MONTANA BOARD OF NURSING (BON)
301 S. Park Ave, 4th Floor
Helena, MT 59601
Phone: 406-841-2380 or Email: nurse@mt.gov

Request for Waiver of Faculty Qualifications

[Note: Please see BON administrative rules related to Waiver of Faculty Qualification request: ARM 24.159.663 available on the BON website: www.nurse.mt.gov under the regulations tab]

1. APPLICANT INFORMATION: *[Note: MT RN license must be current and unencumbered; ARM 24.159.659 & 24.159.662]*

Name: _____

Applicant Address:_____
Street or P.O. Box City State Zip

RN License Number: _____ Date of hire:_____ Email:_____

2. NURSING PROGRAM: _____

Program Director Name: _____ Phone:_____

Email: _____

3. APPLICANT POSITION: Please specify position title, FTE, and if teaching PN students, RN students or both (if both, provide breakdown of FTE dedicated to each pre-licensure track).
[Note: Please see the following BON Rules related to Nursing Education Programs for requirements for faculty for RN Education: 24. 159.659, and for PN Education: 24.159.662]

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4. ACADEMIC EDUCATION: Please list each degree (Baccalaureate, Doctorate or Masters) the applicant holds including the name and location of the institution, degree major and/or minor field of study, graduation date.

Degree	Name of School	Grad Date	Major

5. FACULTY WAIVER STATEMENT:

To be completed by Program Director: (Signature required: may be electronic)

I am requesting waiver for this faculty member for educational qualifications. This faculty member agrees to complete the educational requirements identified in either ARM 24.159.659 or ARM 24.159.662 within five years of the date of hire. This faculty member will have 5 years from the date of employment to complete the educational qualifications required. I have reviewed the **ENCLOSED** education plan to meet the requirement and agree to support it.

I attest per ARM 24.159.663 no more than 10% or 2.0 faculty FTE, whichever is greater based on total FTE, are on an educational waiver at this time.

Total Faculty FTEs: _____

Total Faculty FTEs on Waiver: _____ **(OR) Percentage FTEs on Waiver: _____%**

	Faculty Members Currently on Waiver	FTE Covered by Waiver	Projected Date Off Waiver
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			

I agree to provide the following information about faculty members on waiver in the program's annual report:

- changes in faculty status (i.e. faculty left position)
- education plan completion

_____ _____
Nursing Dean/Program Director (Your name typed in here constitutes your signature) **Date**

_____ _____
Faculty Member Applicant –(Your name typed in here constitutes your signature) **Date**