

Sample Form E: In support of Criteria I. F. and II.C.

Nurse Practitioner Program Faculty Profile for all Faculty

This form can be used to provide evidence for Criterion II.C. Not applicable to non-NP faculty, where it applies.

Name: _____ Credentials: _____

Academic Rank: _____ Academic Title: _____

State License/Approval/Recognition Number: RN _____ APRN _____

List Certification with national certification board and expiration dates:

Are copies of all certification and state license/approval/recognition on file? Yes _____ No _____

Academic NP Program(s) Completed: _____

Graduation Date: _____ NP Population Focus/Foci: _____

Are all the programs accredited by the US Secretary of Education? Yes _____ No _____

Faculty Appointment: % of FTE to NP Program _____ % of time to NP Population _____

Teaching Responsibilities:

Clinical and Didactic Courses

No. of Students

Dates

Workload assigned to teaching courses: _____

List of other faculty responsibilities with workload assigned:

Current Practice Site: _____ No. of Hours per Week/month: _____