

**Registered Nurse Education
Programs
Capitation & Special Programs
Funding Webinar**

Presented by: Douglas Truong



WELCOME EVERYONE!

Thank you for joining us today

Click the Emoticons and click Raise Hand to ask a question

Conference Participants Share/View Audio/Video



Exit



Step Out



Emoticons



Unmute

Change Emoticon

None ✓

 Raise Hand

 Happy

 Unhappy

 Agree

 Disagree

 Applaud

 Can't Hear

▼ Show More...

Conference in progress



1



Participants (2)



Douglas Truong



TYFANY FRAZIER

(Host)



Muting your phone



About Song-Brown

- Song-Brown provides funding to education programs (not individual students) to incentivize them to increase the number of under-represented minority (URM) primary care practitioners, provide clinical training and education in underserved areas and increase access to healthcare to the state's underserved population.
- The Song-Brown Program provides funding to Family Medicine and Primary Care Residency Programs, Family Nurse Practitioner/Physician Assistant Programs, and Registered Nurse Education Programs.

Available Funding

- Estimated \$1.725 million is available to Registered Nurse Education Programs for capitation. All California Board of Registered Nursing (BRN) approved ADN, BSN, and MSN schools or programs of nursing are eligible to apply for Capitation funding. All capitation funding is to support the training of pre-licensure students.

- Registration: Open now
- Application release: November 1, 2016
- Application deadline: December 15, 2016
 - 6 weeks total time to complete and submit your application.
- Programs meeting the eligibility requirements are permitted to apply for funds based on the type of program as follows:
 - ADN Programs - \$200,000 maximum (\$10,000 per student per year, up to ten students, for a maximum of two years.)
 - BSN Programs - \$240,000 maximum (\$12,000 per student per year, up to ten students, for a maximum of two years.)
 - MSN Programs - \$240,000 maximum (\$12,000 per student per year, up to ten students, for a maximum of two years.)

**If you are a new applicant, register now
If you are a returning applicant and have forgotten your password, ask to have your password reset now – do not wait.**

System Login

Getting Started

Welcome to CalREACH!

(Responsive Electronic Application for California's Healthcare)

The [Office of Statewide Health Planning and Development](#) (OSHPD) is proud to launch CalREACH to make applying for and receiving healthcare scholarships, loan repayments, and/or grants easier and more efficient.

You will now be able to apply for any [Health Professions Education Foundation](#) (Foundation) and/or Healthcare Workforce Development Division (HWDD) scholarships, loan repayments, and/or grants through CalREACH.

Find Opportunities!

The following scholarships, loan repayment, and/or grant opportunities are currently available or are scheduled to be released soon. See websites for specific release dates.

Login

Username

Password

LOGIN

[New User](#)
[Forgot Password?](#)

Choose Song Brown only

When finished, click SAVE

1. Enter in all required fields, when finished click SAVE.
2. If there are no errors on the page you will receive a “Registration complete” message.
3. Your registration request will be submitted to SB for approval.
4. You should expect a 24-48 hr. turnaround time for approval.
5. Once your request has been approved by Song-Brown staff you will receive a follow-up e-mail indicating such.
6. If you don't hear from staff within 48 hours please contact us but don't continue to register.

Enter username and password to begin

Welcome to CalREACH!

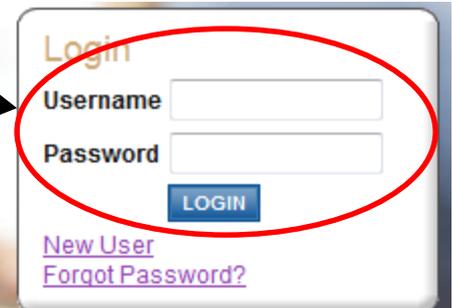
(Responsive Electronic Application for California's Healthcare)

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Find Opportunities!

The following scholarships, loan repayment, and/or grant opportunities are currently available or are scheduled to be released soon. See websites for specific release dates.



Login

Username

Password

[New User](#)

[Forgot Password?](#)

View Available Opportunities

You have 7 My Opportunities available.
Select the **View Opportunities** button below to see what is available to your organization.

VIEW OPPORTUNITIES

**Click to begin
Application**

- **Highlights the funding opportunities available to you**

My Inbox

You have 0 new messages.
Select the **Open My Inbox** button below to open your system message inbox.

OPEN MY INBOX

- **Messages regarding application will be here**

My Tasks

You have 1 new tasks.
You have 0 tasks that are critical.
Select the **Open My Tasks** button below to view your active tasks.

OPEN MY TASKS

- **The number of applications you have started**
- **Shows where in the process your app is**

Back

My Opportunities

To apply for an item listed below, click the Apply Now button below each description.

Song-Brown RN Capitation 2016 for Sample 1

Offered By:

OSHPD

Application-Song-Brown Availability Dates:

06/01/2016-02/28/2017

Application-Song-Brown Period:

06/01/2016-02/28/2017

Application-Song-Brown Due Date:

02/28/2017

Description:

Song-Brown Registered Nurse Education Program Capitation funding Description

The Song-Brown Registered Nurse (RN) Education Program was established in 2005 by Governor Schwarzenegger to increase the capacity of healthcare workforce training programs for registered nurses. Song-Brown Program funds are provided to Associate Degree Nursing (ADN), Baccalaureate Degree Nursing (BSN) and Master's Degree Nursing Programs (MSN). Individuals are not eligible to receive funding.

California schools or programs of nursing must be accredited by the California Board of Registered Nursing and meet the Standards and Guidelines adopted by the California Healthcare Workforce Policy Commission (Commission).

A total of \$2,725,000 is available annually for RN Education Program funding; **\$1,725,000 is available for Capitation funding and \$1,000,000 is available for Special Programs funding.** Registered Nurse Education Programs can apply for Capitation and/or Special Programs funding.

Capitation funding is to support the costs (including faculty, support services, etc.) associated with educating a full-time RN pre-licensure student but cannot be used to assist students with nursing school tuition.

Funding limits are as follows: ADN Programs: \$200,000 or \$10,000 per student over two years for a maximum of ten students. BSN Programs: \$240,000 or \$12,000 per student over two years for a maximum of ten students. MSN Programs: \$240,000 or \$12,000 per students over two years for a maximum of ten students.

Applicants that best meet the Song-Brown Program evaluation criteria while demonstrating the incorporation of Song-Brown goals into their application are awarded funding.

For additional information regarding the Song-Brown RN Program please visit:

[Song Brown](#)

APPLY NOW

Click Apply Now

Click Apply Now

Copying Forward

Agreement

Please make a selection below to continue.

You may copy forward data from one of the following items:

Do not copy data forward

I agree that I am applying for Song-Brown Health Care Workforce Training Act funds on behalf of an accredited Family Nurse Practitioner and/or Physician Assistant Training Program and would like to move forward with an application for funding.

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If you previously applied for RN Capitation or Special Programs funding you will have the opportunity at this page to copy forward your graduate and training site data by choosing your previous application from the drop down list. Copied information also includes Program Information and Contractor Information. This feature will save you a great deal of time.

Agreement

Please make a selection below to continue.

I agree that I am applying for Song-Brown Health Care Workforce Training Act funds on behalf of an accredited Family Practice Residency Program and would like to move forward with an application for funding.

I AGREE

I DO NOT AGREE

This is your application number

 [Back](#)

Application-Song-Brown Menu

Document Information: [SBRNC-2014-Fishy-004](#)

 [Details](#)

Info	Document Type	Organization	Role	Current Status	Period Date / Date Due
	Application-Song-Brown	Fishy	External Program Director (SB)	Application In Process	N/A - N/A 10/01/2016 11:59PM PST

View, Edit and Complete Forms

Select the **View Forms** button below to view, edit, and complete forms.

VIEW FORMS

A complete application will contain all of these forms

Forms

Status	Page Name	Note	Created By	Last Modified By
Application				
	Program Information			
	Contractor Information			
	Executive Summary			
	Statistics			
	Languages			
Statutory Criteria				
	Graduates Information			
	Program Strategies			
	Underrepresented Minorities			
	Training in Areas of Unmet Need			
Other Considerations				
	Residency Training			
	Faculty Qualifications			
Attachments				
	Required Attachments			
Assurances				
	Program Director Assurances			

Page Errors

Pay attention to icons – they show which pages are complete and which pages have errors

Forms

Status	Page Name	Note	Created By	Last Modified By
Application				
	Program Information		3 Fish 11/10/2014 12:03:05 PM	3 Fish 11/10/2014 12:04:09 PM
	Contractor Information			
	Executive Summary			
	Statistics		3 Fish 11/10/2014 12:04:48 PM	
	Languages			
Statutory Criteria				
	Graduates Information (4)			
	Program Strategies		3 Fish 11/10/2014 12:11:52 PM	
	Underrepresented Minorities			
	Training in Areas of Unmet Need (3)			
Budget				
	Program Expenditures			

Tips and Tricks

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

This is where you type...

25 of 2000

Maximum allotted
characters



Hover text, provides clarifying information

To add additional
pages

SAVE

ADD

PRINT VERSION

CHECK GLOBAL ERRORS

Will show all errors
found on application

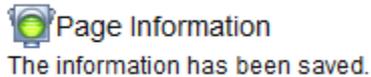
SAVE

CHECK GLOBAL ERRORS

Learn to love it!

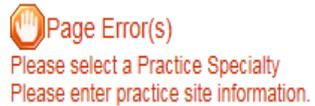
Must complete all boxes
with an asterisk *

More Tips and Tricks



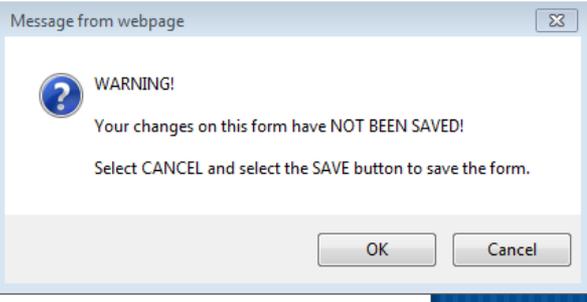
Page Information
The information has been saved.

When the information has been saved successfully



Page Error(s)
Please select a Practice Specialty
Please enter practice site information.

Error message will display exactly what is wrong with the page



You will receive this message if you try and navigate away from the page you are on without hitting SAVE first. You must click CANCEL to clear the warning and then SAVE. If you click OK first you will lose whatever information you've already input.

Please take the time to fill out this form correctly, incorrect information may delay full execution of your grant agreement

CONTRACTOR INFORMATION

Instructions:

Please fill in the appropriate fields.

Required fields are marked with an *.

When done, click the SAVE button.

Name of Contract Organization *

Name of Contracts Officer First Name * Last Name *

Title of Contracts Officer *

Mailing Address (where contract should be mailed)

Address *

Suite

City * State Zip *

County *

Telephone *

Email *

Federal Tax ID Number *

1. Make sure the contract organization is correct

2. Contracts Officer must be the post award officer not the pre-award grants officer

GRADUATES INFORMATION

Capturing 2014/15 and 2013/14 graduates only

Instructions:
Please fill in the appropriate fields.
When done, click the SAVE button.
Click ADD to create additional pages for entering more graduates.

This is a new program with no graduates to report.

Grad Year Graduate Last Name Graduate First Name HPEF Scholar INHSC Recipient

1

1. Practice Site

After saving the page, click the Add/Edit link below to add your site.
If Practice site is not listed, please use the section below.

Please save the page before adding an address.

Practice Site OSHPD ID
Address
City State Zip County

2

2. For graduates not practicing in California or without practice location information, check the unknown box and provide reason.

Unknown
Practice site unknown because

3

3. For a practice site not entered in section 1, enter information below

Practice Site OSHPD ID
After saving the page, click the Add/Edit link below to add your site's address.
Please save the page before adding an address.
Address
City State Zip County

4

4. For private practice sites not entered in section 1, enter information below

Private Practitioner First Name Private Practitioner Last Name Practice Title
After saving the page, click the Add/Edit link below to add your site's address.
Please save the page before adding an address.
Address
City State Zip County

5

You must fill out a separate page for each graduate you input. On this page you have the following five choices:

- 1) If you are a new program and have no graduates to report for the period requested you click this check box and hit SAVE;
- 2) If you have graduates to report you will start with **Section 1**, click the SAVE button and use the add/edit feature to find the right practice site name, hit SAVE again and the address will populate for you;
- 3) If you have a graduate not practicing in California or without a practice location, you enter them using **Section 2**. Click unknown and provide the reason using the dropdown;
- 4) If you can't locate your practice site using **Section 1**, type in the name and address in **Section 3**; and
- 5) If the practice site is a private medical office and can't be located using **Section 1**, type in the name and address here.

Alert- for those that applied last year and choose to copy forward their data, this page will populate with the graduates you input last year. You must ensure you delete the 2012/13 graduates and save the 2014/15.

UNDERREPRESENTED MINORITIES

Capturing Graduates years 2014/15 and 2013/14

Instructions:
Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Ethnic/Racial Category	Graduates 2014/15	Graduates 2013/14	Total	Current Students 1st Year	Current Students 2nd Year	Total
American Indian/Native American/Alaskan Native	1	2	3	3	4	7
Asian						
Asian Indian	0	0	0	2	1	3
Cambodian	1	2	3	3	4	7
Chinese	0	0	0	2	1	3
Filipino	1	2	3	3	4	7
Indonesian	0	0	0	2	1	3
Japanese	0	0	0	0	0	0
Korean	0	0	0	3	4	7
Laotian/Hmong	0	0	0	7	8	15
Malaysian	0	0	0	0	0	0
Pakistani	0	0	0	3	4	7
Thai	0	0	0	7	8	15
Vietnamese	0	0	0	0	0	0
Black, African American or African	0	0	0	5	6	11
Hispanic or Latino	0	0	0	3	4	7
Native Hawaiian or Other Pacific Islander	0	0	0	9	10	19
White/Caucasian/European/Middle Eastern	0	0	0	3	4	7
Other	0	0	0	5	7	12
Total	3	6	9	60	70	130

The total number of Graduates on the Underrepresented Minorities table must match the total number of graduates you input using the Graduates Information form. For this example this applicant program entered nine (9) graduates as shown below. The total number of graduates for the same graduate years also equals nine (9) on the URM table.

Statutory Criteria

- [Graduates Information \(9\)](#)
- [Program Strategies](#)
- [Underrepresented Minorities](#)
- [Training in Areas of Unmet Need \(4\)](#)

1 Fish 9/23/2015 1:48:18 PM 1 Fish 10/5/2015 2:20:31 PM

TRAINING IN AREAS OF UNMET NEED

Instructions:

Please fill in the appropriate fields.
When done, click the **SAVE** button.

1

1. Training Site

After saving the page, click the Add/Edit link below to add your site. [OSHPD ID](#)
If Training site is not listed, please use the section below.

Add/Edit Address

NHSC site 

If the site is not listed answer the question below, then click **SAVE**:

Is the training site a private practitioner's office? Yes No

2

Training Site Status

You must fill out a separate page for each training site you input. On this page you have the following two choices:

1) If you have training sites to report you will start with **Section 1**, click the SAVE button and use the add/edit feature to find the right training site name, click the button next to the correct address and the name and address will populate. Provide OSHPD ID if applicable and don't forget SAVE. Once saved hit ADD to move onto another entry.

2) If the training site you're looking for isn't in **Section 1**, answer the private practitioner question and the proper training site name and address boxes will appear for you.

The additional training site fields you must complete are dependent on how you answer this question.

Required Attachments

REQUIRED ATTACHMENTS

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Attach copies of the most recent approval letter from the appropriate accrediting/approval bodies. Include all correspondence to and from the accrediting/approval bodies along with your most recent Report of Findings from the California Board of Registered Nursing (BRN).

Browse... DELETE*

85187-14-5342MT093draftQ4.docx

Browse...

Browse...

Provide letters of support from community based organizations/and or community partners that demonstrate coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods.

Browse... DELETE*

85187-14-5342MT093draftQ4.docx

Browse...

Browse...

All attachments must be submitted thru CaIREACH only.

PROGRAM DIRECTOR ASSURANCES

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

- I agree to accept responsibility to complete contract deliverables if an award is made as a result of this application.*
- I certify that the statements herein are true and complete to the best of my knowledge.*

When finished, click SAVE.

To submit your application, please change the status to "Application Submitted" on the [Status Change](#) page.

Click the back button to return to the Application Menu **Application-Song-Brown Menu - Forms**

Please complete all required forms below.

View, Edit and Complete Forms

Select the **View Forms** button below to view, edit, and complete forms.

[VIEW FORMS](#)

Change the Status

Select the **View Status Options** button below to perform actions such as submitting applications or request modifications.

[VIEW STATUS OPTIONS](#)

Examine Related Items

Select the **View Related Items** button below to view related items such as claims, messages, etc.

[VIEW RELATED ITEMS](#)

Check Global Errors



You must check and clear all global errors before submitting your application:

1) Click the 'CHECK GLOBAL ERRORS' tab on the Graduates Information and Training Sites page.

2) If you see this error, 'Information populated on this page is derived from other pages that were changed. Please review this page for accuracy.'

You need to click the 'Graduates Information: Lew Brandon' (in this example) to clear the error. It will take you back to the Graduates Information page.

Global Errors

Document Information: [SBFNP-2016-USC PA-019](#)

[Details](#)

Please complete all fields in the "For a practice site not in the dropdown enter information here" section.;

[Graduates Information: Hechanova Rachel](#)

Information populated on this page is derived from other pages that were changed. Please review this page for accuracy.

[Graduates Information: Lew Brandon](#)

Information populated on this page is derived from other pages that were changed. Please review this page for accuracy.

[Graduates Information: Lu Trang](#)

Information populated on this page is derived from other pages that were changed. Please review this page for accuracy.

[Graduates Information: Luong Linda](#)



[Back](#)

Document Information: [SBFNP-2016-USC PA-019](#)

[Details](#)

You are here: > [Application-Song-Brown Menu](#) > [Forms Menu](#) > Statutory Criteria

GRADUATES INFORMATION

To submit the Application click here

 [Back](#)

Application-Song-Brown Menu - Status Options

Select a button below to execute the appropriate status push.

Possible Statuses

APPLICATION CANCELLED

[APPLY STATUS](#)

APPLICATION SUBMITTED

[APPLY STATUS](#)

An application is not considered submitted until the application status shows “submitted”

View/Edit Application

 [Back](#)

My Application

Use the search functionality below to find a specific Applications.

Search Application

Application Type

Application Name

Contract Number

Status

Year

Export Results to Sort by:

Document Type	Organization	Name	Contract Number	Current Status	Year
Application-Song-Brown	Sample 1	SBRNC-2016-Fishy-001		Application Submitted	2016
Application-Song-Brown	Sample 1	SBRNC-2016-Fishy-002		Application In Process	2016

**Click here to
view, edit
application**

To print, click on View Management Tools

View, Edit and Complete Forms
Select the **View Forms** button below to view, edit, and complete forms.
[VIEW FORMS](#)

Change the Status
Select the **View Status Options** button below to perform actions such as submitting applications or request modifications.
[VIEW STATUS OPTIONS](#)

Access Management Tools
Select the **View Management Tools** button below to perform actions such as adding people to this document or viewing the document history.
[VIEW MANAGEMENT TOOLS](#)

Examine Related Items
Select the **View Related Items** button below to view related items such as claims, messages, etc.
[VIEW RELATED ITEMS](#)

You have the option of printing a full print version or a full blank version of your application. All print versions are PDF's

Management Tools

 **CREATE FULL PRINT VERSION**

Select the link above to create a printable version of the document.

 **CREATE FULL BLANK PRINT VERSION**

Select the link above to create a blank printable version of the document.

 **ADD/EDIT PEOPLE**

Select the link above to perform actions such as adding people, changing a security role, or altering people's active dates on this document.

 **STATUS HISTORY**

Select the link above to view the status history of this document.

 **PROCESS FLOW SNAPSHOT**

Select the link above to view the details of the current and next possible status for this document.

 **VIEW MODIFICATION HISTORY**

Select the link above to view various modifications that people have made to specific pages in the document.

 **ATTACHMENT REPOSITORY**

Select the link above to view all attachments in this document.

Application Changes and Scoring Criteria

Removed:

1. Program Evaluation page (Application)

- *Question: Has your program received any areas of non-compliance or recommendations by your approval or accrediting bodies?*

2. (5) points from Section II, Evaluation Criteria 7

- *Question: How many areas of non-compliance or recommendations has the program received from their approval or accrediting bodies?*

Application Changes and Scoring Criteria (cont.)

Changes:

1. Section II, Evaluation Criteria 1

- Question: Does the program have an 85% or better 1st time pass rate on NCLEX licensing exams? *Added (2 yr. average)*

2. Section II, Evaluation Criteria 2

- Question: Does the program have an attrition rate less than 15.3% (ADNs) 13.1% (BSNs) or 4.7% (ELMs) based on the most recent BRN Annual School Report? *Added (2 yr. average)*

3. Required Attachments (Application)

- Attach copies of the most recent approval letter from the appropriate accrediting/approval bodies. Include all correspondence to and from the accrediting/approval bodies **along with your most recent Report of Findings from the California Board of Registered Nursing (BRN).**



Next Presentation-
Registered Nurse Education Programs
Special Programs Funding
Application

Available Funding

- Estimated \$1 million is available to Registered Nurse Education Programs for Special Programs funding.
- Registration: Open now
- Application release: November 1, 2016
- Application deadline: December 15, 2016
 - 6 weeks total time to complete and submit your application.
- Applicants may apply for a maximum single award of \$125,000 for a project no longer than 2 years in length.

Application-Song-Brown Menu - Forms

Please complete all required forms below.

Forms

SHOW HE

Status	Page Name	Note	Created By	Last Modified By
Application				
	Program Information			
	Contractor Information			
	Executive Summary			
	Statistics			
	Languages			
Statutory Criteria				
	Graduates Information (2)			
	Program Strategies			
	Underrepresented Minorities			
	Training in Areas of Unmet Need		2 Fish	10/24/2014 3:15:04 PM
Budget				
	Budget - Personnel Year 1			
	Budget - Operating Expenses Year 1			
	Budget - Major Equipment Year 1			
	Budget - Other Costs Year 1			
	Budget - Personnel Year 2			
	Budget - Operating Expenses Year 2			
	Budget - Major Equipment Year 2			
	Budget - Other Costs Year 2			
	Budget - Summary			
Other Considerations				
	Faculty Qualifications			
	Special Program Description			
	Special Program Evaluation			
Attachments				
	Required Attachments			
Assurances				
	Program Director Assurances			

A complete special programs application will contain all of these forms

The total Song-Brown funding needs to match the program information page

Personnel Faculty Staff Total Annual Salary and Benefits Requested Percent % Song-Brown Funding Requested

Major Equipment Total Annual Budget Song-Brown Funding Requested

Operating Expenses Total Annual Budget Song-Brown Funding Requested

Other Costs Total Annual Budget Song-Brown Funding Requested

Total \$0 Total \$50,000 Total \$50,000

BUDGET - SUMMARY

Instructions:
Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Line Item %

Personnel	\$90,000	\$18,000	\$80,000	\$4,000	\$22,000
Operating Expenses	\$100,000	\$50,000	\$100,000	\$5,000	\$55,000
Major Equipment	\$100,000	\$32,000	\$50,000	\$5,000	\$37,000
Other Costs	\$50,000	\$50,000	\$50,000	\$6,000	\$56,000
Subtotal	\$340,000	\$150,000	\$280,000	\$20,000	\$170,000
Indirect Costs (8% Maximum)		\$0		\$0	\$0
Total Proposed Budget	\$340,000	\$150,000	\$280,000	\$20,000	\$170,000

Year 1 Program Budget	Year 1 Requested Song-Brown Funding	Year 2 Program Budget	Year 2 Requested Song Brown Funding	Total Song Brown Funding
\$90,000	\$18,000	\$80,000	\$4,000	\$22,000
\$100,000	\$50,000	\$100,000	\$5,000	\$55,000
\$100,000	\$32,000	\$50,000	\$5,000	\$37,000
\$50,000	\$50,000	\$50,000	\$6,000	\$56,000
Subtotal	\$150,000	\$280,000	\$20,000	\$170,000
	\$0		\$0	\$0
\$340,000	\$150,000	\$280,000	\$20,000	\$170,000

Application Changes and Scoring Criteria

Removed:

1. Program Evaluation page (Application)

- *Question: Has your program received any areas of non-compliance or recommendations by your approval or accrediting bodies?*

2. (5) points from Section II, Evaluation Criteria 9

- *Question: How many areas of non-compliance or recommendations has the program received from their approval or accrediting bodies?*

3. (2) points from Section II, Evaluation Criteria 4a

- *Question: Are letters of support included to demonstrate sustainability?*

Application Changes and Scoring Criteria (cont.)

Changes:

1. Section II, Evaluation Criteria 1

- Question: Does the program have an 85% or better 1st time pass rate on NCLEX licensing exams? **Added (2 yr. average)**

2. Section II, Evaluation Criteria 4

- Question: Has the program provided adequate information as to the sustainability of the proposed special program? **Increase from 3 points to 5 points**

3. Section II, Evaluation Criteria 8

- Question: Does the program have a dissemination plan?
- **Changed to read: Describe how the nursing program plans to disseminate information about their proposed special programs to others?**

4. Required Attachments (Application)

- Attach copies of the most recent approval letter from the appropriate accrediting/approval bodies. Include all correspondence to and from the accrediting/approval bodies **along with your most recent Report of Findings from the California Board of Registered Nursing (BRN).**

Helpful Resources

- ✓ RNC Information and Guidance
- ✓ RNSP Information and Guidance
- ✓ RNC Application and Evaluation Criteria Changes
- ✓ RNSP Application and Evaluation Criteria Changes
- ✓ Song-Brown Glossary of Terms (*new!*)

<http://www.oshpd.ca.gov/hwdd/song-brown-program.html>

Any Questions?

Contact

Douglas Truong
Program Administrator
(916) 326-3755

douglas.truong@oshpd.ca.gov

Melissa Omand
Staff Program Manager
(916) 326-3753

melissa.omand@oshpd.ca.gov