WEST VIRGINIA BOARD OF REGISTERED NURSES
5001 MacCorkle Avenue, SW
South Charleston, WV 25309

NEW NURSING EDUCATION PROGRAM APPLICATION

WV Legislative Rule §19-1

Application fee must be paid using the link to pay the $50 fee for the new nursing program.
Attach the payment receipt to your submitted application.
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.

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.

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.

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. Provide a CV 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 an 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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