

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

**October 1, 2019 - 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](mailto:Virginia.Ayars@bon.texas.gov) or fax to 512-305-8101.**