**Faculty Vitae**

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| **Program Director Name** | **Name of Program** |
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| **Faculty Name** | **Date of Appointment** |
|  |  |
| **Full-Time** | **Part-Time** | **FTE**  | **0.25** | **0.50** | **0.75** | **1.0** | **Other** |
|  |  |  |  |  |  |  |
| **Provide the appropriate license number and expiration date.** |
| **NC RN License Number** | **Expiration Date** | **Compact License Number and State** | **Expiration Date** |
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| ***Faculty vitaes may be requested for review by the NC Board of Nursing.*** |
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| **21 NCAC 36 .0318 FACULTY (c)(5)**(5) prior to or within the first three years of employment, have education in teaching and learning principles for adult education, including curriculum development, implementation, and evaluation, appropriate to faculty assignment. Once completed, this education need not be repeated if the employing organization is changed. This education may be demonstrated by one of the following: (A) completion of 45 contact hours of Board-approved continuing education courses; (B) completion of a certificate program in nursing education; (C) nine semester hours of graduate course work in adult learning and learning principles; (D) national certification in nursing education; or (E) documentation of completion of structured, individualized development activities of at least 45 contact hours approved  by the Board. Criteria for approval shall include content in the faculty role within in the curriculum implementation,  curricular objectives to be met and evaluated, review of strategies for identified  student population, and expectations of student and faculty performance. (F) individuals with prior teaching experience in an academic setting seeking a faculty position shall be evaluated by the  Program Director to assess each individual’s prior teaching experience commensurate with formal education in teaching  and learning principles for adult education including curriculum development, implementation, and evaluation,  appropriate to faculty assignment. |
| **The faculty member meets the teaching/learning preparation requirement by selecting one of the following options listed below within the first three years of employment in nursing education.** |
| **Place check here if applicable:** | A. Completion of 45 contact hours of continuing education courses. Specify from the list of Approved Programs. ([Click here](https://www.ncbon.com/myfiles/downloads/education/provider-listing.pdf) to download list).  |
| Specify Course | Specify Course Completion Date |
|  |  |
| **Place check here if applicable:** | B. Completion of a certificate program in nursing education  |
| Specify Name of College or University |
| **Place check here if applicable:** | C. Nine Semester Hours of Education Course Work  |
| Specify Name of College or University |
| **Place check here if applicable:** | D. National Certification in Nursing Education (NLN’s Certified Nurse Educator) |
| **Place check here if applicable:** | E. Documentation of successful completion of structured, individualized development activities of at least 45 contact hours approved by the Board. **This option must be pre-approved by your assigned education consultant.** |
| **Place check here if applicable:** | F. Prior teaching experience in an academic setting seeking a faculty position shall be evaluated by the Program Director to assess each individual’s prior teaching experience commensurate with formal education in teaching and learning principles for adult education including curriculum development, implementation, and evaluation, appropriate to faculty assignment. |
| **EDUCATION** |
| **Date** **Month/Year** | **Degree** | **Area of Focus, Specialty, or Concentration for Graduate Study** | **Institution** |
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| **PREVIOUS CLINICAL PRACTICE EXPERIENCE AS RN** |
| **Employment Dates Month/Year to Month/Year** | **FT/PT** | **Title** | **Agency** | **Role/Responsibility** |
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| ***All clinical experience must equate to two years of full-time experience.*** |
| **PREVIOUS EXPERIENCE TEACHING IN A PRE-LICENSURE RN OR PN NURSING PROGRAM** |
| **Employment Dates Month/Year to Month/Year** | **FT/PT** | **Title** | **College/University** | **Role/Responsibility** |
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| **CURRENT TEACHING RESPONSIBILITY IN THIS PROGRAM**  |
| **Semester/Year** | **Course No.** | **Course Name** | **Theory/Clinical** | **Do you participate in simulation?** |
|  |  |  |  | **Yes – Complete section**  | **If no – check here** |
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| **21 NCAC 36 .0321(o)(1) Simulation Faculty Formal Education (as applicable)** |
| **Date** | **Formal Education Received** |
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