

TEXAS BOARD OF NURSING
Petition for Emergency Waiver of Faculty Qualifications Form
Professional Nursing Programs Only

Name of Program/Type of Program: _____

Rationale for Petition:

Statement Regarding Recruitment Efforts:

LVN ___ RN ___ License Number: _____ State: _____ Expiration Date: _____

Name of Prospective Faculty Member _____

Requested Dates for Waiver: From _____ To _____

Projected Date of Employment: _____

Experience (Summarize):

Expected Teaching Responsibilities:

Plan for Supervising and Mentoring Individual:

Education (Summarize): **Include copies of transcripts, if applicable, for obtaining the waiver.**

Dean, Director, or Coordinator Signature

Date