

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

**PRELICENSURE NURSING PROGRAM (PON): PROGRAM ADMINISTRATOR RECORD**

*To be submitted to KBN within 30 days of appointment, along with current CV and letter from the hiring College official*

**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)

**Type of Appointment:**  Program Administrator  Interim Program Administrator  
(See 201 KAR 20:260, Section 2)

**Name of Appointee: (Name as it appears on their nursing license)**

\_\_\_\_\_  
Last Name First Name Middle Name Maiden Name

**Employment Status:**  Full-Time  Part-Time

**License #:** \_\_\_\_\_ **Compact License:**  Yes  No **State of Primary Residence:** \_\_\_\_\_ **Expires:** \_\_\_\_\_

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

**License is Active & Unencumbered:**  Yes  No, Explain: \_\_\_\_\_

**Appointment Date (mm/dd/yy):** \_\_\_\_/\_\_\_\_/\_\_\_\_ **E-Mail Address:** \_\_\_\_\_@\_\_\_\_\_

**“Earned” Nursing Educational Degrees: (Check all that apply)**

- Diploma - School Name: \_\_\_\_\_ Yr: \_\_\_\_  Masters in Nsg-School Name: \_\_\_\_\_ Yr: \_\_\_\_  
 Associate - School Name: \_\_\_\_\_ Yr: \_\_\_\_  Post Masters Cert.: \_\_\_\_\_ Yr: \_\_\_\_  
 Bachelors - School Name: \_\_\_\_\_ Yr: \_\_\_\_  Doctorate in Nsg/ Other Field: \_\_\_\_\_ Yr: \_\_\_\_

**Date of Initial licensure as RN:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year

**Additional “Earned” Non-Nursing Education Obtained:**

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

**For RN & PN Programs:** A minimum of a master's or higher degree in nursing

**Currently enrolled at:**

College/University	Degree Pursuing	Expected Graduation	# Credits earned
_____	_____	Sem/ Yr: ____	_____

**Answer the following questions with respect to this appointment.**

The Kentucky regulations dictate that a program administrator shall have the following qualifications:

**RN & PN Programs**

**1** A minimum of five (5) years of nursing experience within the immediate past ten (10) years and demonstrated leadership experience (Provide detail in the row below pertaining to formal and informal experiences that would enable competent performance in the administrator role)

*Detail:*

**2** A minimum of two (2) years of full-time teaching experience at or above the academic level of the program of nursing (Provide specific time frames and responsibilities)

*Detail:*

**PN Programs (Only)**

**3** A current knowledge of nursing practice at the practical or vocational level (Provide narrative on how this has been accomplished)

*Detail:*

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

\_\_\_\_\_  
**Signature of Appointee** **Date**

**Don't forget to include: Copy of current CV AND notice on college letterhead from a college/university official**

**Office Use Only: Review Date:** \_\_\_\_\_ **By:** \_\_\_\_\_ **KBN #:** \_\_\_\_\_ **Entered:** \_\_\_\_\_

Codes:  None Other: \_\_\_\_\_ Letter Sent:  Education Needed  Name Change  License Other State

Rev: 07/16