

**LOUISIANA STATE BOARD OF NURSING
17373 PERKINS ROAD
BATON ROUGE, LOUISIANA 70810**

NURSE FACULTY QUALIFICATION FORM

Directions: Complete the form and e-mail a copy to scottt@lsbn.state.la.us or mail a copy to the LSBN for each new nurse faculty upon appointment, reappointment, when a faculty member's name has changed, or the faculty has earned an advanced degree.

Submit the completed forms within (2) weeks after the date of employment.

1. NURSE FACULTY INFORMATION:

Name of Nurse Faculty: _____
First
Middle
Last/Maiden
Married

Social Security Number: _____

License number as it appears on your LA RN license: _____
RN
APRN
PA

List other state(s) and license number(s) where currently licensed. _____

2. EMPLOYING NURSING EDUCATION INSTITUTION: Must fill in all sections.

Name of Institution: _____

Type of Program (ADN, BSN, DIP): _____

Date of Employment (hire date): _____

Major Area of Clinical Specialization: _____

Academic Rank: _____

3. BASIC NURSING EDUCATION: Please indicate initial degree qualifying for RN licensure (Indicate ONLY one)

	Institution	Date Earned
3.1 Diploma Program		
3.2 Associate Degree		
3.3 Baccalaureate Degree		

4. EDUCATION BEYOND BASIC: Please indicate all degree after initial degree in Section 3. (Indicate ALL that apply)

	Institution	Date Earned
4.1 Baccalaureate Degree		
4.2 Masters in Nursing		
4.3 Doctorate in Nursing		
4.4 Doctorate in Other		

4.5 Are you currently pursuing an advanced degree? Yes No

4.5.1 Title of Degree _____

4.5.2 Name of University _____

4.5.3 Anticipated Date of Grad. _____

5. EMPLOYMENT HISTORY:

NURSING EDUCATION:

(Please list your education employment (i.e. schools of nursing that you have been in an instructor’s position) in chronological order and beginning with the most recent employment.)

Employing Institution	Date of Employment	Full Time	Part Time	Area of Responsibility

CLINICAL PRACTICE:

List all employment at any clinical facility in chronological order beginning with the most recent employment.
 (A minimum of two years *full-time clinical experience or the equivalent is required. If the individual does not hold a Masters Degree in Nursing, then show no less than five years total clinical experience and include the *Request for Exception to Faculty Qualifications* form.)
 (*Full-time employment is defined as a minimum of 1600 hours per year).

Employing Agency	Dates of Employment	Full Time	Part Time	Area of Responsibility

6. CURRICULUM VITA:

Attach a Current Curriculum Vita.

**** I certify that an official transcript for the above named individual is on file in the office of the program head; the office of the college or university administration; or the personnel department of the hospital. I have visually verified the current Louisiana RN license for the individual.**

 Signature of Nurse Faculty

 Signature of Program Head

Address: _____

 Date

Note: If this form is being completed by an individual who does not meet undergraduate faculty qualification (L.A.C. 46:XLVII.3515.B), attach the completed *Request for Exception to Faculty Qualifications* form (L.A.C. 46:XLVII.3515.B.9.a-b).

OFFICE USE ONLY:

Document Reviewed/Approved By: _____

Date Approved: _____

Comments: _____