



PENNSYLVANIA STATE BOARD OF NURSING
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FACULTY COMPLETION OF REGULATORY REQUIREMENTS

(This form provides documentation of the degree completion plan for Faculty without the required degree, refer to RN §21.71 (b)(1) & (c)(2) and PN §21.192(a)(3), (b)(3) & (c))

Nursing Education Program: _____

Name of Faculty Member: _____
PA RN License Number: _____
Date of Appointment: _____

Name of College/University: _____
Matriculation Date: _____
Projected Completion Date: _____
Degree to be Awarded: _____
Area of Specialization: _____

Nursing Department Administrator Signature: _____ Date: _____

Qualified Faculty Member(s) Assigned to Provide Guidance: _____

List Required Courses for Degree	Credits	Projected Enrollment Date	Date Course Completed