

Dr. Sue Painter, DNP, RN
Executive Director

email: rnboard@wv.gov
web address: wvrnboard.wv.gov



TELEPHONE:

304-744-0900

FAX: 304-744-0600

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
90 MacCorkle Ave., SW, Suite 203
South Charleston, WV 25303

NEW NURSING EDUCATION PROGRAM APPLICATION
WV Legislative Rule §19-1-4

1. Name of Agency or Institution: _____
2. Name of controlling body of the school: _____
3. Name of chief administrative officer: _____
4. Address: _____

5. Phone: _____
6. Counties to be served: _____

7. Type of Nursing Education Program planned: _____
8. Anticipated starting date: _____
9. Status of approval from accrediting bodies and state agencies. _____

10. Name and Credentials of the Nurse Administrator. Provide 1 copy of Nurse Administrator Curriculum Vitae.
11. Describe the approximate number of students to be admitted and enrolled Annually.
12. Provide 1 copy of the catalog and 1 copy of the nursing education program student handbook inclusive of the policies and requirements for Admission, Selection, Promotion, and Graduation of students.
13. Describe Health Service to Students: (Include practices to be followed in safeguarding the health and well-being of students.)
14. Describe housing for students.
15. Provide a copy of the proposed initial budget and continuing budget for the nursing education program.
16. Provide a copy of the organizational structure of the governing institution and placement of the proposed nursing education program within the overall organization.
17. Describe classroom, office space, and clinical conference room space available for the nursing education program use. Include size and location of space and other resources for teaching or practice.
18. Describe library facility availability to students in the nursing education program. Describe size, location, seating capacity, supervision, library hours, number of individual titles, and number of periodicals. Include information regarding library facilities available to students in clinical practice areas.

19. Describe potential employers in the area and projected number of RN's needed over the next three (3) years.
20. Does your new program plan to utilize preceptors for clinical learning experiences? _____ Yes _____ No
21. What plan will be followed for the systematic evaluation of all aspects of the school: its educational program, faculty performance and developmental progress of students during the course of their learning experience?
22. Complete and attach to this document a faculty qualification sheet and CV for the nurse administrator and for each faculty member who will be teaching in the nurse education program.
23. Complete and attach to this document a clinical facility form for each clinical agency that will be used for clinical experiences for this new program. Include letters of commitment and contract proposals from clinical facilities.
24. Complete and submit with this document, a comprehensive needs assessment establishing that clinical resources are available and adequate for providing clinical instruction to students; faculty resources are available, and clear documentation of the need for graduates prepared at the proposed level. Include in this document, potential strengths and probable problem areas in the program.

25. Submit one (1) copy of the proposed curriculum. Include philosophy, objectives, courses, hours, sequencing, and placement.

Signature _____

Title _____

Date _____

Subscribed and sworn to before me this ____ day of _____, ____

My commission expires on the ____ day of _____, ____

Signature _____

Notary Public in and for _____ County,

State of _____

(Seal)