BOARD OF NURSING

REQUEST FOR AUTHORIZATION TO ADMIT STUDENTS TO A NURSING SCHOOL

After authorization to plan a nursing school is granted by the Board of Nursing to an institution, the institution must submit a request to the Board for authorization to admit students to the nursing school; the application must include all of the following:

(1) Verification of employment of an educational administrator meeting the qualifications in N 1.08 (2) including the following:
   • Current, active registered nurse license or privilege to practice in Wisconsin that is not encumbered
   • Graduate degree with a major in nursing
   • Knowledge of learning principles for adult education, including nursing curriculum development, administration and evaluation and either educational preparation or 2 years experience as an instructor in a nursing education program within the last 5 years
   • Current knowledge of nursing practice

(2) Evidence of faculty meeting the qualifications in N 1.08(3) including the following:
   A) For Professional Nursing Faculty:
      • Current, active registered nurse license or privilege to practice in Wisconsin that is not encumbered
      • Graduate degree with a major in nursing; interprofessional faculty teaching non-clinical nursing courses must have advanced preparation appropriate for the content being taught.
   B) For Practical Nursing Faculty:
      • Current, active registered nurse license or privilege to practice in Wisconsin that is not encumbered.
      • Baccalaureate degree with a major in nursing.

(3) School’s philosophy and objectives

(4) Overview of curriculum including all of the following:
   • Content
   • Course sequence
   • Course descriptions
   • Program evaluation plan
   • Course syllabi for the first year and plan for subsequent years

(5) Verification of establishment of student policies for admission, progression, retention and graduation

(6) Updated timeline for implementing the program and intended date for entry of the first class

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Ch. N 1.04 Wis. Admin. Code

Committed to Equal Opportunity in Employment and Licensing
(7) Verification of students’ ability to acquire clinical skills by providing all of the following:
   • Letter of intent or contracts from clinical facilities securing clinical opportunities and documentation of the facility type, size, number of beds, and type of patients.
   • Documentation of simulation equipment and experiences.

The Board will make a decision on the application to admit students within two months of receipt of the completed application and notify the institution of the action taken on the application. Once a school receives authorization to admit, the school may begin admitting students while seeking to obtain program approval.

Withdrawal of authorization may occur if the school fails to meet and maintain standards in N 1.08.

To apply for authorization to admit students, submit the following required items to dspsexaminationsoffice@wisconsin.gov:

1. Form #1114 for each faculty member and for the program educational administrator
2. A written proposal addressing items three (3), four (4), five (5) and six (6) above.
3. Form #1004 for each clinical facility

Institution applying for authorization to admit students:

Name of School: _______________________________________________________

Address: _____________________________________________________________

____________________________________________________________________

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

__________________________________________________________

Name of School: _______________________________________________________

Address: _____________________________________________________________

____________________________________________________________________

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

__________________________________________________________

Nursing Educational Administrator ___________________________________________
Title

__________________________________________________________
Signature __________________________ Date

__________________________________________________________
Telephone Number __________________________ Email Address