



**TEXAS BOARD OF NURSING (BON)**

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**Application for Approval of a Pre-licensure Nursing Education Program Outside Texas' Jurisdiction to Conduct Clinical Learning Experiences in Texas**

Name of Nursing Education Program:

Address:

Web Site Address:

Telephone Number:

Type of Nursing Education Program (LVN/LPN, Diploma, ADN, Baccalaureate, Other):

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:

Nursing Education Program Approval Fee as indicated in Rule 223.1 (9) must be submitted with the Application of a Nursing Education Program Outside Texas' Jurisdiction to Conduct Clinical Learning Experiences in Texas.

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**BON USE ONLY**

Date Received: \_\_\_\_\_ Payment Number: \_\_\_\_\_ Amount: \_\_\_\_\_

Deposit Number: \_\_\_\_\_ Date of Deposit: \_\_\_\_\_