**TEXAS BOARD OF NURSING**

**NOTIFICATION FORM: FACULTY WAIVER**

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| Name of Program:  Type of Program: 󠄇󠄀 󠄇Professional 󠄀󠄀 Vocational | | | |
| Name of Dean/Director/Coordinator: | | | |
| Name of Prospective Faculty or Currently Waivered Faculty: | | | |
| **Program**  **Criteria** | NCLEX PN/RN Pass Rate for Preceding Year: | | |
|  | Faculty – current number of waivers including this prospect: | | |
| **Faculty**  **Criteria** | Potential Faculty Name & Credentials: | | |
|  | Nursing license #: Expiration Date: | | |
|  | Adequate work experience: 󠄀󠄀 Yes 󠄀󠄇 No | | |
|  | Relevant nursing experience: 󠄀󠄀 Yes 󠄀 󠄇󠄀 No | | |
| **RN Faculty** | BSN: 󠄀󠄇 Yes 󠄇󠄀 No  Enrolled in MSN Program: 󠄀󠄀 Yes 󠄇󠄇 No 50% complete: 󠄇󠄀 Yes 󠄀󠄇 No | | |
|  | Master's degree in another field: 󠄇󠄀 Yes 󠄀󠄇 No | | |
|  | ADN or Diploma Program -– 6 credits graduate nursing courses: 󠄇󠄀 Yes 󠄇󠄇 No | | |
|  | BSN Program --- 12 credits graduate nursing courses: 󠄇󠄀 Yes 󠄇󠄇 No | | |
| **Area of**  **Assigned Teaching** | Expected area(s) of teaching: | | |
|  | Start date: End date: | | |
| **Emergency Waiver**  **󠄇 NA** | Describe emergency situation if applicable: | | |
| **Request for Extension of Waiver** | Rationale: | | |
|  | Projected completion date of requirements/degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  # Credit hours earned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  # Credit hours to be completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Approval Date** |  | **Education**  **Consultant** |  |