

**Nursing Program Change Request**

All requested changes require 60-day notification to the North Carolina Board of Nursing (NCBON) prior

to the proposed date of implementation. Documents must be uploaded via Dropbox. [**Click here**](https://www.dropbox.com/request/Vt5rKCepvM7yscnX1l8I) to upload document(s).

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| **Name of Program Director** |  |
| **Name of Nursing Program** |  |
| **Program Type** | DME  | BSN | ADN | LPN |
| **Program Change Type**  | Select **all** that apply and complete **all** corresponding sections for each program change type. |
|  |  | Enrollment Expansion/Decrease – **Section A** |
|  |  | Mode of Delivery Change – **Section B** |
|  |  | Course Syllabi and/or Curriculum Change – **Section C** |
|  |  | Facility or Physical Location Change – **Section D** |
|  |  | Program Change Option – **Section E** |
|  |  | LPN and High School Pathway – **Complete Section E &** **Section F**\*Complete Appendix A if using a new clinical site. |
| **Expected Start Date of Proposed Change** |  |
| **Approvals/Substantive Change Request Submitted** | UNCGA  | NCCCS | SACSCOC | ACIS | Other |
| **Three-Year Average NCLEX Pass Rate** |  |
| **Approved Total Student Enrollment (Current)** |  |
| **Describe the program change request(s) and provide rationale:** |
|  |
| **Program Director Signature -** *My signature indicates the documentation is accurate.* | **Date** |
|  |  |
| [**Click here**](https://www.dropbox.com/request/Vt5rKCepvM7yscnX1l8I) to upload document(s) and If you do not receive confirmation after uploading document(s) within Dropbox, please email education@ncbon.com. after the document(s) have been successfully submitted. |

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| **Section A** |
| **Changes in Enrollment Expansion/Decrease** |
| 1. | Provide your current NCBON-approved maximum student enrollment. |  |
| 2. | What is the proposed number of students for this expansion/decrease request?  |  |
| 3. | List each clinical agency resource to support the program expansion in the table provided below. |  |
| **List of Clinical Resources** |
| **Clinical Resource** | **Existing** | **New** |
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| 4. | Identify if any of the following resources are required to support this request. |
| **Faculty**If additional faculty are needed, indicate the number of FTE (full-time and/or part-time), timeframe in which they will be employed, and if funds are available. |  |
| **Instructional Equipment/Supplies** If major equipment/supplies will be needed, briefly describe and indicate if funds are available. Also include the timeframe for purchase. |   |
| **Facilities** If additional full and/or part-time faculty will be needed, briefly describe availability of or plans for office space. If program change requires additional classroom/lab facilities, briefly describe plan for securing space and timeframe. |  |
| **Learning Resources** If program change requires additional textbooks, computer software/hardware or other learning resources, briefly describe what will be needed and indicate if funds are available and timeframe for purchase. |  |
| **Support Services** If the program change will require additional support services; specify and briefly describe services needed. Also indicate if funds are available and timeframe for adding services. |  |
| 5. | **Complete Appendix A -** Clinical Agency Agreement |

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| **Section B** |
| **Mode of Delivery Change** |
| 1.  | Identify the proposed form of distance education, if applicable. |
|  | Hybrid/Blended  |
|  | Online Didactic/Non-Clinical Course |
| 2. | Provide copies of each new or changed program syllabi as a part of your Dropbox submission. |

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| **Section C** |
| **Course Syllabi and/or Curriculum Change** |
| 1.  | Provide copies of the new completed course syllabi as part of your Dropbox submission. |
| 2. | Provide a current **and** proposed curriculum outline in a table or list format as a part of your Dropbox submission. |
| 3. | List each clinical resource to support the program change in the table provided below.   |
| **List of Clinical Resources** |
| **Clinical Resource** | **Existing** | **New** |
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| 4. | **Complete Appendix A -** Clinical Agency Agreement |

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| **Section D** |
| **Facility or Physical Location Change** |
| 1. | Provide a description of the proposed facilities change. |
|  | New address |
|  | New building |
|  | Major renovations |
|  | Temporary relocation |

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| **Section E** |
| **Program Change Option** |
| 1.  | Identify if this is a new or revised program option. |
|  | New Program Option |
|  | Revised Program Option |
| 2. | What is the program option name associated with the proposed change? |
| 3. | Identify program option admission requirements. Identify where this is published for public access. |
| 4. | Identify program option curriculum plan/outline. If this is a revised program option, a current and proposed curriculum plan/outline must be provided as a part of your Dropbox submission. |
| 5. | Provide copies of each new or changed program syllabi as part of your Dropbox submission. |
| 6. | Identify if any of the following resources are required to support this request. |
| **Faculty**If additional faculty are needed, indicate the number of FTE (full-time and/or part-time), timeframe in which they will be employed, and if funds are available. |  |  |
| **Instructional Equipment/Supplies** If major equipment/supplies will be needed, briefly describe and indicate if funds are available. Also include the timeframe for purchase. |   |  |
| **Facilities** If additional full and/or part-time faculty will be needed, briefly describe availability of or plans for office space. If program change requires additional classroom/lab facilities, briefly describe plan for securing space and timeframe. |  |  |
| **Learning Resources** If program change requires additional textbooks, computer software/hardware or other learning resources, briefly describe what will be needed and indicate if funds are available and timeframe for purchase. |  |  |
| **Support Services** If the program change requires additional support services; specify and briefly describe services needed. Also indicate if funds are available and timeframe for adding services. |  |  |

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| **Section F** |
| **LPN and High School Pathway** |
| 1.  | What is the name of the high school? |
| 2. | What is the location of the high school? |

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| **Appendix A** |
| **Clinical Agency Agreement** |
| The clinical agency agreement indicates the program director has provided the agency with the terms of utilization **(e.g., dates and times, the number of students, units that will be used, type of learning experience-faculty led, precepted, and observational)** for the clinical site. Clinical agency agreements must be signed by the clinical agency representative indicating agreement with the terms of utilization presented by the program director. Appendix A is required for all **new clinical site(s)**. Appendix A is only required for **existing clinical site(s)** if changes have been made to the prior agreement. |
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| **Clinical Agency Representative Signature** I have met with a representative of the nursing education program making this request and agree with student placement within this clinical site for learning experiences. | **Date** |
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| **Program Director Signature**I have provided the clinical agency with terms of utilization with this clinical agency, and they agree with those terms for clinical learning experiences within this clinical site. | **Date** |
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