

**NEW DEAN/DIRECTOR/COORDINATOR OR INTERIM DEAN/DIRECTOR/COORDINATOR OF
A NURSING EDUCATION PROGRAM QUALIFICATION FORM**

REGISTERED NURSE: See Rule 214.6(f)(1), Rule 215.6(f)(1), or Rule 219.6(g)(1).

NAME:		
Registered Nurse License Number:	State:	Exp. date:

EDUCATION: Present in chronological order. See Rule 214.6(f)(4), Rule 215.6(f)(4) or Rule 219.6(g)(2).

INSTITUTION AND LOCATION	DEGREE	YEAR CONFERRED	FIELD OF STUDY

TEACHING EXPERIENCE: Present in chronological order, concluding with most current position, previous teaching employment, teaching experience, and honors.
See Rule 214.6(f)(2-3), Rule 215.6(f)(4) or Rule 219.6(g)(4).

PRACTICE EXPERIENCE: Present in chronological order, concluding with most current position, previous nursing practice employment, experience, and honors. The nominee must show evidence of maintaining current knowledge, clinical expertise, and safety in subject areas of teaching responsibility.
See Rule 214.6(f)(2-3) and Rule 214.6(f)(5), Rule 215.7(f)(5) or Rule 219.6(g)(3) and Rule 219.7(c)(4).

CONTACT INFORMATION:

This information will be added to the Approved Texas Programs listing posted on the Board of Nursing website.

License Number:

Start Date:

Name (with credentials):

E-mail Address:

Phone Number:

Fax Number:

School Name:

School Physical Address:

School Mailing Address:
(if different from physical address)

School Phone Number:

School Web Address: