TEXAS BOARD OF NURSING APPLICATION FORM for Initiating or Reactivating an Extension Site/Campus of an Approved Nursing Program o Initiating or o Reactivating

(please indicate above)

Name of Nursing Education Program				Program Code: 27
Type of Program	○ Vocational	o 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	

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

Approvals Obtained Please attach letters of approval	Regional Council	THECB	TWC					
	∘ Yes ∘ No ∘N/A	∘ Yes ∘ No ∘N/A	∘ Yes ∘ No ∘N/A					
Approval Letter from Nursing Accreditation Agency for Accredited Programs must be provided.								
COMMENTS:								
Description Lawrette Con-								
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 A	dministrator:	DATE:						
	*Please attach additional pages if needed.							
Reviewed by:	Date:							
Areas of Concern/Questions from BON								