



**Georgia Board of Nursing
Nursing Education Programs
Nursing Faculty Qualification Record (NFQR)**

Nursing Faculty Member Information

Date NFQR Submitted to Board	
Name of Sponsoring Institution	
Name of Nursing Education Program	
Nursing Program Type	
Nurse Administrator (include credentials)	
Faculty Member Full Name	
Georgia Nursing License Type	
Georgia License Number	
Faculty Member's Job Title	
Employment Status (Full or Part-Time)	
Didactic/Clinical or Both	
Average Contact Hours per Week	
Date of Employment	

Education *(list in chronological order since high school)*

Institution Name	Location	Diploma/Degree/Major	Date of Conferment

Nursing Employment (list in chronological order/ employment must include all employment for the seven (7) years preceding date of submission/ three (3) years of RN experience in the most recent 7 years must be verifiable for PN programs)

Employer	Location	Job Title	From	To/Current

Course Responsibilities (list all courses of instructional responsibility related to any instructional capacity including course coordination)

Course Acronym, Number, and Title	Course Coordinator	Didactic Instruction	Clinical Instruction

Please check the following areas as it relates to nursing faculty member’s areas of expertise:

Acute Care Nursing

Adult Health Nursing

Community Health Nursing

Leadership/Management

Maternal/Child Nursing

Mental Health/Psychiatric Nursing

Pediatric Nursing

Research

Other: _____

Verification of Unencumbered Georgia Nursing License

Please include a copy of the nursing faculty member’s active, unencumbered Georgia License

Signatures

Signature of Nurse Administrator

Date

Signature of Nursing Faculty Member

Date