

Oklahoma Board of Nursing  
2501 N. Lincoln Blvd., Suite 207  
Oklahoma City, OK 73105  
(405) 962-1800

**APPLICATION FOR AN ADDITIONAL PROGRAM OFFERING**  
**(EXTENDED CAMPUS OR DISTINCT PROGRAM ON SAME CAMPUS)**

The application for an additional program offering (extended campus or distinct program on same campus) “is limited ten (10), single-sided pages, with at least a one inch margin, no less than 1.5 line spacing and no less than an 11 point font size” [OAC 485:10-3-5(6)]. Failure to comply with the Rule will result in the application being returned for revision.

Information on the Current Program

1. Name of controlling institution:

2. Mailing address:

3. Type of nursing education program:

Baccalaureate \_\_\_\_\_ Associate Degree \_\_\_\_\_ Practical \_\_\_\_\_

4. Please describe the structure, number of students, number of faculty and clerical staff, and options offered in the current program.

Information on the Proposed Program Offering

1. Please describe the proposed program offering.





3. Identify number and type of faculty needed to support the proposed program offering. Will additional faculty be needed? If so, describe methods for recruitment of these faculty. If not, describe the impact on the workload of the existing faculty.
  
4. Please describe the physical facilities available to support the proposed program offering.
  
5. Describe the resources that are available to support the needs of the students in the proposed program offering (i.e., student services, library resources, video and computer resources, laboratory equipment and supplies). Address any differences between resources available for students in the current program and those who will be enrolled in the proposed program offering and if there are differences, describe plans to ensure that resources provided will be adequate to meet the needs of the students.
  
6. Describe clinical facilities that are available for use by the students in the proposed program offering. Please attach a Clinical Facility Report to identify the plan for clinical experiences. Attach letters of support from each clinical facility to be utilized, including information on other nursing education programs rotating through the facility and the impact of the proposal on those students.

7. If non-traditional teaching methods or program structures will be implemented in the new program, please describe the plan for providing faculty development to prepare faculty for the change.

8. Is there other information that you would like to share about the proposal?

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Administrative Officer

\_\_\_\_\_

Title

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Nursing Dean/Director

\_\_\_\_\_

Title

\_\_\_\_\_

Signature

\_\_\_\_\_

Date