

**PETITION TO REQUEST EXTENSION OF FACULTY WAIVER
 WEATHERFORD COLLEGE ASSOCIATE DEGREE NURSING EDUCATIONAL PROGRAM
 WEATHERFORD, TEXAS**

SUMMARY OF REQUEST:

Consider the petition from Weatherford College to request an extension of a faculty waiver on behalf of Carla Crider, BSN, RN and the recommendation from the Education Liaison Committee (ELC) regarding the petition.

HISTORICAL PERSPECTIVE:

- Ms. Crider was granted a faculty waiver on August 31, 2007 in response to the program’s need for a Nursing Foundations Clinical Instructor.
- Ms. Crider was enrolled in an MSN program with a nursing education major, with a projected graduation date of August 2008.
- However, due to the program restrictions and sequential curriculum plan of the MSN program, Ms. Crider had eight hours of course-work remaining that she was unable to complete prior to August 2008.
- There was an unexpected resignation from the Women’s Health and Maternity Nursing faculty member prior to the start of the Fall 2008 semester that the college was unable to fill with a candidate with the required qualifications.
- Ms. Crider’s specialty area is Women’s Health and Maternity Nursing.
- The teaching assignment for Ms. Crider for Spring 2009 is Maternity Nursing and the accompanying clinical course, plus serving as co-member of the skills development course.
- The petition for extension of faculty waiver is requested until May 31, 2009 when Ms. Crider is scheduled to complete the Master’s degree in nursing.
- All required documents and current transcripts for Ms. Crider are in order.
- The petition for extension of faculty waiver was referred to the Education Liaison Committee (ELC) for review. (See internal checklist identifying criteria for approval in Attachment #1).
- Members of the ELC recommend approval of the waiver.

PROS AND CONS:

Pros:

- Ms. Crider is actively engaged in pursuing an MSN.
- She has been involved in clinical supervision of students since September 2007.
- Weatherford College has maintained high NCLEX-RN7 examination pass rates with commendations for the past three years.

YEAR	Approval Status	NCLEX-RN7 Examination Pass Rates	Number of First Time Candidates (Passed/Total)
2008	Full	100%	39/39
2007	Full	97.30%	36/37
2006	Full	100%	29/29

- The program has actively been involved in a search for a full-time faculty member.

Cons:

None noted.

EDUCATION LIAISON COMMITTEE RECOMMENDATION:

Members of the Education Liaison Committee voted to recommend approval of the extension of the faculty waiver for Carla Crider, BSN, RN to extend the time of the waiver until May 31, 2009.

STAFF RECOMMENDATION:

Move to approve the extension of the faculty waiver of Carla Crider, BSN, RN based on the recommendation from the Education Liaison Committee as indicated in the attached letter (Attachment #2).

INTERNAL CHECKLIST: APPROVAL FOR EXTENSION OF FACULTY WAIVER

- 1.Name of Program/Type of Program: **Weatherford College, ADN** _____
- 2.Type of Original Faculty Waiver: ___ Emergency (RN Programs only, but not APN.) **__X__** Non -
Emergency
- 3.Requested Dates for Waiver Extension: **From 8/31/08 to 5/31/09** _____
- 4.Included explanation of need for extension of faculty waiver? **__x__** Yes ___ No

WAIVERED FACULTY MEMBER

- 1.Name of Waivered Faculty Member and Credentials: **Carla Crider, BSN, RN**
- 2.Holds a current license or privilege to practice as a Registered Nurse in the State of Texas? **__x__**
Yes ___ No
- RN License # **677162** State **TX** Expiration Date **02/28/2009 (Verified)**
- 3.Recent performance evaluation included? **__x__** Yes ___ No / (Satisfactory) Unsatisfactory
- 4.Anticipated subject area of teaching responsibility: **Women's Health & Maternity Nursing**
- 5.Included plan for adequate supervision and mentoring of prospective faculty member? **__x__** Yes ___ No
- 6.If appropriate, included updated Graduate Degree Plan **__x__** Yes ___ No
- 7.Included evidence of current enrollment in master=s or doctorate nursing education program or graduate
level nursing courses? **__x__** Yes _____
No
- 8.Current Projected Completion Date of Degree/Requirements: **5/31/2009**
- 9.Number of credit hours earned: **30** Number of credit hours remaining: **6**
- 10.Included transcripts of graduate work? **__x__** Yes ___ No
- 11.Plan submitted for assisting waived faculty to meet BON education requirements? **__X__** Yes ___ No

PROGRAM DATA

- 1.Program Approval: ___ Initial **__x__** Full ___ Full with Warning ___ Conditional
- 2.Current number of waived faculty employed by the program: = **1** Percent = **16.7%**
- 3.Composition of faculty: Full-time = **6** Part-time = **3**
- 4.Percent of faculty waived for past three years (# waived) # employed) = **7.4%**
- 5.Program=s NCLEX PN/RN pass rate for preceding two years: **2008: 100% 2007: 97.30% 2006: 100%**

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DNC: Approved / Denied Date Nursing Education Program notified: _____
ELC recommendation: (Approve) / Deny Comments: _____
Date Nursing Education Program notified:
Date of Board Meeting **01/22/09** Approved / Denied

January 22, 2009

Cheryl Livengood, MSN, RN
Nursing Department Chair
Weatherford College
225 College Park Drive
Weatherford, TX 76086

Dear Ms. Livengood:

This letter is to notify you that your petition for faculty waiver on behalf of Carla Crider, BSN, RN to extend the time line for the waiver through May 31, 2009 was considered at the January 22-23, 2009 meeting of the Texas Board of Nursing. Based upon the consideration and the recommendation from the Education Liaison Committee of the Board, it was the decision of the Board to ratify approval to extend the faculty waiver for Carla Crider, BSN, RN through May 31, 2009.

If you have questions or if we may provide assistance to the program in any way, please contact board staff at (512) 305-7660. Best wishes for continued success.

Sincerely,

Linda R. Rounds, PhD, RN, FNP
President

Virginia D. Ayars, MS, RN
Nursing Consultant for Education

copy: Carla Crider, BSN, RN