



Personal Information

First & Last Name:

Address:

Email:

Phone:

Nursing School/Education

School of Nursing:

Program Start Date:

Program End Date:

Current Credentials:

Current GPA:

RN License #:

Class Level:
(check one)

MSN

DNP

PhD

Completed at least
1 semester in
graduate program:

Yes

No

(check one)

U.S. Citizen:
(check one)

U.S. Citizen

International student attending a U.S. Nursing Program

Neither



Nursing Career

Please use the text box below to briefly describe your short-term and long-term goals related to your career in nursing.

Author/Content Expert Experience

As mentioned in the scholarship guidelines, course topics should be selected in which the author is knowledgeable, current, and skillful in the subject matter area. Please use the text box below to briefly explain your nursing experience thus far that informs your knowledge in the topic area of your course content.



Course Planning Information

Course Title:

Needs Analysis

Indicate in this section why the topic you chose is a beneficial topic for our nurses. Oftentimes, it is because of new published knowledge or an update in Evidence Based Practice (EBP).

Please answer the following questions regarding the topic you chose for your course.

What practice-based problem (gap) does this course content address?

What is/are the reason(s) for the gap in knowledge? (Provide in-text citations/references as evidence)

Course Objectives

Please list your course objectives below (minimum of 5).



Application Agreement

With my signature below,

- I certify that the information provided above and in my written submission is complete and accurate.
- I certify that my written content is neither derived from nor a component of my doctoral project or dissertation, and it has not been previously submitted for credit in any course.
- I certify that my submitted written content is an original work, non-plagiarized in any amount, is free from copyright, and has not been written with the help of Artificial Intelligence (AI).
- I certify that I am a healthcare professional with a current, valid license that is free from any disciplinary action by a licensure board.
- I certify that I have validated experience in the subject matter of the course I authored; or experience in teaching/writing similar subject material within the past 2 years.
- I understand that CEUfast, Inc. has the right to verify all information provided and incorrect information may result in disqualification.

Student's Signature/Acknowledgement

Date

Would you be interested in authoring courses for CEUfast.com in the future, even if not chosen to win this scholarship?

Yes No

If “yes”, indicate here what type of nursing/subject matter you are skillful in and could write course content for (Examples: Pediatrics, Obstetrics, Adult Med/Surg, Oncology, etc):

If “yes”, and if we have the need for authors in an area of your specialty, we will use your email to reach out to you.

Past scholarship recipients are not eligible to reapply.

CEUfast, Inc. reserves the right to publish the winning course, in whole or in part.

These courses may not be published elsewhere without written permission from CEUfast, Inc.

Please note that due to the volume of entries, no materials will be critiqued or returned with individual comment.