



Supplemental Questionnaire

**NURSING PART-TIME #05-11**

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PLEASE NOTE: It is your responsibility to make sure that all requested information is complete on this supplemental questionnaire. Only complete supplemental questionnaires will be considered.

***RESPONSES TO THE REQUESTED INFORMATION WILL BE REVIEWED, EVALUATED, AND SCORED. IT IS THEREFORE, VERY IMPORTANT THAT YOU PROVIDE A THOROUGH RESPONSE.***

**PLEASE TYPE OR WORD PROCESS YOUR ANSWERS ON A SEPARATE SHEET OF PAPER**

1. Please list your highest degrees held and highlight them on your transcripts.
2. Describe your experience teaching in a classroom or clinical setting.
3. The Board of Registered Nursing and the Board of Vocational Nursing require one year of full-time experience in the area in which you are teaching. Please describe your clinical experience in one or more of the following areas:

Obstetrics  
Pediatrics  
Gerontology  
Psychiatric Nursing  
Medical surgical nursing

4. Describe your training and/or experience that demonstrates your sensitivity to, and understanding of the diverse academic, socioeconomic, cultural, disability, and ethnic backgrounds of community college students.

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**Please print your name**