As indicated in Wisconsin Administrative Code Chapter N 1.08(3)(d), educational administrators may apply to the Board of Nursing for approval of exceptions to faculty requirements; exception types include standard, emergency and non-nursing masters.

A school of nursing that is granted a faculty exception for a faculty member must provide the exception faculty with a supervisor who is fully-qualified as indicated in Chapter N 1.08(3)(b) or (c). For all exception requests, a minimum of 50% of faculty must meet the faculty qualifications and all faculty exception types must be counted in the total number of exceptions granted to a school.

- Pre-approval is required for all faculty exceptions; completed faculty exception request must be received and approved in advance of the faculty hire.

**Standard exception** – A baccalaureate degree in nursing is required for a standard exception. Approvals are valid for one year and may be renewed upon showing proof of progress and continued active enrollment each year in a master’s degree program with a major in nursing, a bachelor’s in nursing to doctorate program in nursing, or a doctorate program in nursing.

**Emergency exception** –A baccalaureate degree in nursing is required for an emergency exception. An emergency exception is intended to cover a short term, unanticipated emergency situation, including medical leave of fully-qualified faculty. Approvals are valid for up to one semester only and may not be renewed.

**Non-nursing masters exception** – A bachelor’s degree in nursing, a graduate degree related to the topic of the course the person is teaching, nursing experience in the area of teaching assignment, and a unique combination of knowledge, experience and skills that will best serve the school of nursing, faculty, and students in a specific content area are all required for a non-nursing masters exception. No school will be permitted to hold more than one non-nursing masters exception at a time.

Send completed faculty exception requests to:

Office of Education and Examinations
DSPSExaminationsOffice@wisconsin.gov
FAX: (608) 251-3018
Request for **standard faculty exception** (valid for one year, may be renewed)

**Standard exception criteria:**

- Faculty member must have a baccalaureate degree in nursing and be actively enrolled in a master's degree program with a major in nursing, or a bachelor’s in nursing-to-doctorate in nursing program, or a doctorate in nursing program.

- Exception faculty may be approved for up to one year and may be renewed upon submission of a new request form and proof of progress and continued active enrollment each year in a master's degree program with a major in nursing, or a bachelor’s in nursing-to-doctorate in nursing program, or a doctorate in nursing program.

**Nursing school:** _____________________________  **Program(s):** __________________________________

**Educational administrator:** _____________________________  **Email address:** _______________________

**NOTE:** Minimum of 50% of all faculty must be fully-qualified and all exception types must be counted in total exception number below.

Number of fully qualified faculty:_____  Total number of current exceptions, including this request:_____

**Name of proposed standard exception faculty:** _____________________________________________________

**Course/clinical faculty will teach:** ______________________________________________________________

**Date of hire:** ______________________  **Current Wisconsin RN license #:** _______________________

**Proposed standard exception faculty member must have a baccalaureate degree in nursing and be actively (currently) enrolled in a master’s degree program with a major in nursing, a bachelor’s in nursing-to-doctorate in nursing program, or a doctorate in nursing program.**

*A plan of study with timeline for completion of degree must be provided with the exception request, as well as documentation of active enrollment in the degree program.*

**BSN degree school:** _____________________________  **BSN graduation date:** ___________________

**Graduate school:** ____________________________________________

*Graduate degree:_________________________________________  **Expected graduation date:** ___________________

*Degree must be master’s with a major in nursing, bachelor’s in nursing-to-doctorate in nursing, or doctorate in nursing.*

**The nursing school must provide the exception faculty member with a supervisor meeting qualifications in N 1.08(3)(b) for professional nursing faculty, and in N 1.08(3)(c) for practical nursing faculty.**

**Name of qualified supervisor:** _____________________________________________________________

**Contact and mode of contact:** ______________________________________________________________

**Extant and mode of contact:** ______________________________________________________________

**Contact should occur throughout the teaching experience and may include verbal and telephone discussion on instructional guidelines, grading and evaluation of performance and joint review of performance issues.**

**Is this a request for an extension beyond one year?  +Yes_____  No_____**

+Provide evidence of progress/continued active enrollment in graduate degree nursing program with exception request; list courses taken and courses that will be taken.

**Educational administrator signature:** ______________________________________  **Date:** __________

#2662 (Rev. 8/19)

Page 2 of 4
Request for emergency faculty exception (one semester only)

Emergency exception criteria:
- Faculty member must have a baccalaureate degree in nursing.
- Emergency exceptions are intended to cover short-term, unanticipated emergency situations such as medical leave.
- Approvals are valid for up to one semester only and may not be renewed.

Nursing school: _______________________________ Program(s): ___________________________

Educational administrator: _________________________ Email address: ___________________

NOTE: Minimum of 50% of all faculty must be fully-qualified and all exception types must be counted in total exception number below.

Name of qualified supervisor: ____________________________________________

*Extent and mode of contact: ____________________________________________

*Contact should occur throughout the experience and may include verbal/telephone discussion on instructional guidelines, grading/evaluating performance and joint review of performance issues.

Educational administrator signature: ___________________________ Date: ______________

#2662 (Rev. 8/19)
Request for **non-nursing master’s exception** (one allowed per school, no time limit)

**Non-nursing master’s exception criteria:**

- Faculty member must have a baccalaureate degree in nursing and a graduate degree related to the topic of the course the person will teach.

- Faculty must have nursing experience in the area of teaching assignment and a unique combination of knowledge, experience and skills that will best serve the school of nursing, faculty and students in a specific content area.

- No school will be permitted to hold more than one non-nursing master’s exception at a time.

**Nursing school:** _____________________________________  **Program(s):** ___________________________

**Educational administrator:** _____________________________  **Email address:** ___________________________

**NOTE:** Minimum of 50% of all faculty must be fully-qualified and all exception types must be counted in total exception number below.

- Number of fully qualified faculty:______  Total number of current exceptions, including this request:______

**Name of proposed non-nursing master’s faculty:** ___________________________________________________

**Course/clinical faculty will teach:** ______________________________________________________________

**Date of hire:** ________________  **Current Wisconsin RN license #:** ____________________________

**Proposed non-nursing master’s exception faculty must have a baccalaureate degree in nursing, a graduate degree related to the topic of the course the person will teach, and nursing experience in the area of teaching assignment along with a unique combination of knowledge, experience and skills that will best serve the school, faculty and students in a specific content area.**

- **BSN degree school:** ___________________________________________  **BSN graduation date:** _______________

- **Graduate school:** ___________________________________________  **Graduation date:** _______________

- **Nursing experience in the area of teaching assignment:** __________________________________________

- **Knowledge, experience and skills in course content area:** __________________________________________

**The nursing school must provide the exception faculty member with a supervisor meeting qualifications in N 1.08(3)(b) for professional nursing faculty, and in N 1.08(3)(c) for practical nursing faculty.**

**Name of qualified supervisor:** ___________________________________________

**Extent and mode of contact:** ___________________________________________

*Contact should occur throughout the experience and may include verbal/telephone discussion on instructional guidelines, grading/evaluating performance and joint review of performance issues.*

**Educational administrator signature:** ______________________________________  **Date:** _____

#2662 (Rev. 8/19)

Page 4 of 4