

KENTUCKY BOARD OF NURSING
312 Whittington Parkway, Suite 300
Louisville, KY 40222-5172

PRELICENSURE NURSING PROGRAM (PON): NON-NURSE FACULTY RECORD

To be submitted to KBN by PON Program Administrator within 30 days of appointment.

Submitted By: _____ Campus/Location: _____
Name of College/University- DO NOT ABBREVIATE

Type of Program: BSN ADN MEEP: PN & ADN PN
(Multiple Entry and Exit Program)

Name of Appointee:

Last Name First Name Middle Name Maiden Name

Employment Status: Full-Time Part-Time

Any License #: _____ Compact License: Yes No State of Primary Residence: ____ Expires: _____

License has been verified on line at the appropriate Board of Nursing: Yes No

Appointment Date (mm/dd/yy): ____/____/____ New position: Yes No- Replacing (Name): _____

E-Mail Address: _____@_____

Educational Degrees:

College/University	Degree	Degree Awarded
_____	_____	Yr: _____
_____	_____	Yr: _____
_____	_____	Yr: _____

Areas of Specialty: _____

Teaching Responsibilities Include What Specialties: _____

Answer the following questions with respect to this appointment

Non-Nurse Faculty, 201 KAR 20:310, Sec. 2 (4)(i)

- Has appropriate academic & experiential qualifications for the program areas in which they participate? Yes No
- This non-nurse faculty is required to collaborate with a nurse faculty member in order to meet the nursing course outcomes. Who is that individual? _____

I certify that the information contained herein is correct and complete to the best of my knowledge.

Signature of Appointee Date Signature of Nurse Administrator Date