FLORIDA BOARD OF NURSING

4052 Bald Cypress Way, Bin C-10
Tallahassee, FL 32399-3252
Nurse Consultant Ext. (850) 617-1478
www.floridasnursing.gov

Application for New Nursing Program

August 1, 2018

NOTE: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your written communications may therefore be subject to public disclosure, which includes the submission of this application.

Florida Board of Nursing
Application for New Nursing Program

Directions:

1. Review ss. 464.019 and 120.60, Florida Statutes. You may view these laws at the link below:
   http://www.leg.state.fl.us/statutes/index.cfm?Mode=View%20Statutes&Submenu=1&Tab=statutes

2. Submit the complete application and the $1,000 fee, pursuant to s. 464.019(1), F.S., to the Board office to this address:

   Florida Board of Nursing
   Attn: Education Unit
   4052 Bald Cypress Way, Bin C-10
   Tallahassee, FL 32399

3. The Florida Board of Nursing staff will review the submitted application within 30 days of receipt and provide written notification of any errors or omissions. A decision to either approve or deny the application will be made by the Board within 90 days of receipt of a complete application and fee by the Board office, pursuant to ss. 464.019(2) and 120.60, Florida Statutes.

Sponsoring Educational Institution	
Legal Name (Required)	
Type of Program	☐ Registered Nurse Associate Degree ☐ Registered Nurse Baccalaureate Degree ☐ Registered Nurse Diploma ☐ Practical Nurse ☐ Remedial Course – RN or PN (Please circle)
Campus Location	
Contact Person	
Address	
City, State, Zip	
Telephone	
Fax	
E-Mail	
This institution declares its intention to establish and conduct a nursing program in accordance with the laws governing nursing education in Florida and the Florida Nurse Practice Act.	
Signed	
Title	
Date	
	Nursing Program
Legal Name (Required)	
Type of Program	☐ Registered Nurse Associate Degree ☐ Registered Nurse Baccalaureate Degree ☐ Registered Nurse Diploma ☐ Practical Nurse ☐ Remedial Course – RN or PN (Please circle)
Campus Location	
Contact Person	
Address	
City, State, Zip	
Telephone	
Fax	
E-Mail	

Program Application

A. Ownership Information

1. Legal Name of Owner: _____

2. Accreditation: s. 464.003, F.S.

Holds accreditation: Yes No

If accredited, list accrediting body:

_____

B. Faculty: s. 464.019(1)(a), F.S.

1. List the name, title and educational credentials of the program director and each faculty member

C. Curriculum: s. 464.019(1)(b)(c)(f) and (g), F.S.

1. Provide a curriculum plan as shown in the table below.

Professional (RN) programs: Please provide separate grids for general education and nursing courses with separate totals for each.

Course # & Title	Theory Clock Hours	Clinical Clock Hours	Clinical Simulation Clock Hours (if utilized)
Column Total			

*add additional rows if necessary
*please include lab hours within theory hours if utilized

2. Please provide documentation that the nursing curriculum includes specific clinical experience and theoretical instruction as outlined in s. 464.019 (1)(f)(g), F.S.

D. Clinical Training Sites: s. 464.019(1)(f)(g), F.S.

1. List all facilities that the students will use for clinical training.

Name of Clinical Facility	Location	Clinical Services Utilized	Number of Students	Number of Program Faculty

*add additional rows if necessary

2. List all community-based clinical experience sites.

Name of Community-based Experience	Location	Clinical Services Utilized	Number of Students	Number of Program Faculty

*add additional rows if necessary

E. Clinical Training Agreements: s. 464.019(1)(d), F.S.

1. Provide signed agreements for each agency, facility, and organization included in the curriculum plan as a clinical training site or community-based clinical experience site for medical, surgical, obstetric, pediatric, geriatric and psychiatric nursing as applicable to programtype.

F. Faculty Policies: s. 464.019 (1)(e), F.S.

1. Provide a copy of the written policies for faculty which include the provisions for supervision of students in clinical training consistent with statutory requirements.