

**FORM 3**

**COVER SHEET  
EXTENSION OF AN EXISTING PROGRAM NOTIFICATION OF INTENT  
(LOCATION NOI)**

**Part I requires the completion of the following forms: Appendices B-4, B-5, and B-6.**

**Program Information**

Program Name: RN-BSN Completion Program

Institution Name: University of Washington Bothell

Degree Granting Unit: Nursing, UW Bothell  
*(e.g. College of Arts & Sciences)*

Degree: BSN Level: Bachelor Type: Science  
*(e.g. B.S. Chemistry)* *(e.g. Bachelor)* *(e.g. Science)*

Major: Nursing CIP Code: 51.1601  
*(e.g. Chemistry)*

Minor: \_\_\_\_\_  
*(if required for major)*

Concentration(s): \_\_\_\_\_  
*(if applicable)*

Proposed Start Date: Autumn 2013

Projected Enrollment (FTE) in Year One: 30 At Full Enrollment by Year: 2014 ; 30  
*(#FTE)* *(# FTE)*

Proposed New Funding: \$483,974

Funding Source:  State FTE  Self Support  Other

**Mode of Delivery / Locations**

Campus Delivery \_\_\_\_\_  
*(enter locations)*

Off-site UW Bothell's Eastside Leadership Center, Bellevue WA  
*(enter location(s))*

Distance Learning \_\_\_\_\_  
*(enter formats)*

Other

Note: If the program is the first to be offered at a given site or location, the submission must also include the information required for the establishment of a new teaching site as outlined in section B.1 of the Program and Facility Approval Policy and Procedures.

**Scheduling**

Day Classes  Evening Classes  Weekend Classes  
 Other *(describe)*

**Attendance Options**

Full-time  
 Part-time  
Total Credits 180  Quarter  Semester

## **Substantive Statement of Need**

*Since the institution is proposing to extend an established program to an existing location, the HECB does not require a substantive statement of need. An established program is one that has graduated students for at least three years and received professional accreditation (if such accreditation has significant implications for students or graduates including, but not limited to, implications for licensure).*

## **Contact Information (Academic Department Representative)**

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\_\_\_\_\_  
Endorsement by Chief Academic Officer

March 9, 2012  
Date

## **From the HECB's Guidelines Program and Facility Approval Policies and Procedures**

**<http://www.hecb.wa.gov/autheval/dpr/documents/GuidelinesProgramandFacilityApproval-Final.pdf>**

### **A-6 Location Notification of Intent – The HECB approves the extension of existing degree programs to new locations or via distance delivery. RCW 28B.76.230 (5)(b)**

An institution will submit a Location Notification of Intent (Location NOI – Appendix B - Form 3) (*please above*) for an existing program to be offered at an off-campus location, via distance learning, or a combination of delivery methods. The institution must submit a Location NOI at least 45 days prior to the proposed start date of the program. If the program would be the first offered at a new location, the institution must also submit appropriate documentation for the creation of a new off-campus instructional site as outlined in section B-1 of this document (Form 8). An institution will submit the Location NOI and any attachments via the HECB Web site.

The Location NOI will include the following information:

- Institution name
- Degree title
- CIP number
- Delivery mechanisms (face-to-face, online, two-way video, one-way video, hybrid, other)
- Location
- Implementation date
- Substantive statement of need
- Source of funding
- Year one and full enrollment targets (FTE and headcount)

HECB staff will post the institution's Location NOI on its Web site within five business days of receipt and notify the other public four-year institutions. The other public four-year institutions and HECB staff will have 30 days to review and comment on the Location NOI. The Location NOI will be removed from the Web site after 30 days. The HECB will notify the campus of its decision, following a review of comments received and staff analysis. Evaluation criteria will be consistent with those outlined under new degree proposal (section A-5 of this document). HECB staff will enter approved new locations for existing degree programs into the HECB Program and Facility Inventory.



**FORM 5**

**ENROLLMENT AND GRADUATION TARGETS  
Part I**

Include this form with a new degree program proposal or a Notice of Intent to extend an existing program. Staff will post this information to the HECB Web site during the comment period.

<b>Year</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Headcount</b>					
<b>FTE</b>					
<b>Program Graduates</b>					

**FORM 6**

**PROGRAM PERSONNEL  
Part II**

Include this form with a new degree program proposal. This information will not be posted to the HECB Web site during the public comment period, but it will be available upon request.

<b>Faculty</b>				
<b>Name</b>	<b>Degree (e.g. M.A.; Ph.D.; J.D.)</b>	<b>Rank (if applicable)</b>	<b>Status (e.g. full-time, part-time)</b>	<b>% Effort in Program</b>
<b>Total Faculty FTE</b>				
<b>Administration and Staff</b>				
<b>Name</b>	<b>Title</b>	<b>Responsibilities</b>	<b>% Effort in Program</b>	
<b>Total Staff FTE</b>				