

Wyoming State Board of Nursing Faculty Qualification Sheet

GENERAL INFORMATION

Nursing Education Program: _____

Name: _____
Last
First
Middle
Maiden

Position: _____ Full-time ___ Part-time/Adjunct ___ Date of Hire _____

Wyoming Nursing License # _____ Expires: _____

Nursing License # in another state: _____ State: _____ Expires: _____

EDUCATION

List academic and professional education, beginning with your most recent degree:

Name and Location of School/College	Major	Dates Attended	Year Graduated	Degree or Credit

***NON- MASTER'S PREPARED FACULTY**

Administrative Rules and Regulations, Chapter VI Section 7(c)(ii):

E. Faculty members hired without a master's degree in nursing shall have 5 years from date of hire to obtain the degree;

*F. The nursing education program administrator shall immediately notify the board in writing of the hire of the non-master's prepared faculty member **along with a plan for compliance with the requirements.***

If you do not hold a Master's Degree in Nursing, please complete the attached **Plan of Study and Timeline** showing a plan mutually agreed upon by the Nursing Program Administrator and you for meeting the required qualifications within five (5) years from the date of hire. The **Plan of Study and Timeline** must indicate the name of the institution, type of program, degree working towards, projected course work, and the period of time needed to meet the requirements. This plan must be signed by the Nursing Program Administrator.

MSN to be conferred by: (date) _____

I have completed 10 clock hours of educational principles and methods of teaching, learning, and evaluation of performance outcomes prior to or within 6 months from initial faculty appointment? Yes No

Date completed: _____

How was this completed? Planned faculty in-service ___ Continuing Education ___ College Courses ___

EXPERIENCE

List clinical nursing experience, beginning with your present position (May include professional, volunteer, & community service):

Name and Address of Organization	Position	Dates of Experience

List teaching experience and achievements relevant to your faculty position:

Teaching/Educational Experience	Code *	Dates of Experience

*Codes 1 = clinical practice in related area 2 = teaching in related clinical areas 3 = research in related clinical area
 4 = continuing education (Name & hrs) 5 = academic course 6 = National Certification

Plan of Study and Timeline

Name of Institution: _____

Type of Program: _____

Degree: _____

Date of last review: _____ Director E-Signature _____

Plan of Study

Course	Credits	Semester & Year	Administrative Approval	Date Completed

This plan must be updated annually until completed