



**FACULTY DEVELOPMENTAL PROGRAM
NOTIFICATION OF FACULTY PARTICIPATION**
NORTH DAKOTA BOARD OF NURSING
SFN 60017 (08-11)

Nursing Education Program			
Address	City	State	Zip Code
Academic Term			
<input type="checkbox"/> Fall (Due October 1) <input type="checkbox"/> Spring (Due February 1) <input type="checkbox"/> Summer (Due June 1)			

FACULTY NAME & % FTE	ND or COMPACT LICENSE NUMBER	RANK	YEAR OF INITIAL APPT	UNDERGRADUATE ACADEMIC PREPARATION (degree, year, major)	GRADUATE ACADEMIC PREPARATION (degree, year, major)	INSTITUTION GRANTING DEGREE	MAJOR CONTENT TAUGHT	FACULTY MENTOR

Complete a Graduate Student Status form (SFN 58422) for each Faculty listed on this form.
Add additional Faculty if needed on page 2. Complete page 2 by signing.

FACULTY NAME & % FTE	ND or COMPACT LICENSE NUMBER	RANK	YEAR OF INITIAL APPT	UNDERGRADUATE ACADEMIC PREPARATION (degree, year, major)	GRADUATE ACADEMIC PREPARATION (degree, year, major)	INSTITUTION GRANTING DEGREE	MAJOR CONTENT TAUGHT	FACULTY MENTOR

Complete a Graduate Student Status form (SFN 58422) for each Faculty listed on this form.

Signature of Administrator of Nursing Program or Designee	Date
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