



## **Innovation in Nursing Education Application Packet**

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### **In order to process your request:**

**Mail your application and  
other documents to:**

Innovation in Nursing Education  
PO Box 47864  
Olympia, WA 98504-7864

### **Contact us:**

360-236-4703

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## 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.

Date  
Stamp  
Here

**Innovation in Nursing Education Application**

**1. Demographic Information**

UBI #	Federal Tax ID (FEIN) #
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Nursing Education Program Name

Mailing Address

City	State	Zip Code	County
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Phone (enter 10 digit #)	Fax (enter 10 digit #)
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Email Address	Web Address
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Physical Address (if different from mailing)

City	State	Zip Code	County
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The nursing education program has full approval status with the Nursing Care Quality Assurance Commission:

Yes  No

Please note: if no, the program is not eligible to apply at this time, per [WAC 246-840-553\(4\)](#).

Name of responsible party

Email Address	Phone (enter 10 digit #)
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Provide a brief description or overview of the current program:

## 2. Overview of Proposed Innovation

Title of the innovation

Provide a brief description of the approach:

Length of time for the innovation (expected start must be at least three months after the date of this application)

Expected start date(mm/dd/yyyy)

Expected end date(mm/dd/yyyy)

List the regulation(s) affected by the innovation:

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

## Attestation of the Responsible Party

I \_\_\_\_\_

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](#) and [chapter 246-840 WAC](#) during the implementation period of the innovation.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date (mm/dd/yyyy)



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

### **RCW/WAC Links**

[Nursing Assistant Training Program Laws, RCW 18.88A](#)

[Nursing Assistant Training Program Rules, WAC 246-841](#)

[Innovation Program Approach Rules, WAC 246-840-554](#)

[Uniform Disciplinary Act, RCW 18.130](#)

[Administrative Procedure Act, RCW 34.05](#)

### **On-line**

[Nursing Care Quality Assurance Commission, Web Page](#)