

**FACULTY APPROVAL / RESIGNATION NOTIFICATION**  
(Submit forms electronically or if mailed in DUPLICATE)

**INSTRUCTIONS:**

Print or type. Complete **BOTH PAGES SIDES** of form for Faculty Approval.  
Check a box for approval or resignation notification.

**Provide the appointee with a photocopy of this form after it has been approved by a BRN consultant.**

Program Name: <b>LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH</b>		
Appointee's Name: <b>Nicholas Bachman</b>		
CA RN License: <b>764036</b>	Expiration Date: <b>March 31, 2019</b>	Verified by: <b>Joan W. Kohl</b>

**CLASSIFICATION AND STATUS**

In addition to California Code of Regulations (CCR) Section 1425, all faculty must meet CCR section 1424(h), which states nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned and Section 1420(d), which defines clinically competent to mean that a nursing program faculty member possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by staff level registered nurses of the clinical unit to which the faculty member is assigned.

**Faculty Approval / Resignation Notification:**

Check one box. Complete Page 1 for all approvals / resignation notifications.

**Initial Faculty Approval** (Submit prior to employment)

Complete Second Page:

Section A for Instructor.

Section B for Assistant Instructor

Section C for Clinical Teaching Assistant.

**Faculty Reclassification** (Complete Second Page)

Attach previous approval form **and** documentation to demonstrate qualifications for requested change.

**Faculty Resignation**

(Complete only the top section; submit only one form)

Effective Date \_\_\_\_\_

**Clinical Assignment Area(s) Requested:**


(Check the area(s) next to the classification being requested)

Classification	M-S	O	C	P/MH	G
Instructor	X				X
Assistant Instructor					
Clinical Teaching Assistant					

M-S = Medical-Surgical O = Obstetrics C = Children (Pediatrics)

P/MH = Psych/Mental Health G = Geriatrics

The above information is verified by:

Name of Program Director Joan W. Kohl	Signature: 	Date: 12/21/17
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**For Board Use Only:**

NEC / Approval Date	Approved Clinical Area(s)					Approved Classifications		
	M-S	O	C	P-MH	G	I	AI	CTA
Initial approval 8-15-16	X	NA	NA	NA	NA	NA	X	NA
Reclassification 01-03-2018	X	NA	NA	NA	X	X	NA	NA

Date: \_\_\_\_\_ NEC \_\_\_\_\_

Does not qualify for \_\_\_\_\_ for the reason(s) listed below. Resubmit with **COMPETENCY EVIDENCE**.

Lacks required education.

Lacks previous teaching experience in pre-or post-licensure nursing programs or course in practice teaching.

Lacks one year of professional nursing experience.

Lacks evidence of clinical competence

Other: \_\_\_\_\_

**SECTION A - INSTRUCTOR**

Section 1425(c) states, " An instructor shall meet the following minimum qualifications: 1425(a)(1) A Master or higher degree from an accredited college or university which includes course work in nursing, education, or administration. If degree other than in nursing submit information verifying course work in nursing education."

COLLEGE/UNIVERSITY/CITY/STATE	DEGREE & YEAR COMPLETED	AREA OF PREPARATION
DePaul University Chicago, IL	MSN 2008	Nursing
Loyola University Chicago, IL	BA 2006	Anthropology/Sociology

**1425(c)(3)** Completion of at least one (1) year's experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes **PRACTICE IN TEACHING REGISTERED NURSING**. Submit official course description to verify course content.

1. COLLEGE/UNIVERSITY/CITY/STATE (Teaching in Pre-Post RN program)	COURSE CONTENT/AREA	FROM MONTH/YR	TO MONTH/YR
Los Angeles County College of Nursing & Allied Health Los Angeles, CA	Med/Surgical Nursing, Clinical, Pharmacology, Cardiovascular	06/2016	Present
Mount Saint Mary's University Los Angeles, CA	Pathophysiology	05/2016	08/2016
2. COLLEGE/UNIVERSITY/CITY/STATE (Teaching in Pre-Post RN program)	PRACTICE TEACHING COURSE	UNITS	DATE

**1425(c)(2)** Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by: (A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency.

AGENCY NAME AND CITY/STATE (List most recent first)	POSITION	CLINICAL AREA	FROM MONTH/YR	TO MONTH/YR
Providence St Joseph Medical Center Burbank, CA	Staff RN	Med/Surgical Telemetry	05/2012	12/2016
Providence Little Company of Mary Torrance, CA	Staff RN	Med/Surgical Telemetry	03/2010	05/2012

**SECTION B - ASSISTANT INSTRUCTOR**

**1425(d)** An assistant instructor shall meet the following minimum qualifications: (1) A Baccalaureate degree from an accredited college which shall include courses in nursing, or in a natural, behavioral or social science relevant to nursing practice;

COLLEGE/UNIVERSITY AND CITY/ STATE	DEGREE & YEAR COMPLETED	AREA OF PREPARATION

**1425(d)(2)** Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by: (A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency.

AGENCY NAME AND CITY/STATE (List most recent first)	POSITION	CLINICAL AREA	FROM MONTH/YR	TO MONTH/YR

**SECTION C - CLINICAL TEACHING ASSISTANT**

**1425(e)** A clinical teaching assistant shall have at least one (1) year continuous, full-time or its equivalent experience in the designated nursing area within the previous five years (5) as a registered nurse providing direct patient care.

AGENCY NAME AND CITY/STATE	POSITION	CLINICAL AREA	FROM MONTH/YR	TO MONTH/YR