



LOUISIANA STATE BOARD OF NURSING
17373 PERKINS ROAD
BATON ROUGE, LA 70810
(225) 755-7500

PROGRAM EXPANSION FORM

Directions: Please complete form electronically and email to fontenotc@lsbn.state.la.us.

1. REQUIRED PROGRAM INFORMATION:

Date: _____ Name of Program: _____

Program Head: _____

Main Campus Address: _____

Phone Number: () _____

Email Address: _____

2. EXPANSION CAMPUS INFORMATION: **Must fill in all sections.**

Name of Campus: _____

Address: _____

Program Head for Expansion Campus: _____

Phone Number: () _____

Email Address _____

Type of Program (**check all that apply**):

Dip ASN BSN LPN-RN MSN

Number of Students expected for each program per year at expansion campus:

Program Type	Number of Students

Please provide a brief explanation of the expansion.

Signature of Program Head

FOR LSBN OFFICE USE ONLY

Reviewed/Approved By: _____ Date Approved: _____

Comments: _____