



**HAWAII STATE BOARD OF NURSING
 PROFESSIONAL AND VOCATIONAL LICENSING DIVISION
 DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
 P.O. BOX 3469, Honolulu, Hawaii 96801**

FACULTY APPLICATION

INSTRUCTOR INFORMATION	
Name of Instructor:	Hawaii Nurse License(s): LPN - _____ RN - _____ APRN - _____
Name of Nursing Program	List Course(s) Teaching:
Type of Program: _____ LPN _____ ADN/ASN _____ BSN _____ MSN _____ DNP _____ Other (please specify): _____	Status: _____ Full-Time _____ Part-Time _____ Adjunct _____ Temporary _____ Lecturer
New Position: _____ Yes _____ No _____ Replacing (Name): _____ _____	Date of Employment:

Education Information		
Name of School:	Dates Attended:	Degree Granted:
Please attach certified transcripts for each nursing degree granted.		

(CONTINUED ON PAGE 2)

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

Print Name of Instructor: _____

Date: _____

For the following chart, "FT" = Full-Time and "PT" = Part-Time

Work Experience in Nursing (Clinical)				
FT	PT	Name/Location of Employer (Facility)	Dates of Employment (Start/End)	Position/Duties

Attach additional sheets if necessary.

Non-Nursing/Interprofessional Faculty		
Name of School:	Dates Attended and Degree Granted:	Discipline Teaching:

Please attach CV.

Attestation

I certify that the statements, answers and representations made in this form and the documents attached are true and correct.

Instructor's Signature

Date

Print Name of Instructor

FOR BOARD USE ONLY

Date reviewed by Education Committee: _____

Approved Disapproved, reason: _____
