



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
CHANGE IN SPONSORSHIP

MISSOURI STATE BOARD OF NURSING
P.O. BOX 656
JEFFERSON CITY, MO 65102-0656
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TEXT TELEPHONE (TT) 1-800-735-2966
(HEARING IMPAIRED)
WEBSITE: <http://pr.mo.gov>
Email: nursingedu@pr.mo.gov

PRESENT INFORMATION

NAME OF SCHOOL		DATE	
NAME OF NURSING PROGRAM ADMINISTRATOR		TITLE OF NURSING PROGRAM ADMINISTRATOR	
NAME OF EXISTING SPONSORING AGENCY		ANTICIPATED DATE OF SPONSORSHIP CHANGE	

PROPOSED INFORMATION

NAME OF ASSUMING SPONSORING AGENCY			
ADDRESS OF ASSUMING SPONSORING AGENCY	CITY	STATE	ZIP CODE

YOU MUST ANSWER THE FOLLOWING QUESTIONS. IF YOU ANSWER YES TO ANY OF THESE QUESTIONS, YOU MUST ATTACH THE PROPOSED CHANGES.

- Will there be any changes to the curriculum? This includes philosophy, organizational framework, outcome criteria, curriculum sequence, course objectives and descriptions including credit and/or clock hours for nursing and non-nursing courses?
If yes, attach proposed changes. YES NO
- Will there be any changes for students? This includes the number of students per class, number of classes admitted per year, admission criteria, plans for progression and retention of students, grievance procedure, or plan for emergency health care of nursing students?
If yes, attach proposed changes. YES NO
- Will there be any changes in faculty? This includes the number of full-time and part-time faculty, qualifications of faculty and position descriptions.
If yes, attach proposed changes. YES NO
- Will there be any changes in ancillary personnel? This includes position descriptions and the number of full-time and part-time ancillary personnel?
If yes, attach proposed changes. YES NO
- What is the accreditation status of the proposed sponsoring institution?

- Attach a description of the governing body and attach copies of the organizational charts of the proposed sponsoring institution and the program of professional nursing.
- Attach a description of the financial stability and resources of the sponsoring institution and the program of nursing.
- Are the physical facilities changing? YES NO
If yes, complete the following:
A) Attach a description of the educational facilities (classrooms, library, offices, clinical skills laboratory, etc.)
B) Attach a description of the clinical facilities that will provide educationally sound experiences.

A Change in Sponsorship Form shall be completed and returned to the Board within thirty (30) days after receiving the form. This notification must be received by the Board no later than thirty (30) days after the change in sponsorship.

NAME OF PERSON COMPLETING THIS FORM		TITLE	
SIGNATURE	DATE	DAYTIME TELEPHONE NUMBER	