North Carolina Board Of Nursing
NURSING PROGRAM APPLICATION FOR EXPANSION
[21 NCAC 36. 0321 (k) Curriculum]

Please complete the following items and send the completed document(s) to education@ncbon.com.

1. Nursing Program:

   _____

2. Administrator of Nursing Program:

   _____

3. Approvals (select at least one):

   NCGA_____SACSCOC_____ACIS_____

   Other Accrediting Agency Approval: _____

4. Three-year average student retention rate:

   _____

5. Current total approved enrollment? #_____

6. Indicate the number of students for which expansion is requested:
   #_____

7. Briefly describe the rationale for requesting an expansion.

8. Proposed start date of expansion:_____

9. List all clinical resources needed to support expansion, existing or new (i.e. not used before by your program). Complete Table 1 and Appendix A for each new clinical resource listed.

Clinical Resources

List all clinical resources	Indicate one	
Clinical Resource	Existing	New

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

   a) Faculty: If additional faculty will be needed, indicate number of FTE (full-time and/or part-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, offices): 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 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.

_____   _____
Administrator of Nursing Program Signature   Date

TABLE 1

NEW CLINICAL FACILITIES/RESOURCES (One agency per form)			
Agency:			
Chief Nurse Administrator or Contact Person and Title:			
Address			
Phone			
Description of Agency:			
Agency Type (acute care hospital, long term care, home care, etc):			
Average Total Agency Census:			
Specific Course Objectives leading to choice of this clinical resource:			
Type Of Unit	**Average # Of Patients/ Unit**	**Maximum # Students/Unit/Shift**	**Student Rotation Schedule**

APPENDIX A
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*	*# Students*	*# Faculty*
Fall					
Spring					
Summer					

Senior/Second Level

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

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

_____   _____

Chief Nursing Administrator or Designee   **Date**