**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 󠄇󠄀 NoEnrolled 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** |  |