

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8366
Madison, WI 53705-8366

FAX #: (608) 266-2602
Phone #: (608) 266-2112

4822 Madison Yards Way
Madison, WI 53705
E-Mail: web@dps.wi.gov
Website: <http://dps.wi.gov>

BOARD OF NURSING

APPLICATION FOR AUTHORIZATION TO PLAN A SCHOOL OF NURSING

Wis. Admin. Code Chapter N 1.03 requires an institution planning to establish and conduct a school of nursing for professional nursing or practical nursing to submit an application including all of the following to the Board:

- (1) Name and address of controlling institution and evidence of accreditation status of controlling institution.
- (2) Statement of intent to establish a school of nursing, including the academic and licensure levels of all programs to be offered and the primary method of instruction.
- (3) Evidence of the availability of sufficient clinical facilities and resources.
- (4) Plans to recruit and employ a qualified educational administrator and qualified faculty.
- (5) Proposed timeline for planning and implementing the school and intended date of entry of the first class.

The Board shall make a decision on the application within two months of receipt of the completed application and will notify the controlling institution of the action taken on the application.

To apply, please submit the following to dspsexaminationsoffice@wisconsin.gov:

- (1) This completed and signed application form.
- (2) A written proposal addressing the five items above.

Institution applying for authorization to plan a nursing school:

Name of School: _____

Address: _____

Nursing Program(s) (ADN, BSN, Other): _____

Name of School Representative Submitting Proposal

Title

Signature

Date

Telephone Number

Email Address