­­­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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