

**West Virginia Board of Examiners for Registered Professional Nurses
Nursing Education Program Faculty With Exceptional Attributes Request Form**

I. QUALIFICATIONS:

1. Name of Nursing Program: _____
2. Name of Faculty applicant: _____
3. Applicant is for Faculty _____ FULL TIME or _____ PART TIME position. (Mark an X by the appropriate choice).
4. EXCEPTIONAL ATTRIBUTE REQUEST (Mark an X by applicable criteria)

_____ Qualifications other than those set forth in West Virginia Code 30-7-1 et. seq. or subsection 30-5a(a) or 30-7-5a(b) which are acceptable to the Board. (Mark and X by all applicable criteria)

_____ 1. Part time non-nursing faculty PharmD to teach pharmacology;

II. CURRENT EXPERIENCE IN NURSING PRACTICE AND EDUCATION (19CSR1.11.1.b.) Attach a written narrative explanation for all no answers.

5. Licensure status is verified as active and unencumbered status Yes _____ No _____ If no provide explanation.
6. Mentoring plan for applicant with less than two years' experience is documented Yes _____ No _____ If no provide explanation. Pursuant to 30-7-5a(a) and 30-7-5a(b) submit mentoring and orientation plans demonstrating function of faculty under guidance of a faculty member fully qualified in the specific teaching area and professional competence for all full and part time faculty with less than two years experience in education with the programs annual report.
7. Resume /Curriculum Vitae is documented for education, practice and teaching experience. Yes _____ No _____ If no provide explanation.

Nurse Administrator Attestation Statement

I verify I am the Nurse Administrator for the Nursing Program listed on this Nursing Faculty Report. Furthermore, I attest that the information provided with this application is true and does not violate any portion of WV Code §30-7-1 et seq. or Code of Legislative rules inclusive of 19CSR1. I understand that a copy of this form serves as Board faculty approval and the signed hardcopy original is to be sent to the Board office and will be maintained as part of the schools official Board record. I understand I will not receive an approval letter from the Board. I understand a request for any faculty with exceptional attributes not meeting the above criteria must be submitted to the Board for approval prior to starting in the faculty role.

Nursing Program Nurse Administrator Signature

Date