

Kansas State Board of Nursing

Landon State Office Building
900 SW Jackson, Ste. 1051
Topeka, KS 66612-1230
K.A.R. 60-2-103

Faculty Qualification Report (FQR)

To be submitted to KSBN by Nurse Administrator within 30 days of appointment

Initial FQR Update

Name of Appointee: (name as it appears on their nursing license)

Last Name First Name Middle Name

Social Security Number: / /

KS Nursing License #: Appointment Date (mm/dd/yy): / /

Name of Program:

Address of Program:

Initial Prelicensure Preparation in Nursing\*:

Diploma ADN BSN Other Graduation Date / mm/yy

Name of Nursing Program:

City/State

Additional Education Obtained\*:

Table with 5 columns: College/University, Major, Degree Awarded (Yes-Yr, No), Presently Enrolled, Credits Earned. Contains three rows of input fields.

Type of Program: APRN BSN ADN PN

Employment Status: Full-Time Part-Time Adjunct

\* Include transcripts for original RN licensure degree & any further education Degree plan included if applicable

Appointment Teaching and Clinical Responsibilities in Current:

Table with 4 columns: Title of Course(s) - if not obvious, include Clinical Specialty, Credit Hours, Lecture, Clinical Instruction. Contains four rows of input fields.

Signature of Appointee Date Signature of Administrator Date

Official Use Only: Transcripts: ADN DIP BS BSN MS MSN EdD DNP PhD Deg Plan Lic. Ver. Hire Exception Lic. Exp.:

Date: Nursing Education Compliance Officer: