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

**The Application Fee Must Accompany Application.**

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.

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11. Describe the approximate number of students to be admitted and enrolled Annually.

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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.

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13. Provide a copy of the proposed initial budget and continuing budget for the nursing education program.

14. Provide a copy of the organizational structure of the governing institution and placement of the proposed nursing education program within the overall organization.

15. Describe resources for 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.

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16. Describe library 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.

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17. Describe potential employers in the area and projected number of RN's needed over the next three (3) years.

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18. Does the new nursing education program plan to utilize preceptors for clinical learning experiences? \_\_\_\_\_Yes \_\_\_\_\_No

19. 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?

20. 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.

21. Submit one (1) copy of the proposed curriculum. Include philosophy, syllabi, 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)