



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
FACULTY RECORD

STATE BOARD OF NURSING
 P.O. BOX 656, JEFFERSON CITY, MO 65102-0656
 TELEPHONE: (573) 751-0681
 TTY Relay Missouri: 800-735-2966
 Voice Relay Missouri: 800-735-2466
 Website: <http://pr.mo.gov/nursing.asp>
 EMail: nursingedu@pr.mo.gov

INSTRUCTOR NAME		TITLE OF POSITION		NAME OF COURSES TEACHING	
EMPLOYING FACILITY		MISSOURI RN LICENSE NUMBER		IS OR HAS NURSING LICENSE EVER BEEN DISCIPLINED?	
				YES	NO
TYPE OF PROGRAM <input type="checkbox"/> PN <input type="checkbox"/> ADN <input type="checkbox"/> DIP <input type="checkbox"/> BSN <input type="checkbox"/> IV THERAPY COURSE			STATUS <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME		DATE OF EMPLOYMENT
NEW POSITION <input type="checkbox"/> YES <input type="checkbox"/> NO REPLACING (NAME) _____			REQUIRED TRANSCRIPTS SUBMITTED <input type="checkbox"/>		

EDUCATION INFORMATION

GENERIC NURSING PROGRAM		DIPLOMA OR DEGREE	YEAR OF GRADUATION
-------------------------	--	-------------------	--------------------

ADDITIONAL EDUCATION (SINCE GRADUATION FROM SCHOOL OF NURSING)

SCHOOL	TOTAL HOURS IN PROGRAM	HOURS COMPLETED TOWARD DEGREE	DEGREE	DATE GRANTED

WORK EXPERIENCE IN NURSING

FULL TIME	PART TIME	NAME/LOCATION	POSITION/DUTIES	DATES EMPLOYED	
				FROM MO/YR	TO MO/YR

FOR BOARD USE ONLY

<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		DATE PROCESSED	APPROVAL SIGNATURE
COMMENTS			