

TEXAS BOARD OF NURSING
Informal Information Session
William P. Hobby Building
Tower III, Room 102
Austin, Texas

October 10, 2017 - 2 pm to 4 pm

Name/Credentials of primary contact: _____

Additional representatives attending session: _____

Telephone number of primary contact: _____

E-mail address of primary contact: _____

Position (proposal author, director of program, etc.): _____

Type of Proposed Nursing Education Program: **Please check**

- | | | |
|---|---|----------------------------------|
| <input type="checkbox"/> Vocational | <input type="checkbox"/> Associate Degree | <input type="checkbox"/> Diploma |
| <input type="checkbox"/> Baccalaureate Degree | <input type="checkbox"/> Alternate Entry | |

Name of school: _____

Physical address of school: _____

Allied Health Programs currently provided by school: _____

Texas Workforce Commission approval/date issued: _____

Texas Higher Education Coordinating Board approval/date issued: _____

Please describe the current status of the proposal: _____

Identify the target date of proposal completion: _____

Please identify three learning objectives you hope to achieve by attending the Informal Information Session:

1. _____

2. _____

3. _____

Email forms to Virginia.Ayars@bon.texas.gov or fax to 512-305-8101.