

#### FUNDS FOR INNOVATIVE TEACHING APPLICATION

Application Cycle: <u>AY 2019-2020</u> Semester Course Will Be Offered: <u>Fall 2019</u>

#### **APPLICANT INFORMATION:**

Last Name:	Conway-Orgel	First Name:	Margaret
School:	Nell Hodgson Woodruff School of Nursing	Department:	
Title:	Senior Clinical Faculty	Email Address:	margaret.conway-orgel@emor y.edu
<b>Co-Applicant</b>	Information:		
Last Name:		First Name:	
School:		Department:	
Title:		Email Address:	

#### **CLASS INFORMATION:**

Course Number: <u>NUR 554</u>

Proposal Title: <u>Trauma Informed Care in the Neonatal ICU - the advanced practitioners</u> <u>role</u>

FOR CFDE OFFICE USE ONLY:			
GRANT FUNDING HISTORY / /			
REVIEW ONE NOTES:			
Suggestion: (circle one) Approve Deny			
REVIEW TWO NOTES:			
Suggestion: (circle one) Approve Deny			



Amount Requested: 3000.00

### **Course Outline or Proposed Syllabus:**

outline/proposal submitted via email

## **Proposed Innovation:**

please see submission for innovation description

# **Budget Detail:**

please see submitted proposal for details

Schedule for Integration of the Proposed Project in a Classroom Setting:

Anticipate integrating into curriculum Fall 2019