WEST VIRGINIA BOARD OF REGISTERED NURSES

CURRICULUM CHANGE REPORT FORM

DATE: _____

SCHOOL OF NURSING: ________________________________

PROGRAM ADDRESS: ________________________________

1. PLEASE CHECK THE APPROPRIATE BOX AND THEN DESCRIBE THE CURRICULUM CHANGE AND THE RATIONALE FOR THE CHANGE: (additional pages may be used if needed)

○ New curriculum
○ Revised curriculum other than based on a plan of action addressing first time test taker program graduate pass rates in a calendar year on NCLEX-RN below 80%
○ New clinical facility
○ Change in a course title or method of delivery
○ Reorganization of curriculum content without change in credit hours greater than four hours
○ Revision based on a plan of action addressing first time test taker program graduate pass rates in a calendar year on NCLEX-RN below 80%
○ New instructional site/cohorts/program
○ Other curriculum change(s)

2. PROVIDE A SUMMARY OF ANY CURRICULUM CHANGES THAT HAVE BEEN SUBMITTED AND APPROVED WITHIN THE LAST FIVE (5) YEARS:
3. PROVIDE FIRST TIME TEST TAKER GRADUATE NCLEX-RN PASS RATE PERCENTAGES IN A CALENDAR YEAR FOR THIS PROGRAM FOR THE LAST FIVE (5) YEARS:

   20--- = ___ %
   20--- = ___ %
   20--- = ___ %
   20--- = ___ %
   20--- = ___ %

4. HAS A PLAN OF ACTION TO IMPROVE NCLEX-RN PASS RATE BEEN SUBMITTED BY THIS PROGRAM IN THE LAST FIVE (5) YEARS?  ____YES  ____NO

   IF YES, LIST THE DATES AND PROGRESS MADE TOWARD FULFILLING THOSE PLANS:

   HOW DOES THE PROPOSED CURRICULUM CHANGE EFFECT THESE PLANS?

5. PROVIDE A SCHEMATIC PLAN OF THE REQUIRED COURSES AS CURRENTLY EXIST AND AS PROPOSED.

   Submitted by: ___________________________ Date: