



## Existing Program Report

**Date Submitted:**

05/05/2021

**Institution**

Moberly Area Community College

**Institution Program Title**

A03100031001001010001 - ADN - Associate Degree in Nursing - 513801

**Implementation Date:**

08/01/2021

**New Site Information****Added Site(s):****Selected Site(s):**

Columbia Area Career Center, 4203 S. Providence Rd., Columbia, MO, 65203

Hannibal Area Higher Education Center, 190 Shinn Lane, Hannibal, MO, 63401

**Options****Current Options:**

LPN Accelerated Admission

**Options Added:****Mode of Delivery**

Classroom

**Assurances**

I certify that the program is clearly within the institution's CBHE-approved mission. The proposed new program must be consistent with the institutional mission, as well as the principal planning priorities of the public institution, as set forth in the public institution's approved plan or plan update.

I certify that the program will be offered within the proposing institution's main campus, CBHE-approved service region or CBHE-approved off-site location.

I certify that the program will not unnecessarily duplicate an existing program within the geographically applicable area.

I certify that the program will build upon existing programs and faculty expertise.

I certify that the program can be launched with minimal expense and falls within the institution's current operating budget.

I certify that the institution has conducted research on the feasibility of the proposal and it is likely the program will be successful. Institutions' decision to implement a program shall be based upon demand and/or need for the program in terms of meeting present and future needs of the locale, state, and nation based upon societal needs, and/or student needs.

**Contact Information****First and Last Name:** ALICIA

ERICKSON

**Email:** [alicia.erickson@dhewd.mo.gov](mailto:alicia.erickson@dhewd.mo.gov)

**Phone:** 573-751-1764