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**Exception to Faculty Degree Requirements Form**

**The Washington State Board of Nursing may grant exceptions to faculty degree requirements in pre-licensure registered nursing programs who meet certain conditions as identified in** [**WAC 246-840-529**](https://app.leg.wa.gov/wac/default.aspx?cite=246-840-529) **Please complete the exception request if you are seeking a waiver to faculty qualification requirements.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Preparer of Request | | | | | | | | | |
| 1. Name of Preparer | | | Click or tap here to enter text. | | | | | | |
| 1. Preparer’s Title | | | Click or tap here to enter text. | | | | | | |
| 1. Preparer’s Email Address | | | Click or tap here to enter text. | | | | | | |
| Proposed Faculty Member Information | | | | | | | | | |
| 1. Nursing Program Name | | | Click or tap here to enter text. | | | | | | |
| 1. Proposed Faculty Member Name | | | Click or tap here to enter text. | | | | | | |
| 1. Date of Person’s First Hire | | | Click or tap to enter a date. | | | | | | |
| 1. Projected Start Date for this Assignment | | | Click or tap to enter a date. | | | | | | |
| Highest Nursing Degree | | | | | | | | | |
| 1. School Attended | | | Click or tap here to enter text. | | | | | | |
| 1. Degree Earned | | | Choose an item. | | | | | | |
| 1. Year Degree Earned | | | Click or tap to enter a date. | | | | | | |
| Master’s Prepared Candidate | | | | | | | | | |
| 1. Is the proposed faculty member in a nursing master’s degree program? | | | - No, continue to question 13  - Yes | | | | | | |
| 1. Program Name | | | Click or tap here to enter text. | | | | | | |
| Program accreditation by | | | CCNE  ACEN  CNEA | | | | | | |
| Anticipated date of completion | | | Click or tap to enter a date. | | | | | | |
| Degree Sought | | | Click or tap here to enter text. | | | | | | |
| Credits Earned to date | | | Click or tap here to enter text. | | | | | | |
| Assignment Information | | | | | | | | | |
| 1. List the faculty candidates previous teaching experience: | | | Click or tap here to enter text.  Click or tap here to enter text.  Click or tap here to enter text. | | | | | | |
| 1. What is the nature of this assignment? (select all that apply) | | | | | | | | Lab  Clinical  Theory | |
| 1. What are the education content areas of responsibility for the proposed facility? | | | - OB  - Pediatrics  - Geriatrics  - Medical Surgical  - Community/Public Health  - Mental Health  -Other Click or tap here to enter text. | | | | | | |
| 1. What is the degree of independent responsibility in carrying out teaching assignments? | | | | | | | Click or tap here to enter text. | | |
| 1. Is the proposed faculty member teaching clinical simulation? | - No, continue to question 19  -Yes  - Proposed faculty member meet the requirements of [WAC 246-840-534](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-534) | | | | | | | | |
| 1. Describe the faculty training and the use of simulation and ongoing professional development in the use of simulation per [WAC 246-840-534 (f)(1)](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-534) | | | | Click or tap here to enter text. | | | | | |
| 1. What is the anticipated length of the teaching assignment? | | | | | | | | | Click or tap here to enter text. |
| 1. Does the teaching assignment include faculty committee assignments? | | - No, continue to question 21  - Yes, please list faculty commitments: Click or tap here to enter text. | | | | | | | |
| 1. What specific criteria did you use to evaluate the proposed faculty member’s knowledge of the content area and understanding of educational principles of the educational requirement for faculty?   See: [WAC 246-840-523](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-523) and [WAC 246-840-526](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-526) | | | | | | Click or tap here to enter text. | | | |
| 1. Did you advertise for master’s prepared faculty? | | | - Yes, please state where: Click or tap here to enter text.  - No | | | | | | |
| 1. Describe the orientation and mentoring for this proposed faculty member. See [WAC 246-840-523(2).](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-523) | | | | | Click or tap here to enter text. | | | | |

Upon completion, please email your form to The Washington State Board of Nursing at [**WABONEducationUnit@doh.wa.gov**](mailto:WABONEducationUnit@doh.wa.gov)

**Please attach to this email submission the following documents:**

* **Faculty candidate’s curriculum vitae or resume**
* **A copy of the advertisement**