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Washington State Nursing Program

Substantive Change Request

|  |  |
| --- | --- |
| **Name of Nursing Program, College, or University**  *Click or tap here to enter text.* | **Program (Track)**  *Click or tap here to enter text.* |
| **Date Submitted**  *Click or tap to enter a date.* | **Date for proposed change to be effective**  *Click or tap to enter a date.* |
| **Nurse Administrator/Program Director**  *Click or tap here to enter text.* | **Provost of Institution’s Email**  *Click or tap here to enter text.* |
| **President of Institution’s Email**  *Click or tap here to enter text.* | **Vice President of Instruction’s Email**  *Click or tap here to enter text.* |
| The Nursing program listed above is requesting approval from the Washington State Board of Nursing for the following Substantive Change. See [WAC 246-840-554(3)](mailto:https://apps.leg.wa.gov/wac/default.aspx?cite=246-840-554).  ***Changes that do not require board approval: Movement of content from one course to another; formatting changes in syllabi****.* | |
| **Change in** (check all that apply)  Legal status, control, ownership or resources of the institution  Faculty composition of clinical or clinical simulation  Faculty composition when experience or experiences are not adequate to teach these specific areas  Required faculty to student ratios in clinical  The number of students admitted  Addition or deletion of a satellite or extended campus  Major curricular revision or changes in the length of the program  Program credits  Curricular delivery method  Nursing model or conceptual framework  Curriculum that changes the meaning or direction of the curriculum  Curricular scope and sequence. (Include course number, description, outcomes, and topical outlines) | |
| **I attest that the information provided to the Washington State Board of Nursing accurately reflects nursing program credits and curriculum.**    **Signature of Nurse Administrator** **Date** | |

**Substantive Change Request (SCR) Brief Summary of Intent**

***Instructions for Completion:***

1. *Hover your cursor over bolded titles to view “cues” on things to consider when completing each section. Be succinct in your responses.*
2. *Review the WAC criteria by clicking on the provided link below.*
3. *In some sections you will have the opportunity to share a narrative and/or insert or fill in a table. Please use whichever format fits the needs of your program change.*

**[WAC 246-840-554(3)](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-554) Any proposed substantive nursing education program change must be presented to the commission for approval at least three months prior to implementation.**

**[Explanation](#Explanation" \o "Please take time to review WAC 246-840-554(3). Determine that your SCR aligns with the criteria listed in WAC 246-840-554(3)(a)(i-v) or WAC 246-840-554(3)(A)(I-V).)** WAC 246-840-554(3)(b)(i)

***Click here to briefly explain your SCR. (Hover over “explanation” for more information.)***

**[Rationale](#Rationale" \o "Briefly describe the reason and rationale for your SCR. Explain the proposed change and anticipated effect on the program including faculty workload, students, resources, clinical or practice experiences, and facilities.)** WAC 246-840-554(3)(b)(ii)

***Click here to briefly explain the rationale for your SCR. (Hover over “rationale” for more information.)***

**Anticipated Effect of SCR on Program**

***[Faculty workload](#Faculty" \o "Faculty: Write a short explanatory narrative of the current faculty workload and proposed faculty workload. If faculty must be hired explain the faculty recruitment plan. Use the grid to highlight specific changes.)***

***Click here to enter a narrative for how the SCR would affect the current faculty workload OR insert your own workload document. (Hover over “faculty workload” for more information.)***

***Optional: To highlight specific changes, you may use the table below in addition to or in place of the above narrative.***

|  |  |
| --- | --- |
| **Current Faculty Workload** | **Faculty Workload After Change** |
| ***Click or tap here to enter text.*** | ***Click or tap here to enter text.*** |

***[Students](#Students" \o " Students: Explain the impact the proposed change will have on students. (e.g. classroom ratios, more sections of a course offered, impact on existing or new resources available for students (library, tutoring, counseling, advising, skills space, technology). )***

***Click here to explain the impact that the SCR will have on students. (Hover over “students” for more information.)***

***[Resources](#Resources" \o " Resources: Explain if resource utilization will be enhanced by the SCR. How will the SCR affect the programs budgetary status? Will it enhance or change current program partnerships?)***

***Click here to enter a narrative for how the SCR will impact or enhance current resources for your program. (Hover over “resources” for more information.)***

***[Facilities](#Facilities" \o "Facilities: Write a short explanatory narrative on the impact that the proposed change will have on current facilities (e.g., classrooms, skills labs) and facility resources (e.g., library, admissions).)***

***Click here to enter a narrative for how your SCR will impact or enhance your current program facilities. (Hover over “facilities” for more information.)***

***[Clinical or Practice Experiences](#Clinical" \o "Clinical or Practice Experiences: Explain changes to specific clinical placements, course numbers, course credits, clinical hours, S-F ratios, clinical instructor, times (weekend, evening, day) )***

***Click here to enter a narrative for how your SCR will impact or enhance your program’s clinical or practice experiences. (Hover over “clinical or practice experiences” for more information.)***

***Optional: To highlight specific changes, you may use the table below in addition to or in place of the above narrative. Click on individual boxes to add content.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course/Clinical Placement** | **Credits/Clinical Hours** | **Student/Faculty Ratio** | **Instructor** | **Time** |
| ***Click in each box*** | . | . | . | . |
| . | . | . | . | . |
| . | . | . | . | . |
| . | . | . | . | . |
| . | . | . | . | . |
| . | . | . | . | . |

**Summary** WAC 246-840-554(3)(b)(iii)

***Click here to provide a summary explaining the difference between the current practice and proposed change if applicable. Use the space below to provide a table/grid if necessary.***

***In addition to or in place of the narrative above, you may insert a table or grid here. To insert, copy table from original document, right click in this box, select paste “keep source formatting”.***

**Timeline** WAC 246-840-554(3)(b)(iv)

***Click here to enter your program’s timeline for implementation of the change.***

**[The methods of evaluation](#Methods" \o "The methods of evaluation: Use your current SEP to answer this. Consider what areas are important to reference. For example: NCLEX pass rates, faculty satisfaction and workload, EPSLO measurement, facilities surveys, resource surveys, student surveys. ) to be used to determine the effect of the change** WAC 246-840-554(3)(b)(v)

***Click here to enter the methods of evaluation to be used to determine the effect of the change. (Hover over “methods” for more information)***

***[Before submitting, please hover to review helpful information.](#Help" \o "Best practices for completing a SCR and general suggestions:- Label your submission to match the WAC labels- Use grids/tables with a short narrative whenever possible- Double check to ensure every area of the WAC has been addressed- Suggest a colleague review the document- Submit attachments separately with clear labels and page numbers. Reference labels and page numbers in narrative)***

**Please email your submission of this document to** [**WABONEducationUnit@doh.wa.gov**](mailto:WABONEducationUnit@doh.wa.gov)**.**