



## 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), PN §21.192(a)(3), (b)(3) & (c), and CRNP §21.365(b)

**Nursing Education Program:** \_\_\_\_\_

Name of New Faculty Member: \_\_\_\_\_

RN License Number: \_\_\_\_\_ CRNP Certification Number (if applicable): \_\_\_\_\_

Date of Appointment: \_\_\_\_\_

Name of College/University: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_ Projected Completion Date: \_\_\_\_\_

Degree to be Awarded: \_\_\_\_\_ Area of Specialization: \_\_\_\_\_

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

Qualified Faculty Member(s) Assigned to Provide Guidance: \_\_\_\_\_

Nursing Department Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Rev. 1/98; 3/06; 7/09; 9/10, 7/25