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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 Facilities  Provide 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/campus  Provide 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 Obtained  Please 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 |  |