**Innovation in Nursing Education Application Packet Contents:**

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### In order to process your request:

### Submit your application and other documents electronically to:

[WABONEducationUnit@doh.wa.gov](mailto:WABONEducationUnit@doh.wa.gov)

## **Contact us:**

360-236-4703

# **Application Instructions Checklist**

Thank you for your application for Innovation in Nursing Education. Please use the following checklist to guide you through the process.

### 1. Demographic Information:

**Uniform Business Identifier Number (UBI #):** Enter your Washington State UBI #. All Washington State businesses must have UBI #s.

**Federal ID Number (FEIN #):** Enter your Federal ID Number, if the business has been issued one.

**Nursing Education Program Name:** List the name of your nursing education program.

**Mailing Address:** Enter the training program’s complete mailing address.

**Phone and Fax Numbers:** Enter the training program’s phone and fax numbers.

**Email and Web Address:** Enter the training program’s email and web addresses, if applicable.

**Physical Address:** Enter the training program’s complete physical address if it is different from the mailing address previously listed.

**Name, email, and phone of the responsible party:** Enter the name, email and phone number of the responsible party.

**Provide a brief description or overview of your current program.** Attach additional pages if necessary.

**2. Overview of Proposed Innovation:** Attach additional pages if necessary.

Provide the title of your innovation and a brief description of the approach.

List the length of time for the innovation, expected start date and expected end date.

List the regulation(s) affected by the innovation.

Provide a brief explanation of why the program wants to implement the innovation at this time.

## **Additional Requirements:**

All programs must provide the following documents with your application:

1. Description of the innovation (include objectives).
2. Description of how the innovation differs from the current curriculum.
3. Rationale for the innovation with supporting evidence included.
4. Implementation plan for the innovation with time lines included.
5. Provide information that demonstrates evidence of resources to support the proposed innovation.
6. Provide the plan for evaluation of the innovation, including measurable criteria/ outcomes, method(s) of evaluation and frequency of evaluation.
7. Provide the expected impact of the innovation on the program (including students, faculty, administration, other program resources).
8. List other expected impact(s) of the innovation (on program partner(s), patients/ clients, the community, etc.) if applicable.
9. Provide the plan for evaluation of the innovation, including measurable criteria/ outcomes, method(s) of evaluation, and frequency of evaluation.

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| **Innovation in Nursing Education Application** | | | | | |
| **1. Demographic Information** | | | | | |
| **UBI #**  Click or tap here to enter text. | | **Federal Tax ID (FEIN) #**  Click or tap here to enter text. | | | |
| **Nursing Education Program Name**  Click or tap here to enter text. | | | | | |
| **Mailing Address**  Click or tap here to enter text. | | | | | |
| **City**  Click or tap here to enter text. | **State**  Click here | | **Zip Code**  Click here | | **County**  Click here to enter text. |
| **Phone (enter 10 digit #)**  Click or tap here to enter text. | | | **Fax (enter 10 digit #)**  Click or tap here to enter text. | | |
| **Email Address**  Click or tap here to enter text. | | | **Web Address**  Click or tap here to enter text. | | |
| **Physical Address (if different from mailing)**  Click or tap here to enter text. | | | | | |
| **City**  Click or tap here to enter text. | **State**  Click here | | **Zip Code**  Click here | | **County**  Click here to enter text. |
| **The nursing education program has full approval status with the Washington State Board of Nursing:**  Yes No  Please note: if no, the program is not eligible to apply at this time, per [**WAC 246-840-553(4)**](http://app.leg.wa.gov/wac/default.aspx?cite=246-840-553). | | | | | |
| **Name of responsible party**  Click or tap here to enter text. | | | | | |
| **Email Address**  Click or tap here to enter text. | | | **Phone (enter 10 digit #)**  Click or tap here to enter text. | | |
| **Provide a brief description or overview of the current program:**  Click or tap here to enter text. | | | | | |
| **2. Overview of Proposed Innovation** | | | | | |
| **Title of the innovation**  Click or tap here to enter text. | | | | | |
| **Provide a brief description of the approach:**  Click or tap here to enter text. | | | | | |
| **Length of time for the innovation (expected start must be at least three months after the date of this application)** | | | | | |
| **Expected start date:**  **Click or tap to enter a date.** | | | | **Expected end date:**  **Click or tap to enter a date.** | |
| **List the regulation(s) affected by the innovation:**  Click or tap here to enter text. | | | | | |
| **Provide a brief explanation of why the program wants to implement the innovation at this time.**  Click or tap here to enter text. | | | | | |
| **Attestation of the Responsible Party** | | | | | |
| I Click or tap here to enter text. (Name of Responsible Party)  agree to provide additional information as requested by the commission as part of the review and evaluation process of this application.  If approved, I will assure that the nursing education program shall continue to provide quality nursing education that prepares graduates to practice safely, competently, and ethically within the scope of practice as defined in [**chapter 18.79 RCW**](http://app.leg.wa.gov/rcw/default.aspx?cite=18.79)and [**chapter 246-840 WAC**](http://app.leg.wa.gov/wac/default.aspx?cite=246-840)during the implementation period of the innovation.  Click or tap to enter a date.    Signature of applicant | | | | | |

# **RCW/WAC and Online Web Site Links**

## **RCW/WAC Links**

[**Nursing Assistant Training Program Laws, RCW 18.88A**](http://apps.leg.wa.gov/RCW/default.aspx?cite=18.88A)

[**Nursing Assistant Training Program Rules, WAC 246-841**](http://apps.leg.wa.gov/RCW/default.aspx?cite=18.88A)

[**Innovation Program Approach Rules, WAC 246-840-554**](http://app.leg.wa.gov/wac/default.aspx?cite=246-840-553)

[**Uniform Disciplinary Act, RCW 18.130**](http://apps.leg.wa.gov/RCW/default.aspx?cite=18.130)

[**Administrative Procedure Act, RCW 34.05**](http://apps.leg.wa.gov/RCW/default.aspx?cite=34.05)

## **Online**

[**Washington State Board of Nursing, Web Page**](http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission.aspx)

RCW/WAC and Online Web Site Links December 2023