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

Date: ______________________________________________

Name of Program: _______________________________________________

Program Administrator
Include credentials: _______________________________________________

Parent Institution: _______________________________________________

Address of Institution: ____________________________________________

Level of the Program
for which the change
Is being requested ____________________________________________

Briefly describe the
Change being requested: _________________________________________

Each nursing education program shall submit minor curriculum revisions of a course’s:
☐ content,
☐ title,
☐ objectives, or outcomes

Action Taken
Education Specialist Review
(Minor requests only)
☐ Approved       ☐ Not Approved       ☐ Deferred

_________________________________________   ______________
Education Specialist      Date

Instructions
1. Submit to the Board of Nursing’s education specialist for approval

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

Provide:
• Description of the change
• Comparison of old and new
• Rationale for the change

12/04, 3/11