

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

DATE OF REQUEST:

REQUESTING SCHOOL OF NURSING:

PROGRAM ADDRESS: _____

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

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

**CURRICULUM CHANGE REQUEST FORM
PAGE TWO (2) OF THREE (3)**

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?

**CURRICULUM CHANGE REQUEST FORM
PAGE THREE (3) OF THREE (3)**

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:

05/14