



# STATE OF COLORADO

## Board of Nursing APPLICATION FOR PHASE I NURSING EDUCATION PROGRAM\*

\*To ensure currency of information, applications submitted to the Board are active or current for one (1) year from the date of submission of the initial application. Addendums to the applications that are submitted after the initial application do not change or extend the one year period for completion of the Phase I application.

### Part 1 – Governing Body (Rule II Section 4.2. B. 1. )

1. Name \_\_\_\_\_
2. Address \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone Number \_\_\_\_\_
3. \*Demonstrate regional accreditation of the Governing Body (copy of last report).  
Date of last visit: \_\_\_\_\_  
Date of next visit: \_\_\_\_\_
4. \*Demonstrate Colorado Commission on Higher Education/ Division of Private Occupational Schools approval (copy of certificate).  
Programs/degree (s) approved \_\_\_\_\_

\* **NOTE:** If not accredited or locally approved show recognition of the need for accreditation and approval by including the process into the timeline and budget

**Rule II Section 4.1 *New Nursing Education Programs must apply for candidacy status leading to accreditation by a regional accrediting body and a national nursing accrediting body approved by the US Department of Education as soon as allowed by the accrediting bodies.***

- Attach evidence of the nursing accrediting body that your program will be seeking accreditation from

**NOTE:** Place nursing accreditation as an activity into the timeline and as an expense in the budget.

**Rule II Section 4.2 A. *The Governing Body must inform the Board of its intent to establish a Nursing Education Program and submit documentation of intent:***

- Enclose the initial letter to the Board of Nursing stating your intent to establish a Nursing Education Program.

**Rule II Section 4.2 B. 2. *Philosophy and mission of the Governing Body***

- Attach public documents that demonstrate the stated mission/ philosophy of the Governing Institution

**OR**

- Enclose a statement of the mission and the purpose/ philosophy of the Governing Institution.

**Rule II 4.2 B. 3. Relationship of the proposed Nursing Education Program to the Governing body**

- Enclose an organizational chart that includes reporting lines and the proposed Nursing Education Program.

**NOTE:** Attached Job Description for the Director of the Nursing Education Program (DNEP) must be consistent with the organizational chart and requirements specified in Chapter II Section 3.5 and 3.6

## Part 2 – Nursing Education Program

**Rule II 4.2 B. 4. Type of proposed Nursing Education Program**

**Check** program type (One program per application)

RN Program Types	PN Program Types
<input type="checkbox"/> Associate Degree in Nursing <input type="checkbox"/> LPN to Associate Degree in Nursing <input type="checkbox"/> Baccalaureate Degree in Nursing <input type="checkbox"/> LPN to Baccalaureate Degree in Nursing <input type="checkbox"/> 2nd degree program for people with bachelor's degrees _____ (degree) <input type="checkbox"/> Other, please specify _____	<input type="checkbox"/> Practical Nursing certificate <input type="checkbox"/> Practical Nursing exit option certificate <input type="checkbox"/> Practical Nursing extended option certificate <input type="checkbox"/> Other, please specify _____

**Check** delivery format that you are proposing (all that apply)

Theory (% of total theory credit)	Lab (% of total lab credit)	Clinical (% of total clinical credit)
<input type="checkbox"/> Classroom only <input type="checkbox"/> Online only <input type="checkbox"/> % Classroom; <input type="checkbox"/> % Online <input type="checkbox"/> Other _____ (Specify and give %)	<b>Skills Lab</b> <input type="checkbox"/> Faculty directed _____ % <input type="checkbox"/> Student self-paced _____ % <input type="checkbox"/> Faculty assessment _____ % <input type="checkbox"/> Other _____ (Specify and give %) <b>Simulation Lab</b> <input type="checkbox"/> Faculty directed _____ % <input type="checkbox"/> Student self-paced _____ % <input type="checkbox"/> Faculty assessment _____ % <input type="checkbox"/> Other _____ (Specify and give %)	<input type="checkbox"/> Clinical Instructor _____ % <input type="checkbox"/> Faculty supervised clinical scholar _____ % <input type="checkbox"/> Faculty supervised preceptor _____ % <input type="checkbox"/> Simulation _____ % <input type="checkbox"/> Other _____ (Specify and give %)

- Describe the number of students you propose to admit and the number of admissions each year\*\*
- Specify the certificate or degree that you propose to grant and plan to gain authorization to grant through the Colorado Commission on Higher Education/ Division of Private Occupational Schools.

**\*\*NOTE:** Make sure these figures are consistent with the figures in the Budget and with the timetable

**\*\*NOTE:** If you are admitting more than one cohort a year you must justify the numbers in the rationale and defend the resources available in the feasibility study

**Rule II 4.2 B. 5. *Rationale for establishing the Nursing Education Program***

- Describe the Governing Body’s rationale or reason for establishing a Nursing Education Program.

**NOTE:** References used to support the rationale are to be current (within 5 years) and accurate. All statements using data collected are to be referenced.

**Rule II 4.2 B. 6. *Timetable for program development and implementation of the Nursing Education Program***

The timetable must include the following time points for each activity/ event that needs to be accomplished:

- Time point (s) when essential resources currently not in place will be in place such as: \*\*\*
  - Space: office, classroom, lab, library
  - Equipment: office, classroom, lab, library
  - Personnel: Director, faculty, administrative assistant
- Time point for proposed start of the program (include time frame to achieve Phase II Recognition from the Board of Nursing)
- Time point(s) for accreditation(s) (regional, programmatic, Colorado Commission on Higher Education/ Division of Public & Private Schools) that have to be applied for including time point for gaining full accreditation.
- A time point can be a month / year (See Sample Timetable 1 below) **OR**
- A time point can be relative to Phase recognition (See Sample Timetable 2 below)

**NOTE<sup>1</sup>:** DNEP (Director of Nursing Education Program) must be hired by Phase II application.

**NOTE<sup>2</sup>:** The following must be in place before students can be admitted and start class (Phase II recognition): classroom, lab, office, library space and equipment; faculty, administrative assistant, approval from Colorado Commission on Higher Education/ Division of Public Occupational Schools

\*\*\*Essential resources are resources that must be in place before admitting students

**SAMPLE TIMETABLE 1**

<b>Time Activity</b>	<b>*Jan 08</b>	<b>Feb 08</b>	<b>March 08</b>	<b>*April 08</b>	<b>May 2008</b>	<b>June 08</b>	<b>*July 08</b>	<b>Aug 08</b>	<b>Sept 08</b>	<b>*Oct 08</b>	<b>Nov. 08</b>	<b>Dec. 08</b>
Phase I Application	Submit for BON review											
Hire DNEP	DNEP search begins			Hire DNEP								
Phase II Application pending Phase I recognition					Submit for BON Review							
Hire Admin. Assistant								Begin search	Admin Assist Hired			
Hire Faculty								Begin search			Faculty hired Start Spr 09	
Admit Students								Recruit after Phase II recognition		Applic. Dead-line	Admit Stu. To Start Spr. 09	

\*BON Full Board Meetings

**SAMPLE TIMETABLE 2**

<b>Time Activity</b>		<b>Phase I Recognition</b>		<b>Phase II Recognition</b>	<b>Admit Student</b>		<b>Class Begins</b>	<b>Phase III Recognition</b>	<b>Graduation</b>	<b>Phase IV Recognition</b>
Signed Clinical Agreements		+								
DNEP Hired		Search for DNEP	+							
Secure classroom space	Locate class space			Purchase/ lease/ renovate						
Secure lab space	Locate lab space			Purchase/ lease/ renovate						
Purchase Library holdings/ licenses		Library needs identified		Purchase/ lease						
Skills Lab completed				Build/ Purchase/ lease/ renovate						
Classroom equipment		Equipment identified		Purchase/ lease/ renovate						
Lab Equipment Purchased/ in place		Lab equip. identified		Purchase/ lease						
DPOS approval		Apply	+							
Faculty Hired					+					
BON Site Visit						+				
National Accreditation Application									+	
BON Self Study						+			+	

**Rule II 4.2 B. 7. Evidence of adequate financial support and resources for the planning, implementation and continuation of the Nursing Education Program.**

**Start up Budget**

- Attach documented funds with official bank statements; institution audited records, etc.
- Include line items of what is in place and what will be in place by the time students are admitted
- Attached signed donor statement of in-kind/ donations

### Sample Start-Up Budget

Available Assets		Expenses	
Source	Amount	Item	Amount

#### Maintenance Budget

- Document revenue and expenses over 3 years.
- Line item expenses should be clear
  - Personnel
  - Space
  - Library
  - Lab and lab equipment
  - Classroom equipment
  - Accreditation
  - Insurance
  - Other
- Attach signed donor statements of in-kind/donations
- Attach official contracts for contracted services. Contract services need to be in the Budget

#### Sample Maintenance Budget

Month Revenue	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Tuition												
Fees												
Other												

Month Expense	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Personnel												
Space												
Lab/Equipment												
Library												
Classroom												
Accreditation												
Insurance												
Other												

**Rule II 4.2 B. 8. Budget for DNEP [Director Nursing Education Program], faculty, and support positions.**

- List of personnel that will be hired for the Nursing Education Program and provide personnel salaries

Personnel/ Positions	Budgeted Salaries

**Rule II 4.2 B. 9. Availability of adequate academic facilities. At a minimum, such facilities need to include space for classroom instruction, academic advising and clinical and/or Clinical simulation Laboratory and library resources.**

- Document a floor plan for the academic facilities housing the Nursing Education Program. Designate square footage of space for offices, classrooms, labs, library, etc. (If floor plan is not available provide square footage of space available)
- Attach proposed laboratory design
- List the type of library and holdings.

Space	Dimensions/ Square footage
• Classroom #1	
• Director of Nursing office	
• Faculty office #1	
• Skills Lab	
• Library	
• Computer lab	
•	

**NOTE<sup>1</sup>:** 15 sq ft per student is considered minimal adequacy in the classroom

**NOTE<sup>2</sup>:** 4 students per bed unit is considered maximum in a skills lab and simulation lab

**NOTE<sup>3</sup>:** 100 net square feet is considered minimal adequacy for full time faculty office space

**Rule II 4.2 B. 10. Description of impact of proposed program on existing nursing education programs and health care agencies via a Board Approved Questionnaire**

- Document results of your investigation of the impact of a new Nursing Education Program on existing Nursing Education Programs and on hospitals that provide clinical experiences to students within a 100 mile radius of the Nursing Education Program's geographical location
  - Identify perceived effect on resources used by the Nursing Education Program
  - Identify positive and negative impacts
- Document the impact of additional student placement request on clinical sites within a 100-mile radius.
  - Identify positive and negative impacts

**NOTE:** Identify the source of your information. Sources must be credible such as director of nursing education, faculty, director of nursing and clinical educators at the clinical sites, etc.

**NOTE:** A 66% response ratio or what is determined by the Board to be reasonable for the demographic location

**Rule II 4.2 B. 11. Perceived problems in planning, implementing and continuing the program**

- List the perceived problems in planning, implementing and continuing the Nursing Education Program.
- Include your proposed plan to overcome each of the problems identified.

**Rule II 4.2 B. 12. Proposed job description and qualifications of the DNEP.**

- Attach a copy of the proposed job description and required qualifications of the Director of Nursing Education Program.

**NOTE:** At minimum the content in the job description must include all of the requirements spelled out in Chapter II Section 3.8 and 3.9

**Rule II 4.2 B. 13. Any additional information requested by the Board**

## Part 3 – Feasibility Study

**Rule II 4.2 C. 1 The governing body shall submit to the Board the results of a current feasibility study that includes objective data regarding the following: Documented need for the Nursing Education Program, including evidence of potential employment opportunities and nursing manpower needs in the geographic area served.**

Research the state of nursing in the local geographic area as well as within the State of Colorado and document the following:

- Need for the Nursing Education Program
- Evidence of potential employment opportunities
- Nursing manpower needs

**NOTE:** References are to be current, within 5 years

**Rule II 4.2 C. 2. Ability to hire a qualified DNEP, Faculty, and support staff**

- Document how you are going to secure a qualified Director of Nursing,
- Document how you propose to get qualified faculty for the proposed program
- Document how you will get support personnel for the proposed program.

**Rule II 4.2 C.3. Qualifications of and the number of persons in the potential student pool**

- Attach evidence of a potential student pool
- List qualifications students must possess who will attend your proposed Nursing Education Program,
  - How many students are currently in your potential student pool?
  - Who are these potential students? Where are the potential students coming from? What is your student pipeline?
- What is your strategy/ plan for attracting students to your program or for keeping your enrollments up?

**Rule II 4.2 C. 4. Availability of relevant clinical opportunities. The Nursing Education Program must submit a signed commitment from each clinical entity, which includes the type(s) of learning opportunities, average daily census, and maximum number of nursing students that can be accommodated and any limitations or restrictions imposed by the clinical entity.**

**Submit:**

- Attach signed commitments from each clinical site willing to allow nursing students from your nursing education program to gain clinical experience at their agency.

**NOTE:** The signed commitment must be on the clinical agency letterhead.

- Commitment must state the number of students the agency can accommodate daily in each of the specialty areas
- Nature of the clinical experience/ learning opportunities being agreed upon for the student(s)
  - e.g. Adult Medical, Adult Surgical, Pediatrics, Obstetrics, Psychiatry, Acute care, Ambulatory care, Long Term Care, IV therapy etc.
- Average daily census on the specialty units available to the student (s)
- Signature of clinical educator
- The signature of the Clinical Site Administrator
- List of any limitations or restrictions imposed by the clinical agency

**Rule II 4.2 B. 14. Signatures of Appropriate Administrative Officers**

- Attach signatures of official representatives of the Governing Body on the official letterhead of the Governing Body.

**Rule II Section 4.1 All educational institutions intending to establish a Nursing Education Program in Colorado must comply with the Nurse Practice Act, The Board's Rules and Regulations, and all other state and federal regulations for establishing a Nursing Education Program.**

- Review the Scope of Practice documents found on the Board of Nursing website [www.dora.state.co.us/nursing/](http://www.dora.state.co.us/nursing/) to make sure your program philosophy is within the scope of practice for the level of practitioner you are proposing in the education program.  
<http://www.dora.state.co.us/nursing/scope/scope.htm>

**Common Practice Areas of Confusion**

<b>Scope of Practice</b>	<b>Practical Nursing Programs</b>	<b>Registered Nursing Programs</b>
<b>Practical vs. Professional</b>	Practical, technical, vocational	Professional
<b>Nursing Process</b>	Accurately collects data to contribute to the assessment, plan of care Safely conducts assigned treatments Documents & reports observations of patient response to the treatments	Assessment, nursing diagnosis, creates a plan of care, safely implements interventions and evaluates the plan of care so revisions can be made
<b>Types of Patients</b>	Adults with predictable outcomes	Across populations with predictable and unpredictable outcomes
<b>Patient Teaching</b>	Reinforce standard patient information Identify teaching needs	Develop and implement a teaching plan for identified needs- evaluate the effectiveness
<b>Delegation</b>	May assign tasks and supervise LPN's and CNA's within LPN/CNA scope of practice as well as other care providers. May accept nursing tasks delegated by an RN pursuant to Chapter XIII Rules, if the LPN can perform the task with reasonable skill and safety within accepted practice standards. LPN's cannot delegate nursing tasks and cannot perform delegated medical functions	Delegation of nursing tasks pursuant to Chapter XIII Rules to an individual who acts in a complementary role to the professional nurse and who the professional nurse authorizes to perform tasks. Performs delegated medical functions delegated by licensed or otherwise legally authorized physician, podiatrist or dentist subject to the provisions of 12-36-106 (5), a physician may delegate authority to a nurse if the delegated task can be performed with reasonable skill and safety and within accepted practice standards

- Before submitting the Phase I application, make sure each part meets the requirements as described in Chapter II particularly Chapter II section 3. <http://www.dora.state.co.us/nursing/rules/rules.htm>

**Part 4 – Cover Sheet Checklist**

## Checklist for Phase I Application

Before submitting your application, check to make sure all documentation is present / attached:

- Statement on programmatic (nursing) accreditation status or plan
- Initial letter of intent
- Governing Body name, address
- Proof of Governing Body accreditation or intent
- Proof of approval through Colorado Commission on Higher Education or intent to initiate approval
- Mission/ Philosophy of Governing Body
- Organizational Chart
- Type of Nursing Education Program proposed
- Rationale for developing the Nursing Education Program
- Timetable for initiating the program, for acquisition of any resource that is required but not yet in place, for admitting students, and for accreditation.
- Official documents demonstrating financial resources (Bank statements; audited reports)
- Start up budget with revenue and expenses itemized
- Maintenance budget with revenue and expenses itemized
- List of personnel and salaries
- Floor plan and dimensions of the spaces available for the program
- Equipment list for the lab, offices, and classrooms
- Library holdings
- Documented impact of proposed education program on current education programs within 100 mile radius
- Documented impact of proposed education program on clinical agencies within 100 mile radius
- Perceived problems in planning, implementing and continuing the program
- Proposed job description for the Director of the Nursing Educational Program (DNEP)
- Feasibility Study
  - Documented need for the Nursing Education Program
  - Evidence of potential employment opportunities for graduates of the proposed program
  - Documented nursing manpower needs in the geographic area
- Document ability to hire Director of the Nursing Education Program
- Document ability to hire faculty
- Document ability to hire support staff
- Document potential student pool (qualifications and number)
- Signed agreements from clinical agencies to include the following information
  - Nature of the clinical offered (inpatient, outpatient, medical, surgical, pediatrics, obstetrics, psychiatric)
  - Census on the unit(s) that is/are available for clinical experiences
  - Number of students able to be accommodated on each of the unit(s) daily
- Signatures of the appropriate administrative authority of the Governing Body on organization letterhead

**NOTE: Do not submit application until complete. Incomplete applications will delay processing and the ability to get to Phase II.**