PENNSYLVANIA STATE BOARD OF NURSING
P.O. BOX 2649
HARRISBURG, PA 17105-2649

PHONE: (717) 783-7142 **FAX: (717) 783-0822**
www.dos.state.pa.us/nurse **email: st-nurse@state.pa.us**

APPLICATION INSTRUCTIONS FOR NURSING EDUCATION PROGRAM

Organizations desiring to establish a nursing education program need to complete and submit this application along with the proposal to PA State Board of Nursing, 2601 North Third St., Harrisburg, PA. 17110. Please review the regulations related to the nursing education program (professional or practical) in the Nurse Practice Act (available on-line at www.dos.state.pa.us/nurse).

Please review these instructions before completing the application:

1. Applications are to be fully completed and submitted:
    a. 12 months before the intended date of student admission to the program.
2. The application fee must accompany the application and proposal. The fee is non-refundable. If the institution does not submit revisions in response to the critique by a nursing education advisor within one year of receiving the advisor's comments the proposal will be deemed as withdrawn and a new fee will be required when the proposal is resubmitted.
3. The content must be typed and organized in the order as set forth in the "Guidelines for the development and submission of feasibility and curriculum proposals."
4. All supporting documents must be referenced by appendix number and page.
5. All attachments must be typed.

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APPLICATION FOR NEW NURSING EDUCATION PROGRAM PROPOSAL

NAME OF PROPOSED PROGRAM: _____

CONTROLLING ORGANIZATION: _____

CURRENT ACCREDITING BODIES:_____

_____

ADDRESS: _____

TYPE OF PROGRAM: ___PROFESSIONAL ___NURSE PRACTITIONER
(Check all that apply) ___PRACTICAL ___SATELLITE ___NEW

PROGRAM ADMINISTRATOR: _____

PERSON COMPLETING THIS APPLICATION: _____

TELEPHONE: _____ FAX: _____

ANTICIPATED PROGRAM START DATE: _____

FEE SUBMITTED: ___ YES ___ NO AMOUNT: $_____

(In accordance to § 21.5, 21.147, & 21.253 the following fees have been established: New RN or PN program or satellite = $935; New NP Program = $735)

I am submitting this nursing education proposal to the PA State Board of Nursing for review. My signature attests that the information provided is true:

Printed Name of Proposal Contact Person:

_____

Signature of Program Proposal Contact Person: **Date of Submission**

_____ _____