TEXAS BOARD OF NURSING
Nursing Education Program Demographic Data Form

Name of Nursing Program/Type of Nursing Program: _____

(1)   Number of faculty waivers <u>approved</u> for current (20___) academic year: _____ FT   _____ PT

(2)   Number of faculty with waivers <u>employed</u> during the current (20____) academic year:

_____ # of faculty with waivers _____ % of faculty with non-emergency waivers (divide #2 by #3)

(3)   Total number of faculty <u>employed</u> for current (20___) academic year: _____ FT   _____ PT

(4)   Total number of faculty and number of faculty with waivers <u>employed</u> each year during the previous three years:

Year	# Employed	# Waivers

(5)   Faculty turnover for **previous (20 ____) academic year:

_____ FT _____ PT   _____ % of faculty turnover.

(6)   NCLEX-PN® or NCLEX-RN® Examination pass rate for the past two examination years:

Year	# of Candidates	# Passing	% Passing Rate

Comments:

Note:

 * Fully qualified faculty and faculty with waivers are reported based on the current academic year.

 **Turnover of faculty reflects academic year immediately preceding the date of the petition.

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_____   _____
Dean, Director, or Coordinator Signature   Date