

### **NCSBN Regulatory Scholars Unpaid Graduate Internship**

The NCSBN Regulatory Scholars Unpaid Graduate Internship will provide the opportunity to gain clinical experience in nursing regulation or policy for graduate students. Availability will be based on NCSBN's needs at the time. Students will rotate throughout the various programs in the Nursing Regulation Division, including education, legislative affairs, APRN, discipline, research, etc. This experience will satisfy the clinical experience component of their graduate nursing program. The duration of the practical experience will be negotiated on a case-by-case basis, though it generally will not exceed 48 hours. Applications will be accepted on an ongoing basis.

#### **Who Should Apply**

Nursing graduate students who are seeking clinical experiences to meet their program requirements.

#### **Location**

The student(s) will obtain their clinical experience in the NCSBN offices in downtown Chicago, IL.

#### **Application Process**

To apply, complete and submit the application below and the following supporting information:

- A cover letter describing your career goals and expectations from the experience.
- A resume or curriculum vitae (include any honors, awards, and any other relevant accomplishments)
- A copy of the nursing program's clinical experience requirements.
- A letter of recommendation from your faculty adviser.

**Applications are accepted on an ongoing basis.**

**Applicants will be notified of decisions by:** Within a month after receipt of the application.

**Submit application materials to the following address or via email as attachments:**

National Council of State Boards of Nursing  
Attn: Nancy Spector, PhD, RN, FAAN, Director, Regulatory Innovations  
111 E Wacker Drive, Suite 2900  
Chicago, IL 60601  
Email: [regulatoryscholars@ncsbn.org](mailto:regulatoryscholars@ncsbn.org)

**Applicant Information**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Institution Enrolled In \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Expected Date of Graduation \_\_\_\_\_

Are you legally eligible to work in the U.S.?  Yes  No

How did you hear about this program? \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_