Kansas State Board of Nursing
Minor Curriculum Change for Nursing Programs
60-2-104 (h) Prelicensure
60-17-105 (e)

Date: ________________________________________________

Name of Program: ________________________________________________

Program Administrator Include credentials: ________________________________________________

Parent Institution: ________________________________________________

Address of Institution: ________________________________________________

Level of the Program for which the change is being requested ________________________________________________

Briefly describe the Change being requested: ________________________________________________

Each nursing education program shall submit minor curriculum revisions of a course’s:

☐ content, ☐ title, ☐ objectives, or outcomes

Action Taken
Nursing Education Compliance Officer Review (Minor requests only)

☐ Approved ☐ Not Approved ☐ Deferred

Nursing Education Compliance Officer __________________________ Date __________________________

Instructions

1. Submit to KSBNs Nursing Education Compliance Officer for approval

2. Before implementation of the change, the signed Minor Curriculum Change form must be received by the program.

Provide:

☐ Description of the change
☐ Comparison of old and new
☐ Rationale for the change