**Application for Out-of-State Nursing Program Approval**

**Please note:** **If all required materials aren’t submitted within 6 months, the application will be closed as incomplete and the program will be required to submit a new application to be considered for an approval of clinical placements in Washington State.**

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 nursing education programs that have distance learning students who need 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 Appendix A prior to filling out an application. It includes a partial list of educational WACs that may influence the college/university’s decision to apply for nursing practice/clinical experiences in Washington state.
3. Complete sections one, two, and three of the application.
4. Submit all information in section four of the application.
5. Appendix B provides a checklist that mirrors the content in section four with details on the type of evidence documentation to provide to the board to support the college/university application for practice clinical experiences.
6. Complete Appendix B checklist and sign.
7. Submit the completed application and required documents via email.
8. Only electronic submissions will be accepted.

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| **Email** |
| [WABONEducationUnit@doh.wa.gov](mailto: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**

When the Board receives the completed application for a nursing education program it will be reviewed. The process could take up to three months. The Board notifies programs in writing of any outstanding questions or documentation needed to complete the process.

Any questions you have regarding the application process may be submitted to [WABONEducationUnit@doh.wa.gov](mailto:WABONEducationUnit@doh.wa.gov)

Thank you,

WABON Education Staff

**Please note:** **If all required materials aren’t submitted within 6 months, the application will be closed as incomplete and the program will be required to submit a new application to be considered for an approval of clinical placements in Washington State.**

|  |  |  |  |  |  |  |  |  |  |  |
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| **Out-of-State Nursing Education Program Practice/Clinical Experience Application** | | | | | | | | | | |
| **1. Demographic and Contact 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 or tap here to enter text. | | | |
| **Web Address:**  Click or tap here to enter text. | | | | | | | | | | |
| **Type of Ownership (indicate here if you are a for-profit or not-for-profit organization):** | | **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 or tap 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 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 | **Zip Code:**  Click here | | | | | **County:**  Click or tap 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 Track 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 | **Zip Code:**  Click here | | | | | **County:**  Click or tap 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 | **Zip Code:**  Click here | | | | | **County:**  Click or tap 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.** | | | | |
| **Is the program approved by the Board of Nursing in the state of legal domicile?** | | | | | | | | | Yes | No |
| **If yes, list Board of Nursing approval expiration date: Click or tap to enter a date.** | | | | | | | | | | |
| **Does the Board of Nursing in the state of legal domicile approve post licensure nursing programs?** | | | | | | | | | Yes | No |
| **Do you have nursing programs located in other states?** | | |  | | |  | | | Yes | No |
| **If yes, list state(s):** Click or tap here to enter text. | | | | | | | | | | |
| **Is your program fully approved by other Boards of Nursing?** | | | | | |  | | | Yes | No |
| **If yes, list Boards of Nursing:**  Click or tap here to enter text. | | | | | | | | | | |
| **If no, provide an explanation:**  Click or tap here to enter text. | | | | | | | | | | |
| **Nursing Program Accreditation Body: Send copies of accreditation letters with application.** | | | | | | | | | | |
| CCNE  CNEA  ACEN **Expiration Date: Click or tap to enter a date.** | | | | | | | | | | |
| **3. Describe the Mode of Education for the Program Requested in Washington State** | | | | | | | | | | |
| **Classroom experience in Washington state (face to face)** | | |  | | |  | | | Yes | No |
| **Classroom experience in Washington state (hybrid)** | | |  | | |  | | | Yes | No |
| **Clinical practice/experience in Washington state** | | |  | | |  | | | Yes | No |
| **Skills lab in Washington state** | | |  | | |  | | | Yes | No |
| **Virtual simulation lab online** | | |  | | |  | | | Yes | No |
| **Simulation experience in Washington state (face to face)** | | |  | | |  | | | Yes | No |
| **Other:** Click or tap here to enter text. | | | | | | | | | | |

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| **4. Out-of-State Programs**  For nursing programs requesting approval for practice/clinical experiences 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. |
| * 1. A letter of intent specifically identifying nursing degree programs, courses, and practice/clinical experience(s) for which the nursing program is seeking approval in Washington state.   2. **.a** Describe the format of practice/clinical experiences, such as use of preceptors, mentors or direct faculty supervision. See [WAC 246-840-533.](http://apps.leg.wa.gov/WAC/default.aspx?dispo=true&cite=246-840-533)   **4.2.b** Describe the evaluation process of students in practice/clinical settings by faculty. Include the student evaluation tool completed by faculty.  **4.2.c** Provide written criteria for the selection of competent practice/clinical preceptors and verification of qualifications including unencumbered nursing license(s). Confirm the preceptors cannot be related to or be personal friends of the student. See [WAC 246-840-571](http://apps.leg.wa.gov/WAC/default.aspx?dispo=true&cite=246-840-571) and [WAC 246-840-533.](http://apps.leg.wa.gov/WAC/default.aspx?dispo=true&cite=246-840-533)   * 1. Include the total number of practice/clinical experience hours by course and content area.   2. Provide evidence of discussion regarding cooperative planning with directors of existing nursing programs or clinical consortia for use of potential affiliate agencies and practice/clinical settings. (Applies to pre-licensure nursing programs.)   3. Provide the number of currently enrolled students in Washington state for each program. If applying for number of students, specify anticipated number of students for the calendar year. Identify the Washington practice/clinical site(s) and number of students at each site, if known.   4. Provide the names of proposed practice/clinical facilities (or when known), the type, specific practice area of the proposed practice/clinical experiences, location, and the anticipated date when the practice/clinical learning experience will begin.   5. **.a** Describe how the program(s) prepare students for practice/clinical experiences and licensure according to the scope of practice identified in Washington law.      1. Provide curricular outlines or scope and sequence for each program (degree) seeking approval.      2. Provide program purpose, outcomes, and policies related to grievance, faculty supervision and preceptors.      3. Provide faculty, preceptor, and nursing student handbooks.      4. Identify how the program ensures the faculty who teach distance learning hold a current active unencumbered nursing license in the state where the nursing program has legal domicile.      5. Provide faculty license number(s) in state of legal domicile.   6. Identify the faculty member(s) responsible for the student’s practice/clinical experiences, and his or her educational qualifications and Washington licensure number(s). See [WAC 246-840-523 through 246-840-](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840)528.      1. Provide written plans for practice/clinical experiences supervision and evaluation of nursing students.      2. Provide practice/clinical experiences course syllabi.      3. Provide letter(s) or affiliation agreement(s) from prospective Washington practice/clinical facilities or settings indicating the facilities’ ability to accommodate students; including frequency of facility evaluation. If no agreements are signed at the application time, provide the template used.      4. Provide criteria and rationale for the selection of practice/clinical affiliate agencies or settings appropriate for the program of study;      5. Provide process and tool for the evaluation of the effectiveness for practice/clinical affiliate agencies or setting and the frequency of evaluation;   7. Provide the telephone and email address for the contact person at the practice/clinical site.   8. Provide letter of current accreditation status for the College or University.   9. Provide letter of current approval/accreditation status by the state board of nursing from the state where the nursing education program originates.   10. Provide letter of current accreditation status from a national nursing accrediting body recognized by the USDOE.   Provide letter of current approval status for the program by the Washington Student Achievement Council (WSAC), or NC-SARA. Information about degree authorization can be obtained by contacting [DegreeAuthorization@wsac.wa.gov.](mailto:DegreeAuthorization@wsac.wa.gov) |

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| **5. 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 | Click or tap to enter a date. |
| Click or tap here to enter text.  Print Name | Click or tap here to enter text.  Print Title |

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**Appendix A**

Important Information to Know Prior to Completing your Application

Review the following partial list of education rules prior to completing the application. Pay special attention to bold and yellow areas. The information may influence the College/University’s decision to apply for nursing practice/clinical experiences in Washington state. Washington state educational rules are [WAC 246-840-500](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840) [through 246-840-571.](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840)

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| [**WAC 246-840-571**](https://app.leg.wa.gov/WAC/default.aspx?cite=246-840-571)  **Out-of-State distance learning program approval for practice experiences in**  **Washington State requires** |
| 1. The commission may approve out-of-state distance learning nursing education programs for the purpose of placing student in clinical or practice experiences in the state of Washington. The out-of-state distance learning nursing education program shall:    1. Complete and submit a commission approved application and demonstrate equivalency to requirements for in-state Washington nursing programs;    2. Provide clinical and practice supervision and evaluation of students in Washington state;    3. Ensure the faculty, preceptors and others who teach, supervise, or evaluate clinical or practice experiences in the state of Washington hold an active, unencumbered nursing license appropriate to the level of student teaching. Faculty must be licensed in the state of Washington as an ARNP if teaching advanced registered nurse practitioner practice;    4. Preceptors for students in a nursing education program preparing nurses for advanced registered nurse practitioner licensure shall not be related to the student or personal friends, and shall have an active, unencumbered license as an ARNP under chapter [18.79](http://app.leg.wa.gov/RCW/default.aspx?cite=18.79) RCW, a physician under chapter [18.71](http://app.leg.wa.gov/RCW/default.aspx?cite=18.71) RCW, an osteopathic physician under chapter [18.57](http://app.leg.wa.gov/RCW/default.aspx?cite=18.57) RCW, or equivalent in other states or jurisdictions;    5. Ensure the faculty who teach didactic distance learning nursing courses hold a current and active, unencumbered nursing license in the state where the nursing program has legal domicile;    6. Be accredited by a nursing education accrediting body approved by the United States Department of Education;    7. Maintain accreditation status by the nursing education accrediting body;    8. Report to the commission within thirty days of notice from the nursing education accrediting body if the accreditation status has changed; and    9. Submit an annual report to the commission as identified in commission approved survey.    10. The commission may conduct site visits or complaint investigations to clinical or practice locations to ensure compliance with commission requirements.    11. The commission may withdraw clinical placement approval if it determines a nursing education distance learning program fails to meet the standards for nursing education as contained 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)    12. The commission may refer complaints regarding the distance learning nursing education program to the home state board of nursing and appropriate nursing education accreditation body.    13. A distance learning nursing education program wishing to contest a decision of the commission affecting its approval status for clinical or practice experiences shall have the right to a brief adjudicative proceeding under the Administrative Procedure Act, chapter [34.05](http://app.leg.wa.gov/RCW/default.aspx?cite=34.05) RCW.   [**WAC 246-840-531**](https://app.leg.wa.gov/WAC/default.aspx?cite=246-840-531) |
| **Clinical and practice experiences for students in approved nursing education programs.**   1. All nursing programs preparing students for licensure shall provide faculty planned clinical or direct patient care experiences based on program outcomes and goals.    1. The number of clinical or direct patient care experience hours must be:       1. At least three hundred hours for licensed practical nursing education programs;       2. At least five hundred hours for associate degree nursing education programs;       3. At least six hundred hours for bachelors of science in nursing education programs;       4. At least five hundred hours for masters level nurse practitioner nursing education programs;       5. At least one thousand hours for doctoral of nursing practice nurse practitioner programs. 2. Observation of licensed or qualified health care professionals practicing a technical skill or therapy may be included in the calculation of student clinical hours. Observation is reserved for care or therapy situations, which students are not qualified to deliver; 3. Skill practice labs must not be counted towards clinical practice hours.   (2)(a) All post licensure nursing education programs shall have faculty planned  practice experiences for students based on program outcomes and goals. Practice experience examples include, but are not limited to: Indirect and direct patient care, patient or population teaching, population interventions, student nurse teaching or the teaching of nursing students, leadership and change projects, research, accessing client or population data for the purpose of doing quality assurance or improvement projects, informatics, thesis or dissertation development and defense.   1. The number of practice hours must be equivalent to programs of similar type:    1. At least one hundred hours for registered nurse to bachelor's degree programs; and    2. At least one hundred hours for graduate nursing education programs. 2. Faculty shall organize clinical and practice experiences based on the educational preparation and skill level of the student. 3. Faculty shall plan, oversee, and evaluate student clinical and practice experiences. |
| [**WAC 246-840-533**](https://app.leg.wa.gov/WAC/default.aspx?cite=246-840-533)  **Nursing preceptors, interdisciplinary preceptors, and proctors in clinical or practice settings for nursing students located in Washington state.**   1. Nursing preceptors, interdisciplinary preceptors, and proctors may be used to enhance clinical or practice learning experiences after a student has received instruction and orientation from program faculty who confirm the student is adequately prepared for the clinical or practice experience. For the purpose of this section:    1. A nursing preceptor means a practicing licensed nurse who provides personal instruction, training, and supervision to any nursing student, and meets all requirements of subsection (4) of this section.    2. An interdisciplinary preceptor means a practicing health care provider who is not a licensed nurse, but provides personal instruction, training, and supervision to any nursing student, and meets all requirements of subsection   (5) of this section.   * 1. A proctor means an individual who holds an active credential in one of the professions identified in RCW [18.130.040](http://app.leg.wa.gov/RCW/default.aspx?cite=18.130.040) who monitors students during an examination, skill, or practice delivery, and meets all requirements of subsection (6) of this section.  1. Nursing education faculty are responsible for the overall supervision and evaluation of the student and must confer with each primary nursing and interdisciplinary preceptor, and student at least once during each phase of the student learning experience:    1. Beginning;    2. Midpoint; and    3. End. 2. A nursing preceptor or an interdisciplinary preceptor shall not precept more than two students at any one time. 3. A nursing preceptor may be used in nursing education programs when the nursing preceptor: 4. Has an active, unencumbered nursing license at or above the level for which the student is preparing; Has at least one year of clinical or practice experience as a licensed nurse at or above the level for which the student is preparing; 5. Is oriented to the written course and student learning objectives prior to beginning the preceptorship; 6. Is oriented to the written role expectations of faculty, preceptor, and student prior to beginning the preceptorship; and 7. Is not a member of the student's immediate family, as defined in RCW [42.17A.005](https://app.leg.wa.gov/RCW/default.aspx?cite=42.17A.005)(27); or have a financial, business, or professional relationship that is in conflict with the proper discharge of the preceptor's duties to impartially supervise and evaluate the nurse. 8. An interdisciplinary preceptor may be used in nursing education programs when the interdisciplinary preceptor:    1. Has an active, unencumbered license in the area of practice appropriate to the nursing education faculty planned student learning objectives;    2. Has the educational preparation and at least one year of clinical or practice experience appropriate to the nursing education faculty planned student learning objectives;    3. Is oriented to the written course and student learning objectives prior to beginning the preceptorship;    4. Is oriented to the written role expectations of faculty, preceptor, and student prior to beginning the preceptorship; and    5. Is not a member of the student's immediate family, as defined in RCW [42.17A.005](https://app.leg.wa.gov/RCW/default.aspx?cite=42.17A.005)(27); or have a financial, business, or professional relationship that is in conflict with the proper discharge of the preceptor's duties to impartially supervise and evaluate the nurse. 9. A proctor who monitors, teaches, and supervises students during the performance of a task or skill must:    1. Have the educational and experiential preparation for the task or skill being proctored;    2. Have an active, unencumbered credential in one of the professions identified in RCW 18.130.040;    3. Only be used on rare, short-term occasions to proctor students when a faculty member has determined that it is safe for a student to receive direct supervision from the proctor for the performance of a particular task or skill that is within the scope of practice for the nursing student; and    4. Is not a member of the student's immediate family, as defined in RCW 42.17A.005(27); or have a financial, business, or professional relationship that is in conflict with the proper discharge of the preceptor's duties to impartially supervise and evaluate the nurse.  Note: The maximum faculty to student clinical ratios\*:  * + 1. **Pre-licensure LPN and RN programs is:**        1. 1:10 direct patient care experiences        2. 1:15 observational or precepted experiences  RN-BSN Programs  * + - 1. 1:15 in clinical and practice settings  ARNP programs  * + - 1. 1:6 in clinical and practice settings  Graduate Nursing Programs not leading to ARNP licensure  * + - 1. 1:15 in clinical and practice settings.   \*Refer to [WAC 246-840-532](https://app.leg.wa.gov/wac/default.aspx?cite=246-840-532). |

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# Appendix B

**Please note:** **If all required materials aren’t submitted within 6 months, the application will be closed as incomplete and the program will be required to submit a new application to be considered for an approval of clinical placements in Washington State.**

|  |  |  |
| --- | --- | --- |
| **Out-of-State Program Checklist\*** | | |
| **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. |
|  |  | **4.1** A letter of intent specifically identifying nursing degree programs, courses, and practice/clinical experience(s) for which the nursing program is seeking approval in Washington state. |
|  |  | **4.2.a** Describe the format of practice/clinical experiences, such as use of preceptors, mentors or direct faculty supervision. See [WAC 246-840-533.](http://apps.leg.wa.gov/WAC/default.aspx?dispo=true&cite=246-840-533) |
|  |  | **4.2.b** Describe the evaluation process of students in practice/clinical settings by faculty. Include the student evaluation tool completed by faculty. |
|  |  | **4.2.c** Provide written criteria for the selection of competent practice/clinical preceptors and verification of qualifications including unencumbered nursing license(s). Confirm the preceptors cannot be related to or be personal friends of the student. See [WAC 246-840-571](http://apps.leg.wa.gov/WAC/default.aspx?dispo=true&cite=246-840-571) and [WAC 246-840-533](http://apps.leg.wa.gov/WAC/default.aspx?dispo=true&cite=246-840-533). |
|  |  | **4.3** Include the total number of practice/clinical experience hours by course and content area. |
|  |  | **4.4** Provide evidence of discussion regarding cooperative planning with directors of existing nursing programs or clinical consortia for use of potential affiliate agencies and practice/clinical settings. (Applies to pre-licensure nursing programs.) |
|  |  | **4.5** Provide the number of currently enrolled students in Washington state for each program. If applying for number of students, specify anticipated number of students for the calendar year. Identify the Washington practice/clinical site(s) and number of students at each site, if known. |
|  |  | **4.6** Provide the names of proposed practice/clinical facilities (or when known), the type, specific practice area of the proposed practice/clinical experiences, location, and the anticipated date when the practice/clinical learning experience will begin. |
|  |  | **4.7.a** Describe how the program(s) prepare students for practice/clinical experiences and licensure according to the scope of practice identified in Washington law. |
|  |  | **4.7.b** Provide curricular outlines or scope and sequence for each program (degree) seeking approval. |
|  |  | **4.7.c** Provide program purpose, outcomes, and policies related to grievance, faculty supervision and preceptors. |
|  |  | **4.7.d** Provide faculty, preceptor, and nursing student handbooks. |
|  |  | **4.8.a** Identify how the program ensures the faculty who teach distance learning hold a current active unencumbered nursing license in the state where the nursing program has legaldomicile. |
|  |  | **4.8.b** Provide faculty license number(s) in state of legal domicile. |
|  |  | **4.9** Identify the faculty member(s) responsible for the student’s practice/clinical experiences, and his or her educational qualifications and Washington licensure number(s). See [WAC 246-840-523](http://apps.leg.wa.gov/WAC/default.aspx?dispo=true&cite=246-840-523) through [246-840-](http://apps.leg.wa.gov/WAC/default.aspx?dispo=true&cite=246-840-528) [528](http://apps.leg.wa.gov/WAC/default.aspx?dispo=true&cite=246-840-528)**.** |
|  |  | **4.10.a** Provide written plans for practice/clinical experiences supervision and evaluation of nursing students. |
|  |  | **4.10.b** Provide practice/clinical experiences course syllabi. |
|  |  | **4.11.a** Provide letter(s) or affiliation agreement(s) from prospective Washington practice/clinical facilities or settings indicating the facilities’ ability to accommodate students; including frequency of facility evaluation. If no agreements are signed at the application time, provide the template used. |
|  |  | **4.11.b** Provide criteria and rationale for the selection of practice/clinical affiliate agencies or settings appropriate for the program of study; |
|  |  | **4.11.c** Provide process and tool for the evaluation of the effectiveness for practice/clinical affiliate agencies or setting and the frequency of evaluation; |
|  |  | **4.12** Provide the telephone and email address for the contact person at the practice/clinical site. |
|  |  | **4.13** Provide letter of current accreditation status for the College or University. |
|  |  | **4.14** Provide letter of current approval/accreditation status by the state board of nursing from the state where the nursing education program originates. |
|  |  | **4.15** Provide letter of current accreditation status from a national nursing accrediting body recognized by the USDOE. |
|  |  | **4.16** Provide letter of current approval status for the program by the Washington Student Achievement Council (WSAC), or NC-SARA. Information about degree authorization can be obtained by contacting [DegreeAuthorization@wsac.wa.gov.](mailto:DegreeAuthorization@wsac.wa.gov) |

## RCW/WAC and Online Website Links

**RCW/WAC Links**

[Nursing Care, 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 State Board of Nursing Home Page](https://nursing.wa.gov/) Washington Licensure [Application](https://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/NurseLicensing/ApplyforaLicense)

RCW/WAC and Online Web Site Links – January 2025