

**Center for Nursing
Professional Development**
Supporting knowledge and lifelong learning



Course Proposal Form

INSTRUCTIONS: Complete this form and send via email to smcbournie@nhctc.edu or via fax to (603)271-6667. Thank you for your interest!

Course Title: _____

Course Description (Include what will be covered and the method of instruction):

Available Start Date: _____ Start Time: _____ Program Length: _____

Prerequisites for course participation: _____

Have you taught this program before? Yes _____ No _____ If yes, where? _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____

E-mail Address: _____

Signature: _____ Date: _____