

# Wisconsin Department of Regulation & Licensing

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## BOARD OF NURSING

### FACULTY EXCEPTION CHECKLIST

Pre-approval by the Board of Nursing is required for exceptions to faculty qualifications. Please complete this checklist to apply for an exception.

Name of School: \_\_\_\_\_ Program (ADN, BSN, Other): \_\_\_\_\_

Name of Educational Administrator: \_\_\_\_\_

A minimum of 50% of full time and part time faculty must be fully qualified.

Number of fully qualified faculty: \_\_\_\_\_

Total number of current exceptions, including this request: \_\_\_\_\_

### Request for standard exception (one year, may be renewed):

Name: \_\_\_\_\_ Dates of hire: \_\_\_\_\_

Course/clinical being taught: \_\_\_\_\_

#### Must have:

\_\_\_\_\_ BSN degree: School: \_\_\_\_\_ Grad Date: \_\_\_\_\_

\_\_\_\_\_ Active enrollment in MSN program. Is enrolled in  
School: \_\_\_\_\_ Degree: \_\_\_\_\_

Expected Grad Date: \_\_\_\_\_

Provide plan of study with timeline for completion with this request.

[Degree must be MSN or alternate approved by the Board. Currently approved alternates to the MSN are MS, nursing; MPH, nursing; masters in nursing education; masters in nursing administration.]

\_\_\_\_\_ 2 years full time (or equivalent) direct care nursing experience, including experience within the last 5 years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Current RN license # \_\_\_\_\_

#### School must provide to standard exception faculty:

\_\_\_\_\_ MSN-prepared faculty supervisor/mentor who assures that the curriculum plan is followed

Name: \_\_\_\_\_

Extent and mode of contact: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[Contact should occur throughout the experience, includes verbal/phone discussion on instructional guidelines, grading/evaluating performance, joint review of performance problems.]

Is this a request for extension beyond one year? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of first request: \_\_\_\_\_

If yes, provide proof of progress in the MSN program.

[All extensions must be resubmitted with proof of progress and continued active enrollment each year (listing courses taken and courses that will be taken).]

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## Request for non-nursing masters exception (one allowed per school, no time limit):

Name: \_\_\_\_\_ Dates of hire: \_\_\_\_\_

Course/clinical being taught: \_\_\_\_\_

### Must have:

\_\_\_\_\_ BSN degree: School: \_\_\_\_\_ Grad Date: \_\_\_\_\_

\_\_\_\_\_ Non-Nursing Masters Degree  
School: \_\_\_\_\_ Degree: \_\_\_\_\_

Grad Date: \_\_\_\_\_

(Masters degree must be related to the courses being taught and prior experience.)

\_\_\_\_\_ 2 years full time (or equivalent) direct care nursing experience, including experience within the last 5 years:  
Experience must be related to masters degree as well as the courses being taught:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Current RN license # \_\_\_\_\_

### School must provide to exception faculty:

\_\_\_\_\_ MSN-prepared faculty supervisor/mentor who assures that the curriculum plan is followed

Name: \_\_\_\_\_

Extent and mode of contact: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Request for an emergency exception (one semester only)

Name: \_\_\_\_\_ Dates of hire: \_\_\_\_\_

Course/clinical being taught: \_\_\_\_\_

### Must have:

\_\_\_\_\_ BSN degree: School: \_\_\_\_\_ Grad Date: \_\_\_\_\_

\_\_\_\_\_ 2 years full time (or equivalent) direct care nursing experience, including experience within the last 5 years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Current RN license # \_\_\_\_\_

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**School must provide to emergency faculty:**

\_\_\_\_\_ MSN-prepared faculty supervisor/mentor who assures that the curriculum plan is followed

Name: \_\_\_\_\_

Extent and mode of contact: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

[Contact should occur throughout the experience, including verbal/phone discussion on instructional guidelines, grading/evaluating performance, joint review of performance problems.]

Is this a request for extension beyond one semester? Yes\_\_\_\_\_ No\_\_\_\_\_

Dates of previous requests and course(s) taught: \_\_\_\_\_

If yes, provide proof of recent unsuccessful recruitment. Emergency exceptions cannot be used to fulfill an ongoing need.

Return form by e mail, fax or mail to:

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