



# Georgia Board of Nursing

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Macon, Georgia 31217  
(404) 424-9966

[www.sos.ga.gov/plb/nursing](http://www.sos.ga.gov/plb/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:

Fax:

Website:

Proposed Nursing Program:      AD      BSN (generic)      BSN (completion)      MSN (generic)      Doctoral (generic)

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  
[zdelgado@sos.ga.gov](mailto:zdelgado@sos.ga.gov) and [lmorgan@sos.ga.gov](mailto:lmorgan@sos.ga.gov)

Please include New Program in the subject line.

Note: Fees are non-refundable. All applications should include a \$10.00 processing fee for paper applications and \$5.00 for online applications.

March 2022