Mississippi Board of Nursing

713 S. Pear Orchard Rd., Plaza II, Suite 300, Ridgeland, MS 39157

Practical Nursing Education Program Relocation Request Form

Purpose
This form must be submitted by any nursing education program planning to relocate its primary instructional site or approved instructional location. Relocation requests should be submitted for Board review prior to occupying the new facility.

Section I – Program Information

Institution Name: _____

Nursing Program Name: _____

Program Type:

☐ Practical Nursing (PN)

- ☐ Traditional
- ☐ Night/Weekend
- ☐ Hybrid
- ☐ Other: _____

Accreditation Status: ☐ Full ☐ Conditional ☐ Initial ☐ Probationary ☐ Other _____

Section II – Primary Contact

Program Director/Administrator: _____
Title: _____
Telephone: _____
Email: _____

Section III – Current Program Location

Street Address: _____

City: _____ State: ____ Zip: _____ County: _____

Section IV – Proposed New Location

Street Address: _____

City: _____ State: ____ Zip: _____ County: _____

Expected Occupancy Date: _____

Expected First Day of Instruction: _____

Section V – Reason for Relocation

☐ Increased Enrollment ☐ Expansion ☐ Renovation ☐ Building Closure

☐ Lease Expiration ☐ Safety Concerns ☐ Institutional Reorganization

☐ Other: _____

Explanation:

_____

_____

Section VI – Facility Information

Classrooms (#): _____ Capacity: _____

Skills Laboratory (#): _____

Simulation Laboratory, if applicable (#): _____

Student Study Areas: ☐ Yes ☐ No

Faculty Offices: ☐ Yes ☐ No

Library Access: ☐ On-site ☐ Electronic

Section VII – Clinical Education

Will clinical sites be affected? ☐ Yes ☐ No

If yes, explain:

_____

Will new clinical affiliation agreements be required? ☐ Yes ☐ No

Section VIII – Faculty and Student Impact

Faculty assignments affected? ☐ Yes ☐ No

Enrollment Change: ☐ Increase ☐ Decrease ☐ No Change

Current Approved Enrollment: _____ Requested Enrollment: _____

Explanation:

_____

Section IX – Technology

☐ Learning Management System

☐ Simulation Software

☐ Wireless Internet

☐ Computer Lab

☐ Testing Software

☐ Audio/Visual Equipment

Section X – Required Documentation

☐ Floor Plan

☐ Campus Map

☐ Classroom Photos

☐ Skills Lab Photos

☐ Simulation Lab Photos

☐ Equipment Inventory

Section XII – Program Director Attestation

I certify that the information provided is accurate and complete.

Program Director Signature: _____ Date: _____

Dean/Chief Academic Officer Signature: _____ Date: _____

Board Use Only

Date Received: _____

Reviewed By: _____

Site Visit Required: ☐ Yes ☐ No

Board Action: ☐ Approved ☐ Approved with Conditions ☐ Deferred ☐ Denied

Comments:

_____

_____