



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF HEALTH PROFESSIONS

Board of Nursing

7 Eagle Square Concord, N.H. 03301
Telephone 603-271-2323 · Fax 603-271-2856



NH Board of Nursing
Application for Faculty Approval
Board Approved Education Programs

1. Applicant Name (include all known names/aliases): _____
2. Applicant Address: _____
3. Nursing Program Name: _____
 - a. Program Address: _____
 - b. Phone Number: _____
 - c. Fax Number: _____
 - d. Program Contact E-mail Address: _____
 - e. Applicant Contact E-mail Address: _____
4. Applicant License Type: _____ RN _____ LPN _____ Other
5. Applicant New Hampshire License/Registration Number: _____
6. Expiration Date: _____
7. Date of Birth: _____
8. Check the type of educational program for which faculty approval is being requested. **If you are requesting more than one type of faculty approval, please complete a separate faculty approval form for each request:**

_____ Registered Nurse Education Program	_____ Licensed Nursing Assistant Program
_____ Licensed Practical Nurse Education Program	_____ Medication Nursing Assistant Program
_____ Licensed Practical Nurse IV Therapy	_____ Paid Feeding Assistant Program
_____ Refresher RN/LPN	_____ NA Program Train the Trainer
	_____ LNA-Medication Certification Program



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9. Indicate what type of approval you are requesting:

- | | | |
|--|--|--|
| <input type="checkbox"/> RN-DEMN: Director | <input type="checkbox"/> RN/LPN Refresher: | <input type="checkbox"/> NA: Train the Trainer |
| <input type="checkbox"/> RN-DEMN: Educator | Coordinator | Instructor/Coordinator |
| <input type="checkbox"/> RN-BS: Director | <input type="checkbox"/> RN/LPN Refresher: | <input type="checkbox"/> MNA: Program Reviewer |
| <input type="checkbox"/> RN-BS: Educator | Educator | <input type="checkbox"/> MNA: Program Instructor |
| <input type="checkbox"/> RN-AD: Director | <input type="checkbox"/> LPN-IV: Educator | <input type="checkbox"/> Paid Feeding Assistant: |
| <input type="checkbox"/> RN-AD: Educator | <input type="checkbox"/> LPN-IV: Director | Instructor |
| <input type="checkbox"/> LPN: Director | <input type="checkbox"/> NA: Program Coordinator | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> LPN: Educator | <input type="checkbox"/> NA: Program Instructor | |

10. Employment Status

*Part time: permanent position of less than 40 hours per week with prorated benefits.
 Per Diem/Adjunct: limited position with no attached benefits.*

- Full Time Part Time Per Diem Adjunct

11. Clinical Specialty Area (Check all areas in which you have clinical experience and are requesting approval.) ***For nursing student Educators/Faculty Pursuant to Nur 602.07 (a) (2) applicants must show at least two years of relevant nursing experience in their specific area of educational responsibility. **For LNA educators/faculty.**

- | | | |
|--|---|--|
| <input type="checkbox"/> Adult | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Maternal/Child |
| <input type="checkbox"/> OB/GYN/Women's Health | <input type="checkbox"/> Medical/Surgical | |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Community | <input type="checkbox"/> ** Long Term Care** |
| <input type="checkbox"/> Oncology | <input type="checkbox"/> Trauma | <input type="checkbox"/> **Gerontology** |



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12. **License Practical Nurse; Associate Degree in Nursing; and/or Bachelor's Degree in Nursing:**

a. Name of program: _____ City: _____ State: _____

Graduation Date: _____

b. Name of program: _____ City: _____ State: _____

Graduation Date: _____

13. **Graduate Nursing Education (MSN/PHD):**

c. Name of program: _____ City: _____ State: _____

Graduation Date: _____

d. Name of program: _____ City: _____ State: _____

Graduation Date: _____

14. **RN and LPN Education Program Faculty:** Please be sure to attach an official college transcript showing evidence of conferral of degree (copies and screens are not acceptable). Electronic transcripts shall be sent to board.questions@oplc.nh.gov

Include resume/curricula vitae (CV) documenting compliance with Nur 602.05 and Nur 602.07(a), (b) or (c). Resume/CV must reflect relevant experience necessary for faculty approval.

15. **Nursing Assistant Education Program Faculty:** Please attach a copy of current resume including employment experience and length of employment documenting compliance with Nur 704.04 for program coordinator qualifications; Nur 704.06 for instructor qualifications; and Nur 805.03 for medication nurse reviewer qualifications; and Nur 805.04 for medication skills instructor qualifications. ***Transcript NOT required for Nursing Assistant Faculty approval.***



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16. Describe how you meet the experience requirements for the faculty approval that you are requesting.
Please submit a copy of resume with this application.

17. Applicant Signature: _____ Date: _____

18. Program Official Signature: _____ Date: _____

Board of Nursing Approval: _____ Date: _____

Temporary Board Approval: _____ Exp Date: _____ Date: _____

6/2019