

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53705-8935

FAX #: (608) 266-2602
Phone #: (608) 266-2112

4822 Madison Yards Way
Madison, WI 53705

E-Mail: web@dsps.wi.gov
Website: <http://dsps.wi.gov>

BOARD OF NURSING

REQUEST FOR NURSING FACULTY EXCEPTION

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: _____

**Extent 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: _____

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.

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

Name of proposed emergency faculty: _____

Course/clinical faculty will teach: _____

Date of hire: _____ Current Wisconsin RN license #: _____

Proposed emergency exception faculty must have a baccalaureate degree in nursing.

BSN degree school: _____ BSN graduation date: _____

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:** _____

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: _____

Graduate degree: _____ 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:** _____