

**TEXAS BOARD OF NURSING (BON)**

**333 Guadalupe, Suite 3-460**

**Austin, Texas 78701-3942**

Telephone: (512) 305-7400 Fax: (512) 305-8101

Web Address: [www.bon.texas.gov](http://www.bon.texas.gov/index.asp)

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| **Application for Approval of a Pre-licensure Nursing Education Program Outside Texas’ Jurisdiction to Conduct Clinical Learning Experiences in Texas** |
| Name of School/Governing Entity: |
| Physical Address of School/Governing Entity: |
| Web Site Address: |
| Telephone Number: |
| Type of Nursing Education Program (LVN/LPN, Diploma, ADN, Baccalaureate): |
| Physical Address of Nursing Education Program, if different than above: |
| Telephone Number, if different than above: |
| Name, Title, and Credentials of Contact Person: |
| Telephone Number of Contact Person: |
| Email Address of Contact Person: |
| List of all signed affiliation agreements in Texas to conduct pre-licensure nursing clinical learning experiences (include city):  |
| Nursing Education Program Approval Fee as indicated in Rule 223.1 (25) must be submitted with the Application of a Nursing Education Program Outside Texas’ Jurisdiction to Conduct Clinical Learning Experiences in Texas. |

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**BON USE ONLY**

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

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