



Georgia Board of Nursing

237 Coliseum Drive
Macon, Georgia 31217
(404) 424-9966

<https://sos.ga.gov/georgia-board-nursing>

Application for Development and Implementation of Nursing Education Programs

Please Print Legibly or Type All Information

Parent Institution:

Name:

Address:

City:

State:

Zip:

Phone:

Email:

Website:

Proposed Nursing Program: LPN ASN (generic) LPN-ASN BSN (generic) Pre-Licensure MSN
Other: _____

Name of Chief Administrative Officer:

Name and Credentials of Nurse Administrator/Consultant:

Attach a current organizational chart which delineates the relationship of the proposed nursing education program as a program, department, division, school, or college to the parent institution.

Submit an electronic copy of the current catalog of the parent institution and any affiliating educational institutions.

Please submit your complete application by email to
ntaylor@sos.ga.gov or svanhook@sos.ga.gov
Please include New Program in the subject line.

Note: Fees are non-refundable. Application fee is \$1,000 plus a \$10 processing fee. Please mail a check or money order along with this application to:

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Signature of Chief Administrative Officer

Date