



State of New Hampshire
 OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
 DIVISION OF HEALTH PROFESSIONS

Board of Nursing

121 South Fruit Street, Suite 102 Concord, N.H. 03301-2412
 Telephone 603-271-2323 · Fax 603-271-6605



**NEW HAMPSHIRE PETITION FOR NON-NEW HAMPSHIRE BASED PROGRAMS
 OFFERING CLINICAL EXPERIENCE IN NEW HAMPSHIRE
 Part A – Program Information**

If completing online, be sure to make a copy for your records.

Part A: Submit annually (fall term or first term of the academic year) only; Provide program information and required documentation.

Program / College / University Name:			
Location (Street, City, State, Zip):			
Mailing Address (if different):			
Contact's Name & Title:			
Contact's Phone Number:		Contact's Email Address:	
Dean/Director Name:			
Dean/Director's Phone Number:		Dean/Director's Email Address:	
Nursing Education Delivery Method:	On Ground	Hybrid/Blended	Fully Online
1. Program / College / University's Degree	ADN	BSN	Direct Entry Masters LPN
2. Status of Nursing Program in Home State:	<p>Fully approved by the Board of Nursing to _____ (date: mm/dd/yyyy) Please check box if approval is for Baccalaureate degree programs <u>only</u>. <input type="checkbox"/> Attach copy of letter and/or other documentation</p> <p>No Board Approval Mandated by State Other: _____ <input type="checkbox"/> Attach documentation and/or explanation</p>		
3. Institutional Accreditation: <small>(Example: Northeast Commission on Colleges and Universities)</small>	<p>Fully accredited by _____ to _____ (date: mm/dd/yyyy) <input type="checkbox"/> Attach copy of letter and/or other documentation</p> <p>On provisional status; review scheduled for _____ (date: mm/dd/yyyy) <input type="checkbox"/> Attach copy of letter and/or other documentation</p> <p>Accreditation removed by the certifying body <input type="checkbox"/> Attach copy of letter and/or other documentation</p>		



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<p align="center">4. Program Accreditation: (National Nursing Organization Recognized by the US Dept. of Education)</p>	<p><input type="checkbox"/> Fully accredited by _____ to _____ (date: mm/dd/yyyy) <input type="checkbox"/> Attach copy of letter and/or other documentation for above</p> <p><input type="checkbox"/> On provisional status; review scheduled for _____ (date: mm/dd/yyyy) <input type="checkbox"/> Attach copy of letter and/or other documentation</p> <p><input type="checkbox"/> Nursing Specialty program accreditation denied _____ (date: mm/dd/yyyy) <input type="checkbox"/> Attach copy of letter and/or other documentation</p> <p><input type="checkbox"/> Not accredited by choice, no application submitted or denied</p>
<p>5. New Hampshire Office of Degree Authorization:</p>	<p><input type="checkbox"/> Verify approval from the New Hampshire Office of Degree Authorization. Contact: Patti Edes , Assistant to Director, College and University Regulation / New Hampshire Department of Education/Division of Higher Education/Higher Education Commission website: http://www.education.nh.gov/highered/ phone: (603) 271-0257 ~ email: Patricia.Edes@doe.nh.gov address: 101 Pleasant Street Concord, NH 03301-3494</p>
<p>6. Faculty Appointments:</p>	<p><input type="checkbox"/> N/A <input type="checkbox"/> Attach a Nursing Program Faculty Appointment form for each faculty member providing direct clinical supervision in New Hampshire. (Link to form on NHBON website: http://www.oplc.nh.gov/nursing/forms-publications.htm) Any faculty members providing direct clinical supervision in New Hampshire must meet all standards for faculty in nursing programs, including holding an unencumbered license in New Hampshire pursuant to the New Hampshire Nurse Practice Act.</p>
<p>7. Clinical Placement - General Description:</p>	<p>Description of types of clinical sites and planned experiences:</p> <hr/> <p>Justification or rationale for use of New Hampshire facilities:</p> <hr/> <p>Describe the measures that will be used to assure client/student safety for the clinical experience:</p> <hr/> <p>Anticipated faculty to student ratio applicable to students placed in New Hampshire facilities:</p>
<p>8. RN/PN Programs :</p>	<p>- <input type="checkbox"/> Program Fully Approved by home state BON Date of current approval _____</p> <p>- <input type="checkbox"/> Program On probationary status – provide detailed explanation</p>
<p><i>Official Use Only</i></p>	
<p>Date Received :</p>	<p>Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Approval :</p>
<p>Comments:</p>	
<p>Signature:</p>	