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**THE STATE EDUCATION DEPARTMENT** / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

**Expedited Application Form to Request a Program Change to**

**Implement up to 1/3 of Clinical Education through Simulation Experience**

**in Licensure-qualifying Nursing Programs**

**Form Instruction:**

* Section 52.12 of the Commissioner’s Regulations (CR 52.12) were amended to implement Chapter 134 of the laws of 2023 which allows up to one-third of clinical education in nursing education programs to be completed through simulation experience. See <https://www.regents.nysed.gov/sites/regents/files/1023ppca3.pdf> for the Regents Item.
* Use this expedited form to request approval to implement up to one-third of clinical education through simulation experience in a nursing program.
* For any other changes, including change in the total number of hours of clinical education, institutions should use the Application to Change or Adapt a Registered Professional Education Program. Link: [Professional Licensure Programs | New York State Education Department (nysed.gov)](https://www.nysed.gov/college-university-evaluation/professional-licensure-programs).
* A program is expected to continue to meet accreditation standards and all state and federal requirements after the proposed changes.
* The Department shall act upon a complete application within 20 business days. If the decision is to deny the request, a rationale will be included; the program could resubmit the revised application for review.
* If you have any questions, contact [opnurs@nysed.gov](mailto:opnurs@nysed.gov).
* **Submit a separate form for each program**. Submit completed form to [opprogs@nysed.gov](mailto:opprogs@nysed.gov).
* **CUNY** and **SUNY** institutions, please also contact System Administration for guidance.

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| **Section I: General Information** | |
| **Institution name** |  |
| **Identify the program you wish to change** | [Program code](http://www.nysed.gov/heds/IRPSL1.html)(s):  Program title:       Award (e.g., B.A., M.S.):  Current number of credits:       Proposed number of credits: |
| **Indicate the proposed hour changes in clinical education** | 1. Indicate clinical education[[1]](#footnote-1) hours (in-person and simulated patient care hours):   2) Indicate simulated patient care (simulated experience) Hours:  Current:       Proposed: |
| **Contact person** | Name and title:       E-mail: |
| **CEO** (or designee) **approval**  *Signature affirms that the institution abides by all the requirements of program offering, including CR 52.12.* | Name and title:  Signature and date: |

**Section II: The Proposed Changes**

1. List the courses that will be modified, deleted, or added. Expand the table as needed. \*For each revised or added course, provide a syllabus. Syllabi should include a course description and identify course credit, objectives, topics, student outcomes, texts/resources, and the basis for determining grades. The syllabus should also include description of clinical education experience (Acute Care setting, Simulation Lab, etc.)

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| Course Number and Title | Indicate whether the course is to be revised\*, deleted, or added\* | Required or Elective | Current  Credits | Proposed  Credits | Current Clinical Education Hours\* | Proposed Clinical Education Hours | Proposed Simulated Experience Hours |
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\*Clinical Education Hours include all clinical education activities that meet the requirements as defined in CR 52.12 including simulation experiences.

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| 1. Describe the plan for implementing the proposed changes, including the effective date and the impact on the currently enrolled students. |
| 1. If using skills/simulation laboratory, provide the following information: 2. a brief description of the simulation setting (e.g., 16,000 sq. foot lab with 8 acute care stations): |
| 1. a list of key simulation personnel, their title (director, technician, etc.) and simulation certification or experience with simulation (i.e., internal training, vendor training): |
| 1. a list of the simulation equipment. |

***Submit the application electronically to*** [***OPPROGS@nysed.gov***](mailto:OPPROGS@nysed.gov)

1. Clinical education is defined as *planned practice-based learning experiences designed for the purpose of developing proficiency in the provision of safe and effective patient care, specific to the role and level of licensure or certification for which the program leads and that adhere to the standards*. Clinical education includes both in-person and simulated patient care experience. [↑](#footnote-ref-1)