

LOUISIANA STATE BOARD OF NURSING

GUIDELINES RELEVANT TO EXCEPTIONS TO LAC 46:XLVII.3515: FACULTY AND FACULTY ORGANIZATION

1. Each program head who submits a request for approval of faculty exception will submit the following materials for review by the Board on each individual faculty exception requested:
 - 1.1 Letter from program head that speaks to and/or includes justification as to why each faculty exception is needed for faculty appointment in the program
 - 1.2 Nurse Faculty Qualification Form which documents academic degrees and the required clinical practice experience as a registered nurse for each faculty exception applicant
 - 1.3 A description of the anticipated teaching responsibilities/roles and mentoring process for each faculty exception applicant.
 - 1.4 Copy of official BSN transcript and/or transcript of graduate credit or semester grade reports.

2. Faculty exceptions are granted for a period of two (2) calendar years at a time based on the following:
 - 2.1 A registered nurse who holds a baccalaureate degree in nursing who meets the clinical practice requirements (3 years of nursing practice in a clinical setting prior to their faculty appointment) and is not enrolled in a masters' in nursing program may be approved as an exception to faculty requirements for two (2) calendar years in any consecutive five year period
 - 2.2 A registered nurse who holds a baccalaureate degree in nursing and is enrolled in a masters' in nursing program may be approved for two (2) calendar years with annual approval thereafter for a maximum of four (4) calendar years. Requests for the third and fourth year exception must include the following:
 - 2.2.1 An approved curriculum plan for a master's degree in Nursing
 - 2.2.2 Evidence of completion of 33% of the courses listed in the approved curriculum plan prior to the third year exception
 - 2.2.3. Evidence of completion of 66% of the courses listed in the approved curriculum plan prior to the fourth year exception
 - 2.3 A registered nurse who holds a baccalaureate degree in nursing and who has already served as a faculty exception may reapply for a two (2) year only exception to faculty requirements providing the following:
 - 2.3.1 That a period of five (5) years has lapsed since the last exception
 - 2.3.2 Be enrolled in a master's degree in nursing program and must:
 - 2.3.2.1 Submit an approved master's degree in nursing curriculum plan .
 - 2.3.2.2 Submit evidence of completion of 50% of the courses listed in the approved curriculum plan.

3. No faculty exception will be granted to an individual who holds a probated license.

4. Notify the Board immediately of any unused portion of the time period granted for the faculty exception.

5. The number of faculty exceptions shall not exceed 20% of the number of full-time nurse faculty employed (not FTE) in the program.

LOUISIANA STATE BOARD OF NURSING
 REQUEST FOR EXCEPTION TO FACULTY QUALIFICATIONS
 L.A.C.46: XLVII.3515.B.7&8.

Directions: Submit 2 copies of this form along with the Nurse Faculty Qualification Form (N.E.1) and transcript(s).

Name of the nursing program submitting request for an exception to faculty qualifications.	
Name of the individual to serve in a faculty role.	
Total Faculty Total Faculty Exceptions Percentage	_____ _____ _____
Current unencumbered Louisiana RN license	Yes <input type="checkbox"/> Number _____ No <input type="checkbox"/> Explain: _____
Current unencumbered RN license(s) in other state(s). (List all states and attach additional page if necessary)	State: _____ Number: _____ State: _____ Number: _____ State: _____ Number: _____ State: _____ Number: _____
Completed Nurse Faculty Qualification Form including academic degrees and documentation of three years of clinical practice as a registered nurse.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Description of the anticipated teaching responsibilities/roles and mentoring process. An additional page may be added if necessary.	
Copy of current official BSN transcript, and/or transcript of graduate credit or the current semester grade report attached.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Length of faculty exception requested 1. BSN (3 yrs clinical practice, 2 yr approval) 2. BSN pursuing MSN 2.1 Copy of the approved MSN curriculum plan (2 yr approval)	Yes <input type="checkbox"/> No <input type="checkbox"/> Dates of exception requested: _____ Yes <input type="checkbox"/> No <input type="checkbox"/> Dates of exception requested: _____

2.2 Evidence of completion of 33% of courses with approved curriculum plan (3 rd yr exception – 1 yr approval)	Yes <input type="checkbox"/> No <input type="checkbox"/> Dates of exception requested: _____
2.3 Evidence of completion of 66% of courses with approved curriculum plan (4 th yr exception – 1 yr approval)	Yes <input type="checkbox"/> No <input type="checkbox"/> Dates of exception requested: _____
2.4 Reapplication after 5 year lapse: Evidence of completion of 50% of courses with approved curriculum plan (2 yrs only)	Yes <input type="checkbox"/> No <input type="checkbox"/> Dates of exception requested: _____

I certify that the information given above is accurate and represents the individual who is being requested to serve in a faculty role in accordance to L.A.C.46:XLVII.3515.B. Faculty Qualifications.

Signature of Program Head

Date

FOR STAFF USE ONLY	
Documents received: _____	Documents reviewed: _____
Exception approved by: _____	
Name	Position
	Date
Dates exception approved for: _____	
Exception not approved/comments: _____	