (include area code)		
9. VA Employment Status (Check one only)		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	10. CODES	Occupational Series Code	Title Code	Assignment Code
11. Current Job Title						
12. Current Grade (Check one only)						
<input type="checkbox"/> Nurse I <input type="checkbox"/> Nurse II <input type="checkbox"/> Nurse III <input type="checkbox"/> Nurse IV						
13. Name of Rating Official				14. Official's Work Phone (include area code)		
15. Highest Degree Obtained (Check only highest completed)						
<input type="checkbox"/> Diploma <input type="checkbox"/> Associate Degree <input type="checkbox"/> BSN <input type="checkbox"/> MS <input type="checkbox"/> Ph.D.						
16. Total Number of Semester Hours Accumulated to Date: (Note: to convert Quarter Hours to Semester Hours, multiply the number of Quarter Hours by two-thirds)						

Section 2 - National Nursing Education Initiative Enrollment Information.

17. Degree Sought via the NNEI (Check one only)			
<input type="checkbox"/> BSN <input type="checkbox"/> MS <input type="checkbox"/> Ph.D. <input type="checkbox"/> Other (Specify)			
18. Program Start Date (MM/DD/YYYY)		19. Estimated Program Completion Date (MM/DD/YYYY)	
20. Type Program (Check one only)			
<input type="checkbox"/> A. Traditional programs consisting of curricula offered in a campus setting.			
<input type="checkbox"/> B. Non-Traditional programs consisting of curricula offered in off-campus settings (e.g., distance learning via the Internet).			
21. Program Description			
22. Name, Address, City, State and Zip Code of Educational Institution(s) where accepted or enrolled. Attach a copy of your Letter of Acceptance, or a copy of an official transcript.			
22a. Educational Institution Name		22b. Address (City, State, Zip)	
23. Complete the following if you are enrolled in or have been accepted to an education program that is supported by your VISN			
23a. VISN/STN No.	23b. Course Name (or other Identification)	23c. Start Date	23d. End Date (MM/DD/YYYY)

24. Total Number of Semester Hours Required to Complete Program. (Note: To convert Quarter Hours to Semester Hours, multiply the number of Quarter Hours by two-thirds)	25. Attendance Schedule (Check one only) <input type="checkbox"/> Full-Time <input type="checkbox"/> 1/2 time <input type="checkbox"/> 3/4 time <input type="checkbox"/> 1/3 time <input type="checkbox"/> 2/3 time <input type="checkbox"/> 1/4 time <input type="checkbox"/> Other (Specify)
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26. Estimated Total Program Tuition Costs by Type of Educational Institution		
26a — Type of Educational Institution	26b - Estimated Tuition Costs	26c - Total Semester Hours Required
Traditional		
Non-Traditional		
TOTAL OF COLUMNS 26b AND 26c		

27. Estimated Total Other Reimbursable Program Costs.	(Total all non-tuition allowable expenses)
28. Estimated Total Program Costs	= (Total of 26b plus Item 27 Total)
29. Average Cost per Semester Hour	= (Total in Item 28 divided by total 26c)

30. Estimated Program Fiscal Year (FY) Contracted Educational Costs (Note: FY total includes all tuition and other allowable expenses)						
Type of Educational Institution	FY	FY	FY	FY	FY	FY
Traditional						
Non-Traditional						
FY COLUMN TOTALS:						

31. Estimated Total Program Costs (Note: Total must equal Item 28, Total Program Costs)	= (sum of all Item 30 FY Column Totals)
32. Do you have a Mentor? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, go to Item 33	32a. Name of Mentor 32b. Title of Mentor

33. Working Condition Flexibility	33a. Will special working condition arrangements be required to support your NNEI attendance requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO
	33b. If the answer to 33a is Yes, briefly describe the arrangements required.
	33c. If arrangements are required, have they been implemented yet? (Check one only) <input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 3 - AUTHENTICATION (When completed, forward copy to HCS DRO.)

▶ CONSENT: I authorize the educational institution in which I am, or will be, enrolled to release to VA information regarding my enrollment status and academic standing, including grade point average, both now and while I am participating in the VA Employee Incentive Scholarship Program. I understand that this authorization is voluntary, and that I may revoke this consent at any time. However, I further understand that if I voluntarily revoke this authorization after the award of the scholarship, my scholarship award will be terminated and I will be liable for the damages in accordance with provisions of Section 7675, Title 38, United States Code.

Signature of Employee	Date
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I hereby certify that I have reviewed this application and recommend the applicant named above for participation in the National Nursing Education Initiative

Signature of Director or designee	Date
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**NATIONAL NURSING EDUCATION INITIATIVE (NNEI)
VA FORM 10-0003L-1, STATEMENT OF INTENT**

Below is an embedded copy of Department of Veterans Affairs (VA) Form 10-0003L-1. This form can also be found on the Veterans Health Administration (VHA) Forms Intranet at <http://vaww.va.gov/forms/medical/searchlist.asp>. This is to be used for local reproduction. Since this is a low use form, it will not be stocked by the Forms and Publications Depot.

To view this form you should have Adobe Acrobat 5.5 or later. To print this form, your printer must be set to “print as image” and “fit to page.”



10-0003L-1.pdf

NATIONAL NURSING EDUCATION INITIATIVE (NNEI) STATEMENT OF INTENT

DIRECTIONS: Carefully read these directions before completing the application.

1. The Statement of Intent (SOI) is to be used by Registered Nurses who would like to receive a scholarship, but are not eligible to apply for participation in the NNEI. *NOTE: Only employees who are currently enrolled in or accepted to an accredited education program leading to baccalaureate degrees in nursing, or advanced degrees in nursing or related fields are authorized to apply for a scholarship under the NNEI.* The SOI is not an application, it is a planning tool to be used to assess the interest and potential participation of employees in the NNEI. When an employee who is interested in the NNEI becomes eligible to apply, the employee must complete an official NNEI application and submit it to the Program Coordinator.
2. To ensure that your interest in becoming an NNEI participant is considered in the selection process, applicants will complete Sections 1 and 2 of the SOI and forward it to the Program Coordinator.
3. After reviewing and validating the information, the Program Coordinator will forward the SOI to the Selection Committee.

PRIVACY ACT NOTICE

The VA is asking you to provide the information on this form under the authority of 38 U.S.C. 7601-7625 in order for VA to determine your eligibility to receive a scholarship award. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information for: civil or criminal law enforcement; congressional communications; the collection of money owed to the United States; litigation in which the United States is a party or has an interest; the administration of VA training and scholarship programs, including verification of your eligibility to participate; and personnel administration. You do not have to provide this information to VA, but if you do not, VA will be unable to process your request for a scholarship. If you give VA your social security number, VA will use it to obtain information relevant to determining whether to grant a scholarship, and to administer your scholarship, if awarded. It also may be used for other purposes authorized or required by law.

Section 1 - General Identification Information and Educational History.

1. Facility Name		2. Facility Number		
3. Last Name		4. First Name		5. Middle Initial
6. Social Security Number	7. Home Phone (include area code)		8. Work Phone (include area code)	
9. VA Employment Status (Check one only)	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	10a. Occupational series code	10b. Title Code	10c. Assignment Code
11. Current Job Title				
12. Current Grade (Check one only)				
<input type="checkbox"/> Nurse I <input type="checkbox"/> Nurse II <input type="checkbox"/> Nurse III <input type="checkbox"/> Nurse IV				
13. Name of Rating Official			14. Official's Work Phone (include area code)	
15. Highest Degree Obtained (Check only highest completed)				
<input type="checkbox"/> Diploma <input type="checkbox"/> Associate Degree <input type="checkbox"/> BSN <input type="checkbox"/> MS <input type="checkbox"/> Ph.D.				
16. Total Number of Semester Hours Accumulated to Date: (Note: To convert Quarter Hours to Semester Hours, multiply the number of Quarter Hours by two-thirds)				

NNEI STATEMENT OF INTENT, Continued

Section 2 - National Nursing Education Initiative Enrollment Information.

17. Degree Sought under an NNEI Contract

(Check one only) BSN MS Ph.D. Other (Specify)

18. Program Start Date (MM/DD/YYYY)

19. Estimated Program Completion Date (MM/DD/YYYY)

20. Type Program

(Check one only)

- A. Traditional programs consisting of curricula offered in a campus setting.
- B. Non-Traditional programs consisting of curricula offered in off-campus settings (e.g., distance learning via the internet).

21. Program Description.

22. Total Number of Semester Hours Required to Complete Program.

(Note: To convert Quarter Hours to Semester Hours, multiply the number of Quarter Hours by two-thirds)

23. Attendance Schedule

(Check one only) Full-time Part-time

24. Estimated Total Program Tuition Costs by Type of Educational Institution

24a — Type of Educational Institution	24b - Estimated Tuition Costs	24c - Total Semester Hours Required
Traditional		
Non-Traditional		
TOTAL OF COLUMN 24b AND 24c		

25. Estimated Total Other Reimbursable Program Costs.

(Total all non-tuition allowable expenses)

26. Estimated Total Program Costs

= (Total of 24b plus Item 25 Total)

27. Average Cost per Semester Hour

= (Total in Item 26 divided by total 24c)

28. Estimated Program Fiscal Year (FY) Contracted Educational Costs (Note: FY total includes all tuition and other allowable expenses)

Type of Educational Institution	FY	FY	FY	FY	FY	FY
Traditional						
Non-Traditional						
FY COLUMN TOTALS						

29. Estimated Total Program Costs

(Note: Total must equal Item 26 Total Program Costs)

= (sum of all Item 28 FY Column Totals)

30. Do you have a Mentor?

YES NO (If No, go to Item 31)

30a. Name of Mentor

30b. Title of Mentor

**Working
Condition
Flexibility**

31. Will special working arrangements be required to support your NNEI attendance requirements? YES NO

31b. If the answer to 31a is Yes, briefly describe the arrangements required.

31c. If arrangements are required, have they been implemented yet? (Check one only) YES NO

32a. Employee Signature

32b. Date

**NATIONAL NURSING EDUCATION INITIATIVE (NNEI)
FACILITY FUNDING REQUEST INSTRUCTIONS**

1. Purpose. The funding request provides the facility Directors' formal, annual NNEI financial projections to the Health Care Staff Development and Retention Office (HCSDRO/10A2D) for review and determination of NNEI funding allocations.

2. The Funding Request Process. Completing the funding request involves seven steps. They are:

a. Registered Nurses eligible to apply to the NNEI complete Sections 1 and 2 of the application (see App. B) and forward it to the Program Coordinator.

b. Registered Nurses interested in participating in the NNEI, but not eligible to apply, complete Sections 1 and 2 of the Statement of Intent (SOI) (see App. C) and forward it to the Program Coordinator.

c. The Program Coordinator will compile information from applications (see App. B) and SOIs (see App. C) to complete the Funding Request (see App. E).

d. The Program Coordinator will forward the Funding Request to the Selection Committee.

e. Based on the needs of the facility and applicant qualifications, the Selection Committee will recommend applications in priority order on the Funding Request (see App. E).

f. The Program Coordinator will make the recommended changes to the Funding Request (see App. E) and forward it to the facility Director for approval.

g. The facility Director will forward the completed Funding Request (see App. E) to HCSDRO for processing.

3. Completing Appendix E Funding Request Worksheet. The Funding Request Worksheets (see App. E) will be completed and transmitted via the Veterans Health Administration (VHA) Intranet. Appendix E will be provided to each VA facility in electronic format via E-mail. For your convenience, most of the necessary calculations in Appendix E have been constructed and linked throughout the file. There are eight separate worksheets and one summary worksheet in Appendix E. Six of the worksheets correspond directly to a funding priority identified in paragraph 6d of this Handbook (e.g., *Registered Nurses in school who will complete their BSN in 1 year or less is the first priority*). Two worksheets (3.A.5 and 3.A.6) are for capturing projected educational cost data from the Statement of Intent. Data entered in these eight worksheets is automatically linked to corresponding sections in the Summary Worksheet. The Program Coordinator will use the NNEI Application (see App. B), and the Statement of Intent (see App. C) to enter data onto each appropriate worksheet. Guidance and direction in completing these worksheets will be provided via the Intranet and by HCSDRO upon request. A brief description of each worksheet follows:

- a. **Section 3.A.1 Worksheet.** Enter information for Registered Nurses enrolled in school who will complete their Bachelor of Science in Nursing (BSN) Degree in 1 year or less. Totals are automatically linked to the Summary Worksheet.
- b. **Section 3.A.2 Worksheet.** Enter information for Registered Nurses enrolled in school who will complete their BSN in more than 1 year. Totals are automatically linked to the Summary Worksheet.
- c. **Section 3.A.3 Worksheet.** Enter information for Registered Nurses accepted to school who will complete their BSN in 1 year or less. Totals are automatically linked to the Summary Worksheet.
- d. **Section 3.A.4 Worksheet.** Enter information for Registered Nurses accepted to school who will complete their BSN in more than 1 year. Totals are automatically linked to the Summary Worksheet.
- e. **Section 3.A.5 Worksheet.** Enter information for Registered Nurses who plan to apply to school and will complete their BSN in 1 year or less. Totals are automatically linked to the Summary Worksheet.
- f. **Section 3.A.6 Worksheet.** Enter information for Registered Nurses who plan to apply to school and will complete their BSN in more than 1 year. Totals are automatically linked to the Summary Worksheet.
- g. **Section 3.B Worksheet.** Enter information for Registered Nurses accepted to, or enrolled in, Master's or Doctoral Degree programs in nursing or related fields.
- h. **Section 3.C Worksheet.** Enter information for Registered Nurses accepted to, or enrolled in education or training programs that are not covered in Sections 3.A.1 through 3.A.6 and 3.B.
- i. **Summary Worksheet.** The Summary Worksheet contains facility identifying data and funding required for NNEI scholarships. Sections 1, 2, 3.B and 3.C require data to be entered as shown on the summary worksheet. Data in Section 3.A is automatically linked to the same sections in Section 3.A.1 through 3.A.6 worksheets. Section 4 of this worksheet includes facility totals created by formulas and links, and requires no direct data entry.

**SAMPLES OF NATIONAL NURSING EDUCATION INITIATIVE (NNEI) VA FORM 10-0003L-6,
FACILITY FUNDING REQUEST SUMMARY WORKSHEET**

Directions: Please complete this funding forecast in its entirety and forward to the Health Care Staff Development and Retention Office (HCSDRO/10A2D), by April 30th of each calendar year. The entire file should be forwarded electronically via E-mail to 10A2GST@mail.va.gov. If you are unable to E-mail the completed file, please fax to (504) 589-5914. For questions or comments, please contact HCSDRO at (504) 589-5267.

Section 1. Facility Identifying Information.

Station Name:
 Station POC:
 Title:

Station Number:
 Phone:

Section 2: Total Number of Nurses in Facility.

Section 3: This NNEI Funding Request is being submitted in FY2000.

Section 3A: : Funding Request for Registered Nurses Who Do Not Have a BSN

*NOTE: This is a **sample** request for April 30, 1999 – School year September 1999 through August 2000. This form is to be completed in Microsoft™ Excel format. Electronically formatted versions of each of the worksheets that are part of this form along with detailed instructions for completing them will be forwarded from HCSDRO via E-mail.*

	Col 3A1	Col 3A2	Col 3A3	Outyear Projections				
	Est. No. This Period	Est. Total Education Costs	Participant Avg. Cost (3A2/3A1)	Est. Total for Sept. 2000 – Aug. 2001	Est. Total for Sept. 2001 – Aug. 2002	Est. Total for Sept. 2002– Aug. 2003	Est. Total for Sept. 2003 – Aug. 2004	Est. Total for Sept. 2004 – Aug. 2005
3.A.1 Enrolled & complete BSN in 1-year or <	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3.A.2 Enrolled & complete BSN in > 1-year	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3.A.3 Accepted & complete BSN in 1-year or <	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3.A.4 Accepted & complete BSN in > 1-year	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3.A.5 Plan to apply & complete BSN in 1-year or <	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3.A.6 Plan to apply & complete BSN in > 1 year	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Subtotals Section 3.A.	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

National Nursing Education Initiative – Facility Funding Request Summary Worksheet

3.B. Applicants Enrolled In or Accepted To Master’s or Doctoral Programs in Nursing or Related Fields.

Col 3B1	Col 3B2	Col 3B3	Col 3B4	Col 3B5					
Name Descending Selection Priority	Degree Required	Est. No. this Period	Est. Total Education Costs	Participant Avg. Cost (3B4/3B3)	Est. Total for Sept. 2000 – Aug. 2001	Est. Total for Sept. 2001 – Aug. 2002	Est. Total for Sept. 2002 – Aug. 2003	Est. Total for Sept. 2003 – Aug. 2004	Est. Total for Sept. 2004 – Aug. 2005
LN, FN, MI		0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“		0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“		0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
”		0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(Sample request for April 30, 1999 – Example Only)						\$0.00	\$0.00	\$0.00	\$0.00
“		0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“		0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“		0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“		0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“		0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“		0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“		0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“		0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“		0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Subtotal Section 3.B.		0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

National Nursing Education Initiative – Facility Funding Request Summary Worksheet

3.C. Applicants Enrolled In or Accepted To Other Educational or Training Programs.

Col 3C1	Col 3C2	Col 3CB3	Col 3C4	Col 3C5					
Name Descending Selection Priority	Degree Required	Est. No. this Period	Est. Total Education Costs	Participant Avg. Cost (3C4/3C3)	Est. Total for Sept. 2000 – Aug. 2001	Est. Total for Sept. 2001 – Aug. 2002	Est. Total for Sept. 2002 – Aug. 2003	Est. Total for Sept. 2003 – Aug. 2004	Est. Total for Sept. 2004 – Aug. 2005
LN, FN, MI		0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"		0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"		0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"	(Sample request for April 30, 1999 – Example Only)				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"		0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"		0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"		0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"		0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"		0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"		0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"		0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"		0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"		0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"		0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"		0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"		0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Subtotal Section 3.C.		0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

National Nursing Education Initiative – Facility Funding Request Summary Worksheet

Section 4. Facility Totals for FY 1999

	Col 4A	Col 4B	Col 4C	Outyear Projections				
	Est. No. this Period	Est. Total Education Costs	Participant Avg. Cost (4B/4A)	Est. Total for Sept. 2000 – Aug. 2001	Est. Total for Sept. 2001 – Aug. 2002	Est. Total for Sept. 2002 – Aug. 2003	Est. Total for Sept. 2003 – Aug. 2004	Est. Total for Sept. 2004 – Aug. 2005
Subtotals Section 3.A.	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Subtotals Section 3.B.	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Subtotals Section 3.C.	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Facility Totals	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

(Sample Request for April 30, 1999 – Example Only)

National Nursing Education Initiative Worksheet for Section 3A1 – Nurses enrolled in school who will complete BSN in 1 year or less

National Nursing Education Initiative – Funding Request for FY: 1999
Section 3A1 – Nurses enrolled in school, will complete BSN in < 1 year

Column 1	Column 2	Column 3	Column 4	Column 5	Outyear Projections					
Name	Always enter the Number 1 for each name	Estimated Tuition Expenses	Estimated Salary Costs (if applicable)	Estimated Related Expenses	Total Estimated Expenses	Est.Total for Sept. 2000-2001	Est.Total for Sept. 2001-2002	Est.Total for Sept. 2002-2003	Est.Total for Sept. 2003-2004	Est.Total for Sept. 2004-2005
LN, FN,MI	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	(Sample request for April 30, 1999 – Example Only)					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	(Sample request for April 30, 1999 – Example Only)					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	(Sample request for April 30, 1999 – Example Only)					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	(Sample request for April 30, 1999 – Example Only)					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

National Nursing Education Initiative Worksheet for Section 3A2 – Nurses enrolled in school who will complete BSN in more than 1 year

National Nursing Education Initiative – Funding Request for FY: 1999
Section 3A2 – Nurses enrolled in school, will complete BSN in > 1 year

Column 1	Column 2	Column 3	Column 4	Column 5	Outyear Projections									
Name	Always enter the Number 1 for each name	Estimated Tuition Expenses	Estimated Salary Costs (if applicable)	Estimated Related Expenses	Total Estimated Expenses	Est. Total for Sept. 2000-2001	Est. Total for Sept. 2001-2002	Est. Total for Sept. 2002-2003	Est. Total for Sept. 2003-2004	Est. Total for Sept. 2004-2005				
LN, FN, MI	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	(Sample request for April 30, 1999 – Example Only)					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“						\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
“						0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“						0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				

National Nursing Education Initiative Worksheet for Section 3A3 – Nurses accepted to school who will complete BSN in 1 year or less

National Nursing Education Initiative – Funding Request for FY: 1999
Section 3A3 – Nurses accepted to school and will complete BSN in < 1 year

Column 1	Column 2	Column 3	Column 4	Column 5	Outyear Projections					
					Total Estimated Expenses	Est. Total for Sept. 2000-2001	Est. Total for Sept. 2001-2002	Est. Total for Sept. 2002-2003	Est. Total for Sept. 2003-2004	Est. Total for Sept. 2004-2005
Name	Always enter the Number 1 for each name	Estimated Tuition Expenses	Estimated Salary Costs (if applicable)	Estimated Related Expenses	Total Estimated Expenses	Est. Total for Sept. 2000-2001	Est. Total for Sept. 2001-2002	Est. Total for Sept. 2002-2003	Est. Total for Sept. 2003-2004	Est. Total for Sept. 2004-2005
LN, FN, MI	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

National Nursing Education Initiative Worksheet for Section 3A4 – Nurses accepted to school who will complete BSN in more than 1 year

National Nursing Education Initiative – Funding Request for Fiscal Year (FY): 1999
Section 3A4 – Nurses accepted to school who will complete BSN in > 1 year

Column 1	Column 2	Column 3	Column 4	Column 5	Outyear Projections					
					Total Estimated Expenses	Est.Total for Sept. 2000-2001	Est.Total for Sept. 2001-2002	Est.Total for Sept. 2002-2003	Est.Total for Sept. 2003-2004	Est.Total for Sept. 2004-2005
Name	Always enter the Number 1 for each name	Estimated Tuition Expenses	Estimated Salary Costs (if applicable)	Estimated Related Expenses	Total Estimated Expenses	Est.Total for Sept. 2000-2001	Est.Total for Sept. 2001-2002	Est.Total for Sept. 2002-2003	Est.Total for Sept. 2003-2004	Est.Total for Sept. 2004-2005
LN, FN, MI	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(Sample request for April 30, 1999 – Example Only)						\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“						\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

National Nursing Education Initiative Worksheet for Section 3A5 – Nurses who plan to apply to school who will complete BSN in 1 year or less

National Nursing Education Initiative – Funding Request for FY: 1999
Section 3A5 – Nurses who plan to apply to school and complete BSN in < 1 year

Column 1	Column 2	Column 3	Column 4	Column 5	Outyear Projections					
					Total Estimated Expenses	Est.Total for Sept. 2000-2001	Est.Total for Sept. 2001-2002	Est.Total for Sept. 2002-2003	Est.Total for Sept. 2003-2004	Est.Total for Sept. 2004-2005
Name	Always enter the Number 1 for each name	Estimated Tuition Expenses	Estimated Salary Costs (if applicable)	Estimated Related Expenses	Total Estimated Expenses	Est.Total for Sept. 2000-2001	Est.Total for Sept. 2001-2002	Est.Total for Sept. 2002-2003	Est.Total for Sept. 2003-2004	Est.Total for Sept. 2004-2005
LN, FN, MI	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“						\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“						\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“						\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
“	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

National Nursing Education Initiative Worksheet for Section 3A6 – Nurses who plan to apply to school who will complete BSN in more than 1 year

National Nursing Education Initiative – Funding Request for FY: 1999
Section 3A6 – Nurses who plan to apply to school and will complete BSN in > 1 year

Column 1	Column 2	Column 3	Column 4	Column 5	Outyear Projections								
Name	Always enter the Number 1 for each name	Estimated Tuition Expenses	Estimated Salary Costs (if applicable)	Estimated Related Expenses	Total Estimated Expenses	Est. Total for Sept. 2000-2001	Est. Total for Sept. 2001-2002	Est. Total for Sept. 2002-2003	Est. Total for Sept. 2003-2004	Est. Total for Sept. 2004-2005			
LN, FN, MI	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
"	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
"	(Sample request for April 30, 1999 – Example Only)					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
"						\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"						\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"						\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
"	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
"	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
"	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
"	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
"	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
"	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
"	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
"	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
"	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
"	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
"	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
"	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
"	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			

**NATIONAL NURSING EDUCATION INITIATIVE (NNEI) VA FORM 10-0003L-3
FACILITY ANNUAL EDUCATION AND PROMOTION WORKSHEET**

Below is an embedded copy of Department of Veterans Affairs (VA) Form 10-0003L-3. This form can also be found on the Veterans Health Administration (VHA) Forms Intranet at <http://vaww.va.gov/forms/medical/searchlist.asp>. This is to be used for local reproduction. Since this is a low use form, it will not be stocked by the Forms and Publications Depot.

To view this form you should have Adobe Acrobat 5.5 or later. To print this form, your printer must be set to “print as image” and “fit to page.”



10-0003L-3.pdf

NATIONAL NURSING EDUCATION INITIATIVE (NNEI) FACILITY ANNUAL EDUCATION AND PROMOTION WORKSHEET

DIRECTIONS: Complete this worksheet in its entirety and forward the the Health Care Staff Development and Retention Office (HCS德罗/10A2D) within 30 days of receipt from HCS德罗. The entire file should be forwarded electronically via E-mail to 10A2gst@mail.va.gov. If you are unable to E-mail the completed file, fax to (504) 589-5914. For questions or comments, contact HCS德罗 at (504) 589-5267.

NOTE: All data is to be current as of September 30th of the present calendar year.

Section 1 - Facility Identifying Information

STATION NAME
STATION POC
POC TITLE
STATION NUMBER
COMMERCIAL PHONE <i>(Include area code)</i>

Section 2 - Registered Nurse Staffing as of 09/30 of Fiscal Year

Common Values for the following entries are:

F = Full-time P = Part-time	1 = Nurse I 2 = Nurse II 3 = Nurse III 4 = Nurse IV 5 = Nurse V	A = Associate B = LPN C = RN-Diploma D = BSN E = MSN F = Ph.D. G = Other	A = African American B = Asian American / Pacific Islander C = Hispanic D = Native American E = White F = Other	Y = Yes N = No	W = Waiver N = Not Waivered X = N/A	Y = Yes N = No
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Last Name	Social Security Number	Employment Status	Current Grade	Education Status	Ethnicity	Promoted	Type Promotion	NNEI Enrollee

**NATIONAL NURSING EDUCATION INITIATIVE (NNEI) VA FORM 10-0003L-2
FACILITY SEMI-ANNUAL ENROLLEE PROGRESS REVIEW WORKSHEET**

Below is an embedded copy of Department of Veterans Affairs (VA) Form 10-0003L-2. This form can also be found on the Veterans Health Administration (VHA) Forms Intranet at <http://vaww.va.gov/forms/medical/searchlist.asp>. This is to be used for local reproduction. Since this is a low use form, it will not be stocked by the Forms and Publications Depot.

To view this form you should have Adobe Acrobat 5.5 or later. To print this form, your printer must be set to “print as image” and “fit to page.”



10-0003L-2.pdf

NATIONAL NURSING EDUCATION INITIATIVE (NNEI) FACILITY SEMI-ANNUAL ENROLLEE PROGRESS REVIEW WORKSHEET

DIRECTIONS: Complete this worksheet in its entirety and forward it to the Health Care Staff Development and Retention Office (HCSDRO/10A2D) within 30 days of receipt from HCSDRO. The entire file should be forwarded electronically via E-mail to 10A2gst@mail.va.gov. If you are unable to E-mail the completed file, fax to (504) 589-5914. For questions or comments, contact HCSDRO at (504) 589-5267.

Section 1 - Facility Identifying Information HCSDRO Records
NOTE: If any information in this section has changed, call HCSDRO immediately.

STATION NAME
STATION POC
POC TITLE
STATION NUMBER
COMMERCIAL PHONE <i>(Include area code)</i>

Section 2 - NNEI Enrollee Progress

Columns 1, 2, 5 and 7 display information your facility previously reported to HCSDRO.
NOTE: If the information in these columns is incorrect, contact HCSDRO immediately.

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8
Last Name	Social Security Number	Semester or Other Attendance Dates <i>Enter as MM/DD/YYYY</i>		Credit Hours Authorized	Credit Hours Completed	Total Funding Authorized to Date	Total Funding Obligated to Date

**VA FORM 10-0003L-4, DEPARTMENT OF VETERANS AFFAIRS
NATIONAL NURSING EDUCATION INITIATIVE (NNEI)
SCHOLARSHIP PROGRAM CONTRACT**

Below is an embedded copy of Department of Veterans Affairs (VA) Form 10-0003L-4. This form can also be found on the Veterans Health Administration (VHA) Forms Intranet at <http://vaww.va.gov/forms/medical/searchlist.asp>. This is to be used for local reproduction. Since this is a low use form, it will not be stocked by the Forms and Publications Depot.

To view this form you should have Adobe Acrobat 5.5 or later. To print this form, your printer must be set to “print as image” and “fit to page.”



JetForm_10-0003L-4
.pdf



NATIONAL NURSING EDUCATION INITIATIVE (NNEI) SCHOLARSHIP PROGRAM CONTRACT

INSTRUCTIONS: Do not make any alterations to this document. Only use ballpoint pen to complete.

SECTION A - The Department of Veterans Affairs (VA) Employee Incentive Scholarship Program (EISP) was established by Title VIII of Public Law 105-368 (the "Department of Veterans Affairs Health Care Personnel Incentive Act of 1998") and codified at sections 7671-7676 of Title 38, United States Code. Under this authority, the VA may award scholarships under they EISP to support the NNEI.

SECTION B - Obligations of the Under Secretary for Health. Subject to availability of funds appropriated by the Congress of the United States for the Employee Incentive Scholarship Program, the Under Secretary for Health agrees to:

1. Provide the undersigned employee with an NNEI award consisting of the payment of tuition and reasonable educational expenses as authorized by 38 U.S.C. §§7671-7675.
2. Ensure that each employee selected to participate in the NNEI is an eligible Department employee who, as of the date on which the employee submits an application for participation in the NNEI, has been continuously employed by the Department for not less than one year.
3. Appoint the employee to a position providing health services in accordance with Section C9 of this contract. This will be accomplished as soon as possible after the employee completes the NNEI sponsored education or training and meets all the applicable qualification requirements for appointment to the position.

SECTION C - Obligation of the Employee. In consideration of payments under the NNEI, the employee agrees to:

1. Accept the NNEI award provided by the Under Secretary for Health under Section B1 of this contract.
2. Pursue education or training in a field leading to appointment or retention in a Title 38 or Hybrid-Title 38 position listed in 38 U.S.C., Section 7401 in a health care discipline for which recruitment or retention of qualified personnel is difficult. This education or training must be approved by the Under Secretary for Health for participation in the NNEI.
3. Maintain full-time or part-time enrollment until completion of the course of study for which the scholarship award is provided.
4. Maintain an acceptable level of academic standing as determined by the educational institution, while enrolled in the course of study for which the scholarship award is provided.
5. Complete all coursework within a maximum of three years after enrollment for full-time students, and a maximum of six years after enrollment for part-time students.

6. Notify the Program Coordinator in writing, of any of the following changes within 10 working days: change in name, address, telephone number, enrollment status, program of study, or academic standing.

7. Ensure that the NNEI program officials have access to educational or training institution official transcripts and other information and documents required to assess the academic standing, status and progress of the scholarship recipient.

8. Serve a period of obligated service. All full-time and part-time employees who enroll in the program must serve a period of obligated service as full- time employees in the Veterans Health Administration (VHA). A full-time student will incur a service obligation of three years, regardless of the amount of education received under the NNEI. The obligated service for a part-time student is pro-rated. It is based on the proportion of the number of credit hours carried by the student in any school year to the number of credit hours required to be carried by a full-time student in the approved course of academic training. However, in no event will the requirement for obligated service under the NNEI be less than one year or greater than three years.

9. Serve the period of obligated service by providing health services in full-time clinical practice of the profession for which trained or in another health-care position in an assignment and location in VHA as determined by the Under Secretary for Health. The beginning date for the period of obligated service varies depending on the type of education or training received by the NNEI participant. This is further explained in VHA Handbook 1020.2, National Nursing Education Initiative.

The period of obligated service for this contract is

SECTION D - Breach of NNEI Award. If a participant:

1. Fails to accept payment or instructs the educational institution to which scholarship payments are to be made not to accept payments under this contract, the participant (other than a participant under paragraph 2 of this section) shall, in addition to the service or other obligations incurred under this contract, pay to the United States the sum of \$1,500 as liquidated damages. Payment of this amount must be made within one year of the date on which the participant fails to accept payment of the NNEI Scholarship award or instructs the school not to accept payment.
2. Fails to maintain an acceptable level of academic standing in the course of study for which the award is provided; is dismissed from the educational institution for disciplinary reasons; voluntarily terminates the course of study or program

NATIONAL NURSING EDUCATION INCENTIVE (NNEI) CONTRACT, CONTINUED

for which the award was granted; fails to become licensed as a Register Nurse in a State, Territory, Commonwealth of the United States (i.e., Puerto Rico) or in the District of Columbia, or fails to meet any applicable licensure requirement in the case of any other health-care personnel who provide either direct patient-care services. or services incident to direct patient-care services, during a period of time determined under regulations prescribed by the Secretary; or, fails to maintain employment, while enrolled as a part-time student in the course of training being pursued under the NNEI as a Department employee; the participant shall, instead of performing the service obligation incurred under this contract, repay to the United States all funds paid to the participant under this contract. Payment of this amount must be made within one year from the date academic training terminates.

3. Breaches the agreement by failing for any reason to complete such participant's period of obligated service, the United States shall be entitled to recover from the participant an amount determined in accordance with the following formula.

$$A = 3\Phi (t-s / (t)) \text{ in which:}$$

"A" is the amount the United States is entitled to recover.

"Φ" is the sum of:

- (a.) The amounts paid under this subchapter, to or on behalf of the participant; and
- (b.) The interest on such amounts which would be payable if at the time the amounts were paid they were loans bearing interest at the maximum legal prevailing rate, as determined by the Treasurer of the United States.

"t" is the total number of months in the participant's period of obligated service, including any additional period of obligated service in accordance with Section 7673(c)(2), Title 38, United States Code.

"s" is the number of months of such period served by the participant in accordance with Section 7673, Title 38, United States Code.

The amount the United States is entitled to recover shall be paid within one year of the date the Under Secretary for Health determines that the participant has failed to begin or complete the period of obligated service. The amount the United States is entitled to recover may be offset against any salary, wages, accrued leave or retirement annuity which the participant is owed at the time the participant was terminated or failed to complete their obligated service.

SECTION E - Cancellation, Suspension, and Waiver of Obligation.

1. Any service or payment obligation incurred by a participant under this contract will be cancelled at the time of their death.

2. The Under Secretary for Health may waive or suspend the participant's service or payment obligation incurred under this contract if:

- a. Compliance by the participant with the terms and conditions of this contract is impossible due to circumstances beyond the control of the participant, or
- b. In cases not related to paragraph 2.a., when considered in the best interest of the Department of Veterans Affairs. Such decisions will be made by the Under Secretary for Health on an individual basis.

SECTION F - Consent for Release of Information. The undersigned employee consents to allow the educational institution in which he or she is enrolled to release to the Program Coordinator information regarding enrollment status and academic standing including grade point average at the time of application and, if selected, during the period of award participation. The applicant understands that this authorization is voluntary and the applicant may revoke the consent at any time. However, the applicant further understands that if this authorization is voluntarily revoked after the award of the scholarship, the scholarship award will be terminated and the applicant will be liable for damages in accordance with provisions of Section 7675, Title 38, United States Code.

SECTION G - General Provisions. The Under Secretary for Health or authorized representative must accept this contract before it becomes effective. The regulations issued by the Under Secretary for Health to implement the NNEI are incorporated into and made a part of this contract. **I agree to comply with these regulations.**

APPLICANT'S NAME

APPLICANT'S SIGNATURE

DATE

(PLEASE SIGN, DATE AND RETURN)

SIGNATURE OF UNDER SECRETARY FOR HEALTH, VETERANS HEALTH ADMINISTRATION, OR AUTHORIZED REPRESENTATIVE

DATE

The Program Coordinator will return a completed copy to you.

NATIONAL NURSING EDUCATION INITIATIVE (NNEI) ANNUAL REPORTING

This Appendix describes the information that will be reported by the Health Care Staff Development and Retention Office (HCSDRO) for the NNEI.

1. This information will be reported annually by November 30th for the previous fiscal year (FY).
2. Recipients will include the Under Secretary for Health, the Veterans Health Administration (VHA) Policy Board, the National Partnership Council, the Nurse Qualification Standard Steering Committee, Veterans Integrated Service Network (VISN) Directors, and facility Directors.
3. Sections 1 through 4 are summary level reports versus the FY 1998 program baseline. Sections 5 through 8 parallel Sections 1 through 4, but report on the just-completed FY versus the prior FY. Section 9 reports information on education programs, and Section 10 reports results of Nursing Exit Interviews.

4. Descriptions

a. **Section 1. Summary Registered Nurse (RN) Degree Information by Fiscal Year versus Fiscal Year 1998 Baseline.** This section reports on RNs grouped by "without a Bachelor of Science in Nursing (BSN)," and "with a BSN or higher degree" as percentages of the total RN workforce versus the FY 1998 baseline. Calculations include annual numerical and percent changes to the baseline data. *NOTE: Source data is provided by facilities via Appendix F.*

b. **Section 2. Funding Summary by NNEI Priority (Actual and Projected).** This section reports the amount of funding used, allocated, and projected by FY for 5 FYs (current FY, 2 prior FYs, and 2 future FYs). Calculations include annual funding, allocation, projection totals with numerical and percent changes, and variances. *NOTE: Data is aggregated from the HCSDRO participant files and the annual Funding Requests.*

c. **Section 3. Summary RN Staffing by Grade by Fiscal Year Versus Fiscal Year 1998 Baseline.** This section reports on RNs by staffing grade level as percentages of the total RN workforce versus the FY 1998 baseline. Calculations include annual numerical and percent changes to the baseline data. *NOTE: Source data is provided by facilities via Appendix F.*

d. **Section 4. Summary RN Promotion by Grade Level by Fiscal Year versus Fiscal Year 1998 Baseline.** This section reports on RN promotions by staffing grade level as percentages of the total RN workforce versus the FY 1998 baseline, further delineated by waiver or non-waiver subtotals. Calculations include annual numerical and percent changes to the baseline data. *NOTE: Source data is provided by facilities via Appendix F.*

e. **Section 5. RN Degree Information for Fiscal Year.** This section reports the numbers of RNs with BSN or higher degrees and the percentage each category represents of the total RN workforce for the just-completed FY versus the preceding FY. Calculations include numerical and percent changes, and variance(s). *NOTE: Source data is provided by facilities via Appendix F.*

f. **Section 6. Funding by NNEI Priority (Actual and Projected) for Fiscal Year.** This section reports the amount of funding used, allocated, and projected by FY for the just-completed FY versus the preceding FY. Calculations include numerical and percent changes, and variance(s). *NOTE: Data is aggregated from the HCSDRO participant files and the annual Funding Requests.*

g. **Section 7. RN Staffing by Grade for Fiscal Year.** This section reports on RNs by staffing grade level as percentages of the total RN workforce for the just-completed FY versus the preceding FY. Calculations include numerical and percent changes, and variance(s). *NOTE: Source data is provided by facilities via Appendix F.*

h. **Section 8. RN Promotion by Grade Level for Fiscal Year.** This section reports on RN promotions by staffing grade level as percentages of the total RN workforce for the just-completed FY versus the preceding FY, further delineated by waiver or non-waiver subtotals by category. Calculations include numerical and percent changes, and variance(s). *NOTE: Source data is provided by facilities via Appendix F.*

i. **Section 9. Educational Program Systems Reporting.** This section reports information on the types of educational programs in use by NNEI participants, delineated by owner categories of traditional or non-traditional. Information will include educational institution associations, and numbers and types of participants. Report structure and content may vary as responses are accumulated. Source data is provided through HCSDRO participant files based on information submitted in Appendix B.

j. **Section 10. Nursing Exit Interview Results.** This section reports summary-level information derived from data entered via the intranet as responses to the Nursing Exit Interview. Report structure and content may vary as responses are accumulated.

**NATIONAL NURSING EDUCATION INITIATIVE (NNEI)
VA FORM 10-0003L-5, NURSING EXIT INTERVIEW**

Below is an embedded copy of Department of Veterans Affairs (VA) Form 10-0003L-5. This form can also be found on the Veterans Health Administration (VHA) Forms Intranet at <http://vaww.va.gov/forms/medical/searchlist.asp>. This is to be used for local reproduction. Since this is a low use form, it will not be stocked by the Forms and Publications Depot.

To view this form you should have Adobe Acrobat 5.5 or later. To print this form, your printer must be set to “print as image” and “fit to page.”



10-0003L-5.pdf

NATIONAL NURSING EDUCATION INITIATIVE (NNEI) EXIT INTERVIEW

We would appreciate your assistance in providing us information that can be useful in planning for improving nurse retention, reducing turnover rates and, in general, enhancing the professional climate within each Department of Veterans Affairs (VA) facility. Summaries of the information obtained from these surveys will be shared with Nursing Administration at your facility and with Veterans Integrated Services Network (VISN) managers. All information will remain confidential. While we are asking for some background demographic data which could potentially be used to identify respondents, the only reason for our doing so is to determine whether there is a trend in the way some groups of individuals are responding to survey items. For example, are older employees leaving VA for reasons that are different than those of younger employees? Your completion of this questionnaire will help us to answer questions, identify strengths and weaknesses in nursing practice, and correct deficiencies that may exist.

STATION NAME

STATION NUMBER

PART 1 - DEMOGRAPHIC AND BACKGROUND INFORMATION

Instructions: Check the box to the left of the response which best describes you.

1. Professional training/background:

MSN
 BSN
 RN-diploma
 LPN
 Associate Degree
 Other

2. Number of years since you received your State certification/license:

Less than 2
 2 to 4
 5 to 9
 10 to 20
 More than 20

3. Number of years full-time experience:

Less than 2
 2 to 4
 5 to 9
 10 to 20
 More than 20

4. Number of years employed at the VA facility from which you are separating:

Less than 2
 2 to 4
 5 to 9
 10 to 20
 More than 20

5. Sex:

Male
 Female

6. Age:

18 to 25
 26 to 40
 41 to 65
 over 65

7. Race/National Origin:

African American
 Native American
 Hispanic
 White
 Asian American/Pacific Islander
 Other

8. The single most important reason I terminated my employment was:

<input type="checkbox"/> Poor supervision <input type="checkbox"/> Too heavy a work assignment <input type="checkbox"/> Poor relationships with co-workers and/or colleagues <input type="checkbox"/> Poor physical work conditions <input type="checkbox"/> Salary <input type="checkbox"/> Lack of job security <input type="checkbox"/> Lack of authority to get the job done <input type="checkbox"/> Not having the resources to do a good job <input type="checkbox"/> Lack of promotional opportunities <input type="checkbox"/> Career change <input type="checkbox"/> Changes in educational requirements	<input type="checkbox"/> Personal and/or family reasons <input type="checkbox"/> Elimination of my position due to, reduction-in-force (RIF) or re-organization <input type="checkbox"/> A better job opportunity <input type="checkbox"/> Health reasons <input type="checkbox"/> Scheduling issues <input type="checkbox"/> To continue my education <input type="checkbox"/> Relocation of spouse <input type="checkbox"/> Retirement <input type="checkbox"/> Other (<i>Describe</i>):
--	--

PART 2 - EXIT INTERVIEW

1. How do you feel about opportunities for promotion in the Department of Veterans Affairs (VA)?

<input type="checkbox"/> There is good opportunity for promotion <input type="checkbox"/> Promotions are based on ability	<input type="checkbox"/> The promotional policy is not fair <input type="checkbox"/> Promotions are based on who you know, not what you know or how well you perform
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2. From my experience, I feel that VA treats its employees:

Extremely well
 Quite well
 Fairly well
 Somewhat poorly

NNEI EXIT INTERVIEW, CONTINUED

3. Overall, the supervision I received is the kind that:

- | | |
|---|---|
| <input type="checkbox"/> Greatly encouraged me to give extra effort | <input type="checkbox"/> Tended to discourage me from giving extra effort |
| <input type="checkbox"/> Encouraged me to give extra effort | <input type="checkbox"/> Greatly discouraged me from giving extra effort |
| <input type="checkbox"/> Had little influence on me | |

4. While an employee with VA, how did you feel about your future with this organization?

- | | | |
|--|--|--|
| <input type="checkbox"/> I felt good about it | <input type="checkbox"/> I had mixed feelings about it | <input type="checkbox"/> I was very worried about it |
| <input type="checkbox"/> I felt very good about it | <input type="checkbox"/> I was somewhat worried about it | |

5. To what extent do you feel that people who get ahead in VA deserve it?

- | | | | |
|---|---------------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> Nearly all of the time | <input type="checkbox"/> Rather often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |
|---|---------------------------------------|------------------------------------|---------------------------------|

6. To what extent do you feel that pull and connections get a person ahead in VA?

- | | | | |
|---|---------------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> Nearly all of the time | <input type="checkbox"/> Rather often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |
|---|---------------------------------------|------------------------------------|---------------------------------|

7. To what extent do you feel that getting ahead in VA is based on ability?

- | | | | |
|---|---------------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> Nearly all of the time | <input type="checkbox"/> Rather often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |
|---|---------------------------------------|------------------------------------|---------------------------------|

8. I believe that VA's new educational standards for nurses which tie hiring and promotional opportunities to the Bachelor of Science in Nursing (BSN) degree will (Mark all that apply):

- Further enhance the nursing profession
- Help attract higher quality applicants
- Encourage staff to terminate their employment with the Department
- Work against certain groups of employees and future job applicants
- Is discriminatory in nature.

NOTE: If you indicated discrimination, please describe your beliefs on a separate piece of paper.

9. a). I believe that VA provides support to its nurses in pursuit of their educational goals: Yes No

b). If Yes, I believe this is accomplished through (Mark all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Flexible scheduling of work hours | <input type="checkbox"/> Tuition reimbursement programs |
| <input type="checkbox"/> Inservice training experiences | <input type="checkbox"/> Administrative leave |
| <input type="checkbox"/> Travel, tuition and per diem reimbursements to attend professional conferences and meetings | |
| <input type="checkbox"/> Other (<i>Describe</i>) | |

10. I believe the most significant problems facing VA nursing are (Mark all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Unresolved educational requirements | <input type="checkbox"/> Inadequate supervision |
| <input type="checkbox"/> Supervisory insensitivity to employee's needs | <input type="checkbox"/> Institutional insensitivity to employee needs |
| <input type="checkbox"/> Lack of promotional opportunities | <input type="checkbox"/> Low salary structure |
| <input type="checkbox"/> Lack of upward mobility support/programs | <input type="checkbox"/> Lack of friendliness and warmth |
| <input type="checkbox"/> Very heavy work load | <input type="checkbox"/> Lack of professionalism |
| <input type="checkbox"/> Safety and/or security | <input type="checkbox"/> Inadequate working environment/working conditions |
| <input type="checkbox"/> Other (<i>Describe</i>): | |

11. Comments

NOTE: Return your completed questionnaire to the Program Coordinator. Feel free to add any additional comments on a separate page. Thank you for your cooperation and the best of luck in your future endeavors.