Dear Washington State Nursing Education Program Applicants,

Thank you for your interest in offering a nursing education program in Washington state. The Washington State Board of Nursing (WABON) has statutory authority per [RCW 18.79](http://app.leg.wa.gov/rcw/default.aspx?cite=18.79) to approve nursing programs in the state of Washington. The board also approves distance learning nursing programs that have students in practice experiences in Washington state as required under [RCW 18.79.](http://app.leg.wa.gov/rcw/default.aspx?cite=18.79)

**Suggested Steps to Follow in the Application Process**

1. Review the Washington state educational rules: [WAC 246-840-500 through 246-](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840) [840-571.](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840)
2. The board suggests applicants review the Washington Administrative Code (WACs) in Appendix A prior to filling out an application.
3. Complete a letter of intent to establish a nursing education program or additional program in Washington state.
4. Complete sections one, two, and three of the application.
5. Submit all information in section three of the application.
6. Appendix B provides a checklist that mirrors the content in section three with details on the type of evidence documentation to provide to the board to support the college/university application.
7. Complete the Appendix B checklist and sign,
8. Submit the completed application and required documents via email.

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| **Email** |  |
| WABONEducationUnit@doh.wa.gov |  |

All information should be typed or printed clearly in blue or black ink. Provide direct evidence, **not links to evidence or zip folders**. Applications will be reviewed by the board when they are complete.

**The Review Process**

1. The board completes an initial review of applications upon receipt and notifies applicants in writing of any outstanding questions or documentation needed to complete the process.
2. There are four phases in the application. The Phase I process can take up to three months. After receiving board approval for Phase I, you may move forward with your nursing education program development (Phase II) submission. Complete the Phase II (nursing education program development) checklist Appendix C. The Phase II approval timeline may exceed three months. Upon approval of Phase II, the applicant moves to Phase III (initial approval). The final step is Phase IV full approval. Refer to Appendix A, [**WAC 246-840-510(6)**](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-510) and (7) for details of Phases III and IV.
3. The nursing education program may only admit students if it has received initial approval (Phase III) by the board [**(WAC 246-840-510(6))**](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-510)**.**
4. Program information communicated by the nursing education program must be accurate, complete, and consistent [**(WAC 246-840-512(3))**](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-512)**.** The nursing program shall provide accurate information to students and the public [**(WAC 246-840-516 (6))**](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-516)**.**

Any questions you have regarding the application process may be submitted to WABONEducationUnit@doh.wa.gov

Thank you,

WABON Education Staff

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| **Proposed In-State Nursing Education Program Approval Application** |
| **1. Demographic Information** |
| **Name of Educational Institution:**Click or tap here to enter text. |
| **Name of Nursing Program:**Click or tap here to enter text. |
| **Briefly describe the type of nursing program you are requesting in Washington state:**Click or tap here to enter text. |
| **Physical Address of Educational Institution:**Click or tap here to enter text. |
| **Physical Address of Nursing Program:**Click or tap here to enter text. |
| **City:**Click here to enter text. | **State:**Click here  | **Zip Code:**Click here | **County:**Click here  |
| **Web Address:**Click or tap here to enter text. |
| **Type of Ownership:** | Financial Credit Status: See the [U.S. Securities and](http://www.sec.gov/answers/nrsro.htm)  [Exchange Commission web page](http://www.sec.gov/answers/nrsro.htm) for more information.Click or tap here to enter text. |
| **UBI #:**Click or tap here to enter text. | **Federal Tax ID (FEIN) #:**Click or tap here to enter text. |
| **Mailing Address of Educational Institution (if different from above):**Click or tap here to enter text. |
| **Mailing Address of Nursing Program (if different from above):**Click or tap here to enter text. |
|  |
| **Name of Contact Person:**Click or tap here to enter text. | **Title:**Click or tap here to enter text. |
| **Physical Address:**Click or tap here to enter text. |
| **City:**Click here to enter text. | **State:**Click here | **Zip Code:**Click here | **County:**Click here |
| **Email Address:**Click or tap here to enter text. | **Phone Number (enter 10 digit #):**Click or tap here to enter text. |
|  |
| **Name of Dean:**Click or tap here to enter text. |
| **Credentials:**Click or tap here to enter text. |
| **Physical Address:**Click or tap here to enter text. |
| **City:**Click here to enter text. | **State:**Click here to enter text. | **Zip Code:**Click here to enter text. | **County:**Click here to enter text. |
| **Email Address:**Click or tap here to enter text. | **Phone Number (enter 10 digit #):**Click or tap here to enter text. |
|  |
| **Name of Nursing Program Administrator:**Click or tap here to enter text. | **Title:** Click or tap here to enter text. | **Same as Dean:** **[ ]**  |
| **Credentials:**Click or tap here to enter text. |
| **Physical Address:**Click or tap here to enter text. |
| **City:**Click here to enter text. | **State:**Click here to enter text. | **Zip Code:**Click here to enter text. | **County:**Click here to enter text. |
| **Email Address:**Click or tap here to enter text. | **Phone Number (enter 10 digit #):**Click or tap here to enter text. |
| **Name of College/University President:**Click or tap here to enter text. | **Title:**Click or tap here to enter text. |
| **Physical Address:**Click or tap here to enter text. |
| **City:**Click here to enter text. | **State:**Click here to enter text. | **Zip Code:**Click here to enter text. | **County:**Click here to enter text. |
| **Email Address:**Click or tap here to enter text. | **Phone Number (enter 10 digit #):**Click or tap here to enter text. |
| **Vice President of Instruction’s Email Address:**Click or tap here to enter text. | **Provost of Institution’s Email Address:**Click or tap here to enter text. |
| **2. Accreditation/Approval by other Boards of Nursing** |
| **College/University Higher Education Accrediting Body:**Click or tap here to enter text. | **Expiration Date:**Click or tap to enter a date. |
| **Nursing Program Accreditation Body: Send copies of accreditation letters with application.** |
| **[ ]  CCNE** **[ ]  CNEA** **[ ]  ACEN Expiration Date:** Click or tap to enter a date. |
| **If you do not have nursing national accreditation, what is your plan for accreditation?**Click or tap here to enter text. |

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| **3. In-State Programs Phase I: Information Required per** [**WAC 246-480-510**](https://app.leg.wa.gov/WAC/default.aspx?cite=246-840-510) **for Proposed New Programs Located in Washington State**Provide a written narrative and supporting documents that address each of the following items. Organize and label your written narrative according to the numbered content below. This section serves as the application for program development (feasibility study). |
| * 1. Studies documenting the need (supply and demand) for the nursing program(s) being proposed. Consideration should be given to the location of the program in a particular community and on a statewide basis. (Example: supply and demand data).
	2. Identify potential impact on surrounding nursing programs within a 60 mile radius of the proposed program location. (Example: letters of impact from nursing programs in the surrounding communities).
	3. Provide evidence of adequate clinical facilities for the proposed program; include number of students proposed for each location. (Document in grid format).
	4. Provide contact information and letters of commitment from all clinical sites. Parties signing the letter of commitment must be legally authorized to enter into the contract.
	5. Describe the purpose of the proposed program(s). Describe how seamless academic education/progression is possible for graduates of the proposed program.
	6. Describe the availability of qualified faculty and nurse administrator for the proposed program(s).
	7. Provide the evidence of financial resources; including funding source for the next five years. (Document in narrative or grid format).
	8. Provide the last financial audit report of the college or university.
	9. Provide the budgeted faculty positions for the next five years. (Document in grid format).
	10. Provide the anticipated student numbers for the next five years. (Document in grid format).
	11. Provide evidence of adequate academic facilities, and if the program is online, describe online teaching methodologies used by the program. (Either document in narrative or grid format).
	12. Provide the tentative time schedule for planning and initiating the program. (Document in grid format).

**Note: Include any additional information important to your application** |
| **4. Signature** |
| I certify that I have received, read, understood, and agree to comply with state laws and rules regulating nursing education programs. I also certify that the information herein submitted is true to the best of my knowledge and belief. |
| Signature of Authorized Representative | Date: Click or tap to enter a date. |
| Click or tap here to enter text.Print Name | Click or tap here to enter text.Title |

# Appendix A

Important Information to Know Prior to Completing Your Application

Read the following partial list of education rules prior to completing the application. The information may influence the College/University’s decision to apply for nursing program approval in Washington state.

Washington state educational rules are [WAC 246-840-500 through 246-840-571.](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840)

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| [WAC 246-840-510](https://app.leg.wa.gov/WAC/default.aspx?cite=246-840-510) |
| **Approval of initial (new) in-state nursing education programs.** |
| 1. New nursing education programs must submit a board approved application for approval to operate a new undergraduate, post-licensure, or graduate nursing education program in Washington state.
2. Graduate programs changing from a master's degree in nursing to a doctoral of nursing practice degree must submit a substantive change request identified in [WAC 246-840-554](https://app.leg.wa.gov/WAC/default.aspx?cite=246-840-554)(3).
3. The board shall consider the need, size, type, and geographic location when approving a program.

**Phase I: Submission of application and feasibility study**1. A postsecondary educational institution wishing to establish a nursing education program or additional program in nursing shall submit an

application and feasibility study as follows: |

* 1. Submit to the board a statement of intent to establish a nursing education program or additional program on a form provided by the board and a completed feasibility study that includes the following information:
		1. Studies documenting the current and future supply and demand needs for nurses in the area of the proposed nursing education program;
		2. Purposes and classification of the proposed nursing education program;
		3. Availability of qualified candidates for the nurse administrator and faculty positions;
		4. Budgeted nurse administrator and faculty positions over the course of five years;
		5. Source and description of adequate and acceptable clinical or practice facilities for the nursing education program;
		6. Description of adequate and acceptable academic facilities for the nursing education program;
		7. Potential effect on other nursing programs within a sixty mile radius of the proposed nursing education program location;
		8. Evidence of financial resources adequate and acceptable for the planning, implementation, and continuation of the nursing education program for the next five years;
		9. Anticipated student population;
		10. Tentative time schedule for planning and initiating the nursing education program; and
		11. Accreditation status of the parent institution.
	2. Respond to the board's request(s) for additional information.

### Phase II: Nursing education program development

1. Only after receiving board approval for nursing education program development, the educational institution shall:
	1. Appoint a qualified nurse administrator;
	2. Provide appropriate resources, consultants, and faculty to develop the proposed nursing education program; and
	3. At least three months prior to advertising and admitting students, submit the proposed program plan including the following:
		1. Program purpose and outcomes;
		2. Organization and administration within the educational institution and within the nursing unit or department including the nurse administrator, faculty, and nursing support staff;
		3. Resources, facilities, and services for students and faculty;
		4. Policies and procedures as identified in [WAC 246-840-519](https://app.leg.wa.gov/WAC/default.aspx?cite=246-840-519) (3)(a) through (e);
		5. A plan for hiring and retaining faculty, including qualifications, responsibilities, organizational structure, and faculty/student ratio in classroom, clinical, and practice experiences;
		6. Curriculum, including course descriptions, course outcomes, and course topical outlines;
		7. Initial year and five-year sustaining budget;
		8. Projected plans for the orderly expansion and ongoing evaluation of the program.
	4. If required by the board, arrange a site visit to the campus to clarify and augment materials included in the written proposed program plan. The visit may be conducted by a representative of the board before a decision regarding approval is made.

### Phase III: Initial approval

1. The nursing education program may only admit students if it has received initial approval by the board.
	1. The nursing education program shall submit progress reports as requested by the board.
	2. Site visits shall be scheduled as deemed necessary by the board during the period of initial approval. A site survey, conducted by the board, will determine whether graduates may test for the national council licensing examination (NCLEX) as identified in [WAC 246-840-050](https://app.leg.wa.gov/WAC/default.aspx?cite=246-840-050) or graduate certification exams as identified in [WAC 246-840-302](https://app.leg.wa.gov/WAC/default.aspx?cite=246-840-302) (3)(a), (b), (c) and (d) for advanced registered nurse practice.

### Phase IV: Full approval

1. A self-evaluation report of compliance with the standards for nursing education as identified in [WAC 246-840-511](https://app.leg.wa.gov/WAC/default.aspx?cite=246-840-511) through [246-840-556,](https://app.leg.wa.gov/WAC/default.aspx?cite=246-840-556) shall be submitted to the nursing board within six months following graduation of the first class.
	1. The board may conduct a site visit to determine full approval of the nursing education program.
	2. The board will review the self-evaluation report, survey reports and program outcome data in order to grant or deny full approval of the nursing education program under [WAC 246-840-558](https://app.leg.wa.gov/WAC/default.aspx?cite=246-840-558)(1).

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# Appendix B

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| **In-State Program Checklist\*: Phase I** |
| **College/University:**Click or tap here to enter text. |
| **Nursing Program Type:**Click or tap here to enter text. |
| **Checklist Completed by:**Click or tap here to enter text. |
| **Contact Number:**Click or tap here to enter text. | **Contact Email:**Click or tap here to enter text. |
|  |
| **Completed (Initial)** | **Location/results of evidence (Include document, page #s, and paragraph)** | **Application Requirement** |
|  |  | Demographic and contact information completed. |
|  |  | Application attached. |
|  |  | **3.1** Studies documenting the need (supply and demand) for the nursing program(s) being proposed. Consideration should be given to the location of the program in a particular community and on a statewide basis. (Example: supply and demand data). |
|  |  | **3.2** Identify potential impact on surrounding nursing programs within a 60 mile radius of the proposed program location. (Example: letters of impact from nursing programs in the surrounding communities). |
|  |  | **3.3** Provide evidence of adequate clinical facilities for the proposed program; include number of students proposed for each location. (Document in grid format). |
|  |  | **3.4** Provide contact information and letters of commitment from all clinical sites. Parties signing the letter of commitment must be legally authorized to enter into the contract. |
|  |  | **3.5** Describe the purpose of the proposed program(s). Describe how seamless academic education/progression is possible for graduates of the proposed program. |
|  |  | **3.6** Describe the availability of qualified faculty and nurse administrator for the proposed program(s). |
|  |  | **3.7** Provide the evidence of financial resources; including funding source for the next five years. (Document in narrative or grid format). |
|  |  | **3.8** Provide the last financial audit report of the college or university. |
|  |  | **3.9** Provide the budgeted faculty positions for the next five years. (Document in grid format). |
|  |  | **3.10** Provide the anticipated student numbers for the next five years. (Document in grid format). |
|  |  | **3.11** Provide evidence of adequate academic facilities, and if the program is online, describe online teaching methodologies used by the program. (Either document in narrative or grid format). |
|  |  | **3.12** Provide the tentative time schedule for planning and initiating the program. (Document in grid format). |

**Appendix C**

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| **In-State Program Checklist\*: Phase II** |
| **College/University:**Click or tap here to enter text. |
| **Nursing Program Type:**Click or tap here to enter text. |
| **Checklist Completed by:**Click or tap here to enter text. |
| **Contact Number:**Click or tap here to enter text. | **Contact Email:**Click or tap here to enter text. |
|  |
| **Completed (Initial)** | **Location/results of evidence (Include document, page #s, and paragraph)** | **Application Requirement** |
|  |  | Demographic and contact information completed. |
|  |  | Application attached. |
|  |  | **1.** Provide evidence of hiring a qualified nurse administrator (provide CV). |
|  |  | **2.** Provide evidence of appropriate resources, consultants, and faculty to develop the proposed nursing education program (use grids when possible). |
|  |  | **3.** Provide program purpose and outcomes. |
|  |  | **4.** Provide organizational and administrative reporting chart within the educational institution and within the nursing unit or department including the nurse administrator, faculty, and nursing support staff. |
|  |  | **5.** Provide evidence of resources, facilities, and services for students and faculty (grid or narrative form). |
|  |  | **6.** Provide the policies and procedures as identified in [WAC 246-840-519](https://app.leg.wa.gov/WAC/default.aspx?cite=246-840-519) (3)(a) through (e). |
|  |  | **7.** Provide a plan for hiring and retaining faculty, including qualifications, responsibilities, organizational structure, and faculty/student ratio in classroom, clinical, and practice experiences (use grids whenever possible). |
|  |  | **8.** Provide curriculum map, course descriptions, course outcomes, and course topical outlines. |
|  |  | **9.** Provide table of initial year and five-year sustaining budget. |
|  |  | **10.** Provide projected plan for the orderly expansion of the program (use grids whenever possible) |
|  |  | **11.** Provide plan for ongoing evaluation of the program (provide initial systematic evaluation plan (SEP) in grid format). |

**Note: If required by the board, arrange a site visit to the campus to clarify and augment materials included in the written proposed program plan. The visit may be conducted by a representative of the board before a decision regarding approval is made.**

## RCW/WAC and Online Website Links

**RCW/WAC Links**

[Nursing Care Rules, RCW 18.79](http://apps.leg.wa.gov/RCW/default.aspx?cite=18.79) [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)

[Nursing Education programs Laws, WAC 246-840-500 to WAC 246-840-571](http://apps.leg.wa.gov/WAC/default.aspx?dispo=true&cite=246-840)

## Online

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

RCW/WAC and Online Web Site Links December 2023