

Washington State Nursing Program

Substantive Change Request

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| --- | --- |
| **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). ***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)[x]  Legal status, control, ownership or resources of the institution[ ]  Faculty composition of clinical or clinical simulation[x]  Faculty composition when experience or experiences are not adequate to teach these specific areas[ ]  Required faculty to student ratios in clinical[x]  The number of students admitted[x]  Addition or deletion of a satellite or extended campus[ ]  Major curricular revision or changes in the length of the program[x]  Program credits[x]  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****.**