



Nursing Education Program Approval Application Packet

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In order to process your request:

Email your application and other documents to (no zip folders):

NCQAC.Education@doh.wa.gov

OR

Submit on a flash drive or CD to:

Nursing Care Quality Assurance Commission

Nursing Educator Advisor

PO Box 47864

Olympia, WA 98504-7877

Contact us:

360-236-4703

NCQAC.Education@doh.wa.gov

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Application Instructions Checklist

Thank you for your interest in offering a nursing program in Washington State.

The Nursing Care Quality Assurance Commission has statutory authority through [RCW 18.79](#) to approve and review nursing programs in the state of Washington. The commission also approves and reviews distance learning nursing programs that have students in practice experiences in Washington State as required under [RCW 18.79](#).

When the commission receives the application for a nursing education program it will be reviewed. The commission notifies in writing of any outstanding questions or documentation needed to complete the process.

All information should be typed or printed clearly in blue or black ink. It is your responsibility to submit the correct required forms.

- 1. Demographic Information:**
 - Name of Educational Institution:** Enter the name of the educational institution.
 - Mailing Address:** Enter complete mailing addresses for the education program.
 - Phone and Fax Numbers:** Enter the education program phone and fax number.
 - Email and Web Address:** Enter the education program email and web addresses.
 - Type of Ownership:** Enter type of ownership for the education program. Please indicate if you are a for-profit or not-for-profit organization.
 - Credit Status:** Enter financial credit status of the educational institution.

- 2. Accreditation/Approval by other Boards of Nursing:**
 - Enter the name of the college or university's accrediting body.
 - If you have nursing programs located in other states, list the location in each state. Identify the nursing program's accreditation status or plan for accreditation. Attach additional completed pages if you need more space.

- 3. Contact Information:**
 - Enter the name of the contact person, title, address, email, phone, name of the university or college's president, their title, address, email and phone. Include an organizational chart with names of administrative staff.

- 4. Mode of Education:**
 - Check all that apply. If your primary operation (physical location) is not in Washington, please complete section six.

5. Additional Information:

Complete this section only if your program is seeking full approval and is physically located in Washington State.

This section is considered the feasibility study portion of the program approval process. [WAC 246-840-510](#) identifies the full approval process. The commission may accept the feasibility study and approve the proposed program to being the program development phase of the approval process.

Please provide a written narrative and supporting documents that address each item listed. Attach additional completed pages if you need more space.

6. Out-of-State Programs:

Complete this section only if your primary operations are conducted outside of Washington.

Main Campus Address: Enter the education program main campus address and provide a written narrative and supporting documents that address each item listed. Attach additional completed pages if you need more space.

7. Signature:

Signature of legal owner or authorized representative.

Date signed.

Print name of legal owner or authorized

representative. Print title of legal owner or authorized

representative.

Date
Stamp
Here

A. Proposed Nursing Education program Approval Application

1. Demographic Information

Name of Educational Institution:

Physical Address

City	State	Zip Code	County
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Mailing Address

City	State	Zip Code	County
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Email Address:

Web Address:

Phone (enter 10 digit #):

Fax (enter 10 digit #):

Type of Ownership (please indicate here if you are a for-profit or not-for-profit organization):

Financial Credit Status: See the [U.S. Securities and Exchange Commission webpage](#) for more information.

UBI #:

Federal Tax ID (FEIN) #:

2. Accreditation/Approval by other Boards of Nursing

College/University Accrediting Body:

Do you have nursing programs located in other states? Yes No

If yes, list which :

Identify Nursing Program Accreditation Status or Plan for Accreditation. (Attach additional completed pages if you need more space.)

3. Contact Information

Name of Contact Person:		Title:	
Physical Address:			
City:	State:	Zip Code:	County:
Email Address:		Phone (enter 10 digit #):	
Name of Nursing Program Dean or Director:		Email:	
University/College President:		Title:	
Address:			
City:	State:	Zip Code:	County:
Email Address:		Phone (enter 10 digit #):	

4. Mode of Education: **Check all that apply**

- Classroom program in Washington State
- Classroom program outside of Washington State
- Clinical or practice experiences in Washington State
- Clinical or practice experiences outside of Washington State
- Online program based in Washington State
- Online program based outside of Washington State
- Other

Note:

If your primary operations are outside the state of Washington, please complete section six. If your primary operations are in Washington, please leave section six blank.

**5. Additional Information: (For proposed new programs located in Washington State)
Please provide a written narrative and supporting documents that address each of the following items. This section serves as the application for program development (feasibility study).**

- Studies documenting the need (supply and demand) for the nursing program(s) being proposed. Consideration should be given to the location of the program in a particular community and on a statewide basis.
- The purpose and classification of the proposed program(s). Include evidence that the proposed program(s) promote seamless education transition for the nursing student.
- Availability of qualified faculty.
- Identify the budgeted faculty positions over the course of the program.
- Availability of adequate clinical facilities for the program; include number of students proposed for each location.
- Provide contact information and letters of commitment from all clinical sites. Parties signing the letter of commitment must be legally authorized to enter into the contract.
- Availability of adequate academic facilities and/or on-line teaching methodologies used by the program.
- Identify potential impact on surrounding nursing programs in the area where the program is being proposed.
- Evidence of financial resources; including funding source.
- Last financial audit report.
- Anticipated student population.
- Tentative time schedule for planning and initiating the program.

Note: Please include any additional information important to your application

**6. Out-of-State Programs:
(For Nursing programs seeking approval for practice or for clinical site placements in Washington State.)**

Main Campus Physical Address:

City:

State:

Zip Code:

County:

Phone #:

- A.** Application
- B.** A letter of intent specifically identifying courses, nursing degrees and clinical or practice experience(s) for which the nursing program is seeking approval
- C.** Identify programs that anticipated students will be enrolled in, in Washington State
- D.** Describe format of clinical or of practice experiences, such as use of preceptors, mentors or direct faculty supervision
- E.** Identify the Washington clinical site(s) and number of students at each site, if known. If applying for number of students, please specify anticipated number of students for calendar year. Please provide the number of currently enrolled students in Washington State for each program.
- F.** Description of the type and specific practice area of the proposed clinical or of the proposed practice learning experiences, including the geographical location, names of proposed clinical facilities, and the anticipated date when the clinical learning experience will begin
- G.** A statement on how these programs prepare students for clinical or for practice experiences and licensure according to the scope of practice identified in Washington law. Provide curricular outlines or scope and sequence for each program (degree) seeking approval.
- H.** Identification of the faculty member(s) responsible for the student's clinical or practice learning experience and his or her educational qualifications and Washington licensure number
- I.** Provide written plans for the clinical or for practice supervision or evaluation of nursing students. Provide clinical and/or practice course syllabi.
- J.** Letter(s) or affiliation agreement(s) from prospective Washington clinical facilities or settings indicating the facilities' ability to accommodate students; including frequency of facility evaluation.
- K.** Identify the contact person at the clinical site and provide telephone and email addresses
- L.** Evidence of discussion regarding cooperative planning with directors of existing nursing programs or clinical consortiums for use of potential affiliate agencies and clinical practice setting
- M.** Evidence of College or University institutional accreditation status
- N.** Evidence of the program's current approval/accreditation status by the state board of nursing from the state where the nursing education program originates
- O.** Letter of accreditation from a nursing or nursing-related accrediting organization recognized by the USDE or the CHEA and current status of the accreditation
- P.** For programs that are not fully accredited, the program must submit copies of self-evaluation report(s) and any interim report(s) provided to the accrediting body

Q. Evidence that the program has been approved by the Washington Student Achievement Council (WSAC), or the school has current NC-SARA approval. Information about degree authorization can be obtained by contacting DegreeAuthorization@wsac.wa.gov

R. Evidence of written policies related to the management of clinical learning experiences to be conducted in Washington State including:

1. Evidence that faculty is responsible and accountable for managing clinical learning experiences of students. Provide faculty, student and preceptor handbooks.

Note: The maximum faculty to student ratio for pre-licensure LPN and RN programs is 1:10 and the maximum faculty to student ratio for ARNP programs is 1:6

2. Criteria and rationale for the selection of affiliate agencies or clinical practice settings appropriate for the program of study

3. Process for the evaluation of affiliating agencies/clinical facilities or clinical practice settings and the frequency of evaluation

4. Written agreements between the program, clinical preceptor, or clinical teaching assistant, and the affiliating agency, when applicable, delineating the functions and responsibilities of the parties involved

5. Written criteria for the selection of competent clinical preceptors and verification of qualifications

6. Process for the evaluation of student performance in clinical learning experiences, including the criteria for evaluating the frequency of assessment.

7. Signature

I certify that I have received, read, understood, and agree to comply with state laws and rules regulating nursing education programs. I also certify that the information herein submitted is true to the best of my knowledge and belief.

Signature of owner/authorized representative

Date

Print Name

Print Title

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RCW/WAC and Online Website Links

RCW/WAC Links

[Nursing Care Rules, RCW 18.79](#)

[Uniform Disciplinary Act, RCW 18.130](#)

[Administrative Procedure Act, RCW 34.05](#)

[Advanced registered nurse practice programs in Washington State, WAC 246-840-455](#)

[Nursing Education programs Laws, WAC 246-840-550 to WAC 246-840-575](#)

Online

[Nursing Care Quality Assurance Commission Webpage](#)