

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

PRELICENSURE NURSING PROGRAM (PON): CLINICAL INSTRUCTOR RECORD
(Clinical Faculty are defined as those individuals that will be supervising students in the clinical or lab areas)
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: (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): ____/____/____ New position: Yes No- Replacing (Name): _____

E-Mail Address: _____@_____

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

(NOTE: Clinical faculty must have a minimum of two (2) full-time or equivalent years experience within the functional area as an RN within the immediate past five (5) years)

- 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: ____

- All Clinical Instructors must be RNs.
- For Registered Nurse educational programs, the educational preparation of the clinical instructor shall at least equal the level of the appointing program.

Currently enrolled at:

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

Areas of Clinical Specialty: _____

Teaching Responsibilities Include What Specialties: _____

Answer the following questions with respect to this appointment

The Kentucky regulations dictate that nursing faculty meets the following criteria.

- Minimum of two (2) years full time or equivalent experience within the designated clinical functional area within the last five (5) years? Yes No
- Graduated from a college/university that is accredited by the Department of Education: Yes No
Has graduation been confirmed by an official transcript from the degree granting institution? Yes No
If an ADN Program and working on MSN, provide a copy of plan for degree completion.
- The clinical instructor shall function under the guidance of the nurse faculty responsible for a given course. The faculty member that will be overseeing the course and clinical instructors is: _____

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

Office Use Only: Review Date: _____ By: _____ KBN #: _____ Entered: _____

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

Rev: 07/16