



## Internationally Educated Nurse Bridging Program Accreditation Program

### Application Form

#### PART I – APPLICATION FORM

1. Name of the nursing program head:

Title

Phone number:

Email address:

Name of school:

Address:

Telephone:

Website address:

Link to brochure or to student information about the program:

2. Educational Program(s) for review\*

Formal name of the IEN program	List the available streams offered (e.g. RN, LPN/RPN)	List the site(s) in which classes take place

*\*For the purposes of accreditation, a program is defined as any program designed to address gaps and/or differences in education and competencies so that an internationally educated nurse may become registered to practice in Canada and successfully integrate into the Canadian healthcare system.*

3. Preferred Date of the 2-day On-Site Visit

The preferred date of the on-site review is the week of: \_\_\_\_\_ 20\_\_\_\_.

Note that students in all years of the programs being reviewed must be present in both class and clinical settings during the period of the visit. The preferred date excludes statutory holidays and reading or study week(s).

#### 4. Applicant Declaration

I declare that I am the school head and that I am authorized to commit the aforementioned school to CASN's accreditation pilot process. I have identified all nursing education program, options, tracks and streams for accreditation review in this application. I agree to comply with all CASN policies, procedures, guidelines and fees.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

### **PART II EDUCATIONAL UNIT DESCRIPTION**

- Describe the educational unit (administrative structure of the school of nursing).
- Briefly describe the learning resources that are made available to students such as the library, computers and learning laboratories.
- Describe the criteria and admission assessment process for each program to be reviewed.
- List the contact information (names, position, telephone and fax numbers and e-mail addresses) regarding the school head, administrative assistant and other personnel who will be involved with CASN accreditation in Appendix B.

### **PART III – EDUCATIONAL PROGRAM DESCRIPTION**

Provide information about the educational program under the following headings. This information should also be placed into the beginning of the self-assessment document to aid reviewers in their understanding of the program.

#### Program

- Briefly describe the program to be reviewed.
- Describe the administrative structure for the program. Place an organizational chart in Appendix A.
- List the program outcomes.
- Describe the process used to assess credits from other schools or faculties.
- Describe the curriculum of the program.
- Provide a brief overview of the courses within each program and their sequence.
- Briefly describe the learning resources that are made available to students such as the library, computers and learning laboratories.

- List the contact information (names, position, telephone and fax numbers and e-mail addresses) regarding the school head, administrative assistant and other personnel who will be involved with CASN accreditation in Appendix B
- Describe how the school addresses clinical placement for students.

#### Faculty

- List the number of full-time and part-time faculty; and contractual faculty.
- Summarize academic qualifications of faculty (PhD, Masters, baccalaureate prepared).

#### Distance Education Program Delivery

- Identify the mode of delivery with percentage of face-to-face classes (i.e. correspondence, teleconferencing, videoconferencing, online web-based course).

#### Students

- Provide the total number of full-time and part-time learners in each program and the number of admissions to the program in the current year.
- Describe the evaluation of students in clinical and theoretical courses.

#### Clinical Settings

- Describe the location of clinical sites.
- Describe how consistency and quality is achieved for the clinical settings.