**NOTICE OF INTENT**

**For the Establishment of a New Practical Nurse Education Program**

This Notice of Intent form is to be used when a Post-Secondary Institution (PSI) intends to establish a new Practical Nurse (PN) entry-level diploma, refresher, or advanced practice education program, and includes Critical Elements that must be considered and demonstrated by a PSI. This request will be reviewed by the College of Licensed Practical Nurses of Alberta (CLPNA) for recommendation to the CLPNA Council and their decision to move forward to full review.

A completed Notice of Intent must be submitted electronically by the PSI to a secure Nextcloud link obtained by emailing [programreview@CLPNA.com](mailto:programreview@CLPNA.com) and within the specified timelines listed below in the “Deadline for Submissions” section.

Please note that there are two windows of opportunity for a PSI to submit a Notice of Intent to the CLPNA, and that the application, review and approval process may take up to 24 months.

The required Critical Elements are listed below. Please do not include links to internal documents in this application. If additional documents are referenced, they are to be included as a separate file to be uploaded by the PSI to the same secure Nextcloud folder.

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| **Deadline for Submissions** | Either February 1st or June 1st | |
| **Timeline** | The review and approval of a new PN Program submission may take up to 24 months. This timeline begins after payment of full fees and submission of self-assessment documents with evidence. | |
| **Contact Information** | [programreview@clpna.com](mailto:programreview@clpna.com) | |
| **File Naming Structure for Notice of Intent Application and Supporting documentation** | **Application** | NOI.PSI Name.Submissiondate(Month.Day.Yr)  *Example*: NOI.Brownscollege.03.21.2022 |
| **Supporting Documentation** | Supporting documents must have the name of the PSI and document title in the file name.  *Example:* Brownscollege.letterofsupport |

### **CRITICAL ELEMENTS**

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| **Institution Name** |  |
| **Name of Program** |  |
| **Date of Application Submission** |  |
| **Planned Date of Implementation** |  |
| **Name, Title of Program Lead** |  |

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| **The below is required for private institutions** | |
| **Company’s Legal Name** |  |
| **Company’s Trademark Name(s) (if applicable)** |  |

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| **Student Demand Analysis**  **Required items**  Evidence demonstrating student demand (*Evidence may include but is not limited to; calls received from interested students, wait lists, marketing and recruitment support, community partners, surveys of graduates and alumni)* |
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| **Labour Market Analysis**  **Required item**  Evidence demonstrating labour market demand (*Evidence may include but is not limited to; labour market analyses undertaken by a consultant and/or the PSI; regional, provincial and/or federal labour market data; job postings; regulator and/or employer/industry data demonstrating shortages or pending shortages)* |
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| **Clinical Capacity**  **Required items**   * Number of clinical placements required per-clinical course per intake. * Evidence demonstrating the availability of appropriate student placements. *(Evidence may include but is not limited to; letters of support indicating clinical placement availability from private institutions and/or AHS student placements written within 3 months of the notice of intent submission date.)* * Evidence that student placement agreements are in place for the required clinical experiences or evidence the institution or agency has the capacity to obtain clinical placements. *(Evidence may include but is not limited to; current student placement agreements, letters of support indicating a willingness to engage in a student placement agreement from private institutions and/or AHS student placements written within 3 months of the notice of intent submission date.)* |
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| **Curriculum Plan**  **Required items.**  Evidence that the curriculum plan is aligned with the type of program being offered.  ***Diploma/Refresher Only***   * Provide the names of the courses being planned per semester. (Example Semester 1: Anatomy and Physiology, English Composition, etc.) * Identify the approximate total credits being offered in the program.   ***Advanced Practice Programs Only***   * Include a list of topics or the module/unit names which will be covered in the program. * Identify the approximate total course hours offered in the program. |
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| **Institutional Commitment and Capacity**  **Required items**   * Evidence that the institution or agency has the resources or has capacity to obtain the resources to develop, implement and sustain a program *(Evidence may include but is not limited to; description of current or planned faculty, funding, classroom, labs, simulation, library, IT supports)*   Evidence the institution or agency has internal support for the program *(Evidence may include but is not limited to, description of internal process of new program approval and the current stage the program is in,)* |
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| **Enrolment Plan**  **Required items**   * A detailed enrolment plan for three years of operation. The plan must include all years of instruction and projected graduates (completers). * Enrollment plan demonstrates alignment with the following elements:   Student Demand  Market Analysis  Clinical Capacity  Institutional Capacity |
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| **Consultation with Internal and External Stakeholders (Students, Faculty, Clinical Partners or Sites, Government, Employers/Industry, and Others):**  Evidence of consultation with key stakeholders such as the Ministry of Advanced Education, or others that play a key role in supporting a program (*Evidence may include but is not limited to; letters of support from key stakeholder groups, surveys or focus groups results)* |
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