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| **TEXAS** **BOARD OF NURSING APPLICATION FORM****for Initiating or Reactivating an Extension Site/Campus of an Approved Nursing Program**[ ]  **Initiating or** [ ]  **Reactivating****( please indicate above)** |
| Name of Nursing Education Program | Program Code: 27- \_\_\_\_ |
| Type of Program | [ ]  Vocational [ ]  Professional |
| Name of Dean/Director/Coordinator | Phone No:Email: |
| Name of Director/Coordinator of Extension Site/Campus |  |
| Location and Mailing Address of New Extension Site/Campus |  |
| Rationale for Extension Site/Campus |  |
| Information from Needs Survey in Community |  |
| Proposed Implementation Date and Initial Enrollment Date | Implementation Date | Enrollment Date:Initial Enrollment Numbers Per Admission:Number of Admissions During First Year:Number of Admissions During Second Year: |
| Clinical Resources in Extension Site Area - List Contracted FacilitiesProvide signed commitments from clinical affiliating agencies that will provide clinical practice settings | Acute Care | Long Term Care | Supplemental |
| Notification of other nursing programs in the area of the extension site/campus.Evidence of efforts toward collaboration with other nursing programs in the area of the extension site/campus. | Vocational Nursing Programs: | Professional Nursing Programs: | Please provide documents indicating that there is active communication and collaboration with other programs in the area. |
| Indicate if resources and/or access to resources for extension site/campus are sufficient to meet learning needs of students | Classrooms[ ]  Yes[ ]  No[ ]  N/A | Nursing Lab[ ]  Yes[ ]  No[ ]  N/A | Library Access[ ]  Yes[ ]  No[ ]  N/A | Computer Access[ ]  Yes[ ]  No[ ]  N/A |
| Conference Rooms [ ]  Yes[ ]  No[ ]  N/A | Faculty Resources[ ]  Yes[ ]  No[ ]  N/A | Faculty/Student Access to Support Services[ ]  Yes [ ]  No [ ]  N/A | Access to and Storage of Records[ ]  Yes[ ]  No[ ]  N/A |
| Describe how the educational resources (classrooms, labs, and equipment) are consistent with resources at the main campus |  |
| Describe plans for ensuring quality instruction at the extension site/campusProvide a planned schedule for class and clinical learning activities for one (1) year |  |
| Plans for Use of Distance Learning (video broadcasting, online, etc.) if distance learning is to be used |  |
| Initial and long range budgetary support | BRIEFLY DESCRIBE: |
| Method for the evaluation of educational effectiveness of extension site/campus | BRIEFLY DESCRIBE:  |
| Approvals ObtainedPlease attach letters of approval | Regional Council[ ]  Yes[ ]  No[ ]  N/A | THECB[ ]  Yes[ ]  No[ ]  N/A | TWC[ ]  Yes[ ]  No[ ]  N/A |
| Approval Letter from Nursing Accreditation Agency for Accredited Programs must be provided. |
| COMMENTS: |
| **By my signature, I am attesting to the accuracy of the information provided in this notification form.****SIGNATURE of Director of Main Campus: DATE:** |
| **By my signature, I am attesting to the accuracy of the information provided in this notification form.****SIGNATURE of Main Campus Administrator:** **DATE:** |

**\*Please attach additional pages if needed.**

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| Date: | Reviewed by: |
| Areas of Concern/Questions from BON |  |