

TEXAS BOARD OF NURSING APPLICATION FORM
for Initiating or Reactivating an Extension Site/Campus of an Approved Nursing Program
 Initiating or **Reactivating**
(please indicate above)

Name of Nursing Education Program	Program Code: 27- _____		
Type of Program	<input type="radio"/> Vocational <input type="radio"/> Professional		
Name of Dean/Director/Coordinator	Phone No: Email:		
Name of Director/Coordinator of Extension Site/Campus			
Location and Mailing Address of New Extension Site/Campus			
Rationale for Extension Site/Campus			
Information from Needs Survey in Community			
Proposed Implementation Date and Initial Enrollment Date	Implementation Date	Enrollment Date:	
		Initial Enrollment Numbers Per Admission: Number of Admissions During First Year: Number of Admissions During Second Year:	
Clinical Resources in Extension Site Area - List Contracted Facilities Provide signed commitments from clinical affiliating agencies that will provide clinical practice settings	Acute Care	Long Term Care	Supplemental

<p>Notification of other nursing programs in the area of the extension site/campus.</p> <p>Evidence of efforts toward collaboration with other nursing programs in the area of the extension site/campus.</p>	<p>Vocational Nursing Programs:</p>	<p>Professional Nursing Programs:</p>	<p>Please provide documents indicating that there is active communication and collaboration with other programs in the area.</p>	
<p>Indicate if resources and/or access to resources for extension site/campus are sufficient to meet learning needs of students</p>	<p>Classrooms <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A</p>	<p>Nursing Lab <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A</p>	<p>Library Access <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A</p>	<p>Computer Access <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A</p>
	<p>Conference Rooms <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A</p>	<p>Faculty Resources <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A</p>	<p>Faculty/Student Access to Support Services <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A</p>	<p>Access to and Storage of Records <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A</p>
<p>Describe how the educational resources (classrooms, labs, and equipment) are consistent with resources at the main campus</p>				
<p>Describe plans for ensuring quality instruction at the extension site/campus</p> <p>Provide a planned schedule for class and clinical learning activities for one (1) year</p>				
<p>Plans for Use of Distance Learning (video broadcasting, online, etc.) if distance learning is to be used</p>				
<p>Initial and long range budgetary support</p>	<p>BRIEFLY DESCRIBE:</p>			
<p>Method for the evaluation of educational effectiveness of extension site/campus</p>	<p>BRIEFLY DESCRIBE:</p>			

Approvals Obtained Please attach letters of approval	Regional Council <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	THECB <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	TWC <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
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Approval Letter from Nursing Accreditation Agency for Accredited Programs must be provided.

COMMENTS:

By my signature, I am attesting to the accuracy of the information provided in this notification form.

SIGNATURE of Director of Main Campus:

DATE:

By my signature, I am attesting to the accuracy of the information provided in this notification form.

SIGNATURE of Main Campus Administrator:

DATE:

***Please attach additional pages if needed.**

Reviewed by:	Date:
Areas of Concern/Questions from BON	