



TEXAS BOARD OF NURSING (BON)

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APPLICATION FOR APPROVAL OF NEW NURSING EDUCATION PROGRAM

Name of Institution Applying for Approval of New Nursing Education Program:

Address:

Web Site Address:

Telephone Number:

Official Title of Proposed Nursing Education Program:

Type of Proposed Nursing Education Program:

Address,
if different than above:

Telephone Number, if different than above:

Name of Contact Person:

Telephone Number of Contact Person:

Email Address of Contact Person:

New Nursing Education Program Approval Fee (\$2,500) as indicated in Rule 223.1(9) must be submitted with the Proposal to Establish a New Nursing Education Program.

***BON staff, as part of the New Nursing Education Program Approval process, may make a survey visit of the proposed nursing educational program with 24-hour notice.**

BON USE ONLY

Date Received: _____ Payment Number: _____ Amount: _____

Deposit Number: _____ Date of Deposit: _____