NC BOARD OF NURSING
NURSING PROGRAM APPLICATION FOR EXPANSION

1. Nursing program _____

2. Current total approved enrollment?#_____

3. Indicate the number of students for which expansion is requested: #_____
   If the expansion request is for anything other than an increase in total approved enrollment, please explain.

4. Briefly describe the rationale for requesting an expansion.

5. Proposed date of expansion:_____

6. List all clinical resources needed to support expansion, existing or new (i.e. not used before by your program). Complete the appropriate rotation form for each clinical resource listed.

   Clinical Resource_____Existing_____New_____

   Clinical Resource_____Existing_____New_____

   Clinical Resource_____Existing_____New_____

   Clinical Resource_____Existing_____New_____

7. What additional campus resources will be needed to support the requested expansion?

   a) Faculty: If additional faculty will be needed, indicate number (part or full-time), time frame in which they will be employed, and if funds are available.

   b) Instructional Equipment/Supplies: If major equipment/supplies will be needed, briefly describe and indicate if funds are available and time frame for purchase.

   c) Facilities (i.e. classrooms, lab, office): If additional full and/or part-time faculty will be needed, briefly describe availability of or plans for office space. If the increase in students requires additional classroom/lab facilities, briefly describe plan for securing space and time frame.

   d) Learning Resources: If the increase in students will require additional books, computer/IVD software or hardware, or other learning resources, briefly describe what will be needed and indicate if funds are available and time frame for purchase.

   e) Support Services: If the increase in students will require additional support services, specify and briefly describe services needed and indicate if funds are available and timeframe for adding services.

_____

Dean/Director Date

North Carolina Board of Nursing
Clinical Rotation for Program Expansion

Return this completed form to the North Carolina Board of Nursing Program Education Consultant with Application for program expansion.

Part I (Completed by Nursing Program)

Nursing Program: _____

Dean/Director Designee: _____ Date: _____

Clinical Site Name: _____

Junior/First Level

Academic Term	Unit(s)	Days	Hours	# of Students	# of Faculty
Fall Semester					
Spring Semester					
Summer					

Senior/Second Level

Academic Term	Unit(s)	Days	Hours	# of Students	# of Faculty
Fall Semester					
Spring Semester					
Summer					

Part II (Completed by Clinical Site Representative)
I have met with a representative of the education program making this request and am in agreement with students being placed in this clinical site for learning experiences.

_____ Date: _____
Chief Nursing Administrator or Designee