

# NEW PROPOSAL RESOURCE PACKET AND HELPS - 2013

(revised 5/22/2013)



TEXAS BOARD OF NURSING

**Texas Board of Nursing  
New Proposal Resource Packet and Helps  
2013**

This packet has been prepared to assist schools in developing proposals to establish a new nursing education program. The school must first provide written notification to the Board of Nursing (BON) Education Department of the school's intent to develop a proposal for a new nursing program. Establishing a nursing program is a serious legal step and requires adequate expertise and resources in order to be successful.

**Resource Packet Contents:**

- Resources on the BON web page ([www.bon.texas.gov](http://www.bon.texas.gov))
- Steps in New Nursing Education Program Proposal Approval
- The Role of Board of Nursing Staff in the Proposal Process
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- List of "Musts" to Include in the Final Proposal
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- Designing Clinical Evaluation Tools Which Measure Progression of Students' Cognitive, Affective, and Psychomotor Achievement in Clinical Objectives
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**Resources on the BON web page:**

Under the *Nursing Law & Rules* link:

- Rule 214 Vocational Nursing Education
- Rule 215 Professional Nursing Education
- Rule 217.11 Standards of Nursing Practice
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Under the *Nursing Education* link:

- Education Guidelines - helpful guidelines based upon the interpretation of the Board's rules for nursing programs
- Education Guideline 3.1.1.a. Proposal Guideline to Establish a New VN Education Program
- Education Guideline 3.1.1.c. Proposal Guideline to Establish a New ADN, BSN, or MSN Program
- Education Guideline 3.4.1.a. Approval Process for a New Dean, Director or Coordinator
- Starting a Nursing Program

Under the *Nursing Practice* link:

- Position Statement 15.16 Development of Nursing Education Programs
- Position Statement 15.26 Simulation in Prelicensure Nursing Education
- Position Statement 15.27 The Licensed Vocational Nurse Scope of Practice

Meeting Dates for Regular Board Meetings under the *About the Board* link

In addition, the web page provides many valuable and helpful documents for nurses and nurse educators.

**Steps in New Nursing Education Program Proposal Approval Process:**

1. A school seeking to establish a new nursing program shall notify the Board of Nursing (BON) in writing of their intent to submit a proposal and provide name and contact information (contact

person, email address, phone number, physical address of the program, web site). This notification should occur about one (1) year to the anticipated start date for the program.

2. The school shall review documents on the BON web page <http://www.bon.texas.gov> under **Nursing Education**
  - Education Guidelines 3.1.1.a. for Vocational Programs and 3.1.1.c. for Professional Programs
  - Rule 214 Vocational Nursing Education
  - Rule 215 Professional Nursing Education
  - “Starting A Nursing Program” under **Nursing Education** link on web page
  - Position Statement 15.16 Development of Nursing Education Programs (also under **Nursing Practice** link)
  - New Proposal Resource Packet and Helps – 2013
3. Representatives from the school should attend the next scheduled Informal Information Session for new program proposal authors. These sessions are provided by Board Staff about twice a year depending upon the number of letters of intent received.
4. Representatives from the school should attend the first day of a regularly scheduled Board meeting to observe the Board in decision-making about education agenda items. Board meetings occur in January, April, July, and October of each year. Dates of Board meetings are posted on the BON web page under **About the Board**.
5. The individual writing the proposal for a new nursing education program should hold a current license or privilege to practice as a registered nurse in Texas and should meet the qualifications for the program director as specified in Rules 214.6 and 215.6. A qualified director must be employed by the program early in the development of the proposal, and in no event shall the director be hired later than six (6) months prior to the submission of the proposal to the Board. All communication with Board Staff will be directed to the proposed director, not to an employed consultant nor to the institutional administration. At least one potential faculty person should be identified before curriculum development to assist in planning the program of study.
6. Board Staff will only review complete proposals accompanied by the application fee. The proposal should be signed by the administration of the institution to indicate their review and agreement with the plan for the new program.
7. Board Staff will make a brief preliminary review of the proposal within two (2) weeks after it is received in the Board Office to get a general idea of the degree of revisions and rewriting that may be needed. Board Staff will advise the author of the estimated extent of additional work that will be required.
8. Two education consultants will review the proposal to determine areas for revision, clarification, and additional information. The following are essential elements in a proposal and a deficit in only one area will stop the process:
  - strong rationale for need of the new program
  - documents ensuring established clinical agreements
  - qualified director for the program
  - sufficient qualified faculty
  - adequate resources for program development and implementation

When this review is complete, program representatives may be invited to the board office for a consultation visit and interview. Education consultants will suggest areas for proposal revision.

9. After the program has revised the proposal, they will provide a second draft to Board Staff. Board Staff will accept and review the initial proposal and up to two (2) revisions of the proposal. The time limit for a program to produce a complete proposal ready for presentation to the Board is one

(1) year following Board Staff response to the initial proposal. If the second revision (third submission) of the proposal is still not complete and/or is not in an approved format for Board presentation, the program will be offered two (2) options:

- to withdraw the proposal, or
- to present the proposal to the Board with Board Staff recommendation to deny the proposal.

10. When the proposal is accepted as ready for Board action, a site visit will be scheduled. If all facilities (classrooms, labs, learning resources, offices, services, etc.) are complete and ready for use by students, the Board Staff recommendation will be for approval of the proposal.

Note related to the physical space for the new program: In consideration of the cost of construction and equipping classrooms, labs, and other required educational spaces, the program may delay the preparation of the physical space until the proposal is acceptable by Board Staff to progress to a Board meeting. The blueprints and construction plans should be included in the proposal presented to the Board. In this case, Board Staff may recommend Board approval contingent upon completion of the facility. Following construction and furnishing the nursing area, Board Staff will make a site visit to ensure that the physical spaces are complete before students may be enrolled. If construction and equipping the building take enough time that proposal documents are out of date (clinical contracts, faculty vitae), current documents shall be submitted to Board Staff prior to the beginning of classes.

11. When the proposal has been accepted, Board Staff will prepare the Board report for the next scheduled Board meeting.
12. In preparation for the Board meeting, the program will convert the approved proposal, and any appendices such as student and faculty handbooks, and photographs of the school to a PDF format with bookmarks for submission to the education consultant at least four (4) weeks prior to the Board meeting. Late submissions will be pulled from the Board agenda.
13. When the proposal is presented to the Board, the Board may approve the proposal and grant initial approval to the new program, may defer action on the proposal, or may deny further consideration of the proposal. In order to ensure success of newly approved programs, the Board may, in its discretion, impose any restrictions or conditions it deems appropriate and necessary.
14. In addition to imposing restrictions and conditions, the Board may also require specific monitoring of newly approved programs that are high-risk. A program may be considered high-risk if it meets one or more of the following criteria, including, but not limited to: inexperience of the governing entity in nursing education; inexperience of the potential director in directing a nursing program; potential for director or faculty turnover; or potential for a high attrition rate among students.
15. The program shall not enroll students until the Board approves the proposal and grants initial approval. If the program does not enroll students within one year following the date of Board approval, the program shall provide an addendum describing all changes that have occurred related to program director, administrative control of the program, approval/accreditation status with other regulatory or accreditation agencies, faculty, financial support, clinical contracts, curriculum plan, clinical evaluation tools, and total program evaluation plan. The program must submit a new application fee. Board Staff may approve the changes unless they are substantial and need Board approval.
16. Proposals that are denied by the Board may be rewritten as a new proposal and submitted to the Board office ONE (1) YEAR after the date of withdrawal or denial. A new application and fee must accompany the new proposal.

17. A Board-approved nursing program that does not enroll students within one (1) year from the date of Board approval shall submit an addendum to Board Staff providing details about changes in the program director, administrative control of the program, approval/accreditation status with regulatory or accreditation agencies, faculty, financial support, clinical contracts, curriculum plan, clinical evaluation tools, and total program evaluation plan. The addendum shall be accompanied by a new application fee. The addendum may be approved by Board Staff or the Board, as appropriate.
18. It is the program's responsibility to ensure that the proposal is developed as a professional document. While it is the responsibility of the education consultants to review the proposal, they may not provide assistance with rewriting or editing. The proposal must be in compliance with Board rules and follow the guidelines.

### **Unacceptable Proposals**

If it is determined that the initial draft of the proposal is unacceptable because it is poorly developed or does not provide evidence that the essential elements are present (qualified director, clinical affiliating agreements, program of study in compliance with Board rules, adequate resources), the program will be notified and one half (\$1250) of the application fee will be returned to the program. If the program proceeds with proposal development, they must pay the \$1250 when the proposal is considered ready for presentation to the Board at a regularly scheduled Board meeting. The program will be held to the one year requirement in number 9 above.

### **The Role of Board of Nursing Staff in the Proposal Process:**

The nursing consultants for education are consultants to the Board, not consultants to new programs. They will assist new programs through the approval process, and will prepare a report for the Board members that summarizes the proposal and the program's compliance with the education rules. Board Staff will also include findings from the site visit in the Board report. Board Staff will make a recommendation to the Board, but Board members make the final decision about the approval of the program.

Education consultants may:

- provide assistance to programs in interpreting rules and following the proposal guidelines
- advise programs of major areas where the proposal is deficient
- offer general suggestions for improving the proposal
- answer pertinent questions for programs engaged in writing a proposal
- monitor the program's progress and evaluate time lines for board review

Education consultants may **not**:

- edit, write, or assist in writing the proposal
- coach the program in proposal development
- help the program make business decisions
- provide legal advice
- recommend by name a potential director, faculty, or consultant to the program

### **Time Line from Letter of Intent to Board Presentation:**

The process of developing the proposal to establish a new nursing education program usually takes approximately one (1) year for programs who work efficiently on the project. Proposals that are thorough, follow Board guidelines, and are in good order when they are received require less time than those that are not complete and do not provide all the information required in the guidelines.

The steps in the proposal process with estimated time allowances are listed:

Letter of Intent to the BON - Board Staff will acknowledge receipt of letter within 1 week.

Work on Initial Draft of Proposal – three (3) to twelve (12) months (depending upon knowledge base of author and concentrated time on proposal). This process involves:

- Reviewing resources on BON web page
- Attending the Informal Information Session
- Attending a Board Meeting
- Surveying the community, clinical sites, employment settings, potential students to provide a rationale for the new program
- Organizing and writing the proposal
- Involving administration and other faculty in editing and critiquing the proposal
- Developing Faculty and Student Handbooks
- Capturing the physical setting through photos of the school's site and facilities

Submit Initial Draft of Proposal with Application Fee to BON

- Board Staff will make a preliminary review of the initial draft (within two [2] weeks) and advise the program of the general acceptability of the proposal and an estimate of further work.
- If the proposal is acceptable for further review, two (2) education consultants will carefully analyze the document within one (1) to three (3) months.
- If the proposal is not acceptable, the process will stop and the assigned consultant will notify the program.
- Once the proposal meets the minimal standards in the rule, the education consultants may meet with the authors of the proposal for a consultation meeting in Board office.
- Education consultants will offer suggestions for revisions of the proposal.

Work on the First Revision of the Proposal – The program will revise the proposal in accordance with suggestions from the consultants within one (1) to three (3) months, depending upon the extent of revisions and dedicated time of the authors.

Submit the First Revision of the Proposal to the BON

- Consultants will provide feedback regarding the status of the First Revision within one (1) month.

Submit the Second Revision of the Proposal, if needed

- Consultants will evaluate whether the proposal is in the final form for consideration by the Board.
- Consultants will schedule a site visit to determine that all physical facilities are in place and ready for students - Site visit must be made at least by seven (7) weeks prior to the scheduled Board meeting.
- If the survey visit reflects that standards have been met, consultants will develop the Board report including findings from the survey visit for the appropriate Board meeting.
- If the survey visit reflects major discrepancies, the institution will be advised that the proposal will not go forward until the discrepancies are corrected.
- If the program has opted to delay the build-out of the nursing facilities until the proposal is acceptable, blueprints and plans should be submitted with the proposal.
- Board Staff will conduct a site visit when the facility is complete.

The time line may be impacted by the number of proposals being processed in the board office at the same time. A reasonable number of proposals will be handled at each Board meeting in order that the education consultants and Board members may devote adequate time to each proposal.

Program will transfer the proposal and appendices, including faculty and student handbooks, and photos to an electronic format (PDF with bookmarks) as directed by Board Staff. The electronic format must be submitted to the education consultant at least four (4) weeks prior to the Board meeting.

The education consultant will inform the program of the scheduled time on the Board agenda for presentation to the Board. The education consultant will greet the program representatives when they arrive at the Board meeting. A public hearing is scheduled prior to each new proposal presented to the Board to allow any individual to voice concerns about the new program or support for the new program. When the Board President calls for the public hearing related to their program, the education consultant will join the program representatives at the table and provide a brief overview of the proposal. Note: Program representatives will be sworn in, will be given the opportunity to provide brief testimony about the program, and will answer any questions from the Board. The Board will make the decision about whether to approve the proposal at the meeting.

List of "Musts" to Include in the Final Proposal:

Cover Page - including date of printing; name of program of study, address, email address, phone and fax numbers for the controlling agency; name and credentials of the author(s) of proposal; and name of contact person if different from author

Table of Contents with page numbers

Pages numbered sequentially, including appendices

Appendices labeled as appropriate for ease of access

Proposal content as outlined in the guideline

(Note: You may place information within the proposal or in appendices)

Areas suggested for appendices:

- Letters of support

- New Dean/Director Qualification Form, credentials, CV (no transcripts in final proposal)

- Faculty CV (abbreviated)

- Abbreviated Syllabi (see notes below)

- Clinical Evaluation Tools

- Differentiated Essential Competencies (DECs) matrix

- Total Evaluation Plan

- Contracts with Affiliating Agencies

- Any lists of equipment, audiovisuals, publications

- Any other documents you would like to include in your proposal

- Budgets

- Photographs of the campus and facilities

Exam questions need not be included in the final proposal.

Preceptors: some information should be within the proposal itself about the planned use of any preceptors, criteria for selection and evaluation, orientation of preceptors, monitoring of students in precepted experiences, and number of available qualified preceptors.

Abbreviated syllabi should include: course description, prerequisites, number of credits and lab/clinical hours, course/clinical objectives, outcomes if appropriate, texts, evaluation methods/grading criteria, grading criteria for assignments, instructional methods, content outline, course schedule with assignments for each class meeting, and any other documents vital to understanding the course.

### **Tips for Writing Proposals for New Programs:**

1. The proposal should present the school in its best light with emphasis on features that make it outstanding. Any unique or innovative features should be addressed.
2. As soon as the proposed program director is in place, he/she should participate in the development of the proposal. If the author is not the director, the author should have expertise in nursing education and in proposal development.
3. Identification of the writer of the proposal should be on the cover page with evidence that the author meets the qualifications outlined in the rule.
4. The proposal is a professional document which warrants excellence in appearance with logical arrangement of materials and the proper use of grammar and spelling. It should be written for a wide audience of readers since the Board members include consumer representatives, nurses, and educators. The appearance and writing style of the proposal make an important first impression on the reader.
5. After the proposal receives final approval by Board Staff (with a maximum of three [3] submissions), it shall be converted to an electronic format (PDF with Bookmarks). It is the responsibility of the program to transfer the proposal to this format for submission to the education staff at least four (4) weeks prior to the scheduled Board meeting.
6. Proposal Content includes (see Guidelines for details on the following items):
  - a. An introduction providing a full description of the program which is being proposed;
  - b. Evidence that there is a definite need in the community for the program and that jobs will be available for the graduates: A description of the community should include an overview of the community and its needs in the words of the writer. Statistics and demographics should be presented in table format developed by the writer. (Xeroxed or scanned copies of published data and community information are not acceptable.) The availability of nursing jobs in the area for graduates from the program is an important determinate for the need for an additional nursing program;
  - c. Letters of support from community leaders and administrators of health care facilities in the area. Letters from clinical agencies should state that they will be able to accommodate the students for clinical learning experiences and they will consider hiring them after graduation;
  - d. Evidence of communication with other nursing programs in the area and their comments/support;
  - e. Evidence of current approval/accreditation of the institutional setting proposing the new program;
  - f. Organization Charts of the institution and of the nursing education unit;
  - g. A projected time line for developing and initiating the program;
  - h. A projected budget for the first two (2) years of operation and evidence that financial support is available;
  - i. Evidence that there are available qualified faculty: Discuss recruitment of future faculty;
  - j. A description of potential students including survey data from possible students;
  - k. A description of the admission process, including criteria for admission and selection process;
  - l. Evidence that available facilities, resources, and student services are adequate for the program;
  - m. A description of how the clinical learning experiences will be managed;
  - n. Evidence that hospitals and health care facilities in the area have committed to provide clinical sites for students enrolled in the program and that additional students will not have negative effects on other students presently scheduled for the facility;

- o. A comprehensive outline of the curriculum beginning with mission and philosophy of the program and evidence that core concepts flow through the curriculum;
  - p. Syllabi of courses which include:
    - course descriptions;
    - learning objectives for didactic and clinical experiences;
    - schedules showing class times, assignments, test dates, etc.;
    - evidence that evaluation and grading of students represents achievement of learning objectives;
    - evidence that program goals include the *Differentiated Essential Competencies for Graduates*;
    - evidence that the clinical courses include clinical objectives that reflected in the clinical evaluation tools; and
    - evidence that grading criteria for each assignment is clearly stated and appropriate.
  - q. Clinical evaluation tools which show progression across the program in cognitive, affective, and psychomotor achievement; and
  - r. Evidence of a total program evaluation plan (see Guidelines).
7. Programs should:
- provide a signed affidavit that administration of the institution have read the proposal and assure accuracy, consistency, form, and agreement with their understanding of the new program;
  - provide a signed affidavit that the proposal is the sole work of the author and proposed director, and that no portions of it were taken directly from other sources (except for referenced content); and
  - provide a disclaimer that the proposal is not for dissemination to the general public.

These tips are not all-inclusive of information needed in the Proposal. They are provided as friendly helps in writing a proposal. Please see Guidelines for specifics on proposal development.

### **Designing Clinical Evaluation Tools Which Measure Progression of Students' Cognitive, Affective, and Psychomotor Achievement in Clinical Objectives:**

Each clinical course should include clinical objectives and faculty are responsible to evaluate student achievement of these clinical objectives. If a program also has general clinical objectives, they may also be included in the course clinical evaluation tool, where appropriate. The clinical objectives across the program should change from less complex expectations of the student to more complicated expectations as the student moves toward graduation. In doing so, the objectives reflect progression of student behaviors in cognitive, affective, and psychomotor domains.

Many programs choose to use a standard clinical evaluation tool for use in all clinical courses. However, using the same objectives across the program does not measure progression or growth in student learning and behaviors. It is helpful to begin with a low level objective in the initial clinical course and alter the objective for each successive clinical course to reflect the application of more knowledge and a higher level of nursing skill. In clinical courses that deal with a special population (pediatric, maternal-child, mental health), the expectations for students practicing with the specific client group may represent progression if the program's philosophy indicates that special client groups require more complex nursing care.

Having the same objectives and measuring the level of independence of the student in meeting the objective does not indicate that the student is using higher levels of decision-making in their cognitive, affective and psychomotor abilities. It may only indicate the student has perfected a psychomotor skill and can function at a more comfortable pace.

In addition, it is likely that the *DECs* are reflected in clinical objectives since programs are required to include these objectives in the curriculum. They also help classify the student behaviors in categories of Member of the Profession, Provider of Patient-Centered Care, Patient Safety Advocate, and Member of the Health Care Team.

Simply stated, the clinical evaluation tools may have very similar objectives across the program but they should be measuring a lower level of functioning in the early clinical courses and a higher level of functioning as the student moves through the program.

Remember that the clinical evaluation tools should:

- have measurable objectives that flow from didactic content;
- include a progression of expectations across the program;
- represent a growth in critical thinking abilities and decision-making;
- require more complicated skill levels and complex activities as the student moves through the program; and
- indicate the student's knowledge base increases across the curriculum.

Clinical objectives at each level should indicate growth in clinical practice over time. The student should be moving toward achieving program outcomes.

### **Setting Enrollment Figures:**

It is required that a proposal include projected student enrollment and graduation numbers for the first five years of operation. Rules 214.8 and 215.8 related to *Students* state that "The number of students admitted to the program shall be determined by the number of qualified faculty, adequate educational facilities and resources, and the availability of appropriate clinical learning experiences for students."

The Board usually approves one enrollment per year for new programs. But with new models for nursing education, other factors will be considered when an enrollment plan varies from the traditional model. (Quarterly enrollments are discouraged in new programs.) The proposal should include a rationale for the projected student admissions with supporting evidence related to:

- the program's success with other educational programs;
- the performance of their other nursing programs on the NCLEX examination; and
- the adequacy of physical resources, qualified nursing faculty, and available clinical learning experiences.

Untried curricula or teaching methodologies provide no guarantee for success in a new program. During the first year of operation of a new program, the director and faculty are constantly evaluating the effectiveness of the curriculum and making adjustments where they are needed. Fewer students in the program allow the faculty more time for program evaluation and revisions.

### **What the Board Wants to Know and Wants to Read in the Proposal:**

*The Who - What - Where - When - How - How Many*

In the introduction:

**Who** is proposing to establish the new program? (Later in the proposal, provide a background of the institution, other programs at this site as well as other sites, and the performance of those programs.)

**What** kind of program is being proposed? VN, ADN, BSN? Second degree? Accelerated? Face-to-face program? Online? Length of program?

**Where** will the program be situated? (City and area of state)

**How** will the program be delivered? (Face-to-face, online, hybrid/blended?)

**How many** students will be enrolled the first year and subsequent years?

Are there any **distinguishing** characteristics of the proposed program?

Example:

Perfection University seeks BON approval to establish a new baccalaureate degree nursing program in Goodie, Texas, to begin enrolling student in January 2014. The program is designed to be delivered through a combination of face-to-face and online courses, and faculty-supervised hands-on clinical experiences in a variety of health care settings. The first cohort of 35 students is expected to graduate in May 2016.

The Board will consider whether:

- the rationale demonstrates the need for the new program in the community that it will serve;
- there is sufficient evidence that graduates will be able to find employment (survey of facilities);
- a sufficient number of interested qualified students will provide ongoing enrollments;
- there are adequate qualified faculty to provide instruction;
- affiliating agencies have agreed in writing to provide clinical learning opportunities for students to receive clinical instruction and supervision in a variety of settings to meet learning objectives;
- the curriculum is:
  - appropriate for the program type;
  - logically organized;
  - educationally sound;
  - flows from the philosophy and program objectives;
  - follows requirements in Section 9 of the Rule;
  - will prepare graduates to demonstrate the DEC's;
  - developed with complete syllabi including:
    - course description,
    - course objectives,
    - list of content,
    - class schedules with unit objectives and reading assignments,
    - required texts and readings,
    - portion of class devoted to classroom, lab (if applicable), clinical (if applicable),
    - all assignments with description of assignments and grading criteria,
    - grading criteria for course, and
    - teaching methods.
- student and faculty handbooks include required policies, eligibility information, and receipt for student signature;
- adequate clinical evaluation tools include measurable clinical learning objectives and show progression of expected student behaviors; and
- a workable Total Program Evaluation Plan is included.

## **Suggestions for what might be included in the Student Handbook:**

### Information Related to the Program of Study:

- Mission/Philosophy
- Program Objectives
- Outline of Required Courses for completion of the program
- Brief description of courses

### Clinical Requirements:

- Clinical Courses
- Required lab/clinical hours
- Clinical policies
- Clinical Evaluation Tools
- Explanation of grading for clinical courses

### Student Policies:

- Admission Policies and Process
- Progression Policies - Dismissal Policies
- Withdrawal Policies
- Graduation Requirements and Policies
- Readmission/Transfer Policies
- Student Organization
- Student Participation in Governance
  
- Classroom Behavior
- Students with Disabilities
- Clinical Dress
  
- Jurisprudence Exam
- Standardized Tests
- Remediation
  
- State Board Rules & Regulations
- License Eligibility and DO process - with receipt for student signature
- Grading Policies
- Plagiarism
- Grievance
  
- Reference to other college/university policies where appropriate

### Student Services:

- Library resources
- Counseling services
- Financial aid
  
- Nursing faculty and office hours
- Advisement

(This list is not all inclusive. Programs individualize their handbooks.)

## **Frequently Asked Questions:**

*How soon can our proposal go to the Board?*

Not until it goes through the entire process of review and approval outlined under Steps in the Proposal Process. If at any point the proposal does not meet the requirements in Rule 214 for vocational nursing program or in Rule 215 for professional nursing programs, the process will stop until the program complies with Board standards or Board Staff may recommend denial.

*What if the program cannot find clinical sites?*

The proposal cannot move forward in the review process until clinical agencies have committed to providing adequate clinical placements to accommodate the students through the program. Programs may need to do further research in the area or in adjoining areas to find clinical placements for students. The inability to find adequate clinical sites indicates that the proposed program is not feasible.

*What if the proposed director is not qualified? Is an exception possible?*

The rule does not allow for the waiver of director qualifications for new programs. A program will tend to be more successful when the director has teaching experience as well as administrative experience. The director's responsibilities require a background in nursing education as well as nursing practice to provide excellence in leadership and decision-making in today's changing health care environment.

*May I send sections of the proposal to Board Staff as they are completed?*

No, the proposal will only be accepted when it is complete.

*May we move ahead with proposal development while getting Texas Workforce Commission or Texas Higher Education Coordinating Board approval?*

Yes, you may proceed with proposal development. The BON is in communication with these other agencies and can determine the status of their approval of the program.

*How many students can be admitted to a new program?*

The Board usually approves a beginning class of twenty (20) to thirty-five (35) students during the first year. Generally the Board does not consider multiple admission times during the first year, especially for a program or curriculum with no history of success for the program of study. Board staff recommends a limited number of students for the first cohort in order for the program to evaluate the effectiveness of courses, faculty, and teaching methods without too many students moving through the program. There are exceptions for some newer models of instruction.

*What if the Board members do not receive the proposal 4 weeks prior to the Board meeting?*

The proposal may be pulled from the agenda and held for the next scheduled Board meeting.