

**TEXAS BOARD OF NURSING  
NOTIFICATION FORM: FACULTY WAIVER**

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1. Name of Program/Type of Program: \_\_\_\_\_
2. Name of Dean/Director/Coordinator or Interim Dean/Interim Director/Interim Coordinator: \_\_\_\_\_

**MINIMUM PROGRAM CRITERIA**

1. Program's NCLEX PN/RN pass rate for preceding year: \_\_\_\_\_ **\*Must be 80% or above.**
2. Current number of waived faculty employed by the program, including this prospective faculty, divided by the total number of full-time and part-time faculty, equal = Percent: \_\_\_\_\_ **\*Cannot exceed 10%.**

**MINIMUM CRITERIA FOR PROSPECTIVE FACULTY MEMBER**

1. Name of Prospective Faculty Member and Credentials: \_\_\_\_\_
2. Did verification of current licensure substantiate that the prospective faculty has a current license or privilege to practice as a vocational nurse (VN programs only) or as a registered nurse in the State of Texas? \_\_\_\_ Yes \_\_\_\_ No  
LVN License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_  
(For VN Programs only.)  
RN License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

**For Vocational Nursing Education Programs Only**

1. Was documentation reviewed substantiating that the prospective faculty has been actively employed in nursing for at least two years in last three years? \_\_\_\_ Yes \_\_\_\_ No
2. If the prospective faculty has not been actively employed in nursing for at least two years in the last three years, was documentation reviewed substantiating that the prospective faculty has advanced preparation in:  
(check all of the following that apply) \_\_\_\_ nursing; \_\_\_\_ nursing education; and/or \_\_\_\_ nursing administration, and that the prospective faculty has prior relevant nursing employment? \_\_\_\_ Yes \_\_\_\_ No

**For Professional Nursing Education Programs Only**

1. Anticipated subject area of teaching responsibility: \_\_\_\_\_
2. Was documentation reviewed substantiating that the prospective faculty has at least two years in last four years of nursing practice experience in anticipated subject area of teaching responsibility? \_\_\_\_ Yes \_\_\_\_ No
3. Was documentation reviewed substantiating that the prospective faculty has a BSN? \_\_\_\_ Yes \_\_\_\_ No
4. If the prospective faculty does not have a BSN, was documentation reviewed substantiating the prospective faculty has completed course work equivalent to BSN? \_\_\_\_ Yes \_\_\_\_ No
5. If the prospective faculty does not hold a master's or doctorate in nursing, was documentation reviewed substantiating that the prospective faculty is currently enrolled in a master's or doctorate nursing education program and do transcripts document that the prospective faculty has earned a minimum of 50% of the required credits toward the master's degree in nursing excluding thesis or professional paper? \_\_\_\_ Yes \_\_\_\_ No
6. If the prospective faculty does not hold a master's or doctorate in nursing and is not currently enrolled in a master's or doctorate nursing education program with a minimum of 50% of the required credits earned toward the degree, do transcripts document that the prospective faculty holds a master's or doctorate degree in another field?  
\_\_\_\_ Yes \_\_\_\_ No

Degree(s) and field(s): \_\_\_\_\_

7. If the prospective faculty does not hold a master's or doctorate in nursing, but holds a master's or doctorate degree in another field, do transcripts document that the prospective faculty has the required number of graduate level nursing credits completed appropriate to the anticipated subject area of teaching responsibility? \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*Six (6) graduate level nursing credits are required to teach in a diploma or associate degree nursing education program or twelve (12) graduate level nursing credits are required to teach in a baccalaureate degree or entry-level master's degree in nursing education program.**

8. If the prospective faculty member does not have the required number of graduate level nursing credits, does documentation substantiate current enrollment in graduate level nursing courses appropriate to the anticipated subject area of teaching responsibility and a documented plan to complete, within a designated time frame, the required number of graduate level nursing credits appropriate to the anticipated subject area of teaching responsibility? \_\_\_\_\_ Yes \_\_\_\_\_ No

9. Dates of Waiver: From \_\_\_\_\_ to \_\_\_\_\_  
**\*Cannot exceed one year. Cannot be extended without Board Staff approval.**

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**AFFIDAVIT**

I, \_\_\_\_\_, being duly sworn,  
(Print or type name of Dean/Director/Coordinator or Interim Dean/Interim Director/Interim Coordinator)  
depose and say that I am the Dean \_ Director \_ Coordinator \_ Interim Dean \_ Interim Director \_ Interim Coordinator \_  
(check appropriate title)  
of the \_\_\_\_\_  
(Print or type name of nursing education program)

nursing education program and that I have completed the above "Texas Board of Nursing Notification Form - Faculty Waiver", that the factual statements that the form contains are within my personal knowledge, are true and correct, and all the requirements for a faculty waiver as required in 22 Texas Administrative Code §214.7, Vocational Nursing Education, or as required in 22 Texas Administrative Code §215.7, Professional Nursing Education, have been met.

**AFFIX NOTARY SEAL BELOW**

Signature of Affiant \_\_\_\_\_  
(Signature of Dean/Director/Coordinator/Interim Dean/Interim Director/Interim/Interim Coordinator)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public Signature \_\_\_\_\_  
State of \_\_\_\_\_  
My Commission Expires \_\_\_\_\_