March 20, 2019

MEMORANDUM

TO: State Board of Regents

FROM: David L. Buhler

SUBJECT: <u>Weber State University: Doctor of Nursing Practice - Family Nurse Practitioner Emphasis
Doctor of Nursing Practice - Leadership Emphasis</u>

Issue

Weber State University (WSU) requests approval to offer a Doctor of Nursing Practice (DNP) - Family Nurse Practitioner Emphasis and a Doctor of Nursing Practice (DNP) - Leadership Emphasis. If approved, the Family Nurse Practitioner Emphasis will become effective Summer, 2019 and the Leadership Emphasis will become effective Fall, 2019. The proposed programs were approved by the institutional Board of Trustees February 14, 2019.

Background

For many years Weber State University has offered a Master of Science in Nursing (MSN) degree that has prepared nurses to become licensed nurse practitioners. Nurse practitioner is considered the highest level of practice within the nursing profession. An MSN degree is required for nurses to become nurse practitioners. However, last year the National Organization of Nurse Practitioner Faculties (NONPF) "made the commitment to move all entry-level nurse practitioner (NP) education to the DNP degree by 2025." This commitment was made in response to NONPF and other professional nursing organizations that have advocated raising the standards required for entry into the nurse practitioner profession. A statement from NONPF regarding this commitment is attached. NONPF is the leading professional organization that provides guidance for nurse practitioner curriculum both nationally and internationally. In 2025, the MSN degree that WSU currently offers will become insufficient as a terminal nurse practitioner degree. To remain relevant within the advanced practice nurse professions, WSU is compelled to add the DNP degree for its students who plan to become nurse practitioners.

Regent Policy R312, *Utah System of Higher Education and Institutional Missions and Roles*, classifies Weber State University as a Regional University with the mission to: "provide career and technical education, undergraduate associate and baccalaureate programs and select master's degree programs to fill regional or state workforce demands." The proposed professional doctoral degree falls outside WSU's defined mission. In accordance with section 4.3 of Regent Policy R401, *Approval of New Programs, Program Changes, Discontinued Programs, and Program Reports*, the proposal for an out-of-mission degree program requires justification from the institution and approval by both the institutional Board of Trustees and the Board of Regents. As mentioned above, WSU's Board of Trustees has approved the DNP degree and the two areas of emphasis. The proposals are now presented to the Board of Regents.

Weber State University's justification for the new Doctor of Nursing Practice degree centers on credentialing changes within the nursing profession as described above. It is noted that these proposals are for a clinical doctorate degree, not a research doctorate, and as such are consistent with a regional university's role to serve workforce needs. Further, the DNP degree is within a field in which WSU has a long and distinguished history of preparing nurses in the profession up to and including nurse practitioner.

The Family Nurse Practitioner Emphasis is designed for students who have earned a Bachelor of Science in Nursing while the Leadership Emphasis is designed for students who have earned the WSU Master of Science in Nursing. Graduates from the proposed programs will have skills in nursing practice theory and application. Weber State University plans to seek accreditation through the Accreditation Commission for Education in Nursing.

During peer review, the University of Utah raised a question regarding whether WSU had a sufficient number of faculty prepared at the doctoral level to staff and guide this program. Weber State University's response indicated there are currently 15 full-time faculty prepared at the doctoral level, including four who hold the DNP degree. Faculty who plan to teach 7000-level nurse practitioner clinical courses will be encouraged and supported to earn the DNP credential.

There is strong labor market demand for nurse practitioner graduates. The following table is derived from information provided by the Utah Department of Workforce Services (DWS) Economic Data Viewer.

SOC Code	Occupational Category	Median Wage- Utah	Average Annual Job Openings- Utah
29-1171	Nurse Practitioners	$98,260	110

While DWS data show a healthy job market for nurse practitioners, data from the Burning Glass Labor Insight tool show perhaps an even stronger labor market demand, identifying 736 job postings in Utah from February 1, 2018 through January 31, 2019 and a median advertised annual wage of $103,000.

Currently, two institutions in Utah provide accredited DNP programs: the University of Utah, which provides a number of specialty DNP programs, and Rocky Mountain University of Health Professions, which provides BSN to DNP and MSN to DNP programs. Burning Glass data reveal that Rocky Mountain issued 32 DNP degrees from 2015 to 2017. USHE data show that the University of Utah issued 213 DNP degrees over the same period. Weber State University anticipates 20 annual program graduates in the family practice emphasis and 15 graduates in the leadership emphasis in each of years three, four, and five following program implementation. It would appear there is a sufficient labor market in Utah to justify the WSU DNP programs, and that students who complete the programs have the potential to earn high wages and have promising job and career opportunities.

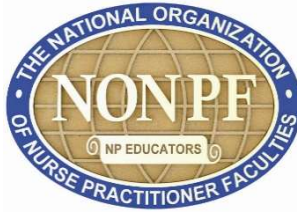<div align="center">Policy Issues</div>

The proposed programs have been developed through established institutional procedures and Board of Regents policy. Chief academic officers as well as faculty in related departments from the Utah System of Higher Education institutions have reviewed the proposal and have provided input. As noted above, because the DNP degree is considered out-of-mission, program approval is required by the Board of Regents.

<u>Commissioner's Recommendation</u>

<u>The Commissioner recommends the Board of Regents approve the Doctor of Nursing Practice - Family Nurse Practitioner Emphasis and the Doctor of Nursing Practice - Leadership Emphasis at Weber State University.</u>

_____
David L. Buhler
Commissioner of Higher Education

DLB/BKC
Attachment

The Doctor of Nursing Practice Degree:
Entry to Nurse Practitioner Practice by 2025

May 2018

On April 20, 2018, the National Organization of Nurse Practitioner Faculties (NONPF) made the commitment **to move all entry-level nurse practitioner (NP) education to the DNP degree by 2025.** Today, there are more than 300 DNP programs throughout the United States (US) (AACN, 2018), and NONPF has led the evolution of NP educational preparation to the DNP degree level (NONPF, 2015). NONPF maintains its dedication to all currently credentialed NPs and faculty members; however, we recognize that as the health care delivery system has grown increasingly complex, the role of NPs has evolved. The DNP degree reflects the rigorous education that NPs receive to lead and deliver quality health care.

NONPF supports a seamless, integrated DNP curriculum without a master's exit point as preparation for entry to the NP role (NONPF, 2015; NONPF, 2016). The DNP NP curriculum is not an add-on to the master's curriculum; instead, the curriculum integrates objectives and learning opportunities for students to achieve the NP core and population-focused competencies that are written for doctoral-level education (NONPF, 2013; NONPF, 2017a; NONPF and AACN, 2016). There are currently 187 post-baccalaureate DNP NP programs in the US, a 24% increase since 2015 (AACN, 2018). NONPF is committed to providing resources and support for faculty members as they embrace curricular changes (NONPF 2016).

Moving all entry-level NP education to the DNP degree by 2025 will take commitment from multiple stakeholders and development of strategies and initiatives yet to be determined. In December 2017, NONPF hosted a DNP summit with stakeholders from nearly 20 national organizations to have a critical dialogue about moving entry-level NP education to the DNP degree by 2025 (NONPF, 2017b). While not all participants agreed that the DNP should be the entry level degree for NP practice, everyone agreed to continue the dialogue, stay actively engaged, and take the information back to their organizations. Moving forward, NONPF will continue to work with the DNP Summit participants and additional organizations and stakeholders, as they are critically important to realizing our goal.

As the preeminent leader in NP education that provides timely and critical resources for NP educators, NONPF moves forward with an unwavering commitment to create innovative, high quality educational resources to NP faculty during this transition. Our work will lead and unite NP educators to transform healthcare.

Approved by the NONPF Board of Directors, April 2018.

References

American Association of Colleges of Nursing (2018). *2017-2018 enrollment and graduations in baccalaureate and graduate programs in nursing*.

National Organization of Nurse Practitioner Faculties. (2013). Population-focused nurse practitioner competences. Retrieved from: http://c.ymcdn.com/sites/nonpf.site-ym.com/resource/resmgr/Competencies/CompilationPopFocusComps2013.pdf

National Organization of Nurse Practitioner Faculties. (2015). *The Doctorate of Nursing Practice NP preparation: NONPF perspective 2015*. Retrieved from: http://c.ymcdn.com/sites/nonpf.site-ym.com/resource/resmgr/DNP/NONPFDNPStatementSept2015.pdf

National Organization of Nurse Practitioner Faculties. (2016). Background paper: *Transitioning to a seamless, integrated DNP NP curriculum.* Retrieved from: http://c.ymcdn.com/sites/nonpf.site-ym.com/resource/resmgr/Docs/DNPSeamlessTransitionNONPFFi.pdf

National Organization of Nurse Practitioner Faculties. (2017a). *Nurse practitioner core competencies content.* Retrieved from: http://c.ymcdn.com/sites/nonpf.site-ym.com/resource/resmgr/competencies/2017_NPCoreComps_with_Curric.pdf

National Organization of Nurse Practitioner Faculties (2017b). *The Doctor of Nursing Practice: Summit proceedings.* (2017b). Retrieved from: http://c.ymcdn.com/sites/nonpf.site-ym.com/resource/resmgr/The_Doctor_of_Nursing_Practi.pdf

National Organization of Nurse Practitioner Faculties and American Association of Colleges of Nursing. (2016). Adult-gerontology acute care and primary Care NP Competencies. Retrieved from: http://c.ymcdn.com/sites/nonpf.site-ym.com/resource/resmgr/competencies/NP_Adult_Geri_competencies_4.pdf

Utah System of Higher Education
Program Description - Full Template

Section I: The Request

Weber State University requests approval to offer the following Doctoral degree(s): Doctor of Nursing Practice - Family Nurse Practitioner Emphasis (DNP-FNP) effective Summer 2019. This program was approved by the institutional Board of Trustees on .

Section II: Program Proposal

Program Description
Present a complete, formal program description.

Weber State University is proposing to implement a Doctor of Nursing Practice (DNP) program with two emphases: a family nurse practitioner emphasis and a leadership emphasis. The WSU proposed DNP degree is a practice-focused terminal degree in nursing, designed for nurses who are seeking preparation at the highest level of clinical nursing practice. This proposal provides specifics for the DNP-Family Nurse Practitioner (DNP-FNP) emphasis, a post-baccalaureate program for nurses who have already completed their Bachelor of Science in Nursing (BSN) degrees. Throughout this proposal, the program will be referred to as the Doctor of Nursing Practice-Family Nurse Practitioner (DNP-FNP) program. Weber State's second DNP emphasis, the Doctor of Nursing Practice-Leadership (DNP-Leadership) program, will be referenced occasionally. Note that it is a post-master's degree program, meaning it is for nurses who have already completed their Master of Science in Nursing (MSN) degrees.

The DNP-FNP program combines elements of the Master of Science in Nursing (MSN) and the post-master's Doctor of Nursing Practice (DNP) into one streamlined program. It replaces the WSU MSN-Nurse Practitioner (MSN-NP) program at the next application and acceptance cycle. Weber State's MSN program currently has three emphases from which students can choose: nurse educator, nurse executive, and nurse practitioner (MSN-NP). While the DNP-FNP program will replace the MSN-NP degree, the nurse educator and nurse executive MSN programs will remain as program options for students.

The DNP-FNP program prepares clinical nurse leaders to meet the changing demands of the nation's complex health care environment and assures quality patient and population outcomes through the translation of knowledge into practice. Students train to become nurse practitioners (NPs) who can provide optimal clinical care and translate current clinical evidence into any practice setting. Nurse Practitioners integrate clinical practice experiences through direct- or indirect-care principles and interventions to enhance management of care for individuals or populations. They also provide administrative oversight of nursing functions and health care within organizations. Moreover, NPs design and implement health care policy to influence individual and community health care outcomes.

The DNP-FNP program prepares students to function in the role of a nurse practitioner with health care leadership knowledge and primary care skills to facilitate system improvement, administer quality care strategies, and provide organizational health care direction. Nurse Practitioners specialize in providing comprehensive primary health care to patients, families, and communities across the lifespan through diagnosis and management of acute and chronic health problems. They employ diagnostic reasoning to identify health-related problems, determine diagnostic testing, order treatments, prescribe medications, and teach patients to promote, maintain, or improve individual health. As NP leaders and clinicians, DNP-FNP graduates translate current evidence and clinical guidelines into practice. They develop, apply, and evaluate new health care models of delivery for optimal direct- and indirect-patient care, and utilize evidence to advance health care through policy evaluation, development, and advocacy. Practice doctorate prepared NPs create and maintain healthy work environments at the organizational and systems

levels.

Consistency with Institutional Mission

Explain how the program is consistent with the institution's Regents-approved mission, roles, and goals (see mission and roles at higheredutah.org/policies/policyr312) or, for "out of mission" program requests, the rationale for the request.

Nationally, the DNP degree is replacing the Master of Science in Nursing (MSN) as the terminal degree in the field as it becomes the requirement for the advanced practice registered nurse (APRN) in 2025. In order to continue to serve students in the northern Utah region, Weber State University (WSU) must offer what is now the preferred, and what will become, the recommended practice-focused degree for the APRN.

While the nursing practice doctorate is not explicitly in the WSU mission statement, the degree offering is consistent with the broad mission of WSU to serve as the educational, cultural, and economic leader of the region by offering accessible, effective, and responsive degree programs. Having the terminal practice degree for nurses reflects the institution's service role as the regional leader for its students and employers.

The degree offering is also consistent with the scope of practice, strengths, and mission of the WSU Annie Taylor Dee School of Nursing. The School of Nursing has been in the forefront of providing stackable credentialing in nursing since its inception in 1953. The school works with technical colleges to move the licensed practical nurse (LPN) to the level of registered nurse (RN), and provides the opportunity for the technical college student to advance to the Bachelor of Science in Nursing (BSN) degree and continue through to the Master of Science in Nursing (MSN). Weber State's MSN degree has three emphases from which students can choose: nurse educator, nurse executive, and family nurse practitioner (FNP).

To maintain a meaningful stackable credentialing process and be responsive to the needs of nursing students and employers in the future, it is important for WSU to offer the DNP program. In other words, if WSU is unable to offer the DNP program, it will undermine the value of the award-winning and nationally recognized WSU Annie Taylor Dee School of Nursing.

A practice-focused degree, the DNP is distinctly different from a Ph.D. or research doctoral degree program. The goal in proposing the DNP is to fulfill the mission of both WSU and the Annie Taylor Dee School of Nursing to be responsive to students and regional workplace demands. WSU is not interested in, and does not plan to change, the mission statement and will remain focused on certificate, associate's, bachelor's, and master's degree programs. The addition of the DNP degree at WSU ensures optimally prepared practitioners and nurse leaders who achieve the university's dual mission, integrating access, learning, and community in the service of high-quality health care and favorable outcomes for regional patients, families, and communities.

The addition of a professional doctorate does not alter the mission of WSU, nor does it alter its Carnegie Classification as an M1 institution (Master's Colleges and Universities – Larger Programs). Only the granting of academic doctorates moves an institution to the doctoral level. Moreover, WSU does not believe the new program at the new degree level will alter the Regents' definition of its role (defined in R312) as a regional university that provides career and technical education to fill regional or state workforce demands. To reiterate, the DNP is not a research degree, and WSU is not looking to become a research university as defined in R315.

Section III: Needs Assessment

Program Rationale

Describe the institutional procedures used to arrive at a decision to offer the program. Briefly indicate why such a program should be initiated. State how the institution and the USHE benefit by offering the proposed program.

Why the program should be initiated: The Doctor of Nursing Practice (DNP) program prepares APRNs and other nurse experts to meet the changing demands of the nation's complex health care environment -- an environment that requires the highest level of scientific and practical knowledge to assure quality patient outcomes and attention to evolving local community health care needs. Evidence demonstrates a clear link between more advanced levels

of nursing education, patient outcomes, and nurse practitioners' abilities to address the complexities of patient care.

Complex health care demands require the highest level of scientific knowledge and expert clinical practice to assure safe, quality patient care, increased access, and improved health care outcomes. The Institute of Medicine (IOM), Joint Commission, Robert Wood Johnson Foundation, and other authorities call for reconceptualization and enhanced development of educational programs to prepare today's nurse practitioners to function to the highest level of education and practice scope.

DNP-educated nurse practitioners are prepared to work within a variety of health care contexts and communities to assess, plan, and intervene. They function as direct-care clinicians and indirect-care nurse leaders in administrative or executive roles, and in policy development, population health, informatics, indirect clinical practice innovation, and clinical educator contexts. Employers are quickly recognizing the unique contribution these expert nurse clinicians and leaders provide to meet societal, community, and organizational health care needs and demands.

Since 2003, national nurse practitioner organizations have recommended that, by the year 2015, the Doctor of Nursing Practice-Family Nurse Practitioner (DNP-FNP) degree be required to enter FNP practice. Over time, the National Organization of Nurse Practitioner Faculties (NONPF) and the American Association of Nurse Practitioners (AANP) identified existing educational gaps: primarily a scarce number of university-level nursing programs with the ability to educate the DNP-prepared nurse practitioner.

In 2017, NONPF noted the original mandate was not achievable due to an insufficient number of faculty and academic institutions able to offer the practice-focused doctorate for all potential nurse practitioner students. Today, institutions are renewing efforts to create and monitor DNP-FNP programs so that all nursing students who desire to become a FNP may pursue a post-baccalaureate to DNP-FNP degree, or if recently educated as a master's prepared FNP, a post-master's DNP degree by 2025.

The following factors contribute to the national momentum for the educational changes at the graduate level:

- The DNP degree is the preferred and recommended practice-focused degree for APRNs, especially nurse practitioners (NPs).
- The DNP is the degree to prepare NPs for entry into practice, and it assures their ability to practice to the full extent of their education and legal scope of practice.
- In October 2004, NONPF, AANP, the American Association of Colleges of Nursing (AACN), and the American Nurses Association (ANA) endorsed the decision to level master's education for advanced practice registered nurses, including nurse practitioners, clinical nurse specialists, certified nurse midwives, and certified registered nurse anesthetists (CRNAs).
- By 2022, the clinical/practice doctorate is required for CRNAs to be eligible for certification.
- The DNP degree for entry into practice is essential to address the complexities of escalating health care needs and health care economics within the U.S. There is high demand for the competencies, skills, and experience that DNP-educated nurses bring to practice and organizations adapting to an accountable care environment.
- The DNP degree began to flourish after Institute of Medicine reports called for critical core competencies in the provision of safe, quality care. The DNP education focuses on direct and indirect patient care, emphasizing evidence-based practices, knowledge translation, quality improvement, informatics, health care policy, autonomous practice, systems leadership, and other important health care practice principles.
- Evidence demonstrates a clear link between more advanced levels of nursing education, patient outcomes, and nurse practitioners' abilities to address complexities of patient care.

- The transition from a fee-for-service model to accountable care creates opportunities for the industry and health care providers (including DNP-educated nurses) to expand practice and health care access.

Career opportunities for practice doctorate prepared NPs continue to increase as the population ages and as more individuals have increased access to health care through the 2010 Affordable Care Act (ACA). Over the last 20 years, a decreased interest in family medicine education nationally led to fewer primary care or general physicians graduating from medical schools. Many opportunities exist for nurse practitioners to alleviate the primary care shortage challenges and to participate in health care cost-effectiveness, access, quality, and safety solutions.

DNP-educated nurses work in a variety of community settings: outpatient and primary care clinics, private practices, schools, occupational health clinics, patient care case management clinics, home health and hospice services, independent autonomous nurse practitioner-run clinics, and sub-specialty practices. Qualified local Bachelor of Science in Nursing-prepared registered nurses can become practice doctorate prepared registered nurses at WSU, then return to practice in their own communities with enhanced knowledge and expertise.

Institutional procedures: The WSU Annie Taylor Dee School of Nursing conducted a needs assessment (see "Student Demand" below). The institution considered a) student demand, b) the professional mandate for nursing to move to a DNP degree, and c) the fact that only one other Utah institution of higher education currently offers a DNP program.

USHE benefit: Providing an option for a DNP program from a second public university enhances the state's ability to educate APRNs. For those who have previously graduated from WSU, and for those individuals who reside in northern Utah's urban or rural communities, this WSU program will promote the nursing profession and achievement of societal health care outcomes.

The proposed DNP-FNP and DNP-Leadership programs meet the growing demands for excellent nursing education for our students and expanded access to quality health care within our state.

Labor Market Demand
Provide local, state, and/or national labor market data that speak to the need for this program. Occupational demand, wage, and number of annual openings information may be found at sources such as Utah DWS Occupation Information Data Viewer (jobs.utah.gov/jsp/wi/utalmis/gotoOccinfo.do) and the Occupation Outlook Handbook (www.bls.gov/oco).
Over the past 20 years, clinical or practice doctorate degrees have emerged in a number of health care professions, including audiology (AuD), physical therapy (DPT), occupational therapy (OTD), pharmacy (PharmD), psychology (PsyD), social work (DSW) and nurse practitioner (DNP).

In 2005, the National Academy of Sciences recommended a non-research nursing practice doctorate. The rationale for the Doctor of Nursing Practice-Nurse Practitioner degree is to increase the number of expert clinicians and capable clinical nurse leaders with practice authority and knowledge. It is a degree similar to that of the Doctor of Medicine (MD) and Doctor of Pharmacy (PharmD). The degree qualifies nurse practitioners to translate knowledge into practice, support health care systems, and prepare health care providers for future societal demands.

Demand for the DNP degree is present nationally and locally, and is driven by increasingly complex health care needs within the U.S. The Institute of Medicine, in 2010, called for the nation to double the number of nurses with a doctorate degree by 2020. In 2017, the Utah Medical Education Council conducted an APRN workforce survey, examining a 10-year workforce and population demand projection for advanced practice nurses. The survey supports the current trend for higher degrees for advanced practice nurses. Utah is progressing slowly compared to

other states toward the nationally mandated doctoral level, with 9 percent of nurses earning doctorates in 2010 and 16 percent in 2015. There is significant growth in DNP-FNP programs across the nation; however, only one public academic institution in Utah, the University of Utah, offers the mandated entry-into-practice degree for nurse practitioners.

The demand for the DNP degree is the result of collaborative and systematic trending and recommendation. It is supported locally by increasingly complex health care systems and community health care needs. Nationally, the DNP-NP degree is a professional mandate by the American Association of Colleges of Nursing (AACN), the American Association of Nurse Practitioners (AANP), and the National Organization of Nurse Practitioner Faculties (NONPF). This recommendation supports the Institute of Medicine call for the nation to double the number of nurses with a doctorate by 2020. Nursing practice doctorates will lead health care change, advance health care options, and practice to the full extent of their education, training, and legal scope of practice.

Student Demand
Provide evidence of student interest and demand that supports potential program enrollment. Use Appendix D to project five years' enrollments and graduates. Note: If the proposed program is an expansion of an existing program, present several years enrollment trends by headcount and/or by student credit hours that justify expansion.

The WSU Annie Taylor Dee School of Nursing graduates 400+ Bachelor of Science in Nursing-prepared registered nurses per year. Many of these students are seeking advanced degrees in nursing.

The School of Nursing conducted a needs assessment in March 2018. Of the 236 students and alumni surveyed, approximately 80 percent had a strong desire to continue their graduate education at WSU, with 48.3 percent (n=114) being interested in the Doctor of Nursing Practice-Family Nurse Practitioner program, and 33 percent (n=78) being interested in the Doctor of Nursing Practice-Leadership program. The majority of those interested in the post-master's DNP-Leadership program are master's prepared NPs.

Qualitative student comments indicated WSU would be their first choice for a DNP, based on the nursing education experiences they had at Weber.

Weber State University Nurse Practitioner Applicants & Admission
The acceptance rate for the WSU Master of Science in Nursing-Nurse Practitioner (MSN-NP) program for the last two years was 25 percent, while the first year was 32 percent.
 · 2016: 54 eligible applicants for 20 MSN-NP student positions
 · 2017: 92 eligible applicants for 30 MSN-NP student positions
 · 2018: 88 eligible applicants for 20 MSN-NP student positions
 · Program applicant acceptance is limited by clinical site and preceptor placement

2018 MSN-NP Graduate Statistics for Fall 2018
 · 100 percent (20) of the MSN-NP graduates passed the national certification exam.
 · 100 percent (20) of the MSN-NP graduates are in the process of being hired and credentialed.
 · 100 percent (20) of the MSN-NP graduates remained in Utah for NP practice.

Based on the number of possible students interested in the post-baccalaureate DNP-FNP program, there are not enough DNP program placements at the University of Utah to meet student demand and interest.

Similar Programs

Are similar programs offered elsewhere in the USHE, the state, or Intermountain Region? If yes, identify the existing program(s) and cite justifications for why the Regents should approve another program of this type. How does the proposed program differ from or compliment similar program(s)?

The University of Utah currently offers a Doctor of Nursing Practice (DNP) degree. WSU would be the only other Utah System of Higher Education (USHE) school to offer a DNP program. Weber State's community education focus is on the students in the northern part of the state and rural areas of Utah. The WSU nursing program has a longstanding history of providing nursing education in several rural outreach sites. This outreach has never created any concerns with USHE schools providing similar educational programs. This outreach would also apply to the DNP program, with the understanding that it will not compete with any other USHE school.

Collaboration with and Impact on Other USHE Institutions

Indicate if the program will be delivered outside of designated service area; provide justification. Service areas are defined in higheredutah.org/policies/policyr315/ . Assess the impact the new program will have on other USHE institutions. Describe any discussions with other institutions pertaining to this program. Include any collaborative efforts that may have been proposed.

Faculty in the WSU Annie Taylor Dee School of Nursing have discussed this proposed Doctor of Nursing Practice (DNP) program with the interim dean of nursing at the University of Utah, and with personnel at Southern Utah University and Brigham Young University. These institutions are aware WSU plans to offer this program and support the need for additional DNP education offerings in Utah. This WSU program will support northern Utah and associated rural students and communities.

External Review and Accreditation

Indicate whether external consultants or, for a career and technical education program, program advisory committee were involved in the development of the proposed program. List the members of the external consultants or advisory committee and briefly describe their activities. If the program will seek special professional accreditation, project anticipated costs and a date for accreditation review.

The WSU Annie Taylor Dee School of Nursing will seek accreditation by the Accreditation Commission for Education in Nursing (ACEN). The School of Nursing expects the Doctor of Nursing Practice program, including its family nurse practitioner and leadership emphases, to meet accreditation standards despite being new, based on previous program development and successful accrediting visits. Per ACEN, a site visit for accreditation purposes is scheduled one to two semesters before the first graduating class. The accreditation visit will be scheduled for fall 2020. The school has already started to prepare for the planned accreditation visit, aligning all aspects of the program's development with ACEN criteria for accreditation. The formal self-study will be submitted in summer 2020. The cost of the accreditation process and visit will depend on the number of reviewers and number of days the reviewers will be on site. With two separate DNP emphases being proposed at Weber State, the fall 2020 accreditation visit is anticipated to include both the FNP and leadership emphases at an estimated cost of $7,500.

Section IV: Program Details

Graduation Standards and Number of Credits

Provide graduation standards. Provide justification if number of credit or clock hours exceeds credit limit for this program type described in R401-3.11, which can be found at higheredutah.org/policies/R401.

Justification for Graduation Standards and Number of Credits

As mentioned earlier, the Doctor of Nursing Practice-Family Nurse Practitioner program replaces the current Master of Science in Nursing-Nurse Practitioner program at the next application and acceptance cycle.

The Accreditation Commission for Education in Nursing (ACEN) will accredit the DNP-FNP program, as it does other current Annie Taylor Dee School of Nursing programs. The majority of the proposed DNP-FNP curriculum is already accredited in the current MSN-NP program.

ACEN works closely with the American Association of Colleges of Nursing (AACN) and the National Organization of Nurse Practitioner Faculties (NONPF) that developed the *DNP Essentials* and *Nurse Practitioner Specialty Core Competencies*. These national entities set educational, clinical hours, and practice standards for the post-baccalaureate to DNP-FNP degree.**

The proposed DNP-FNP program meets all of the required *DNP Essentials* and *Nurse Practitioner Specialty Core Competencies* criteria. The DNP-FNP program changes referenced above and the new program of study below ensure national accreditation and national certification exam eligibility mandates are met.

** ACEN Accreditation Standards, NONPF, American Association of Colleges of Nursing (AACN), National NP-Certification Exam Requirements for American Association of Nurse Practitioners (AANP) and American Nurses Credentialing Center (ANCC)

Clinical and Practice Hours for Nurse Practitioners
Per AACN, a minimum of 1,000 hours of post-baccalaureate practice is required as part of the supervised academic program. DNP-FNP doctorate practice hours and hands-on clinical experiences are designed to help students achieve specific learning objectives related to the *DNP Essentials* (AACN) and *Nurse Practitioner Specialty Core Competencies* (NONPF). Of the 1,000-practice hour requirement, 300 hours are required in doctoral-level courses for nurse practitioner students.

- Nurse practitioner clinical hour requirements are generally high. The average number of hours for FNP programs across the country varies from 550 to 700 hours.
- Nurse practitioner students graduate from the WSU DNP-FNP program with 660 clinical contact hours and 60 clinical skill practice hours, totaling 720 clinical hours during the program.
- The majority of WSU nurse practitioner core courses incorporated into the post- baccalaureate to DNP-FNP program are from the current MSN-NP curriculum.
- NONPF recommends four credit hours of pharmacology and pathophysiology for DNP-FNP students rather than three credit hours in the master's program. To satisfy this requirement, the existing three-credit hour pathophysiology and pharmacology courses each become two separate two-credit hour courses and are taught over two semesters to incorporate the clinical practice topics and genetics.
- The proposed DNP-FNP program consists of 78 credit hours over seven semesters. The current MSN-NP program is five semesters with 50 credit hours.
- The proposed DNP-FNP program includes 44 credits from the current MSN-NP program, three credits for the MSN theory course from the current MSN executive program, and 31 credits from the newly proposed post-master's to DNP-Leadership curriculum.
- The post-master's to DNP-Leadership program proposal consists of 26 theory credits and five credits of DNP practicum (300 hundred hours), equaling 31 credits.
- All DNP courses are offered online, while nurse practitioner courses are hybrid.
- DNP-FNP students achieve 720 FNP clinical hours and 300 DNP practice [practicum] hours during the program of study.

National guidelines and benchmarking indicate post-BSN to DNP-FNP/NP credit hours range from 72 to 85 credits over seven to ten semesters. The proposed WSU DNP-FNP program is within these credit hour and semester ranges.

Admission Requirements

Application Requirements:

Applicants must have:

1. A cumulative GPA of 3.3 or higher (on a 4.0 scale). Includes all college-level course work. Transfer courses must be from a regionally accredited college or university that transfers to Weber State University.

2. An earned Bachelor of Science in Nursing (BSN) from a regionally accredited program with nursing accreditation from one of the following:

  a. Commission on Collegiate Nursing Education (CCNE);

  b. Accreditation Commission for Education in Nursing (ACEN); or

  c. National League for Nursing Commission for Nursing Education Accreditation (CNEA).

3. A current unencumbered license to practice as a registered nurse (RN) or the eligibility to obtain licensure without restrictions to practice as a registered in the state of Utah (or a compact state).

4. A minimum of TWO years of current work experience as an RN (by the program start date.)

5. A detailed curriculum vitae or resume.

6. Remaining documents, including a purpose statement essay and professional APA- formatted case study, as requested in the application packet.

Please note:

a. If English is not the applicant's first language, a minimum English language proficiency score is required. (TOEFL = 75 overall, with a minimum of 17 in each category; or IELTS = 6.5 overall, with a minimum of 6.0 in each category). Applicants with a bachelor's degree or higher from a regionally accredited (or equivalent) university in which the language of instruction was English may be exempt from English-language proficiency testing.

b. All exceptions to the minimum GPA requirement and TOEFL/IELTS scores in admissions decisions, along with a rationale for each, will be reported by all graduate programs annually to the Graduate Council.

Acceptance to the DNP-FNP Program

Applicants must:

1. Apply to the Doctor of Nursing Practice-Family Nurse Practitioner (DNP-FNP) program and meet all admission criteria as listed above by the published due date.

2. Provide a professional and personal statement, including a professionally written essay response to select questions as directed.

3. Complete the required clinically oriented DNP-FNP case study, using the APA format.

4. Participate in an interview process as directed, face to face or online.

5. Respond to predetermined interview questions reflecting on one or more of the following:

  a. Student characteristics and qualities;

  b. Interpersonal collaboration;

  c. Time management;

  d. Knowledge of DNP-FNP role; and/or

  e. Decision-making.

Selection Notification:

Students will be notified of acceptance into the program approximately two months ahead of the start date.

Applicants are ranked according to a selection point system established by the WSU Annie Taylor Dee School of

Nursing Graduate Degree Admissions Committee. Applicant ranking includes: GPA, work experience as an RN, recommendations, curriculum vitae/resume, professional writing ability, personal interview (presentation format TBA), veteran status, preceptor for the WSU Annie Taylor Dee School of Nursing program during the last year (March 1 to March 1) and potential for scholarly work/leadership/clinical practice. A DNP website will be developed for the application process, application checklist, and other information as needed.

Curriculum and Degree Map

Use the tables in Appendix A to provide a list of courses and Appendix B to provide a program Degree Map, also referred to as a graduation plan.

Section V: Institution, Faculty, and Staff Support

Institutional Readiness

How do existing administrative structures support the proposed program? Identify new organizational structures that may be needed to deliver the program. Will the proposed program impact the delivery of undergraduate and/or lower-division education? If yes, how?

At present, the WSU Annie Taylor Dee School of Nursing has an Interprofessional Education (IPE) Simulation Center on the university's Ogden campus in the Dr. Ezekiel R. Dumke College of Health Professions and a large simulation lab on the Davis campus in Layton, Utah. The simulation center on the Ogden campus has been equipped to provide excellent clinical training to Master of Science in Nursing-Nurse Practitioner (MSN-NP) students and will continue to provide an excellent training center for Doctor of Nursing Practice-Family Nurse Practitioner (DNP-FNP) students when needed. In addition, the Dumke College of Health Professions recently completed its Center for Interprofessional Education in Healthcare, a building that houses additional classrooms and the most up-to-date classroom technology. These rooms are available when needed. These facilities and the additional online format of this particular program will eliminate the need for additional structural support.

The WSU Annie Taylor Dee School of Nursing has strong foundational MSN programs (educator, executive, and nurse practitioner). Currently, the nurse practitioner program incorporates three MSN core courses and three scholarly project courses required for graduation from all MSN degree emphases.

The proposed DNP-FNP program will continue to require three MSN core courses. The American Association of Colleges of Nursing (AACN) and the National Organization of Nurse Practitioner Faculties (NONPF) guidelines for DNP-NP education require upper-division informatics and theory courses. Informatics is included in the new post-master's to DNP-Leadership program and will meet this requirement. To alleviate the theory course gap, an existing MSN theory course in the MSN educator and executive emphases is incorporated into the DNP-FNP program and replaces the informatics course in the current MSN-NP program. The DNP project in the DNP-FNP curriculum replaces the current master's scholarly work.

The current MSN-NP program includes 14 core course credits and 27 NP program practice-specific core courses. The National Organization of Nurse Practitioner Faculties (NONPF) nurse practitioner curriculum oversight recommends one additional credit hour in both advanced pathophysiology and pharmacology. Additionally, genetics is to be included in the pathophysiology course. As previously indicated, to satisfy this requirement the existing three-credit hour pathophysiology and pharmacology courses each become two separate two-credit hour courses taught over two semesters to incorporate clinical practice topics and genetics.

The current nurse practitioner skill practice and clinical labs, the lifespan courses, and associated clinical practice courses remain the same with the exception of courses being renamed to include the title nurse practitioner. The new naming reflects the NP clinical focus and distinguishes between the required DNP practice hours and NP

clinical hours. The proposed NP clinical rotations for the new DNP-FNP program will be similar to the existing MSN-NP program.

Clinical placement challenges throughout Utah necessitated creativity in acquiring sites and preceptors. Most students have two or three clinical rotations each semester to allow preceptor flexibility and appropriate time considerations for intense on-site clinical learning. Intermountain Healthcare, Ogden Clinic and other clinical community partners support local and rural placements for our students.

For the DNP-FNP program, clinical placements remain a challenge nationally for many programs. At WSU, the nurse practitioner program director and clinical coordinator work together on clinical placement recruitment, multi-leveled organizational clinical affiliation agreements, preceptor education (physicians, NPs, and PAs), legal logistics of clinical placement or organizational requirements, and evaluation of placement effectiveness beyond the usual clinical placement and preceptor arrangements of other nursing students.

The proposed DNP-FNP curriculum includes the traditional master's nurse practitioner 3-P courses (advanced pharmacology, pathophysiology, and physical assessment), extensive clinical contact hours with a health care provider (NP, MD, DO, PA-C, or other specialist), specified lifespan theory population courses, evidenced-based practice, research, and scholarly project courses.

New DNP course work further augments the nurse practitioner educational curriculum to include key aspects of both direct- and indirect-care principles for evidence-based practice and analysis, quality improvement, organizational and systems leadership, health care policy, population health and interprofessional collaboration, health care economics, and information technology and management

The above noted program changes and new course inclusions ensure that the WSU DNP-FNP program meets all national accreditation mandates, nurse practitioner educational practice requirements, and national certification exam eligibility requirements related to specific NP lifespan courses, the 3-Ps, and required clinical hours.

Faculty
Describe faculty development activities that will support this program. Will existing faculty/instructions, including teaching/ graduate assistants, be sufficient to instruct the program or will additional faculty be recruited? If needed, provide plans and resources to secure qualified faculty. Use Appendix C to provide detail on faculty profiles and new hires.

The current Master of Science in Nursing-Nurse Practitioner (MSN-NP) program utilizes faculty with master's or doctoral preparation; faculty who teach nurse practitioner lifespan and clinical courses must be nurse practitioners with a minimum educational preparation at the master's level and current active NP practice.

Faculty who will teach DNP-level courses must have doctoral degrees, as well as NP certification if teaching 7000-level nurse practitioner clinical courses.

Over the next five years, current master's degree-prepared nurse practitioner faculty will be encouraged and supported in completing the post-master's Doctor of Nursing Practice (DNP)-Leadership program to ensure that WSU nurse practitioner faculty role model and meet national requirements for all nurse practitioners to obtain the DNP degree by 2025.

Staff
Describe the staff development activities that will support this program. Will existing staff such as administrative, secretarial/ clerical, laboratory aides, advisors, be sufficient to support the program or will additional staff need to be hired? Provide plans and resources to secure qualified staff, as needed.

Implementation of the DNP-FNP program results in a 5 percent increase in workload for administrative secretarial staff to manage increased student numbers and program requirements. This can be accommodated by shifting some of the routine tasks to student assistants.

Student Advisement
Describe how students in the proposed program will be advised.

The advisement process is as follows:

1. Students are assigned a graduate program advisor upon entry into the program.
2. The appropriate department administrative assistant provides the name of the assigned advisor to students via email.
3. Students access CatTracks, the WSU graduation evaluation tool, in their e-Weber portals, to view the list of courses needed to complete the program.
4. On or before week three of the semester, students must contact their advisor to introduce themselves and detail any identified problems/concerns.
5. For any additional advisement, questions, or consultation during the program, students make an appointment to talk with their advisors by phone, virtual interview, or face-to-face during a hybrid class week.
6. Students are strongly encouraged to complete a "Degree Evaluation" in CatTracks each semester until graduation.
7. The faculty advisor, the Doctor of Nursing Practice-Family Nurse Practitioner (DNP-FNP) program director, or the Annie Taylor Dee School of Nursing enrollment director documents advisement notes in CatTracks.
8. Students are responsible for reviewing advisement comments in CatTracks and ensuring that all DNP-FNP program requirements are fulfilled.

Library and Information Resources
Describe library resources required to offer the proposed program if any. List new library resources to be acquired.

Students, faculty and staff associated with the Post BSN to DNP-FNP program can access the Stewart Library completely online. The library also provides a dedicated medical librarian and informaticist to support all SON nursing students, including DNP students. Multiple databases and resources are available for students to conduct their course work and clinical guideline/ protocol transformation into practice.

Projected Enrollment and Finance
Use Appendix D to provide projected enrollment and information on related operating expenses and funding sources.

Section VI: Program Evaluation

Program Assessment
Identify program goals. Describe the system of assessment to be used to evaluate and develop the program.

WSU Annie Taylor Dee School of Nursing Outcomes
Since 1990, the National Organization of Nurse Practitioner Faculties (NONPF) has identified core competencies for nurse practitioners. Core competencies represent graduation and certification requirements for clinical and evidenced-based scholarship necessary for Doctor of Nursing Practice-Family Nurse Practitioner (DNP-FNP) entry into practice. The DNP-FNP curricular framework also includes the American Association of Colleges of Nursing (AACN) *DNP Essentials*. The essentials and competencies direct content and expected outcomes, guide the delivery of instruction, and determine student-learning activities for all nursing programs preparing future DNP-FNP-

educated nurses. The Annie Taylor Dee School of Nursing program, course, and student assessment and evaluation methodologies are varied, reflecting established professional and practice competencies, and measure the achievement of the End of Program Student Learning Outcomes (EPSLOs).

Family Nurse Practitioner Role-Specific Program Competencies
1. Patient-Centered Care: Implement indirect- and direct-care strategies for autonomous practice and/or care delivery models for individuals and diverse populations across health care settings.
2. Teamwork & Collaboration: Engage in shared decision-making with interprofessional teams for complex patients, practice, and organizational collaboration.
3. Evidence-Based Practice (EBP): Operationalize clinical and leadership principles translating evidence into health care practice.
4. Quality Improvement (QI): Transform individual, community, and organizational practices to achieve quality health outcomes.
5. Patient Safety: Develop an organizational culture of safety for improved health care of individuals and diverse populations across health care settings.
6. Informatics: Evaluate and manage patients, systems, and evidence for clinical decision-making and improvement of health care delivery.

Summative Assessments
The administration of summative assessment tools occurs during a two-week period at the end of each semester. These documents are available electronically and require a student password to access. Faculty do not receive the aggregated report of the quantitative and qualitative evaluation data until course grades have been posted. Using this aggregate data, the faculty make decisions relative to the program's development, maintenance, and/or revision. The instruments gather the following information:
- The students' perceived effectiveness of the course;
- The students' perceived effectiveness of the course faculty;
- The students' achievement of the role-specific competencies; and
- The students' perception of the curriculum's overall quality as preparation for the student to perform the advanced roles of a nurse administrator or nurse educator.

The Course Outcomes Evaluation assesses:
- The required course materials supported the student's learning;
- The course assignments effectively measured the student's achievement of course student-learning outcomes; and
- The overall effectiveness of the course supported the student's achievement of course student-learning outcomes.

Faculty Performance Evaluations of Students
The Doctor of Nursing Practice-Family Nurse Practitioner (DNP-FNP) faculty adapt and employ existing policies and evaluations to measure individual student mastery of course learning outcomes/competencies through a variety of learning strategies and associated evaluation methods. One metric is course grades. In order to advance in the DNP-FNP program, the student must achieve a minimum final grade of a B minus in each course. This is the standard grading policy throughout the Annie Taylor Dee School of Nursing.

Assessments include:
1. Student performance of nurse practitioner role-specific competencies;
2. Student evaluation of clinical preceptor;
3. Nurse practitioner faculty evaluation of student; and

4. Preceptor evaluation of nurse practitioner student.

Student Standards of Performance

List the standards, competencies, and marketable skills students will have achieved at the time of graduation. How and why were these standards and competencies chosen? Include formative and summative assessment measures to be used to determine student learning outcomes.

End of Program Evaluation Instrument

Using a combined Benner's Novice (1) to Expert (5) concept and a standardized Likert scale, the following clinical components are evaluated: professionalism; management of subjective and objective data relevant to the nurse practitioner role, safe quality care, informatics, and patient-centered care; diagnostic reasoning and plan of care competency.

Questions

1. Faculty followed the course syllabus and unit modules.
2. Faculty utilized course student learning outcomes to focus learning.
3. Faculty utilized learning materials (e.g., textbook, web links, handouts, journal articles, video clips, etc.) to promote learning and achievement of course outcomes.
4. Faculty taught and modeled cultural sensitivity and concepts of individual and population diversity.
5. Faculty applied and promoted current evidence-based information in the course.
6. Faculty provided timely feedback (i.e. assignment grading) based on expectations articulated in the course.
7. Faculty responded to student communication within two business days.
8. Faculty overall performance.
9. Please provide constructive comments related to the strengths of the faculty.
10. Please provide constructive recommendations related to faculty improvement.

Course Evaluation DNP-FNP:

The following program support and sustainability aspects of DNP-FNP education will be evaluated for each course:
1. The DNP emphasis the student completed
2. Overall program of learning provided by the DNP program
3. Overall preparation and performance of nursing faculty
4. Faculty support throughout the program of study
5. The length of the program provided adequate time to learn and achieve program outcomes
6. The residency as the culminating component of the master's curriculum
7. The curriculum incorporated cultural and ethnic diversity concepts
8. Library resources
9. Technology enhanced learning resources (such as Canvas).
10. Technical support for online resources
11. Student Health & Counseling Center
12. Student academic advisement
13. Career Counseling and Placement
14. Financial Aid Services
15. Patient-centered Care: Create and direct collaborative patient-care environments that promote the development of nursing expertise that includes the patient perspective
16. Teamwork and Collaboration: Apply advanced communication strategies to support high-functioning interdisciplinary teams that support high-quality, safe patient care.
17. Evidence-based Practice: Evaluate available evidence, expert opinion, and patient preferences to determine best practices. Evaluate the feasibility and appropriate evaluation methods for planned evidence-based practice interventions.

18. Quality Improvement: Promote development of policies and processes based on identification of best practices that improve the quality and safety of nursing care provided by health care.

19. Patient Safety: Incorporate patient safety principles into the development of comprehensive patient safety goals and safety education for nurses.

20. Informatics: Formulate policies, processes, and/or educational plans that leverage information technology to optimize information management, reduce errors, and support clinical decision-making

Program Evaluation Process

The purpose of the program evaluation process is to oversee the development and implementation of the program-specific Systematic Plan for Evaluation, and review and participate in evaluation activities for the entire Annie Taylor Dee School of Nursing. All members of the Doctor of Nursing Practice-Family Nurse Practitioner (DNP-FNP) program faculty team will serve as contributors to the program evaluation process.

Currently faculty meet monthly during fall and spring semesters to discuss individual and course evaluations. The meetings include reports and updates from the Annie Taylor Dee School of Nursing Evaluation Committee and designated course chairs. In addition, all program faculty are invited to the meeting to discuss suggestions and successes in the program or individual courses. Curricular changes are determined by evaluation data and subsequent analysis.

Aggregation and Trending of Data Supports Program Decision-Making

In support of the Master of Science in Nursing (MSN) Systemic Plan for Evaluation assessment and program improvement processes, the MSN program faculty currently employ several evaluative processes. These include the administration of formal evaluation tools, the tracking and trending of program outcomes, the students' final course grades as they progress through the program, and the students' achievement of the core and emphasis competencies. These same processes will apply to the Doctor of Nursing Practice-Family Nurse Practitioner (DNP-FNP) program. Suggestions and curricular changes are evaluated through course evaluations and periodic student check-ins (assessments) to determine effectiveness, and implemented if deemed valuable.

Formal Evaluation Tools

The administration of formal evaluation tools occurs during a two-week period at the end of each semester. These documents are available electronically and require a student password to access. Faculty do not receive the aggregated report of the quantitative and qualitative evaluation data until course grades have been posted. Using this aggregate data, the faculty make decisions relative to the program's development, maintenance, and/or revision.

Currently, all formal evaluation tools are administered to all Master of Science in Nursing (MSN) students and graduates, regardless of the program emphasis: educator, executive, or nurse practitioner. The data derived from these evaluation tools reflect that the students not only perceive that the program's courses are supporting their achievement of the program's learning outcomes/competencies, but they also judge the designated program faculty as being effective in facilitating their learning experience.

Formative Assessments

Currently, within the Master of Science in Nursing (MSN) program, faculty employ formative assessments at various times throughout the courses. Formative assessments also will be used in the Doctor of Nursing Practice-Family Nurse Practitioner (DNP-FNP) program. One example of a formative assessment includes:

To make this course most relevant and supportive of your learning, please answer the following:
1. Is the feedback you are getting from the instructor helping you learn? In what ways can the instruction be more helpful?

2. Are the instructions for completing assignments clear? If not, how can they be improved?

3. Do you feel you are developing the knowledge and skills in this class to prepare you as a nurse educator?

4. Please provide examples of what you have enjoyed learning and what you would like to learn more about.

5. What are your thoughts regarding the textbook(s) and supplemental readings, videos and websites? Have they been helpful for your learning and in completing the assignments?

Appendix A: Program Curriculum

List all courses, including new courses, to be offered in the proposed program by prefix, number, title, and credit hours (or credit equivalences). Indicate new courses with an X in the appropriate columns. The total number of credit hours should reflect the number of credits required to be awarded the degree.

For variable credits, please enter the minimum value in the table for credit hours. To explain variable credit in detail as well as any additional information, use the narrative box at the end of this appendix.

		Course Number	NEW Course	Course Title	Credit Hours
				General Education Courses (list specific courses if recommended for this program on Degree Map)	
				General Education Credit Hour Sub-Total	
		Required Courses			
+	-	NRSG 6110		Translating Research and Evidence into Practice	3
+	-	NRSG 6120		Research and Statistics	3
+	-	NRSG 6130		Theoretical Foundations of Nursing Practice	3
+	-	NRSG 6210		APRN Pathophysiology I	2
+	-	NRSG 6211		APRN Patho II and Genetics	2
+	-	NRSG 6215	✕	APRN Pharmacology I	2
+	-	NRSG 6216	✕	APRN Pharmacology II	2
+	-	NRSG 6220		NP Assessment/DX Reasoning	3
+	-	NRSG 6225		NP Care Clinical Skills	1
+	-	NRSG 6230		NP Patient Care Lab	1
+	-	NRSG 6235		NP Patient Care I	3
+	-	NRSG 6236		NP Clinical I	4
+	-	NRSG 6240		NP Patient Care II	2
+	-	NRSG 6245		NP Patient Care III	3
+	-	NRSG 6246		NP Clinical II	3
+	-	NRSG 6250		NP Patient Care IV	2
+	-	NRSG 7001		Transitions to Advance Practice I	2
+	-	NRSG 7002		Transition to Practice II	3
+	-	NRSG 7904		Nurse Practitioner Immersion	4
				Choose 12 of the following courses:	
+	-			DNP Specific Theory Courses - All Required	
+	-	NRSG 7010	✕	Scholarly/Ethical Foundations	3
+	-	NRSG 7020	✕	Biostats/Epidemiology	3
+	-	NRSG 7030	✕	Information Technology & EBP	3
+	-	NRSG 7040	✕	Systems Approach & QI	3
+	-	NRSG 7050	✕	Advanced Population Health	3
+	-	NRSG 7060	✕	DNP Leadership	3
+	-	NRSG 7070	✕	Healthcare Policy	2
+	-	NRSG 7080	✕	Healthcare Economics	2
+	-	NRSG 7801	✕	DNP Project I	1
+	-	NRSG 7802	✕	DNP Project II	1
+	-	NRSG 7803	✕	DNP Project III	1
+	-	NRSG 7900	✕	DNP Practicum (total of 300 hours)	5

		Course Number	NEW Course	Course Title	Credit Hours
				Required Course Credit Hour Sub-Total	78
		Elective Courses			
+	-	NRSG 7900		DNP Practicum (extra sections if more time needed)	
				Elective Credit Hour Sub-Total	
				Core Curriculum Credit Hour Sub-Total	78

Program Curriculum Narrative

Describe any variable credits. You may also include additional curriculum information.

The post baccalaureate in nursing to Doctor of Nursing Practice-Family Nurse Practitioner (DNP-FNP) degree is designed to be completed in seven semesters.

• There are 48 credits for nurse practitioner-specific education and clinical hours.
• There are 22 credits for DNP theory courses.
• There are three, one-credit courses for the DNP project 7801-7803.
• There is a minimum of five credits required for DNP practicum for NRSG 7900 (course may be taken multiple times).
• Additional credits are available if needed for the individual student (variable credit for a total of five to nine hours).
• An eighth-semester option allows students to move the remaining DNP project and practicum course from semester seven to semester eight if more time is needed.
• During the last three semesters of the seven-semester program, students complete 660 hours of nurse practitioner clinical practice.
• Also during the last three semesters, students must complete the remaining 180 hours of indirect-/direct-care practice hours related to health care systems, quality improvement, health care policy, health care finance/economics, information technology, population health and epidemiology, and improved health care outcome improvements.

Degree Map

(Semester 1 Summer)	Credits
NRSG 6110 Translating Research and Evidence into Practice	3
NRSG 6120 Research and Statistics	3
NRSG 6130 Theoretical Foundations of Nursing Practice	3
NRSG 7001 Transitions to Practice I	2
Total Semester Credits	11

(Semester 2 Fall)	
NRSG 6210 APRN Pathophysiology I	2
NRSG 6215 APRN Pharmacology I	2
NRSG 7010 Scholarly/Ethical Foundations	3
NRSG 7020 Biostats/Epidemiology	3
NRSG 7070 Healthcare Policy	2
Total Semester Credits	12

(Semester 3 Spring)	
NRSG 6211 APRN Patho II and Genetics	2
NRSG 6216 APRN Pharmacology II	2
NRSG 7030 Information Technology & EBP	3
NRSG 7040 Systems Approach & QI	3
NRSG 7801 DNP Project I	1
Total Semester Credits	11

(Semester 4 Summer)	
NRSG 6220 NP Assessment/DX Reasoning	3
NRSG 6225 NP Care Clinical Skills	1
NRSG 7050 Advanced Population Health	3
NRSG 7060 DNP Leadership	3
NRSG 7900 DNP Practicum	1
Total Semester Credits	11

(Semester 5 Fall)	
NRSG 6235 NP Patient Care I	3
NRSG 6236 NP Clinical I	4
NRSG 6240 NP Patient Care II	2
NRSG 7080 Healthcare Finance/Economics	2
NRSG 7802 DNP Project II	1
Total Semester Credits	12

(Semester 6 Spring)	
NRSG 6230 NP Patient Care Lab	1
NRSG 6245 NP Patient Care III	3
NRSG 6246 NP Clinical II	3

NRSG 6250 NP Patient Care IV	2
NRSG 7900 DNP Practicum	2
Total Semester Credits	11

(Semester 7 Summer)

NRSG 7002 Transitions to Practice II	3
NRSG 7803 DNP Project III	1
NRSG 7900 DNP Practicum	2
NRSG 7904 Nurse Practitioner Immersion	4
Total Semester Credits	10

Total Doctoral Credits	78

Appendix C: Current and New Faculty / Staff Information

Part I. Department Faculty / Staff

Identify # of department faculty / staff (headcount) for the year preceding implementation of proposed program.

	# Tenured	# Tenure -Track	# Non -Tenure Track	
Faculty: Full Time with Doctorate	16	2	0	
Faculty: Part Time with Doctorate	0	0	2	
Faculty: Full Time with Masters	2	18	0	
Faculty: Part Time with Masters	1	0	0	
Faculty: Full Time with Baccalaureate	0	0	0	
Faculty: Part Time with Baccalaureate	0	0	0	
Teaching / Graduate Assistants	/////	/////		
Staff: Full Time	0	0	4	
Staff: Part Time	0	0	1	

Part II. Proposed Program Faculty Profiles

List current faculty within the institution -- with academic qualifications -- to be used in support of the proposed program(s).

	First Name	Last Name	Tenure (T) / Tenure Track (TT) / Other	Degree	Institution where Credential was Earned	Est. % of time faculty member will dedicate to proposed program.	If "Other," describe
Full Time Faculty							
	Juanita	Allen	Other	DNP	University of Utah	75	
	Kristy	Baron	TT	PhD	Rocky Mountain University	50	
	Kathleen	Cadman	TT	PhD	University of Nevada Las Vegas	0	
	Sally	Cantwell	TT	PhD	Northcentral University AZ	0	
	Julie	Gee	TT	PhD	New Mexico State University	75	
	Diane	Fife	T	PhD	University of Utah	50	
	Valerie	Gooder	T	PhD	University of Utah	50	
	Deborah	Judd	T	DNP	University of Alabama - Tuscaloosa	100	
	Cathy	Harmston	TT	MSN	University of Utah	100	
	London	Lowe	T	PhD	University of Nevada Las Vegas	0	
	Melissa	NeVille	TT	DNP	University of Utah	25	
	Mary Anne	Reynolds	TT	PhD	University of Utah	75	
	Ann	Rocha	TT	PhD	University of Southern CA	75	
	Holli	Sowerby	TT	EdD	Walden University	25	
	Kris	Williams	TT	DNP	Chatham University	0	
	Susan	Thornock	T	EdD	Northcentral	25	Administratio
	Angela	Page	TT	MSN	Brigham Young University	100	
Part Time Faculty							
	Joyce	Barra	Other	PhD	University of Utah	0	

	First Name	Last Name	Tenure (T) / Tenure Track (TT) / Other	Degree	Institution where Credential was Earned	Est. % of time faculty member will dedicate to proposed program.	If "Other," describe
	Perry	Gee	Other	PhD	University of California, Davis	25	
	Amy	Loftus	Other	MSN	University of Utah	20	
	Jessica	Bartlett	Other	DNP	University of Utah	20	
	Holly	Wharton	Other	MSN	University of Utah	20	

Part III: New Faculty / Staff Projections for Proposed Program
Indicate the number of faculty / staff to be hired in the first three years of the program, if applicable. Include additional cost for these faculty / staff members in Appendix D.

	# Tenured	# Tenure -Track	# Non -Tenure Track	Academic or Industry Credentials Needed	Est. % of time to be dedicated to proposed program.
Faculty: Full Time with Doctorate	0	0	0		
Faculty: Part Time with Doctorate	0	0	0		
Faculty: Full Time with Masters	0	0	0		
Faculty: Part Time with Masters	0	0	0		
Faculty: Full Time with Baccalaureate	0	0	0		
Faculty: Part Time with Baccalaureate	0	0	0		
Teaching / Graduate Assistants	////////	////////	0		
Staff: Full Time	0	0	0		
Staff: Part Time	0	0	0		

Appendix D: Projected Program Participation and Finance

Part I.

Project the number of students who will be attracted to the proposed program as well as increased expenses, if any. Include new faculty & staff as described in Appendix C.

Three Year Projection: Program Participation and Department Budget						
	Year Preceding Implementation	New Program				
		Year 1	Year 2	Year 3	Year 4	Year 5
Student Data						
# of Majors in Department	94	102	118	118	118	118
# of Majors in Proposed Program(s)	//////	20	40	40	40	40
# of Graduates from Department	52	43	24	59	59	59
# Graduates in New Program(s)	//////	0	0	20	20	20

Department Financial Data					
		Department Budget			
		Year 1	Year 2	Year 3	
Project additional expenses associated with offering new program(s). Account for New Faculty as stated in Appendix C, "Faculty Projections."	Year Preceding Implementation (Base Budget)	Addition to Base Budget for New Program(s)	Addition to Base Budget for New Program(s)	Addition to Base Budget for New Program(s)	
EXPENSES – nature of additional costs required for proposed program(s)					
List salary benefits for additional faculty/staff each year the positions will be filled. For example, if hiring faculty in year 2, include expense in years 2 and 3. List one-time operating expenses only in the year expended.					
Personnel (Faculty & Staff Salary & Benefits)	$1,174,267	$86,578	$145,150	$145,150	
Operating Expenses (equipment, travel, resources)	$33,401	$18,140	$25,140	$25,140	
Other:					
TOTAL PROGRAM EXPENSES	//////	$104,718	$170,290	$170,290	
TOTAL EXPENSES	$1,207,668	$1,312,386	$1,377,958	$1,377,958	
FUNDING – source of funding to cover additional costs generated by proposed program(s)					
Describe internal reallocation using Narrative 1 on the following page. Describe new sources of funding using Narrative 2.					
Internal Reallocation					
Appropriation	$1,205,368				
Special Legislative Appropriation					
Grants and Contracts					
Special Fees	$2,300	$8,140	$8,140	$8,140	
Tuition		$64,578	$113,010	$113,010	
Differential Tuition (requires Regents approval)		$32,000	$49,140	$49,140	
PROPOSED PROGRAM FUNDING	//////	$104,718	$170,290	$170,290	
TOTAL DEPARTMENT FUNDING	$1,207,668	$1,312,386	$1,377,958	$1,377,958	
Difference					
Funding - Expense	$0	$0	$0	$0	

Part II: Expense explanation

Expense Narrative

Describe expenses associated with the proposed program.

Tuition and differential will be used to pay instructional wage for nursing courses and free up current faculty prepared with either a Ph.D. or DNP to teach in the program. In addition, tuition, differential, and modest course fees will fund the following operating expenses: durable medical equipment, objective structured clinical examination, lab / simulation clinical support, and simulation activities.

Part III: Describe funding sources

Revenue Narrative 1

Describe what internal reallocations, if applicable, are available and any impact to existing programs or services.

Budget is in place to support the MSNP program. In addition, through strategic planning and alignment with the School of Nursing, Dumke College of Health Professions, and Weber State University mission, the Weber State University Annie Taylor Dee School of Nursing has developed the infrastructure necessary to sustain a successful Nurse Practitioner Program.
1. Graduating over 400 BSN Nurses across the state of Utah
2. New Lab at the Davis Campus with a 5 bed Simulation Suite and two- 5 bed nursing practice labs
3. Plans to renovate the existing Ogden Campus Lab to support simulation and advanced nursing education.
4. $500,000 purchase of equipment and software to support student accessible recording of student performance in lab and simulation. These performance recordings are accessible to students and faculty off campus and at home for personal review and critique.
5. Implementation of the Cerner Electronic Medical Record System in all of the School of Nursing labs across the state.
6. Segue Grant and More Nurses Now monies used to support faculty in pursuing EdD, PhD and DNP education.
7. Segue Grant funding for the purchase of lab equipment to enhance nursing simulation
8. Assignment of full-time simulation coordinator for nursing labs
9. Assignment of 2 full-time faculty for development and coordination of Nurse Practitioner program curriculum, lab and clinical support.
10. Support and professional expertise from departments within the Dumke College of Health Professions.

Budgets for existing programs will not be impacted.

Revenue Narrative 2

Describe new funding sources and plans to acquire the funds.

Revenue is a proportion of increased differential for nursing graduate students, a proportion of tuition and differential for an increased number of graduate students, an application fee of $60 for the Doctor of Nursing Practice programs, and course fees for three courses to help fund the high cost of simulation lab supplies and live models for exams.

Utah System of Higher Education
Program Description - Full Template

Section I: The Request

Weber State University requests approval to offer the following Doctoral degree(s): Doctor of Nursing Practice (DNP) - Leadership Emphasis effective Fall 2019. This program was approved by the institutional Board of Trustees on .

Section II: Program Proposal

Program Description
Present a complete, formal program description.

Weber State University (WSU) is proposing to implement a Doctor of Nursing Practice (DNP) program with two emphases: a leadership emphasis and a family nurse practitioner (FNP) emphasis. The proposed WSU DNP degree is a practice-focused advanced degree in nursing, designed for nurses who are seeking preparation at the highest level of clinical nursing practice. This proposal provides specifics for the DNP Leadership Emphasis.

The DNP degree is the preferred and recommended practice-focused degree for advanced practice registered nurses (APRN) and nurse leaders. This includes all nurse practitioners (NPs) and other expert nurses. According to the American Association of Colleges of Nursing (AACN), advanced nursing practice is defined as any form of nursing intervention that influences health care outcomes for individuals and populations, including the provision of direct care or management of care for individual patients or populations, and the provision of indirect care, such as nursing administration, executive leadership, health policy, informatics, and population health. The role of the DNP-educated nurse is to use evidence to advance the quality of nursing through policy evaluation, development, and advocacy, and create and maintain healthy work environments at the organizational and systems levels. As leaders, DNP graduates develop and evaluate new models of care delivery.

Consistency with Institutional Mission
Explain how the program is consistent with the institution's Regents-approved mission, roles, and goals (see mission and roles at higheredutah.org/policies/policyr312) or, for "out of mission" program requests, the rationale for the request.

Nationally, the DNP degree is replacing the MSN as the terminal degree in the field and will be the requirement for the APRN in 2025. In order to continue to serve students and the northern Utah region, Weber State University (WSU) must offer what is now the preferred, and what will become, the recommended practice-focused degree for the APRN.

While the nursing practice doctorate is not explicitly in the WSU mission statement, the degree offering is consistent with the broad mission of WSU to serve as the educational, cultural, and economic leader of the region by offering accessible, effective, and responsive degree programs. Having the terminal practice degree for nurses reflects the institution's service role as regional leader for its students and employers.

The degree offering is also consistent with the scope of practice, strengths, and mission of the WSU Annie Taylor Dee School of Nursing. The School of Nursing has been in the forefront of providing stackable credentialing in nursing since its inception in 1953. The school works with technical colleges to move the licensed practical nurse (LPN) to the level of registered nurse (RN), and provides the opportunity for the technical college student to advance to the Bachelor of Science in Nursing (BSN) degree and continue through to the MSN. Weber State University's MSN degree has three emphases from which students can choose: nurse educator, nurse executive, and nurse practitioner (NP).

To maintain a meaningful stackable credentialing process and be responsive to the needs of nursing students and employers in the future, it is important for WSU to offer the DNP program. In other words, if WSU is unable to offer the DNP program, it will undermine the value of the award-winning and nationally recognized WSU Annie Taylor Dee School of Nursing.

A practice-focused degree, the DNP is distinctly different from a Ph.D. or research doctoral degree program. The goal in proposing the DNP is to fulfill the mission of both WSU and the Annie Taylor Dee School of Nursing to be responsive to students and regional workplace demands. WSU is not interested in, and does not plan to change, the mission statement and will remain focused on certificate, associate's, bachelor's, and master's degree programs. The addition of the DNP degree at WSU ensures optimally prepared practitioners and nurse leaders who achieve the university's dual mission, integrating access, learning, and community in the service of high-quality health care and favorable outcomes for regional patients, families, and communities.

The addition of a professional doctorate does not alter the mission of WSU, nor does it alter its Carnegie Classification as an M1 institution (Master's Colleges and Universities – Larger Programs). Only the granting of academic doctorates moves an institution to the doctoral level. Moreover, WSU does not believe the new program at the new degree level will alter the Regents' definition of its role (defined in R312) as a regional university that provides career and technical education to fill regional or state workforce demands. To reiterate, the DNP is not a research degree, and WSU is not looking to become a research university as defined in R315.

Section III: Needs Assessment

Program Rationale
Describe the institutional procedures used to arrive at a decision to offer the program. Briefly indicate why such a program should be initiated. State how the institution and the USHE benefit by offering the proposed program.

Why the program should be initiated: The Doctor of Nursing Practice (DNP) program prepares advanced practice registered nurses and other nurse experts to meet the changing demands of the nation's complex health care environment -- an environment that requires the highest level of scientific and practical knowledge to assure quality patient outcomes and attention to evolving local community health care needs. Evidence demonstrates a clear link between more advanced levels of nursing education, patient outcomes, and nurse practitioners' abilities to address the complexities of patient care.

Complex health care demands require the highest level of scientific knowledge and expert clinical practice to assure safe, quality patient care, increased access, and improved health care outcomes. The Institute of Medicine (IOM), Joint Commission, Robert Wood Johnson Foundation, and other authorities call for reconceptualization and enhanced development of educational programs to prepare today's nurse practitioners to function to the highest level of education and practice scope.

DNP-educated nurse practitioners are prepared to work within a variety of health care contexts and communities to assess, plan, and intervene. They function as direct-care clinicians and indirect-care nurse leaders in administrative or executive roles, and in policy development, population health, informatics, indirect clinical practice innovation, and clinical educator contexts. Employers are quickly recognizing the unique contribution these expert nurse clinicians and leaders provide to meet societal, community, and organizational health care needs and demands.

Institutional procedures: The WSU Annie Taylor Dee School of Nursing conducted a needs assessment (see "Student Demand" below). The institution considered the a) student demand, b) professional mandate for nursing to move to a DNP degree, and c) the lack of other higher education institutions offering a DNP program.

USHE benefit: Providing an option for a DNP program from a public state university enhances the ability to educate APRNs and expert nurse leaders in the role of nurse practitioners or advanced practice nurse leaders. For those who have previously graduated from WSU and for those individuals who reside in northern Utah's urban or rural communities, this is essential for promotion of the nursing profession and achievement of societal health care outcomes.

The proposed DNP leadership program helps meet the growing demands for the provision of excellent nursing education and expanded access of quality health care within the state.

Labor Market Demand

Provide local, state, and/or national labor market data that speak to the need for this program. Occupational demand, wage, and number of annual openings information may be found at sources such as Utah DWS Occupation Information Data Viewer (jobs.utah.gov/jsp/wi/utalmis/gotoOccinfo.do) and the Occupation Outlook Handbook (www.bls.gov/oco).

Demand for the DNP degree is present nationally and locally, and is driven by the increasingly complex health care needs within the U.S. The Institute of Medicine, in 2010, called for the nation to double the number of nurses with a doctorate degree by 2020. Nationally, there is significant growth in DNP programs; 303 DNP programs are currently enrolling students, and 124 new DNP programs are in the planning stages (58 post-Bachelor of Science in Nursing (BSN) and 66 post-Master of Science in Nursing (MSN) programs). From 2015 to 2016, the number of students enrolled in DNP programs increased from 21,995 to 25,289. Locally, the Utah Medical Education Council conducted an advanced practice registered nurse workforce survey in 2017, examining a 10-year workforce and population demand projection for advanced practice nurses. The survey supports the current trend for higher degrees for advanced practice nurses. Utah is progressing slowly compared to other states toward the nationally mandated doctoral level, with 9 percent of nurses earning doctorates in 2010 and 16 percent in 2015. Only one public academic institution in Utah, the University of Utah, offers the mandated entry-into-practice degree for nurse practitioners.

Student Demand

Provide evidence of student interest and demand that supports potential program enrollment. Use Appendix D to project five years' enrollments and graduates. Note: If the proposed program is an expansion of an existing program, present several years enrollment trends by headcount and/or by student credit hours that justify expansion.

The WSU Annie Taylor Dee School of Nursing conducted a needs assessment in March 2018. Of the 236 students and alumni surveyed, a large percentage had a strong desire to continue their graduate education at WSU, with 44 percent (n=105) being interested in a DNP leadership program.

Similar Programs

Are similar programs offered elsewhere in the USHE, the state, or Intermountain Region? If yes, identify the existing program(s) and cite justifications for why the Regents should approve another program of this type. How does the proposed program differ from or compliment similar program(s)?

The University of Utah currently offers a DNP degree. WSU would be the only other Utah System of Higher Education (USHE) school to offer a DNP program. Weber State's community education focus is on the students in the northern part of the state and rural areas of Utah. The WSU nursing program has a longstanding history of providing nursing education in several rural outreach sites. This outreach has never created any concerns with USHE schools providing similar educational programs. This outreach would also apply to the DNP program, with the understanding that it will not compete with any other USHE school.

Collaboration with and Impact on Other USHE Institutions

Indicate if the program will be delivered outside of designated service area; provide justification. Service areas are defined in higheredutah.org/policies/policyr315/ . Assess the impact the new program will have on other USHE institutions. Describe any discussions with other institutions pertaining to this program. Include any collaborative efforts that may have been proposed.

Faculty in the WSU Annie Taylor Dee School of Nursing have discussed this proposed DNP program with the interim dean of nursing at the University of Utah, and with personnel at Southern Utah University and Brigham Young University. These institutions are aware WSU plans to offer this program and support the need for additional

DNP education in Utah. This WSU program will support northern Utah and associated rural students and communities.

External Review and Accreditation

Indicate whether external consultants or, for a career and technical education program, program advisory committee were involved in the development of the proposed program. List the members of the external consultants or advisory committee and briefly describe their activities. If the program will seek special professional accreditation, project anticipated costs and a date for accreditation review.

The WSU Annie Taylor Dee School of Nursing will seek accreditation by the Accreditation Commission for Education in Nursing (ACEN). The School of Nursing expects the DNP program, including its leadership and family nurse practitioner (FNP) emphases, to meet accreditation standards despite being new, based on previous program development and successful accrediting visits. Per ACEN, a site visit for accreditation purposes is scheduled one to two semesters before the first graduating class. The accreditation visit will be scheduled for fall 2020. The school has already started to prepare for the planned accreditation visit, aligning all aspects of the program's development with ACEN criteria for accreditation. The formal self-study will be submitted in summer 2020. The cost of the accreditation process and visit will depend on the number of reviewers and number of days the reviewers will be on site. With two separate DNP emphases being proposed at Weber State, the fall 2020 accreditation visit is anticipated to include both the leadership and FNP emphases at an estimated cost of $7,500.

Section IV: Program Details

Graduation Standards and Number of Credits

Provide graduation standards. Provide justification if number of credit or clock hours exceeds credit limit for this program type described in R401-3.11, which can be found at higheredutah.org/policies/R401.

The Doctor of Nursing Practice Leadership Emphasis, like all of the current WSU Annie Taylor Dee School of Nursing programs, will be accredited by the Accreditation Commission for Education in Nursing (ACEN), which works closely with the American Association of College of Nursing (AACN), another accrediting body. The AACN developed the foundational competencies -- the *DNP Essentials* -- that are core to all advanced nursing practice roles. The DNP Leadership emphasis utilizes ACEN, ACCN, and other professional authorities to ensure education standards meet the criteria of these separate organizations. Per the AACN, a minimum of 1,000 post-baccalaureate practice hours are required as part of a supervised academic program. Practice experiences are designed to help students achieve specific learning objectives related to the *DNP Essentials* and specialty competencies. Of the 1,000 practice hour requirement, a minimum of 300 hours is at the doctoral level. The DNP Leadership Emphasis consists of 26 theory credits and five (300 hours) DNP practicum credits equaling 31 credits; this is consistent with national benchmarking for this program. The program takes six semesters to complete, although a student admitted with a higher level of transcripted post-baccalaureate practice hours may complete the program in five semesters.

Admission Requirements

List admission requirements specific to the proposed program.

Phase I: Admission Requirements for the DNP-Leadership Emphasis

Applicants must have:

1. A cumulative GPA of 3.0 or higher (on a 4.0 scale). Includes all college-level course work. Transfer courses must be from a regionally accredited and a nursing-accredited institution that transfers to Weber State.

2. A current unencumbered license to practice as a registered nurse (RN) or advanced practice registered nurse (APRN) in one of the National Council of State Boards of Nursing (NCSBN) jurisdictions or the eligibility to obtain licensure without restrictions to practice as a registered nurse in the applicant's state. Must be licensed prior to the

program start.
3. A detailed curriculum vitae or resume.

Please note:
a. If English is not the applicant's first language, a minimum English language proficiency score is required. (TOEFL = 75 overall, with a minimum of 17 in each category; or IELTS = 6.5 overall, with a minimum of 6.0 in each category). Applicants with a bachelor's degree or higher from a regionally accredited (or equivalent) university in which the language of instruction was English may be exempt from English-language proficiency testing.
b. All exceptions to the minimum GPA requirement and TOEFL/IELTS scores in admissions decisions, along with a rationale for each, will be reported by all graduate programs annually to the Graduate Council.

Phase II: Acceptance to the DNP-Leadership Emphasis
Applicants must:
1. Apply to the DNP Leadership Emphasis by the posted due date.
2. Complete the general DNP admission criteria as listed above.
3. Submit a personal statement.
4. Submit a case study.
5. Submit video responses
6. Provide a transcript showing an earned Bachelor of Science in Nursing (BSN) degree.
7. Provide a transcript showing an earned Master of Science in Nursing (MSN) degree from a regionally accredited program and a nursing-accredited program (accredited by the Commission on Collegiate Nursing Accreditation (CCNE), Accreditation Commission for Education in Nursing (ACEN), National League for Nursing Commission for Nursing Education Accreditation (CNEA) program) *or* an earned Master of Health Education (MHA), Master of Public Health (MPH), or Master of Business Administration (MBA) from a regionally accredited program.

It is highly recommended that applicants have completed a statistics course with a B- grade or higher within 10 years prior to the start of the academic year of admission to the program. A working knowledge of nursing administrative functions, such as budgets, staffing, etc., is encouraged.

Application Process
The Doctor of Nursing Practice (DNP)-Leadership emphasis utilizes an online application process on the WSU Annie Taylor Dee School of Nursing website. Applications become available in October the year prior to the fall program start date. The application deadline is March 1. The admission and selection process occurs annually in April. The WSU Nursing Admissions and Advancement Committee reviews the applications. Students are notified of acceptance into the program by May 1 for fall admission. A DNP website will be developed for the application process, application checklist, and other information as needed.

Curriculum and Degree Map
Use the tables in Appendix A to provide a list of courses and Appendix B to provide a program Degree Map, also referred to as a graduation plan.

Section V: Institution, Faculty, and Staff Support

Institutional Readiness
How do existing administrative structures support the proposed program? Identify new organizational structures that may be needed to deliver the program. Will the proposed program impact the delivery of undergraduate and/or lower-division education? If yes, how?
Administratively, the WSU Annie Taylor Dee School of Nursing has a chair, and there is a director for each nursing

program: Associate Degree Nursing (ADN), Bachelor of Science in Nursing (BSN), and Master of Science in Nursing (MSN) (educator, executive, and family nurse practitioner emphases). The director for the MSN educator and executive emphases will manage the DNP Leadership Emphases; thus, the new degree will not impact any undergraduate nursing program.

The DNP Leadership Emphasis is completely online. WSU currently has a strong Learning Management System (CANVAS) and online staff. Also, the WSU Student Affairs Division provides services and currently meets the needs of WSU Annie Taylor Dee School of Nursing students, including the school's online students.

The Annie Taylor Dee School of Nursing has strong foundational MSN programs with three emphases (educator, executive, and nurse practitioner). The proposed DNP Leadership Emphasis is a post-master's degree program that builds on traditional nursing curriculum (MSN and BSN) and is for those nurses with an earned MSN or an earned BSN with a Master of Business Administration (MBA), Master of Public Health (MPH), or Master of Health Administration (MHA). The DNP Leadership Emphasis integrates the required American Association of Colleges of Nursing (AACN) *DNP Essentials* throughout the entire program and is efficacious in that all the courses within the program serve as the core courses (31 credits) for the post-BSN to Doctor of Nursing Practice (DNP)-Family Nurse Practitioner emphasis.

Faculty
Describe faculty development activities that will support this program. Will existing faculty/instructions, including teaching/ graduate assistants, be sufficient to instruct the program or will additional faculty be recruited? If needed, provide plans and resources to secure qualified faculty. Use Appendix C to provide detail on faculty profiles and new hires.

The WSU Annie Taylor Dee School of Nursing is well staffed with doctorally prepared faculty. The current Master of Science in Nursing (MSN) program utilizes doctorally prepared nursing faculty. These same faculty, and other doctorally prepared WSU nursing faculty, will be educators in the post-master's DNP leadership program.

Staff
Describe the staff development activities that will support this program. Will existing staff such as administrative, secretarial/ clerical, laboratory aides, advisors, be sufficient to support the program or will additional staff need to be hired? Provide plans and resources to secure qualified staff, as needed.

Implementation of the DNP leadership program results in a 5 percent increase in workload for administrative secretarial staff to manage increased student numbers and program requirements. This can be accommodated by hiring student assistants to shift some of the routine tasks from these employees.

Student Advisement
Describe how students in the proposed program will be advised.

The advisement process is as follows:
1. Students are assigned a graduate program advisor upon entry into the program.
2. The appropriate department administrative assistant provides the name of the assigned advisor to students via email.
3. Students access CatTracks, the WSU graduation evaluation tool, in their e-Weber portals, to view the list of courses needed to complete the program.
4. On or before week three of the semester, students must contact their advisor to introduce themselves and detail any identified problems/concerns.

5. For any additional advisement, questions, or consultation during the program, students make an appointment to talk with their advisors by phone or virtual interview.

6. Students are strongly encouraged to complete a "Degree Evaluation" in CatTracks each semester until graduation.

7. The student is ultimately responsible for ensuring that all DNP leadership program requirements are fulfilled.

Library and Information Resources

Describe library resources required to offer the proposed program if any. List new library resources to be acquired.

Students, faculty and staff associated with the DNP leadership program can access the Stewart Library completely online. The library also provides a dedicated medical librarian and informaticist to support all Annie Taylor Dee School of Nursing students, including DNP students. Multiple databases and resources are available for students to conduct their course work.

Projected Enrollment and Finance

Use Appendix D to provide projected enrollment and information on related operating expenses and funding sources.

Section VI: Program Evaluation

Program Assessment

Identify program goals. Describe the system of assessment to be used to evaluate and develop the program.

Currently, the evaluation activities for all programs within the WSU Annie Taylor Dee School of Nursing are undertaken for the purpose of continuous program improvement. This purpose is accomplished by: 1) ascertaining the extent to which the faculty, administrators, staff, and students/alumni are achieving the Accreditation Commission for Education in Nursing (ACEN) standards and criteria; 2) monitoring each program's ability to support the achievement of program outcomes, the End of Program Student Learning Outcomes (EPSOLs) and role-specific competencies; 3) providing a mechanism for faculty, students, administrators, alumni, and employers to have input into the program; and 4) ensuring a systematic and timely process for revisions of curriculum, educational processes, and operational processes.

The current Systematic Plan for Evaluation (SPE) for the Annie Taylor Dee School of Nursing and for each program within the school reflects each component of the ACEN standards and criteria, the expected level of achievement (ELA), frequency of assessment, assessment methods, results of the most recent academic year, and the program's response and/or actions for program development/maintenance/revision for the upcoming academic year. Included in the SPE are the data related to program outcomes, EPSLOs, and role-specific program competencies of a DNP graduate. The School of Nursing's SPE is shared with the School of Nursing chair and the DNP program director, as well as other School of Nursing program directors, nursing faculty, and Curriculum and Evaluation committees. The School of Nursing's SPE is also shared with the nursing advisory board and the Dr. Ezekiel R. Dumke College of Health Professions dean through the Annie Taylor Dee School of Nursing's annual report. The SPE for the DNP program will follow suit.

The DNP program evaluation process will include overseeing the development and implementation of the program's SPE, as well as reviewing and participating in evaluation activities for the entire Annie Taylor Dee School of Nursing. The school's Evaluation Committee and all members of the DNP faculty will serve as contributors to the DNP program evaluation process. A dedicated time for evaluation will be set aside during monthly faculty meetings, and reports will be posted in a secure file-sharing system for open access to the School of Nursing. The meetings include reports and updates from the school's Evaluation Committee, review of DNP program evaluation surveys and forms, and discussions on data returned to the program.

The EPSLOs are designed from Quality and Safety Education for Nurses (QSEN) criteria to address the challenge of preparing future nurses with the knowledge, skills, and attitudes necessary to continuously improve the quality and safety of the health care systems within which they work.

One method to assess the outcomes is the identification of signature assignments. A signature assignment is a specific assignment/activity identified within a course that addresses a specific outcome(s). All six outcomes must be addressed at least once in a program. As examples, the Advanced Population Health course will design a signature assignment to address the Teamwork and Collaboration outcome, and the Health Care Policy course will address the Patient Safety outcome with a signature assignment. The DNP practicum will address all outcomes.

End of Program Student Learning Outcomes for the
Annie Taylor Dee School of Nursing and the DNP-Leadership Program:

Patient-Centered Care (School)
Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patients' preferences, values, and needs.
Patient-Centered Care (DNP)
Develop and implement care delivery models and/or strategies of health promotion and risk reduction, illness prevention for individuals, families, and diverse populations across health care settings.
Teamwork & Collaboration (School)
Function effectively within nursing and interprofessional teams, fostering communication, mutual respect, and shared decision-making to achieve quality patient care.
Teamwork & Collaboration (DNP)
Collaborate with interprofessional teams associated with complex practice and organizational issues by mentoring and leading in order to provide high-quality and safe health outcomes.
Evidence-Based Practice (School)
Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.
Evidence-Based Practice (DNP)
Practice at the highest quality/level of nursing, supported by/based on/integrating the most current scientific evidence, organizational and systems thinking, leadership principles, health policy, informatics, equity in health care, and ethics.
Quality Improvement (School)
Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems, including participating in health care policy.
Quality Improvement (DNP)
Transform practice to impact quality of health care and outcomes.
Patient Safety (School)
Minimize risk of harm to patients and providers through both system effectiveness and individual performance.
Patient Safety (DNP)
Influence health care policy relating to finance, access, safety, and quality, as it applies to practice regulation, and consumer advocacy.
Informatics (School)
Use information and technology to communicate, manage knowledge, mitigate error, and support decision-making.
Informatics (DNP)
Use information systems and technology resources to evaluate and implement quality improvement initiatives.

Student Standards of Performance

List the standards, competencies, and marketable skills students will have achieved at the time of graduation. How and why were these standards and competencies chosen? Include formative and summative assessment measures to be used to determine student learning outcomes.

The role-specific competencies complement the above End of Program Student Learning Outcomes (EPSLOs) and are consistent with safe practice in contemporary health care environments. The DNP curriculum is congruent with established standards for DNP programs, including the American Association of Colleges of Nursing (AACN) *DNP Essentials* and Accreditation Commission for Education in Nursing (ACEN) accreditation criteria -- criteria that encompass appropriate advanced nursing practice competencies and role-specific professional standards. The EPSLOs are used to organize the curriculum, guide the delivery of instruction, and direct learning activities. Evaluation methodologies are varied, reflecting established professional and practice competencies, and measure the achievement of the EPSLOs.

The role-specific competencies that students will achieve are:
1. Patient Centered Care: Develop and implement system-wide standards and practices for care of patients/ populations.
2. Teamwork & Collaboration: Collaborate with other system leaders and implement strategies for the continuing development of interprofessional relationships.
3. Evidence-Based Practice (EBP): Engage in evidence-based/outcome measurement practices and establish processes to translate, adopt, monitor, and evaluate valid evidence into practice.
4. Quality Improvement (QI): Lead QI program and goals at the system level.
5. Patient Safety: Collaborate with other interprofessional content experts to develop and evaluate system-wide patient safety programs.
6. Informatics: Implement, evaluate, and lead the activities of a system-wide informatics plan at the system level.

Assessment Measures/Evaluation Tools
The DNP faculty will adapt and employ existing policies and evaluations to measure each student's mastery of the course learning outcomes/competencies through a variety of learning strategies and associated evaluation methods. One metric is course grades. In order to advance in the DNP program, the student must achieve a minimum final grade of a B minus in each course. This is the standard grading policy throughout the Annie Taylor Dee School of Nursing.

Summative Assessments
The administration of summative assessment tools occurs during a two-week period at the end of each semester. These documents are available electronically and require a student password to access. Faculty do not receive the aggregated report of the quantitative and qualitative evaluation data until course grades have been posted in the university system. Using this aggregate data, the faculty makes decisions relative to the program's development, maintenance, and/or revision. Current tools used within the Annie Taylor Dee School of Nursing will be employed and adapted as need be for use in the DNP leadership program. The instruments gather the following information:
- The students' perceived effectiveness of the course;
- The students' perceived effectiveness of the course faculty;
- The students' achievement of role-specific competencies; and
- The students' perceived overall quality of the program curriculum to prepare students for advanced roles in nursing.

A. The Course Outcomes Evaluation assesses:
- The required course materials supported the student's learning;

- The course assignments effectively measured the student's achievement of course student learning outcomes; and
- The overall effectiveness of the course supported the student's achievement of course student learning outcomes.

B. The Faculty Performance Evaluation assesses:
- The students' perceived effectiveness of the course faculty, measured on a five-point Likert scale: 1 (Poor) to 5 (Excellent)

Questions
1. Faculty followed the course syllabus and unit modules.
2. Faculty utilized course student learning outcomes to focus learning.
3. Faculty utilized learning materials (e.g. textbook, web links, handouts, journal articles, video clips, etc.) to promote learning and achievement of course outcomes.
4. Faculty taught and modeled cultural sensitivity and concepts of individual and population diversity.
5. Faculty applied and promoted current evidence-based information in the course.
6. Faculty provided timely feedback (i.e. assignment grading) based on expectations articulated in the course.
7. Faculty responded to student communication within two business days.
8. Faculty overall performance.
9. Please provide constructive comments related to the strengths of the faculty.
10. Please provide constructive recommendations related to faculty improvement.

C. Residency Course Evaluation for Master of Science in Nursing (MSN) (This will be adapted to the DNP practicum.) Assessments include:
- Student performance of MSN role-specific competencies;
- Student evaluation of residency preceptor;
- Evaluation of MSN faculty by preceptor; and
- MSN faculty evaluation of residency preceptor.

D. End of Program Evaluation Instrument (MSN Exemplar)
As measured on a five-point Likert scale: 1 (Poor) to 5 (Excellent)

Question Average
1. List the MSN emphasis you have completed: 1.40
2. Overall program of learning provided by the MSN program: 5.00
3. Overall preparation and performance of nursing faculty: 5.00
4. Faculty support throughout the program of study: 5.00
5. The length of the program provided adequate time to learn and achieve program outcomes: 5.00
6. The residency as the culminating component of the master's curriculum: 5.00
7. The curriculum incorporated cultural and ethnic diversity concepts: 5.00
8. Library resources: 5.00
9. Technology enhanced learning resources (such as Canvas): 5.00
10. Technical support for online resources: 5.00
11. Student Health & Counseling Center: 5.00
12. Student academic advisement: 4.60
13. Career Counseling and Placement: 4.20
14. Financial Aid Services: 4.00
15. Patient-centered Care: Create and direct collaborative patient-care environments that promote the development

of nursing expertise that includes the patient perspective: 5.00

16. Teamwork and Collaboration: Apply advanced communication strategies to support high-functioning interdisciplinary teams that support high-quality, safe patient care: 4.20

17. Evidence-based Practice: Evaluate available evidence, expert opinion, and patient preferences to determine best practices. Evaluate the feasibility and appropriate evaluation methods for planned evidence-based practice interventions: 5.00

18. Quality Improvement: Promote development of policies and processes based on identification of best practices that improve the quality and safety of nursing care provided by health care: 5.00

19. Patient Safety: Incorporate patient safety principles into the development of comprehensive patient safety goals and safety education for nurses: 5.00

20. Informatics: Formulate policies, processes, and/or educational plans that leverage information technology to optimize information management, reduce errors, and support clinical decision-making: 4.20

Formative Assessments

Faculty in the MSN program currently employ formative assessments at various times throughout the courses. Formative assessments will be used in the DNP program. One example of a formative assessment includes:

To make this course most relevant and supportive of your learning, please answer the following:

1. Is the feedback you are getting from the instructor helping you learn? In what ways can the instruction be more helpful?

2. Are the instructions for completing assignments clear? If not, how can they be improved?

3. Do you feel you are developing the knowledge and skills in this class to prepare you as a nurse educator?

4. Please provide examples of what you have enjoyed learning and what you would like to learn more about.

5. What are your thoughts regarding the textbook(s) and supplemental readings, videos, and websites? Have they been helpful for your learning and in completing the assignments?

Appendix A: Program Curriculum

List all courses, including new courses, to be offered in the proposed program by prefix, number, title, and credit hours (or credit equivalences). Indicate new courses with an X in the appropriate columns. The total number of credit hours should reflect the number of credits required to be awarded the degree.

For variable credits, please enter the minimum value in the table for credit hours. To explain variable credit in detail as well as any additional information, use the narrative box at the end of this appendix.

		Course Number	NEW Course	Course Title	Credit Hours
		General Education Courses (list specific courses if recommended for this program on Degree Map)			
				General Education Credit Hour Sub-Total	
		Required Courses			
+	-	NRSG 7000	X	Introduction to DNP Role	1
+	-	NRSG 7010	X	Scholarly/Ethical Foundations	3
+	-	NRSG 7020	X	Biostats/Epidemiology	3
+	-	NRSG 7030	X	Information Technology & EBP	3
+	-	NRSG 7040	X	Systems Approach & QI	3
+	-	NRSG 7050	X	Advanced Population Health	3
+	-	NRSG 7060	X	DNP Leadership	3
+	-	NRSG 7070	X	Healthcare Policy	2
+	-	NRSG 7080	X	Healthcare Economics	2
+	-	NRSG 7801	X	DNP Project I	1
+	-	NRSG 7802	X	DNP Project II	1
+	-	NRSG 7803	X	DNP Project III	1
+	-	NRSG 7900	X	DNP Practicum	5
				Required Course Credit Hour Sub-Total	31
		Elective Courses			
+	-				
				Elective Credit Hour Sub-Total	
				Core Curriculum Credit Hour Sub-Total	31

Program Curriculum Narrative

Describe any variable credits. You may also include additional curriculum information.

This is a 31-credit, part-time program designed to be completed in six semesters (a student admitted with a higher level of transcripted post baccalaureate practice hours may be able to complete the program in five semesters). Theory courses consist of 26 credits. There is a minimum of five credits (300 hours) of doctoral-level practicum. Per the American Association of Colleges of Nursing (AACN), a student must complete 1,000 post- baccalaureate practice hours to graduate. As noted, five credits (300 hours) are designated at the doctoral level administered through the course NRSG 7900. This course may be taken multiple times up to eight credit hours, with a minimum of five credit hours required. One credit hour equals 60 practicum hours/semester. Additionally, the NRSG 6900

Fieldwork course facilitates post-baccalaureate work. Students may register multiple times for the Fieldwork course (up to nine credit hours, with 60 practicum hours/semester equal to one credit).

Degree Map

(Semester 1 Fall)	Credits
NRSG 7000 Introduction to DNP Role	1
NRSG 7010 Scholarly/Ethical Foundations	3
NRSG 7020 Biostats/Epidemiology	3
Total Semester Credits	7

(Semester 2 Spring)	
NRSG 7030 Information Technology & EBP	3
NRSG 7040 Systems Approach & QI	3
NRSG 7801 DNP Project I	1
Total Semester Credits	7

(Semester 3 Summer)	
NRSG 7050 Advanced Population Health	3
NRSG 7060 DNP Leadership	3
NRSG 7900 DNP Practicum	1
Total Semester Credits	7

(Semester 4 Fall)	
NRSG 7070 Healthcare Policy	2
NRSG 7802 DNP Project II	1
NRSG 7900 DNP Practicum	2
Total Semester Credits	5

(Semester 5 Spring)	
NRSG 7080 Healthcare Finance/Economics	2
NRSG 7803 DNP Project III	1
NRSG 7900 DNP Practicum	2
Total Semester Credits	5

Total Doctoral Credits	31

Appendix C: Current and New Faculty / Staff Information

Part I. Department Faculty / Staff
Identify # of department faculty / staff (headcount) for the year preceding implementation of proposed program.

	# Tenured	# Tenure -Track	# Non -Tenure Track
Faculty: Full Time with Doctorate	16	2	0
Faculty: Part Time with Doctorate	0	0	2
Faculty: Full Time with Masters	2	18	0
Faculty: Part Time with Masters	1	0	0
Faculty: Full Time with Baccalaureate	0	0	0
Faculty: Part Time with Baccalaureate	0	0	0
Teaching / Graduate Assistants	////	////	
Staff: Full Time			4
Staff: Part Time			1

Part II. Proposed Program Faculty Profiles
List current faculty within the institution -- with academic qualifications -- to be used in support of the proposed program(s).

	First Name	Last Name	Tenure (T) / Tenure Track (TT) / Other	Degree	Institution where Credential was Earned	Est. % of time faculty member will dedicate to proposed program.	If "Other," describe
Full Time Faculty							
	Junaita	Allen	Other	DNP	University of Utah	25	
	Kristy	Baron	TT	PhD	Rocky Mountain University	25	
	Sally	Cantwell	TT	PhD	Northcentral University AZ	0	
	Kathleen	Cadman	TT	PhD	University of Nevada, Las Vegas	0	
	Diane	Fife	T	PhD	University of Utah	50	
	Julie	Gee	TT	PhD	New Mexico State University	75	
	Valerie	Gooder	T	PhD	University of Utah	50	
	Deborah	Judd	T	DNP	University of Alabama - Tuscaloosa	100	
	London	Lowe	T	PhD	University of Nevada, Las Vegas	0	
	Melissa	NeVille	TT	DNP	University of Utah	25	
	Mary Anne	Reynolds	TT	PhD	University of Utah	75	
	Ann	Rocha	TT	PhD	University of Southern California	75	
	Holli	Sowerby	TT	EdD	Walden University	25	
	Kris	Williams	TT	DNP	Chatham University	0	
	Susan	Thornock	T	EdD	Northcentral University	25	Administratio
Part Time Faculty							
	Joyce	Barra	Other	PhD	University of Utah	0	
	Perry	Gee	Other	PhD	University of California, Davis	25	

	First Name	Last Name	Tenure (T) / Tenure Track (TT) / Other	Degree	Institution where Credential was Earned	Est. % of time faculty member will dedicate to proposed program.	If "Other," describe

Part III: New Faculty / Staff Projections for Proposed Program

Indicate the number of faculty / staff to be hired in the first three years of the program, if applicable. Include additional cost for these faculty / staff members in Appendix D.

	# Tenured	# Tenure -Track	# Non -Tenure Track	Academic or Industry Credentials Needed	Est. % of time to be dedicated to proposed program.
Faculty: Full Time with Doctorate	0	0	0		
Faculty: Part Time with Doctorate	0	0	0		
Faculty: Full Time with Masters	0	0	0		
Faculty: Part Time with Masters	0	0	0		
Faculty: Full Time with Baccalaureate	0	0	0		
Faculty: Part Time with Baccalaureate	0	0	0		
Teaching / Graduate Assistants	/////	/////	0		
Staff: Full Time	0	0	0		
Staff: Part Time	0	0	0		

Appendix D: Projected Program Participation and Finance

Part I.

Project the number of students who will be attracted to the proposed program as well as increased expenses, if any. Include new faculty & staff as described in Appendix C.

Three Year Projection: Program Participation and Department Budget						
	Year Preceding Implementation	New Program				
		Year 1	Year 2	Year 3	Year 4	Year 5
Student Data						
# of Majors in Department	94	102	118	118	118	118
# of Majors in Proposed Program(s)	///////	15	30	30	30	30
# of Graduates from Department	52	43	24	59	59	59
# Graduates in New Program(s)	///////	0	0	15	15	15

Department Financial Data					
		Department Budget			
		Year 1	Year 2	Year 3	
Project additional expenses associated with offering new program(s). Account for New Faculty as stated in Appendix C, "Faculty Projections."	Year Preceding Implementation (Base Budget)	Addition to Base Budget for New Program(s)	Addition to Base Budget for New Program(s)	Addition to Base Budget for New Program(s)	
EXPENSES – nature of additional costs required for proposed program(s)					
List salary benefits for additional faculty/staff each year the positions will be filled. For example, if hiring faculty in year 2, include expense in years 2 and 3. List one-time operating expenses only in the year expended.					
Personnel (Faculty & Staff Salary & Benefits)	$1,174,267	$55,188	$98,596	$98,596	
Operating Expenses (equipment, travel, resources)	$33,401	$2,000	$4,000	$4,000	
Other:					
TOTAL PROGRAM EXPENSES	///////	$57,188	$102,596	$102,596	
TOTAL EXPENSES	$1,207,668	$1,264,856	$1,310,264	$1,310,264	
FUNDING – source of funding to cover additional costs generated by proposed program(s)					
Describe internal reallocation using Narrative 1 on the following page. Describe new sources of funding using Narrative 2.					
Internal Reallocation					
Appropriation	$1,205,368				
Special Legislative Appropriation					
Grants and Contracts					
Special Fees	$2,300	$640	$640	$640	
Tuition		$32,548	$65,096	$65,096	
Differential Tuition (requires Regents approval)		$24,000	$36,860	$36,860	
PROPOSED PROGRAM FUNDING	///////	$57,188	$102,596	$102,596	
TOTAL DEPARTMENT FUNDING	$1,207,668	$1,264,856	$1,310,264	$1,310,264	
Difference					
Funding - Expense	$0	$0	$0	$0	

Part II: Expense explanation

Expense Narrative
Describe expenses associated with the proposed program.
Tuition and differential will be used to pay instructional wages for nursing courses and free up current faculty prepared with either a Ph.D. or DNP to teach in the program. In addition, tuition, differential, and modest course fees will fund the following operating expenses: durable medical equipment, objective structured clinical examination, lab/simulation clinical support, and simulation activities.

Part III: Describe funding sources

Revenue Narrative 1
Describe what internal reallocations, if applicable, are available and any impact to existing programs or services.
Budget is in place to support the Master of Science in Nursing (MSN) programs. In addition, through strategic planning and alignment with the missions of the Annie Taylor Dee School of Nursing, the Dr. Ezekiel R. Dumke College of Health Professions, and Weber State University, the Annie Taylor Dee School of Nursing has developed the infrastructure necessary to sustain a successful DNP program.

Currently, the Annie Taylor Dee School of Nursing:
1. Graduates over 400 Bachelor of Science in Nursing-prepared nurses across Utah.
2. Teaches from a new lab at the Davis campus that has a five-bed simulation suite and two five-bed nursing practice labs.
3. Plans to renovate the existing Ogden campus lab to support simulation and advanced nursing education.
4. Has purchased $500,000 worth of equipment and software to support student-accessible recording of student performances in labs and simulations. These performance recordings are accessible to students and faculty off campus and at home for personal review and critique.
5. Has implemented the Cerner Electronic Medical Record System (EMR) in all School of Nursing labs across the state.
6. Uses Segue Grant and More Nurses Now monies to support faculty in pursuing Ed.D., Ph.D. and DNP education.
7. Has used Segue Grant funding for the purchase of lab equipment to enhance nursing simulation.
8. Has assigned a full-time simulation coordinator for nursing labs.
9. Has assigned two full-time faculty to develop and coordinate the nurse practitioner program curriculum, lab, and clinical support.
10. Supports and receives professional expertise from departments within the Dumke College of Health Professions.

Budgets for existing programs will not be impacted.

Revenue Narrative 2
Describe new funding sources and plans to acquire the funds.
Revenue is a proportion of increased differential for nursing graduate students, a proportion of tuition and differential for an increased number of graduate students, and an application fee of $60 for the DNP programs.