## OKLAHOMA BOARD OF NURSING 2501 N. Lincoln Blvd., Suite 207 Oklahoma City, OK 73105 405/962-1800

## FACULTY QUALIFICATION RECORD FOR NURSE ADMINISTRATOR

A Faculty Qualification Record is submitted for the Nurse Administrator, on a form provided by the Board within thirty days of day of appointment, a change in title or status of position, and any time an advanced degree is attained. The Faculty Qualification Record may be submitted electronically to a designated email address. [485:10-3-5(1)]. Please submit this form, letter of appointment from a supervisor, resume &/or CV, and a copy of official transcripts to crystal.bray@nursing.ok.gov

Name of Employing Nursing Program:	City:
Full Licensure Name:	
Oklahoma License #: Date of Appoint	ntment:
Title Change: Status Change: to PT to FT Adva	nced Degree:
Title of Position:	Areas of Teaching Responsibility:
Educational Preparation*    Name of School  City & State    Basic Nsg.	Graduation Date  Major  Degree    Month/Year  Major  Degree

\*Please attach copies of official transcripts on file at the employing institution.

<u>Previous Employment</u>\*\* Begin with last position held. Evidence must be provided of a minimum of two (2) years full-time equivalent practice as a Registered Nurse in a clinical setting and one (1) year teaching experience as a full-time nursing faculty member as described in OAC 485:10-5-3.2.

## Dates of Employment

To/From-Month/Year	Employer	City & State	Position	FTE (in Years)

## \*\*These sections must be completed even if a curriculum vita and transcripts are attached to include employment in Academic setting.

I certify that I am the nurse administrator who is referred to in the foregoing Faculty Qualification Record and that the statements therein contained are true in every aspect. I certify that I have met the requirements established in the *Oklahoma Nursing Practice Act* and *Rules* for nurse administrators or as interim nurse administrator, including requirements for Oklahoma licensure, level of education, and clinical experience [59 O.S. §567.12(B) and OAC 485:10-5-3.2].

Signature of Nurse Administrator

Date