



Arkansas Department of Health

Arkansas State Board of Nursing

1123 S. University Ave., #800 • Little Rock, AR 72204

(501) 686-2700 • Fax (501) 686-2714

NEW EDUCATION PROGRAM LETTER OF INTENT TO OPEN

Program Name

Program Address (include city, state and zip)

Program Phone

Program Website Address

Name of Program Administrator

Contact Email

If the parent institution is in Arkansas:

1. Institutional Requirements

For educational institutions or consortiums:

Is the parent institution authorized by the Arkansas Division of Higher Education (ADHE) to grant degrees to graduates?

☐

Yes

☐

No

If no, has an application has been submitted?

☐

Yes

☐

No

- If not, please stop and refer to *Part 125*. Do not submit this form.

If yes, is the parent institution accredited by an accrediting body recognized by the U.S Secretary of Education?

☐

Yes

☐

No

If yes, please list the accrediting body

- If not, please stop and refer to *Part 125*. Do not submit this form.

For hospitals or hospital consortiums:

Is the hospital or hospital consortium authorized by the Arkansas Department of Health (ADH)?

☐

Yes

☐

No

If no, has an application has been submitted?

☐

Yes

☐

No

- If not, please stop and refer to *Part 125*. Do not submit this form.

If yes, is the hospital or hospital consortium accredited by The Joint Commission or equivalent accrediting organization?

☐

Yes

☐

No

If yes, and “equivalent accrediting organization” is applicable, please list the accrediting body:

- If not, please stop and refer to *Part 125*. Do not submit this form.

For a consortium skilled nursing facility:

Is the consortium skilled nursing facility authorized by the Arkansas Department of Human Services (ADHS)?

☐

Yes

☐

No

If no, who is the authorization provided by? (NOTE: must be an equivalent accrediting organization)

- If none, please stop and refer to *Part 125*. Do not submit this form.

For questions on completing this form, please email Dr. Brandy Haley. The completed form should be emailed to brandy.haley@arkansas.gov

2. Does the parent educational institution/hospital/consortium meet the transfer or articulation requirements for courses in Arkansas education? Institutions: Refer to ADHE Act 747 Arkansas Transfer and Articulation (ATAA). ☐ Yes ☐ No ☐ N/A

- If not, please stop and refer to *Part 125*. Do not submit this form.

If N/A, explain

If the parent institution is NOT physically in Arkansas, but the new program will be physically located in Arkansas:

1. Institutional Requirements (NOTE: only educational institutions qualify):
Is the parent educational institution approved by the Arkansas Division of Higher Education (ADHE) to grant degrees to graduates? ☐ Yes ☐ No

If yes, is the parent institution accredited by an accrediting body recognized by the US Secretary of Education? ☐ Yes ☐ No

If no, has an application has been submitted? ☐ Yes ☐ No

- If not, please stop and refer to *Part 125*. Do not submit this form.

2. Is the parent institution approved/accredited by the board of nursing or equivalent agency in the state where the parent educational institution originates? ☐ Yes ☐ No

If yes, which state or equivalent agency?

- If not, please stop and refer to *Part 125*. Do not submit this form.

3. Does the parent educational institution meet the transfer or articulation requirements for courses in Arkansas education? Institutions: Refer to ADHE Act 747 Arkansas Transfer and Articulation (ATAA). ☐ Yes ☐ No

- If not, please stop and refer to *Part 125*. Do not submit this form.

Type of Program to Start: (NOTE: A form should be completed for EACH type of program).

☐ Practical Nursing ☐ Associate Degree RN ☐ Baccalaureate RN ☐ Entry MSN

Type of track(s) for the new program

☐ Traditional ☐ LPN-RN Bridge: ☐ AD or ☐ BSN ☐ Other

For EACH track, provide an answer:

Projected date for first admission

Projected student enrollment

Number of classes admitted yearly

Length of program

Indicate full or part time for EACH track

Anticipated date of completion for first cohort

☐ I have read and understand the requirements for nursing education programs in Arkansas and will meet all expectations at time of feasibility study submission (NPA §17-87-401 and *Part 125*).

Program Administrator Signature

Date

Nursing Program Administrator name, credentials and title

For questions on completing this form, please email Dr. Brandy Haley. The completed form should be emailed to brandy.haley@arkansas.gov