

## LOUISIANA STATE BOARD OF NURSING REQUEST FOR FACULTY EXCEPTIONS

**LAC 46:XLVII.3515B.9 FACULTY QUALIFICATIONS** : Exceptions to the academic qualifications for the undergraduate nurse faculty shall be justified and approved under board established guidelines. The number of *faculty exceptions shall not exceed 20% of the number of full-time nurse faculty employed (not FTE) in the undergraduate nursing education degree program at any given time.* Exceptions, if granted by the board shall be a baccalaureate in nursing prepared individual or a baccalaureate in nursing prepared individual enrolled in a graduate and/or doctoral level.

### GUIDELINES

1. Each program head who submits a request for approval of faculty exception will submit the following materials for review by the Board on each individual faculty exception requested:
  - 1.1 Letter from program head that speaks to and/or includes justification as to why each faculty exception is needed for faculty appointment in the program;
  - 1.2 Nurse Faculty Qualification Form which documents academic degrees and the required clinical practice experience as a registered nurse for each faculty exception applicant;
  - 1.3 A description of the anticipated teaching responsibilities/roles and mentoring process for each faculty exception applicant;
  - 1.4 Copy of official BSN transcript and/or transcript of graduate credit or semester grade reports; and
  - 1.5 Curriculum plan of study for baccalaureate degree in nursing individual enrolled in a graduate degree in nursing program.
  
2. Faculty exceptions are granted for a period of two (2) calendar years at a time based on the following:
  - 2.1 A registered nurse who holds a baccalaureate degree in nursing who meets the clinical practice requirements (2 years of nursing practice in a clinical setting prior to their faculty appointment) and is not enrolled in a graduate program are limited to two (2) calendar years after which time they must enroll in a graduate nursing program.
    - 2.1.1 A registered nurse who holds a baccalaureate degree is limited to two (2) calendar years after which time they must enroll in a graduate nursing program for an additional two (2) years extension and must provide the following:
      - a. Approved curriculum plan of study
      - b. Evidence of completion of 50% of the courses listed in the approved curriculum plan.
  
  - 2.2 A registered nurse who holds a baccalaureate degree in nursing and is enrolled in a graduate degree in nursing program may be approved for two (2) calendar years with annual approval thereafter for a maximum of four (4) calendar years and must submit an approved curriculum plan of study for a graduate degree in Nursing.
    - 2.2.1 A registered nurse who holds a baccalaureate degree enrolled in a graduate program in nursing at the master's or doctoral level, and previously approved for the two (2) previous consecutive years, may apply for annual extensions for a third year and must submit the following:
      - a. An approved curriculum plan of study for a graduate degree in Nursing; and
      - b. Evidence of completion of 33% of the courses listed in the approved curriculum plan prior to the third-year exception.
  
    - 2.2.2 A registered nurse who holds a baccalaureate degree enrolled in a graduate program in nursing at the master's or doctoral level, and previously approved for the three (3) previous consecutive years, may apply for annual extensions for a fourth year and must submit the following:
      - a. An approved curriculum plan of study for a graduate degree in Nursing; and
      - b. Evidence of completion of 66% of the courses listed in the approved curriculum plan prior to the fourth-year exception.
  
3. No faculty exception will be granted to an individual who holds a probated license.
  
4. Notify the Board immediately of any unused portion of the time period granted for the faculty exception.

LOUISIANA STATE BOARD OF NURSING  
 REQUEST FOR EXCEPTION TO FACULTY QUALIFICATIONS  
 L.A.C.46: XLVII.3515.B.9.a-b.

Directions: Complete the form along with the Nurse Faculty Qualifications Form (N.E.1) and transcript(s)  
 and e-mail a copy to [scottt@lsbn.state.la.us](mailto:scottt@lsbn.state.la.us) or mail a copy to the LSBN.  
**Submit the completed forms within (2) weeks after the date of employment.**

Name of the nursing program submitting request for an Exception to Faculty Qualifications.									
Name of the individual to serve in a faculty role.									
Total # of Full-Time Faculty currently in program									
Total # of Faculty Exceptions + prospective faculty (NOTE: please count faculty exceptions according to the application submitted)									
Percentage of Faculty Exceptions in program <i>Faculty exceptions divided by full time faculty</i>									
Current unencumbered Louisiana RN license	<p style="text-align: center;">Yes <input type="checkbox"/>                      No <input type="checkbox"/></p> <p style="text-align: center;">RN Number: _____</p> <p style="text-align: center;">Explain: _____</p>								
Current unencumbered RN license(s) in other state(s). <i>List all states and attach additional page if necessary</i>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">State:</td> <td style="width: 50%;">Number:</td> </tr> <tr> <td>State:</td> <td>Number:</td> </tr> <tr> <td>State:</td> <td>Number:</td> </tr> <tr> <td>State:</td> <td>Number:</td> </tr> </table>	State:	Number:	State:	Number:	State:	Number:	State:	Number:
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State:	Number:								
State:	Number:								
Completed <b>Nurse Faculty Qualification Form</b> including academic degrees and documentation of five years of clinical practice as a registered nurse.	<p style="text-align: center;">Yes <input type="checkbox"/>                      No <input type="checkbox"/></p>								
Description of the anticipated teaching responsibilities/roles and mentoring process.  <i>An additional page may be added if necessary.</i>									
Copy of current official BSN transcript, and/or transcript of graduate credit or the current semester grade report attached.	<p style="text-align: center;">Yes <input type="checkbox"/>                      No <input type="checkbox"/></p>								

**LENGTH OF FACULTY EXCEPTON REQUESTED**

<p>2.1. BSN (not enrolled in a graduate nursing program requesting maximum 2 yr. approval – Evidence of 2 years clinical experience prior to request</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/>                  Dates of exception requested: _____</p>
<p>2.1.1 BSN (approved for the previous two consecutive years as identified in 2.1 above) requesting additional 2 years after enrollment in graduate nursing program - Evidence of completion of 50% of courses with approved curriculum plan</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/>                  Dates of exception requested: _____</p>
<p>2.2. BSN pursuing graduate degree in nursing (not previously an exception as BSN) requesting initial 2 yr. approval. Copy of the approved curriculum plan of study.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/>                  Dates of exception requested: _____</p>
<p>2.2.1 BSN pursuing graduate degree in nursing requesting third year exception - Evidence of completion of 33% of courses with approved curriculum plan</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/>                  Dates of exception requested: _____</p>
<p>2.2.2 BSN pursuing graduate degree requesting fourth year exception - Evidence of completion of 66% of courses with approved curriculum plan</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/>                  Dates of exception requested: _____</p>

I certify that the information given above is accurate and represents the individual who is being requested to serve in a faculty role in accordance to L.A.C. 46:XLVII.3515.B. Faculty Qualifications.

\_\_\_\_\_  
 Signature of Program Head

\_\_\_\_\_  
 Date

**FOR STAFF USE ONLY**

Documents received: \_\_\_\_\_ Documents reviewed: \_\_\_\_\_

Exception approved by:

\_\_\_\_\_  
Name Title Date

Dates exception approved for: \_\_\_\_\_

Exception not approved/comments: \_\_\_\_\_