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| **APPLICATION FOR APPROVAL OF NEW NURSING EDUCATION PROGRAM** |
| Name of Governing Entity Applying for Approval of New Nursing Education Program: |
| Name and Title of the Administrator of the Governing Entity: |
| Address: |
| Website Address: |
| Telephone Number: |
| Official Title of Proposed Nursing Education Program: |
| Type of Proposed Nursing Education Program (VN, ADN, BSN, APRN) |
| Address, if different than above: |
| Telephone Number, if different than above: |
| Name and Credentials of Proposed Director: |
| Telephone Number of Proposed Director: |
| Email Address of Proposed Director: |
| **New Nursing Education Program Approval Fee ($2,500) as indicated in Rule 223.1(9) must be submitted with the Proposal to Establish a New Nursing Education Program.** |
| **BON staff, as part of the New Nursing Education Program Approval process, will make a survey visit of the proposed nursing education program.** |

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**BON USE ONLY**

Date Received: \_\_\_\_\_\_\_\_\_\_ Payment Number: \_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_

Deposit Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Deposit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_