

# 2025 COE Intent to Apply Application Form

(untitled)

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1. Name of College/University/Institution: \*

2. School, college, or institutional contact information: \*

Address:

City:

State/Province:

NLN Agency Member  
number:

School of Nursing  
website:

3. COE designation being pursued (check one):\*

- Enhance student learning and professional development
- Promote the pedagogical expertise of faculty
- Advance the science of nursing education
- Promote the academic progression of nurses
- Creating Learning Environments that Impact Climate Change and Planetary Health

**(untitled)**

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#### 4. School, college, or institutional information: \*

Total number of faculty teaching in all nursing programs this fall:

Number of full-time faculty:

Faculty to student ratio for your school:

Total number of student this fall (in all programs):

Total number of graduates in preceding year (in all programs):

#### 5. Location of your institution: \*

Rural     Urban

6. Type of healthcare institution? \*

- Acute Care
- Acute/psychiatric
- Ambulatory/outpatient
- Long-term care/in-patient
- Rehabilitation Facility
- Pediatric acute care
- Other; please describe

Comments

7. Teaching/Research Status (check all that apply): \*

- Teaching
- Non-teaching
- Research
- Non-research

8. Number of beds (institutions without beds, enter zero): \*

Acute  
Care:

Long-term:

9. Nursing Demographics: \*

Number of PN  
FTEs:

Number of RN  
FTEs:

Percentage of RNs with ADN as the highest nursing  
degree:

Percentage of RNs with Diploma as the highest nursing  
degree:

Percentage of RNs with BSN as the highest nursing  
degree:

Percentage of RNs with MSN as the highest nursing  
degree:

Percentage of RNs with a nursing doctorate as the highest  
nursing degree:

10. Is this application for a new designation or a continuing designation?

(Note: If your school or institution has been awarded a designation in the past and is now applying for a different designation, it is considered a continuing designation.) \*

- New designation
- Continuing designation
- Other - Write In

11. As a continuing designation application, would you like a visit from a NLN COE consultant? (NOTE: If changing COE categories, a consultant visit is strongly recommended.)

- Yes
- No
- Other - Write In

12. Contact information for the dean/director/CNO: \*

First  
Name:

Last  
Name:

Title:

Credentials:

Email  
Address:

Phone  
Number:

13. Contact information for this application if different than the dean/director/CNO:

First  
Name:

Last  
Name:

Title:

Credentials:

Email  
Address:

Phone  
Number:

14. What types of nursing programs are offered at this school (check all that apply): \*

- Practical nurse
- Associate Degree
- Diploma
- Baccalaureate
- Master's
- Doctoral

15. Is your school or institution in good standing with the board of nursing in your state? \*

- yes
- no

16. Please upload a copy of your current accreditation certificate from CNEA, ACEN, or CCNE; or JCAHO, NCQA, NIAHO, or HFAP. \*

Browse...



17. Please indicate the body (bodies) that currently accredit each of the following programs offered by your school. Also indicate the year in which that program will be reviewed for continuing accreditation.

	Program	Accrediting body	Accredited until (what year?)
Row 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Row 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Row 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Row 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
Row 5	<input type="text"/>	<input type="text"/>	<input type="text"/>
Row 6	<input type="text"/>	<input type="text"/>	<input type="text"/>

18. How did you learn about the NLN Centers of Excellence program?

- Word of mouth
- NLN Member Update (email)
- I know faculty at a school that has been designated as a Center of Excellence.
- NLN Education Summit
- NLN staff
- Other - Write In

19. What motivated you and your colleagues to engage in the process of seeking designation as an NLN Center of Excellence? (100 words) \*

20. What benefits do you and your colleagues anticipate if you are named as an NLN Center of Excellence? (100 words)

21. How did you and your colleagues decide which category to choose in seeking this designation? (100 words) \*

22. Give a brief overview of your school, college, or institution to provide context for the consultant who will visit your school. (300 words maximum) \*

23. Give a brief overview of your nursing program to provide context for the consultant who will visit your school. (700 words maximum) \*

24. Please give a brief overview of your institution to provide context for the adviser who will visit. (700 words maximum) \*

25. For each criterion in the COE category you have selected to pursue, please provide a brief summary of the initiatives currently underway at your school. \*