



## Wyoming State Board of Nursing

130 Hobbs Avenue, Suite B • Cheyenne, Wyoming 82002 • Phone: 307-777-7601 • FAX: 307-777-3519 • <http://nursing.state.wy.us>

### Application for Pre-Licensure Distance Education Nursing Program Approval

The purpose of the Application for Pre-Licensure Distance Education Nursing Program Approval is to collect information for the Wyoming State Board of Nursing (WSBN) about pre-licensure distance education nursing programs that intend to offer pre-licensure. Contact [wsbn-pe.info@wyo.gov](mailto:wsbn-pe.info@wyo.gov)

**Program Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Nursing Program Administrator:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Type of program (Select only one):**

Diploma  BSN  LPN  Master's entry to pre-licensure program

ADN  Other pre-licensure program \_\_\_\_\_

**State/jurisdiction where approved:** \_\_\_\_\_

**Approval status of Board of Nursing (BON) from state/jurisdiction where the program is located:**

Approved (*Attach copy of BON approval to email.*)

Under Review/Pending

**If the nursing program has any conditions related to its approval status, please explain:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Brief description of the clinical activity, its location, and the plan for faculty or preceptor selection and supervision of student(s):**

\_\_\_\_\_  
\_\_\_\_\_

**Date range of clinical activity:**

\_\_\_\_\_

**Approximate number of students:** \_\_\_\_\_

**Do you have a clinical affiliation agreement?**

Y  N (Attach copy of clinical affiliation agreement to email.)

**All clinical faculty/preceptors should meet the following qualifications:**

- a) Active Unencumbered Wyoming RN license.
- b) Full Time/Part Time Educators must have a graduate degree in nursing.
- c) Educators must complete ten (10) clock hours of educational preparation in principles and methods of teaching, learning and evaluation of performance within six (6) months of hire date.
- d) Preceptors must demonstrate competencies related to the area of assigned clinical teaching responsibilities and will serve as role models and educators for students.

**Do all clinical faculty and preceptors meet the above qualifications?**  Y  N

**Are clinical faculty and preceptors legally licensed in the state/jurisdiction where the students have clinical experiences?**

Y  N

**Is the school registered with the Wyoming Department of Education or a SARA Institution?**  
(State Authorized for Reciprocity Agreements) (Attach copy of registration or SARA welcome letter to email.)

Y  N

**Does the parent institution have U.S. Department of Education (US/DOE) recognized accreditation?**

Y  N

**Does the program have national nursing accreditation?**

Y  N \*If yes, with which national organization? (Attach copy of National Nursing Accreditation to email)

Commission on Collegiate Nursing Education (CCNE)

Accreditation Commission for Education in Nursing, Inc. (ACEN)

Commission for Nursing Education Accreditation (CNEA)

**Signature of Authorized Program Administrator**

(Must be an RN who holds an active, unencumbered license or privilege to practice in the state where the program is physically located)

I hereby attest and represent that, to the best of my knowledge, the above information is complete, true and accurate and does not exclude any information that is material and responsive to the checklist questions.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_