

Oklahoma Board of Nursing  
2915 N. Classen Blvd., Suite 524  
Oklahoma City, OK 73106  
(405) 962-1800

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

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.
2. What is the rationale for the proposal?

3. Describe the relationship of the proposed program offering to the existing nursing education program:
  - a. Distance
  - b. Administration
  - c. Nursing program dean/director
  - d. Faculty
  - e. Policies and procedures
  - f. Curriculum
  - g. Teaching methods
  
4. What is the anticipated number of students to be enrolled in the proposed program?

5. Please describe the development plan for the proposed program, with a time-table for each step of the plan.
  
  
  
  
  
  
  
  
  
  
6. Will approvals be needed from other state regulatory agencies? If so, have such approvals been received?

### Support for the Proposal

1. Describe financial resources available for the support of the program offering (Please attach a proposed budget for development and maintenance of the proposed program offering).
  
  
  
  
  
  
  
  
  
  
2. Describe the need and readiness of the community to support the proposed program offering. Attach copies of surveys, letters, and other material that supports the need for the program and addresses its impact on existing programs in the community.
  
  
  
  
  
  
  
  
  
  
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.



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

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Administrative Officer

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Title

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Signature

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Date

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Nursing Dean/Director

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Title

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Signature

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Date

Form S107-P

Revised 04/2004; 05/01/2013