

**Nursing Program Change Request**

All requested changes require 60-day notification to the North Carolina Board of Nursing (NCBON) prior

to the proposed date of implementation. Documents must be uploaded [here](https://portal.laserfiche.com/h0975/forms/ncbon-education).

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| **Name of Program Director** |  | | | | | | | | | |
| **Name of Nursing Program** |  | | | | | | | | | |
| **Program Type** | DME | | | BSN | | ADN | | | LPN | |
| **Program Change Type** | Select **all** that apply and complete **all** corresponding sections for each program change type. | | | | | | | | | |
|  |  | Enrollment Expansion/Decrease – **Section A** | | | | | | | | |
|  |  | Mode of Delivery Change – **Section B** | | | | | | | | |
|  |  | Course Syllabi and/or Curriculum Change – **Section C** | | | | | | | | |
|  |  | Facility or Physical Location Change – **Section D** | | | | | | | | |
|  |  | Program Change Option – **Section E** | | | | | | | | |
|  |  | LPN and High School Pathway – **Complete Section E &** **Section F**  \*Complete Appendix A if using a new clinical site. | | | | | | | | |
| **Expected Start Date of Proposed Change** |  | | | | | | | | | |
| **Approvals/Substantive Change Request Submitted** | UNCGA | | NCCCS | | SACSCOC | | ACIS | | | Other |
| **Three-Year Average NCLEX Pass Rate** |  | | | | | | | | | |
| **Approved Total Student Enrollment (Current)** |  | | | | | | | | | |
| **Describe the program change request(s) and provide rationale:** | | | | | | | | | | |
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| **Program Director Signature -** *My signature indicates the documentation is accurate.* | | | | | | | | **Date** | | |
|  | | | | | | | |  | | |
| [**Click here**](https://portal.laserfiche.com/h0975/forms/ncbon-education) to upload document(s) | | | | | | | | | | |

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| **Section A** | | | | | |
| **Changes in Enrollment Expansion/Decrease** | | | | | |
| 1. | Provide your current NCBON-approved maximum student enrollment. | | | |  |
| 2. | What is the proposed number of students for this expansion/decrease request? | | | |  |
| 3. | List each clinical agency resource to support the program expansion in the table provided below. | | | |  |
| **List of Clinical Resources** | | | | | |
| **Clinical Resource** | | **Existing** | | **New** | |
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| 4. | Identify if any of the following resources are required to support this request. | | | | |
| **Faculty**  If additional faculty are needed, indicate the number of FTE (full-time and/or part-time), timeframe in which they will be employed, and if funds are available. | | |  | | |
| **Instructional Equipment/Supplies**  If major equipment/supplies will be needed, briefly describe and indicate if funds are available. Also include the timeframe for purchase. | | |  | | |
| **Facilities**  If additional full and/or part-time faculty will be needed, briefly describe availability of or plans for office space. If program change requires additional classroom/lab facilities, briefly describe plan for securing space and timeframe. | | |  | | |
| **Learning Resources**  If program change requires additional textbooks, computer software/hardware or other learning resources, briefly describe what will be needed and indicate if funds are available and timeframe for purchase. | | |  | | |
| **Support Services**  If the program change will require additional support services; specify and briefly describe services needed. Also indicate if funds are available and timeframe for adding services. | | |  | | |
| 5. | **Complete Appendix A -** Clinical Agency Agreement | | | | |

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| **Section B** | |
| **Mode of Delivery Change** | |
| 1. | Identify the proposed form of distance education, if applicable. |
|  | Hybrid/Blended |
|  | Online Didactic/Non-Clinical Course |
| 2. | Provide copies of each new or changed program syllabi as a part of your Dropbox submission. |

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| **Section C** | | | |
| **Course Syllabi and/or Curriculum Change** | | | |
| 1. | Provide copies of the new completed course syllabi as part of your Dropbox submission. | | |
| 2. | Provide a current **and** proposed curriculum outline in a table or list format as a part of your Dropbox submission. | | |
| 3. | List each clinical resource to support the program change in the table provided below. | | |
| **List of Clinical Resources** | | | |
| **Clinical Resource** | | **Existing** | **New** |
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| 4. | **Complete Appendix A -** Clinical Agency Agreement | | |

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| **Section D** | |
| **Facility or Physical Location Change** | |
| 1. | Provide a description of the proposed facilities change. |
|  | New address |
|  | New building |
|  | Major renovations |
|  | Temporary relocation |

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| **Section E** | | | |
| **Program Change Option** | | | |
| 1. | Identify if this is a new or revised program option. | | |
|  | New Program Option | | |
|  | Revised Program Option | | |
| 2. | What is the program option name associated with the proposed change? | | |
| 3. | Identify program option admission requirements. Identify where this is published for public access. | | |
| 4. | Identify program option curriculum plan/outline. If this is a revised program option, a current and proposed curriculum plan/outline must be provided as a part of your Dropbox submission. | | |
| 5. | Provide copies of each new or changed program syllabi as part of your Dropbox submission. | | |
| 6. | Identify if any of the following resources are required to support this request. | | |
| **Faculty**  If additional faculty are needed, indicate the number of FTE (full-time and/or part-time), timeframe in which they will be employed, and if funds are available. | |  |  |
| **Instructional Equipment/Supplies**  If major equipment/supplies will be needed, briefly describe and indicate if funds are available. Also include the timeframe for purchase. | |  |  |
| **Facilities**  If additional full and/or part-time faculty will be needed, briefly describe availability of or plans for office space. If program change requires additional classroom/lab facilities, briefly describe plan for securing space and timeframe. | |  |  |
| **Learning Resources**  If program change requires additional textbooks, computer software/hardware or other learning resources, briefly describe what will be needed and indicate if funds are available and timeframe for purchase. | |  |  |
| **Support Services**  If the program change requires additional support services; specify and briefly describe services needed. Also indicate if funds are available and timeframe for adding services. | |  |  |

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| **Section F** | |
| **LPN and High School Pathway** | |
| 1. | What is the name of the high school? |
| 2. | What is the location of the high school? |

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| **Appendix A** | |
| **Clinical Agency Agreement** | |
| The clinical agency agreement indicates the program director has provided the agency with the terms of utilization **(e.g., dates and times, the number of students, units that will be used, type of learning experience-faculty led, precepted, and observational)** for the clinical site. Clinical agency agreements must be signed by the clinical agency representative indicating agreement with the terms of utilization presented by the program director. Appendix A is required for all **new clinical site(s)**. Appendix A is only required for **existing clinical site(s)** if changes have been made to the prior agreement. | |
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| **Clinical Agency Representative Signature**  I have met with a representative of the nursing education program making this request and agree with student placement within this clinical site for learning experiences. | **Date** |
|  |  |
| **Program Director Signature**  I have provided the clinical agency with terms of utilization with this clinical agency, and they agree with those terms for clinical learning experiences within this clinical site. | **Date** |
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