

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/cohort/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: