



PENNSYLVANIA STATE BOARD OF NURSING  
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**NURSING FACULTY QUALIFICATION FORM**

Name \_\_\_\_\_ Date of Appointment \_\_\_\_\_

Faculty Title/Position \_\_\_\_\_ at \_\_\_\_\_  
(Nursing Education Program (Please check one RN\_\_PN\_\_))

City \_\_\_\_\_ State \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

Area of Primary Teaching Responsibility: M/S\_\_ MCH\_\_ P/MH\_\_ COMM\_\_ OTHER\_\_\_\_\_(Specify)  
(Check all that apply)

Does faculty have expertise in the clinical area of responsibility? [ ] Yes [ ] No

**ACADEMIC QUALIFICATIONS**

	<u>Program</u>	<u>City/State</u>	<u>Degree Awarded</u>	<u>Date Received</u>	<u>Specialization</u>
Pre-licensure Education	_____	_____	_____	_____	_____
Post-licensure Education	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

**LICENSURE INFORMATION**

Pennsylvania R.N. # \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Note:** "Faculty Completion of Regulatory Requirements" form must be completed and accompany the Nursing Qualifications Form for all faculty without the required masters or bachelors degrees.

**PROFESSIONAL QUALIFICATIONS**

*(Begin with most current information and completely document evidence of maintaining expertness in clinical and functional areas of teaching responsibility)*

Title of Position

Employer

Inclusive Dates