

Oklahoma Board of Nursing
2915 N. Classen Blvd., Suite 524
Oklahoma City, OK 73106
(405) 962-1800

**APPLICATION FOR AN ADDITIONAL PROGRAM OFFERING
(EXTENDED CAMPUS OR DISTINCT PROGRAM ON SAME CAMPUS)**

Information on the Current Program

1. Name of controlling institution:
2. Mailing address:
3. Type of nursing education program:
Baccalaureate_____ Associate Degree_____ Practical_____
4. Please describe the structure, number of students, number of faculty and clerical staff, and options offered in the current program.

Information on the Proposed Program Offering

1. Please describe the proposed program offering.
2. What is the rationale for the proposal?
3. Describe the relationship of the proposed program offering to the existing nursing

7. Will approvals be needed from other state regulatory agencies? If so, have such approvals been received?

Support for the Proposal

1. Describe financial resources available for the support of the program offering (Please attach a proposed budget for development and maintenance of the proposed program offering).

2. Describe the need and readiness of the community to support the proposed program offering. Attach copies of surveys, letters, and other material that supports the need for the program and addresses its impact on existing programs in the community.

3. Identify number and type of faculty needed to support the proposed program offering. Will additional faculty be needed? If so, describe methods for recruitment of these faculty. If not, describe the impact on the workload of the existing faculty.

4. Please describe the physical facilities available to support the proposed program offering.

5. Describe the resources that are available to support the needs of the students in the proposed program offering (i.e., student services, library resources, video and computer resources, laboratory equipment and supplies). Address any differences between resources available for students in the current program and those who will be enrolled in the proposed program offering and if there are differences, describe plans to ensure that resources provided will be adequate to meet the needs of the students.

6. Describe clinical facilities that are available for use by the students in the proposed program offering. Please attach a Clinical Facility Report to identify the plan for clinical experiences. Attach letters of support from each clinical facility to be utilized, including information on other nursing education programs rotating through the facility and the impact of the proposal on those students.

7. If non-traditional teaching methods or program structures will be implemented in the new program, please describe the plan for providing faculty development to prepare faculty for the change.

8. Is there other information that you would like to share about the proposal?

Administrative Officer

Title

Signature

Date

Nursing Dean/Director

Title

Signature

Date