

Faculty Qualification Report (FQR)

This form must be submitted to KSBN by Program Administrator within 30 days of appointment.

Initial _____ Update _____

Name of Appointee as appears on nursing license: _____

Nursing License #: _____

Nursing License State: _____ MSL: _____ SSL: _____

Nursing License Expiration Date (mm/dd/yyyy): _____

Employment Date: _____

Employment Status: Full-time _____ Part-time _____ Adjunct _____ Other _____

Name of Program/School: _____

Address of Program: _____

Type of Program: PN _____ ADN _____ BSN _____ Graduate/APRN _____

APPOINTMENT TEACHING & CLINICAL RESPONSIBILITIES - Please include the title of the course, the amount of credit hours each course is and whether the course is lecture or clinical instruction.

<u>Course Title</u>	<u>Credit hours</u>	<u>Didactic</u>	<u>Clinical</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INITIAL PRE-LICENSURE PREPARATION IN NURSING

Nursing Program Attended: _____

City/State of Nursing Program: _____

Graduation Date (mm/yyyy): _____

Type of Program: Diploma _____ ADN _____ BSN _____ MSN Entry RN _____

1) ADDITIONAL EDUCATION OBTAINED

College/University: _____
Degree or Certification / Major: _____
Presently Enrolled: Yes _____ No _____
Credits Earned: _____
Degree/Certification Awarded: Yes _____ No _____
Year Degree Conferred: _____ or Proposed Grad Date if currently enrolled: _____

2) ADDITIONAL EDUCATION OBTAINED

College/University: _____
Degree or Certification / Major: _____
Presently Enrolled: Yes _____ No _____
Credits Earned: _____
Degree/Certification Awarded: Yes _____ No _____
Year Degree Conferred: _____ or Proposed Grad Date if currently enrolled: _____

3) ADDITIONAL EDUCATION OBTAINED

College/University: _____
Degree or Certification / Major: _____
Presently Enrolled: Yes _____ No _____
Credits Earned: _____
Degree/Certification Awarded: Yes _____ No _____
Year Degree Conferred: _____ or Proposed Grad Date if currently enrolled: _____

TRANSCRIPT: Required for original RN licensure degree and any additional nursing education received. Must be submitted with FQR.

DEGREE PLAN: Required when appointee does not have the required nursing degree per K.A.R. regulation 60-2-103 for the program level they are teaching, but is currently enrolled in a program. Link to form in confirmation of this submission.

HIRE EXCEPTION: Required when appointee does not have the required nursing degree and is not currently on a degree plan. Link to form in confirmation of this submission.

PROGRAM ADMINISTRATOR INFORMATION

Name of Program Administrator: _____

Email Address for correspondence of this form: _____

Attestation

I realize that this submission is a legal document and by signing below I am declaring under penalty of perjury under the laws of the State of Kansas that the information I have provided is true and correct to the best of my knowledge.

Administrator Signature: _____ Date: _____

Submit to Janelle.martin@ks.gov along with transcripts, degree plans or hire exceptions.