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**Exception to 10% of Simulation Faculty Certification**

**The Washington State Board of Nursing may grant exceptions to WAC 246-840-5341(11), which requires that 10% of simulation faculty be CHSE or CHSE-A Certified, to nursing programs that meet certain conditions as identified in WAC 246-840-5431(12)**. **Please complete the exception request form prior to the start of the semester or quarter.**

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| 1. Date of Exception Request | Click or tap to enter a date. |
| 1. Name of Nursing Program | Click or tap here to enter text. |
| 1. Name of Faculty Requesting Exception | 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. |
| 1. Total number of faculty who facilitate simulation (Adjunct faculty can be included) | Click or tap here to enter text. |
| 1. Total number of faculty who facilitate simulation who are currently CSHE or CHSE-A certified. (Adjunct faculty can be included) | Click or tap here to enter text. |
| 1. Describe or attach the plan for orientation, mentorship, and evaluation for the simulation faculty who are not CHSE or CHSE-A Certified. See WAC 246-840-5341(12)(b). | Click or tap here to enter text. |
| 1. Describe or attach the written plan for the simulation faculty to obtain CHSE or CHSE-A certification within 3 years. WAC 246-840-5341(12)(a) | Click or tap here to enter text. |
| 1. Describe or attach the simulation-related professional development plan for each simulation faculty. See WAC 246-840-5341(12)(c), see WAC 246-840-5341(15)(a)-(c) for details on professional development. | Click or tap here to enter text. |

Upon completion, please email your form to[**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**