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| Month **Quarterly Report** | | Date of Submission | |
| Program Name | | Program Code | |
| **Type of Program** | PN  Associates  bachelors  Pre-licensure Masters | | |
| **Applicant Information** | | | |
| **Total** |  |  |  |
| **Number to take pre-admission test** |  | **Number to pass pre-admission test** |  |
| **Number of students admitted** |  | **Number of (actual) students to start on the first day of class** |  |

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| **Current Students** | | |
| **Number of students enrolled in program** |  |  |
| **Number of students enrolled in each cohort** | | |
| **Insert Cohort Name/Number on each row below** | **Number of students per cohort** | **Anticipated Graduation Date** |
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| **Current Course Offerings** | |
| **Course** | **Semester/Term Taught** |
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| **\**If under initial approval* Total number of graduates** |  |

Faculty Summary Form

| **Faculty Rank/Title**  **Name** | **Status** | **Date of Hire** | **Program Attended** | **Nursing Credential** | **Highest Degree Obtained** | **Major Teaching Responsibility** | **Years’ Experience** | | **State of Licensure/License Number/Expiration Date** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **in NURSING PRACTICE** | **TEACHING in ACADEMIC SETTING** |
| Example: Mary Who,  Associate Professor | Full time  Part time |  | Best University | RN, MS, DNP, CCRN | DNP | Med Surg | 25 | 14 | VA 11111  12/31/2020 |
|  | Full time  Part time |  |  |  |  |  |  |  |  |
|  | Full time  Part time |  |  |  |  |  |  |  |  |
|  | Full time  Part time |  |  |  |  |  |  |  |  |
|  | Full time  Part time |  |  |  |  |  |  |  |  |
|  | Full time  Part time |  |  |  |  |  |  |  |  |
|  | Full time  Part time |  |  |  |  |  |  |  |  |
|  | Full time  Part time |  |  |  |  |  |  |  |  |
|  | Full time  Part time |  |  |  |  |  |  |  |  |
|  | Full time  Part time |  |  |  |  |  |  |  |  |
|  | Full time  Part time |  |  |  |  |  |  |  |  |
|  | Full time  Part time |  |  |  |  |  |  |  |  |
|  | Full time  Part time |  |  |  |  |  |  |  |  |
|  | Full time  Part time |  |  |  |  |  |  |  |  |

Clinical Agency Roster

*Place an \* beside any new contracts and include copies of affiliation agreements that have not been previously submitted to the board.*

| Clinical agency name and address  Unit name  Miles from Campus | Accrediting body; date and results of most recent accreditation visit | Agency representative name, title  phone number and email | Date of contract/Expiration Date | Date last used for student experiences | Nursing course name and course number | Type of clinical experiences obtained | Number of students/hours per clinical unit per day | Total Students/Hours in direct client care per term  \*Indicate preceptor experiences with \* |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Example:  The Best Hospital,  1010 Wonder Way, Richmond, VA  4 South  4 miles | TJC 2014/good standing met all standards | Mary Lou Who  (331) 111-1111  mlw@Bestplace.com | 3/10/2010- 3/10/2015 | 3/9/2015 | Medical Surgical I, NURS 122 | Medical surgical nursing care | 6 students per day/8 hrs each | 12 students per term/80 clinical hours direct care per student |
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| **Current Clinical Experiences** | | | | |
| **Course Name/Number** | **Location of Clinical**  **(include unit)** | **Required Clinical hours for course** | **Actual hours obtained at date of report** | **Experience Summary** |
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Clinical Hour Summary

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course Number** | **Course Name** | **Didactic instruction hours** | **Skills acquisition**  **hours** | | **Observation Experience hours** | **Simulation in lieu of direct clinical hours** | **Direct client care hours** |
| Skills Lab | Simulation |
| EXAMPLE.  NURS 110 | Fundamentals in Nursing | 75 | 13 | 16 | 0 | 0 | 90 |
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| **TOTAL** | | | | | |  |  |

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| **NCLEX Success Efforts** |
| *Provide Details of NCLEX Success Efforts that are incorporated into each course and programmatic NCLEX efforts. Provide data as necessary for enhancements that have been made to the NCLEX Success Plan.* |
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| **Program Updates** | |
| *Provide rationale for any enhancements that have been made.* | |
| **Curriculum Updates** |  |
| **Program Concerns/Issues** |  |
| **Additional information for the Board** |  |