­­­Nursing Program Plan of Correction

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| --- | --- | --- | --- | --- | --- | --- |
| **Name of Program:** | | | **Name and Title of Person Completing Plan:** | | | |
| **Signature of Program Director:** | | | **Date:** Click or tap to enter a date. | | | |
| **For Program Use:** | | | | | **For WABON Use:** | |
| **State WAC Deficiency**  Goal: Alignment with WAC subsections  (Include each subsection of the WAC on a separate line) | **State specific actions taken by the program to correct the WAC deficiency** | **Date of planned implemen­tation of specific actions** | | **What evidence is submitted to show deficiency has been corrected?**  (i.e., policy, meeting minutes, student handbook, preceptor packet, curriculum map, etc.)  Attachments must be included with submission in document or sent as appendices. | **WAC alignment** | |
| **Met**  **Not Met**  **In progress** | **What is needed for alignment?** |
| WAC#  Description: |  | Date. | |  | Choose an item.  Date. |  |
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