

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

PRELICENSURE NURSING PROGRAM (PON): NURSE FACULTY RECORD
(Nurse Faculty are defined as those individuals that will be teaching in the classroom may or may not include clinical/lab)
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: Nursing faculty must have a minimum of two (2) full-time or equivalent years experience 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: ____

BSN Programs: MSN required upon appointment or BSN + Masters in related field and 18 graduate nursing hours.
ADN Programs: BSN required upon appointment & MSN obtained within 5 years or BSN + Masters in related field and 18 graduate nursing hours.
PN Programs: BSN required at time of appointment.

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 last five (5) years? Yes No
- Preparation in educational activities in the area of teaching and learning principles for adult education, including curriculum development and implementation: No Yes - How acquired:
 - Faculty Development CE Offerings
 - Academic Courses Other: _____
- 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.
- Prior teaching experience? Yes - Where: _____ Faculty Clinical
 - No - Name of assigned mentor: _____
 - Copy of Educational Development Plan attached

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