

PENNSYLVANIA STATE BOARD OF NURSING P.O. BOX 2649 HARRISBURG, PA 17105-2649

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FACULTY COMPLETION OF REGULATORY REQUIREMENTS

(This form provides documentation of the degree completion plan for Faculty without the required degree, refer to RN §21.71 (b)(1) & (c)(2) and PN §21.192(a)(3), (b)(3) & (c))

Name of Faculty Member: PA RN License Number: Date of Appointment: Name of College/University: Matriculation Date: Projected Completion Date: Degree to be Awarded: Area of Specialization:				
Nursing Department Administrator Signature:				
Qualified Faculty Member(s)	Assigned to Prov	ride Guidance:		
List Required Courses for Degree	Credits	Projected Enrollment Date	Date Course Completed	
Doy 1/09, 2/04, 7/00, 0/10				

Rev. 1/98; 3/06; 7/09; 9/10

Nursing Education Program: _____