



PENNSYLVANIA STATE BOARD OF NURSING
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NURSING FACULTY QUALIFICATION FORM

Name _____ Date of Appointment _____

Faculty Title/Position _____ at University of Pennsylvania School of Nursing
(Nursing Education Program (Please check one RN__PN__))

City Philadelphia State PA 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