

**WEST VIRGINIA BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES  
CURRICULUM CHANGE REQUEST FORM**

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**DATE OF REQUEST:**

**REQUESTING SCHOOL OF NURSING:**

**PROGRAM ADDRESS:** \_\_\_\_\_

**1. PLEASE CHECK THE APPROPRIATE SELECTION AND THEN DESCRIBE THE CURRICULUM CHANGE REQUESTED AND THE RATIONALE FOR THE CHANGE: (additional pages may be used if needed)**

- major curriculum change (must be submitted at least one month prior to a Board meeting)
- new clinical facility
- change in a course title or method of delivery
- reorganization of content without change in credit hours greater than four hours
- revision based on your plan of action addressing NCLEX-RN pass rate
- new instructional site/cohort

**2. PLEASE INDICATE ANY CURRICULUM CHANGES THAT HAVE BEEN SUBMITTED TO AND APPROVED BY THIS BOARD WITHIN THE LAST FIVE (5) YEARS:**

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**3. PLEASE INDICATE NCLEX-RN PASS RATE PERCENTAGES OF THIS PROGRAM FOR THE LAST FIVE (5) YEARS:**

20\_\_ = \_\_\_\_%  
20\_\_ = \_\_\_\_%  
20\_\_ = \_\_\_\_%  
20\_\_ = \_\_\_\_%  
20\_\_ = \_\_\_\_%

**4. HAS A PLAN OF ACTION TO IMPROVE NCLEX-RN PASS RATE BEEN SUBMITTED BY THIS PROGRAM IN THE LAST FIVE (5) YEARS? \_\_\_YES \_\_\_NO**

**IF YES, LIST THE DATES AND PROGRESS MADE TOWARD FULFILLING THOSE PLANS:**

**HOW DOES THE PROPOSED CURRICULUM CHANGE EFFECT THESE PLANS?**

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**5. PLEASE PROVIDE A SCHEMATIC OF THE REQUIRED COURSES AS CURRENTLY EXIST AND AS PROPOSED.**

**6. YOU WILL BE NOTIFIED OF THE TIME AND DATE OF THE BOARD MEETING DURING WHICH THIS CHANGE WILL BE REVIEWED. A REPRESENTATIVE FROM THE PROGRAM MUST BE PRESENT TO ADDRESS ANY ISSUES AND ANSWER ANY QUESTIONS FROM THE BOARD.**

**SUBMITTED BY: \_\_\_\_\_ DATE:**

Revised 1/2015