

5001 MacCorkle Avenue, SW  
South Charleston, WV 25309

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

**The Application Fee Must Be Paid using the link to pay the \$50 fee for the New Nursing Program. [New Nursing Program Fee Payment Gateway](#)**

1. Name of proposed program (ex., University of Jones LPN to ADN): \_\_\_\_\_

2. Name of the governing organization for the campus: \_\_\_\_\_

3. Name of chief administrative officer: \_\_\_\_\_

4. Address of the program/campus: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Phone: \_\_\_\_\_

6. Type of Degree/Credential to be awarded:

\_\_\_ Registered Nurse – Diploma

\_\_\_ Registered Nurse – Associate's

\_\_\_ Registered Nurse - Bachelor's

\_\_\_ Registered Nurse – Accelerated Bachelor's

\_\_\_ Master's entry

\_\_\_ Other: \_\_\_\_\_

7. What is the program type:

\_\_\_ Diploma

\_\_\_ ADN

\_\_\_ BSN

\_\_\_ LPN to ADN

\_\_\_ LPN to BSN

\_\_\_ Paramedic to ADN

\_\_\_ BA/BS to BSN

\_\_\_ High school to ADN

\_\_\_ LVN to ADN

\_\_\_ Other: \_\_\_\_\_

8. What type(s) of learning modalities will the program offer:
- ☐ In-person only (traditional)
  - ☐ Online only
  - ☐ Hybrid (a program that combines elements of online learning and in-person learning)

9. Anticipated start date: \_\_\_\_\_

10. Anticipated month/year of first graduating cohort: \_\_\_\_\_

11. Status of approval from the national nursing accrediting body and state agencies. \_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Name and Credentials of the Nurse Administrator. Provide 1 copy of Nurse Administrator Curriculum Vitae.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Describe the number of students to be admitted and enrolled annually.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Provide 1 copy of the catalog and 1 copy of the nursing education program student handbook, including the policies and requirements for Admission, Selection, Promotion, and Graduation of students.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Describe Health Service to Students: (Include practices to be followed in safeguarding the health and well-being of students.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Describe housing for students.

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17. Provide a copy of the proposed initial budget for the nursing education program.

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

19. 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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20. 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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21. Provide a copy of the systematic evaluation of all aspects of the school, including its educational program, faculty performance, and students' developmental progress during their learning experience.

22. Complete and attach to this document a nurse faculty report form and CV for the nurse administrator and 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.

WEST VIRGINIA BOARD OF REGISTERED NURSES

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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, 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)

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