



## Criminal Background Checks (CBCs) for Nurse Licensure: Frequently Asked Questions (FAQs)

Criminal background checks (CBCs) are a priority for all boards of nursing. All boards of nursing ask applicants to provide specific information about any past criminal history and this is evaluated prior to licensure. Many of the states without fingerprint-based CBCs have made numerous attempts at passing legislation. However, the bills to date have not successfully passed for a variety of reasons. States will continue efforts to obtain this authority.

### Why do boards of nursing (BONs) conduct CBCs?

The profession of nursing requires a high degree of skill and responsibility. Often, nursing involves working with vulnerable individuals who rely on BONs to assure that health care providers are safe and competent. The level of trust that comes with the practice of nursing coupled with the ease of mobility between jurisdictions requires BONs to be vigilant in properly assessing the qualifications of nurses. One step in this process is the utilization of fingerprint-based state and federal CBCs for nurses upon application for initial, endorsement; reinstatement and renewal of licensure to assure individuals with criminal histories are screened for their ability to safely practice nursing.

### What methods are used to obtain fingerprints?

Two methods of conducting fingerprints are available: ink and paper, and electronic scanning.

- The ink and paper method requires rolling the individual's fingers in ink and carefully printing them on fingerprint cards. Using ink and paper can be time consuming and labor intensive. Fingerprints are more often rejected when conducted using this method due to the increased potential for error.
- Electronic methods of fingerprinting include Livescan and Cardscan. Livescan devices capture fingerprint images directly from subjects' fingers, which are rolled onto glass scanning plates. Cardscan devices scan and digitize standard inked fingerprint cards and can transmit electronic images with related textual data to remote sites for printout or direct use. Electronic scanning, or Automated Fingerprint Identification Systems (AFIS), as referenced by the FBI, allows for fingerprint images to be scanned and transmitted directly to local law enforcement offices. The ability to send the image electronically allows for a faster and more accurate process.

### What is the cost of a CBC?

Service costs range from \$30–\$75.

### Who pays the cost of a CBC?

Jurisdictions can choose to place the cost of the service on

the applicant/licensee as a separate fee or add the cost to the licensing fee (if allowed).

### Who collects the information for a CBC?

Currently, there are three ways that BONs handle information collecting for CBCs: in-house, through local law enforcement agencies or by utilizing approved private sector corporations.

- Jurisdictions that conduct fingerprinting at their BON have the proper equipment needed, trained staff and safe repository for all information pertaining to the CBC. BONs that conduct CBCs in-house have received positive feedback from their nursing constituents as it allows nurses to meet with BON staff and ensure that they are correctly following protocol.
- Some jurisdictions prefer to stay separate from the fingerprinting process to avoid the time and resources it could involve. In this case BONs refer nursing licensure applicants to a local law enforcement agency where information is collected and reported results are transmitted to the BON.
- Other jurisdictions contract with or accept CBCs from approved corporations dedicated to providing fingerprinting and identity services to public and private sector agencies and organizations. All equipment used by the corporations must be certified by the state police and the FBI for capture and electronic transmissions of fingerprints.

### What types of CBCs are done?

CBCs can be conducted at state and federal levels. Each contains different results and information. State CBCs will inform the BON of any crime a prospective nurse has committed in a respective jurisdiction. Federal CBCs expand the search nationwide. By using both methods, a BON will be able to assess the criminal histories of new nurse graduates, currently licensed nurses who may have misreported in the past, nurses who are requesting reinstatement for licensure and nurses who are moving from one jurisdiction to another.

## What is “rap back”?

A rap back system allows for state law enforcement to automatically notify the BON of subsequent arrests of licensees whose fingerprints have been retained in a criminal history repository (Bureau of Justice Statistics, 2009). Rap back eliminates the burden of requiring licensees to resubmit fingerprints upon renewal or reinstatement of licensure.

## Does having a criminal history automatically prevent an individual from obtaining a license?

In making licensure decisions, the BON will undertake a case-by-case review of the nature of the criminal history, along with other relevant factors, such as the seriousness of the crime, the amount of time that has elapsed since the person’s last criminal activity and the relationship of the crime to the purposes for requiring a license to engage in the occupation, among others.



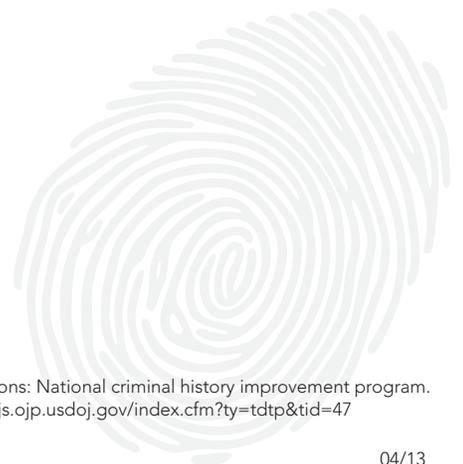
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## References

Bureau of Justice Statistics. (n.d.). Terms & definitions: National criminal history improvement program. Retrieved April 15, 2010 from, <http://bjs.ojp.usdoj.gov/index.cfm?ty=tdtp&tid=47>



# STATEMENT OF SCOPE

## Board of Nursing

Rule No.: Chapter N1, N 2.02 and N 3.02

Relating to: School Approval

Rule Type: Permanent

**1. Finding/nature of emergency (Emergency Rule only):**

N/A

**2. Detailed description of the objective of the proposed rule:**

The objective of the proposed rule is to update the approval process for the approval of schools of nursing. Chapter N1 has not been updated since 1989. The process of school approvals have evolved since that time and this chapter requires an update to bring Wisconsin in line with other states.

The rule would also update the definition sections of N 2.02 and N 3.02 to accurately address the definition of an approved school.

**3. Description of the existing policies relevant to the rule, new policies proposed to be included in the rule, and an analysis of policy alternatives:**

N1 does not adequately address current education standards for schools of nursing nor does it address current technologies in providing education. In addition there is lack of clarity in the current rules. A new rule would address each aspect of the board approval process and the process of continuation of the approval of the school. It would also update the standards which trigger a review of the school's approvals, the steps for a review, the standards for placement on probationary status as well as how a school is removed for probationary status, the process for withdrawing approval of the school and the requirements for voluntary or involuntary closure of a school of nursing.

In updating chapter N 1, the Board of Nursing will consider the model practice rules for school approval and the process used by our neighboring state.

The definitions in N 2.02 and N 3.02 of board approved school do not adequately address the situations of graduates of out of state schools nor graduates of schools which the Wisconsin Board of Nursing have authorized to admit students but have not been fully approved. This creates unnecessary anxiety for new applicants in Wisconsin. A strict interpretation of the current rule would unintentionally deny qualified nurses from practicing in our state.

The alternative to this rule is to continue to create confusion. The rules should reflect a clear and precise process rather than the attempting to interpret the rules to fit situations which did not exist in 1989.

**4. Detailed explanation of statutory authority for the rule (including the statutory citation and language):**

§ 15.08(5)(b) Each examining board: shall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession.

§ 441.01(3) The board may establish minimum standards for schools for professional nurses and schools for licensed practical nurses, including all related clinical units and facilities, and make and provide periodic surveys and consultations to such schools. It may also establish rules to prevent unauthorized persons from practicing professional nursing. It shall approve all rules for the administration of this chapter in accordance with ch. 227.

**5. Estimate of amount of time that state employees will spend developing the rule and of other resources necessary to develop the rule:**

50 hours

**6. List with description of all entities that may be affected by the proposed rule:**

Schools of nursing, applicants

**7. Summary and preliminary comparison with any existing or proposed federal regulation that is intended to address the activities to be regulated by the proposed rule:**

None.

**8. Anticipated economic impact of implementing the rule (note if the rule is likely to have a significant economic impact on small businesses):**

None or minimal

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Department Head or Authorized Signature

11/1/12  
Date Submitted

## Chapter N 1

## PROGRAM APPROVAL FOR SCHOOLS OF NURSING

|        |  |        |   |
|--------|--|--------|---|
| N 1.01 | Authority and intent.  | N 1.06 | Standards for school approval or continuing approval. |
| N 1.02 | Definitions.   | N 1.07 | Changes requiring approval of the board.              |
| N 1.03 | Board approval of new nursing programs.  | N 1.08 | Closure of approved school.                           |
| N 1.04 | Continuation of approval of schools based on accreditation by a board recognized nursing accreditation agency. | N 1.09 | Exceptions.   |
| N 1.05 | Continuation of approval of schools based on compliance with board standards.                                  |        |   |

Note: Chapter N 1 as it existed on January 31, 1983 was repealed and a new chapter N 1 was created effective January 1, 1983.

**N 1.01 Authority and intent.** (1) The rules in this chapter are adopted pursuant to authority of ss. 15.08 (5) (b) and 227.11, Stats.

(2) The intent of the board of nursing in adopting rules in this chapter is to reduce duplication that has existed between the board and national accreditation processes for nursing schools, to clarify requirements, and to develop efficient timelines for the nursing school approval process.

**History:** Cr. Register, January, 1983, No. 325, eff. 2-1-83; am. (2), Register, August, 1989, No. 404, eff. 9-1-89; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1989, No. 404; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, October, 2000, No. 538.

**N 1.02 Definitions.** (1) "Approval" means that status of the school upon graduation of the first class after standards have been met.

(2) "Authorization to admit" means permission to admit the first class of nursing students and conduct a nursing program of professional or practical nursing prior to graduation of the first class.

(3) "Board" means the state of Wisconsin board of nursing.

(4) "Educational administrator" means the registered nurse faculty member whose primary responsibility is to administer the educational program in nursing regardless of any title assigned by the governing institution.

(5) "Faculty" means registered nurses meeting standards and employed by the governing institution for the purpose of administration, teaching, evaluation, guidance and research in nursing.

(6) "Governing institution" means the body, agency or institution which has authority to conduct a school of nursing that meets the standards under s. N 1.06.

(7) "Practical nursing program" means a school of nursing organized and administered by a vocational, technical and adult education system or an independent school at a post secondary level which awards the graduate a diploma in practical nursing upon meeting requirements of the school.

(8) "Probationary status" means the status assigned to a school upon a finding that any board imposed requirement related to standards under s. N 1.06 has not been met, for the purpose of affording the school an opportunity to meet the requirements of the board before approval is withdrawn.

(9) "Professional nursing program" means the following types of school of nursing programs only:

(a) "Associate degree program" which is offered through a school of nursing organized and administered by a technical college or institute, a college or university which awards the graduate an associate degree in nursing upon meeting the requirements of the institution. This includes associate degree progression programs for the licensed trained practical nurse.

(b) "Baccalaureate degree program" which is offered through a school of nursing organized and administered by a senior college

or university that awards the graduate a baccalaureate degree in nursing upon meeting the requirements of the institution. This includes articulation programs for associate degree- and diploma-registered nurses.

(c) "Diploma program" which is offered in a school of nursing organized and administered by a hospital or independent school that awards the graduate a diploma upon meeting the requirements of the school.

(10) "Regionally accredited" means that a college or university or other educational institution conforms with the standards of education prescribed by a regional accrediting commission recognized by the U.S. commissioner of education.

(11) "School" means school for professional nurses or school for practical nurses.

(12) "Standards" means those measures or indicators of acceptability as defined in s. N 1.06.

(13) "Survey" means a planned visit by a board representative to a school, an institution or agency for the purpose of conferring with administrative, instructional and service personnel; visiting educational and service facilities; and, reviewing and evaluating program plans, activities, records and reports.

(14) "Transcript" means a legible and official copy of the student's original record which bears the seal of the institution or a notarization and the signature of the registrar or educational administrator.

(15) "Withdraw approval" means removal by the board of authorization to admit or removal of approval of a nursing program following a board imposed probationary status during which board standards continue to be unmet.

**History:** Cr. Register, January, 1983, No. 325, eff. 2-1-83; r. and recr. (1), r. (5) and (7), renum. (2) to (4), (8), (10) and (11) to be (3) to (5), (7), (13) and (14), cr. (2), (8), (10) to (12) and (15), am. (6) and (9) (intro.), Register, July, 1989, No. 403, eff. 8-1-89.

### N 1.03 Board approval of new nursing programs.

(1) **NEW NURSING PROGRAMS.** All new nursing programs not previously approved or granted authorization to admit by the board as of July 1, 1988 are required to be approved by the board under the procedures prescribed in this section.

Note: The effective date of September 1, 1989, rather than the July 1, 1988 date in this subsection controls approval standards for new nursing programs.

(2) **AUTHORIZATION TO PLAN A PROGRAM.** An institution planning to establish and conduct a program in professional or practical nursing shall:

(a) Provide for nursing expertise to develop the written proposal.

(b) File an application and submit to the board a written program proposal in accordance with the board's procedures for proposed programs at least 12 months prior to the anticipated opening date.

Note: A copy of the application for proposed programs may be obtained from the Bureau of Health Service Professions, P.O. Box 8935, Madison, Wisconsin 53708-8935.

(c) Identify in the written proposal the administrative and organizational structure of the governing institution and its relation-

ship to the nursing program, the type of program, curriculum plan, instructional methods, projected use of clinical facilities and resources, and plan for employment of faculty.

(d) The board shall notify the governing institution of the action taken on the application and written proposal.

(3) **AUTHORIZATION TO ADMIT STUDENTS.** (a) The board shall authorize admissions of the first class of nursing students if it is satisfied that board standards under s. N 1.06 will be met based on submission of evidence of the following:

1. Appointment of an educational administrator who meets standards under s. N 1.06 (4) (a) or (b).

2. A statement of philosophy, purpose, objectives, conceptual framework and description of courses developed by faculty.

3. Evidence that faculty meet standards under s. N 1.06 (4) (c) or (d); and

4. Evidence that clinical facilities have been selected according to standards under s. N 1.06 (3) (e).

(b) Authorization to admit succeeding classes shall be withdrawn if new faculty and clinical facilities do not meet standards.

(4) **APPROVAL.** (a) A school shall be eligible for approval upon graduation of its first class. The board shall base its decision to grant approval on the following evidence: Self-evaluation report of the total curriculum and program completed by the school within 6 months of graduation of the first graduating class, addressing compliance with standards under s. N 1.06, the success rate of graduates on the national council licensure examination, survey report by the board representative, and other facts relating to compliance with board standards.

(b) A certificate of approval shall be issued to an approved school.

*History:* Cr. Register, January, 1983, No. 325, eff. 2-1-83; am. (1), (2) (b) and (c), cr. (2) (d), r. and recr. (3), r. (4) and (5), renum. (6) to be (4) and am. Register, August, 1989, No. 404, eff. 9-1-89.

**N 1.04 Continuation of approval of schools based on accreditation by a board recognized nursing accreditation agency.** (1) Schools which have received accreditation from a board recognized nursing accreditation agency shall file evidence of initial accreditation with the board, and thereafter shall file notice of any change in school accreditation status.

(2) The board shall continue to grant approval to schools filing evidence of accreditation under sub. (1).

(3) Schools holding approval based on sub. (2) shall be responsible for complying with standards under s. N 1.06.

(4) If the board finds that standards under s. N 1.06 are not being met, it may place a school on probationary status. The following situations are cause for review by the board to determine if standards are being met:

(a) Complaints relating to violations of standards under s. N 1.06 which the board has verified;

(b) A success rate by the school's graduates on the national council licensure examination of less than the national percent passing on an annual basis over a 2-year period;

(c) Withdrawal or change of school accreditation status by a board recognized nursing accreditation agency or a general academic accreditation agency;

(d) Failure to report and obtain board approval of changes that require approval of the board under s. N 1.07;

(e) Providing false or misleading information to students or the public concerning the nursing program; or

(f) Violation of any of the rules under this chapter.

(5) The board may withdraw approval for a school to conduct a nursing program if it finds that standards continue to be unmet following a board imposed probationary status.

(6) The board shall make available recommendations to assist a school to reestablish approval under s. N 1.06.

*History:* Cr. Register, January, 1983, No. 325, eff. 2-1-83; am. Register, July, 1989, No. 403, eff. 8-1-89.

**N 1.05 Continuation of approval of schools based on compliance with board standards.** (1) Schools that do not hold accreditation from a board recognized nursing accreditation agency shall be responsible for meeting standards prescribed in s. N 1.06.

(2) Schools in sub. (1) shall file self-evaluation reports and other documents as the board may require including documents submitted to or by nursing accreditation agencies, and shall be evaluated by the board or its representatives.

(3) If the board finds that standards under s. N 1.06 are not being met, it may place a school on probationary status. The following situations are cause for review by the board to determine if standards are being met:

(a) Complaints relating to violations of standards under s. N 1.06 which the board has verified;

(b) A success rate by the school's graduates on the national council licensure examination of less than the national percent passing on an annual basis over a 2-year period;

(c) Denial of school accreditation by a board-recognized nursing accreditation agency or a general academic accreditation agency;

(d) Failure to report and obtain board approval of changes that require approval of the board under s. N 1.07;

(e) Providing false or misleading information to students or the public concerning the nursing program; or,

(f) Violation of any of the rules of this chapter.

(4) The board may withdraw approval for a school to conduct a nursing program if it finds that standards continue to be unmet following a board imposed probationary status.

(5) The board shall make available recommendations to assist a school to reestablish approval under s. N 1.06.

*History:* Cr. Register, January, 1983, No. 325, eff. 2-1-83; r. and recr. Register, July, 1989, No. 403, eff. 8-1-89.

**N 1.06 Standards for school approval or continuing approval.** Except as provided in s. N 1.04, professional or practical nursing schools seeking approval or continuing approval shall provide evidence of meeting the following standards as prescribed in s. N 1.03 or 1.05:

(1) **ORGANIZATION AND ADMINISTRATION OF THE PROGRAM.** To be eligible for approval by the board, a program must have the following:

(a) *Governing institution.* The governing institution shall assume legal responsibility for the overall conduct of the program.

1. The governing institution shall designate an educational administrator, establish administrative policies, and provide sufficient financial support, resources and facilities for the operation of the program.

2. The governing institution shall provide an organizational chart and written plan which describes the relationship of the nursing program to the governing institution and the organization of the nursing program.

3. The governing institution shall submit evidence of being regionally accredited.

(b) *Administrative policies.* 1. There shall be written administrative policies which are in accord with those of the governing institution.

2. There shall be written contracts between the school and institutions which offer associated academic study, clinical facilities and agencies for related services.

3. The educational administrator shall have authority and responsibility for the development, implementation and evaluation of the program.

4. There shall be provisions for a system of records and reports essential to the operation of the nursing program.

5. There shall be written personnel policies for the faculty which include position expectations and faculty rights and responsibilities.

(2) **CURRICULUM.** The curriculum shall be based on a stated purpose, philosophy, conceptual framework, and program objectives expressed in terms of required student competencies. Clinical and theoretical learning experiences shall be consistent with the stated program objectives. Curricular content shall reflect current nursing practice and encompass health needs throughout the life span.

(a) *Professional nursing curriculum.* All professional nursing programs shall include correlated theory and clinical experience in at least the following areas. This shall not prohibit a flexible curriculum that would provide appropriate integration of the various subject areas:

1. 'Area of general education'. The curriculum in the area of general education shall include:

a. Scientific knowledge basic to nursing practice which includes principles from the biological and physical sciences.

b. Human and cultural knowledge which includes currently accepted concepts and principles from the social and behavioral sciences and are basic to understanding motivation and behavior.

2. 'Area of nursing education'. The curriculum in the area of nursing education shall include theory and selected experiences designed to enable students to provide nursing care which shall promote, maintain, and restore physical and mental health of the individual throughout the life span. Upon completion of the program, the graduate shall be able to:

a. Use the nursing process to plan and provide nursing care.

b. Apply knowledge derived from the scientific, human and cultural areas to meet health needs.

c. Individualize nursing care during preventive, maintenance, restorative and terminal phases.

d. Promote positive health practices.

e. Understand the roles and relationship of nurses to other health care providers.

f. Plan for health services with individuals, families, communities and health care providers.

g. Practice professional nursing according to the legal standards of ch. N 6.

h. Function as a responsible, accountable nursing professional.

i. Identify the need for continued competency.

j. Recognize the impact of historical trends in nursing.

(b) *Practical nursing curriculum.* All practical nursing programs shall include correlated theory and clinical experience in at least the areas specified in subds. 1. to 3. This shall not prohibit a flexible curriculum that provides appropriate integration of the various subject areas:

1. 'Area of health, growth and development.' a. General aspects of human structure and body function.

b. General aspects of health, signs of physical and emotional health and normal development, effects of emotional climate upon the health, attitudes and behavior of individuals and the family as a social unit.

2. 'Area of personal and vocational relationships.' a. Basic principles of human relationships.

b. Legal and ethical responsibilities in nursing.

3. 'Area of nursing education'. The curriculum shall provide content with experiences in meeting basic nursing needs of the

individual throughout the life span. Upon completion of the program, the graduate shall be able to:

a. Identify basic needs of a patient.

b. Employ common nursing measures to meet basic needs of patients.

c. Observe and report relevant data regarding a patient's health status.

d. Use communication techniques to assist patients to achieve identified goals.

e. Establish positive relationships with patients and other health team members.

f. Practice practical nursing according to the legal standards of ch. N 6.

g. Identify the need for continued competency.

(3) **INSTRUCTION.** Instruction shall be based on written objectives which give direction to planning student experiences.

(a) A variety of teaching methods shall be used to facilitate student learning.

(b) Criteria based on written objectives shall be used in the evaluation of student learning.

(c) Clinical laboratory learning experiences shall be supervised by nursing faculty meeting standards under sub. (4).

(d) There shall be written contracts with an adequate number of clinical facilities and resources to meet the program objectives.

(e) Standards used in the selection of clinical facilities shall include the following:

1. Identification that the clinical experience to be gained from the clinical facility is consistent with the nursing program objectives;

2. Willingness on the part of the clinical facility and nursing program to cooperate in promoting the nursing program clinical objectives as demonstrated in a formal written agreement between administrations; and

3. Identification by the school that the practice of the registered nurse and the licensed practical nurse at the clinical facility is within the legal scope of practice under s. 441.001 (3) and (4), Stats.

(f) Evidence of meeting standards shall be documented on forms provided by the board and kept on file in the school of nursing office. The forms shall be made available to the board upon request.

**Note:** A copy of the form may be obtained from the Bureau of Health Service Professions P.O. Box 8935, Madison, Wisconsin 53708-8935.

(4) **FACULTY.** The faculty shall be adequate in number and academic and professional qualifications to develop, implement and evaluate the program in nursing in relation to its stated purpose, philosophy, objectives, and conceptual framework, number and size of classes admitted annually, and the clinical facilities used in the program. A faculty member appointed prior to the effective date of these rules shall be considered to meet standards under par. (a), (b), (c) or (d) unless a change in appointment occurs. Faculty members appointed on or after July 1, 1988 shall have the following qualifications for approval:

**Note:** The effective date of September 1, 1989, rather than the July 1, 1988 date in this subsection controls faculty qualifications.

(a) The educational administrator of a professional nursing education program shall hold a current license to practice as a registered nurse in Wisconsin, have a minimum of 2 years of full-time or equivalent direct care experience as a practicing nurse, 3 years of experience in nursing education within the last 10 years, and hold a master's degree with a major in nursing.

(b) The educational administrator of a practical nursing education program shall hold a current license to practice as a registered nurse in Wisconsin, have a minimum of 2 years of full-time or equivalent direct care experience as a practicing nurse, 3 years of experience in nursing education within the last 10 years, and hold a master's degree with a major in nursing or a related field.

(c) A nurse faculty member who teaches nursing courses in a professional nursing program shall hold a current license to practice as a registered nurse in Wisconsin, have at least 2 years of full-time or equivalent direct care experience as a practicing nurse, be employed in nursing within the last 5 years and hold a master's degree with a major in nursing.

(d) A nurse faculty member who teaches nursing courses in a practical nursing program shall hold a current license to practice as a registered nurse in Wisconsin, have at least 2 years of full-time or equivalent direct care experience as a practicing nurse, be employed in nursing within the last five years and hold a baccalaureate degree with a major in nursing.

(e) The ratio of students to faculty in the clinical area shall allow for meeting clinical course objectives and safe patient care.

(f) The educational administrator of the nursing education program shall be responsible for ensuring that individual faculty members are academically and professionally qualified, and that faculty staff is adequate to carry out program objectives.

(g) Evidence of meeting faculty standards shall be on file in the school of nursing office and available to the board upon request.

(h) An educational administrator who desires to hire a nurse faculty member who does not fit the specific requirements of this chapter shall apply to the board under s. N 1.09.

(5) EVALUATION. There shall be systematic and periodic evaluation of the total program.

History: Cr. Register, January, 1983, No. 325, eff. 2-1-83; am. (intro.), renum.

(1) to (3) to be (2) to (4) and am. (2) (intro.), (a) (intro.), 1. a., 2. a. and d. through g., (b) (intro.), 1. b., 3. f., (3) (c) and (d), (e) 3., (4), cr. (1) and (5), Register, August, 1989, No. 404, eff. 9-1-89; correction in (3) (e) 3. made under s. 13.93 (2m) (b) 7., Stats., Register June 2006 No. 606.

**N 1.07 Changes requiring approval of the board.** Schools approved under this chapter shall notify the board of any of the following changes which require approval of the board:

- (1) Plan for voluntary or involuntary closure of the school;
- (2) Changes that alter the program's compliance with ch. N 1 in the areas of organization and administration, curriculum, instruction, or faculty; or
- (3) Change in ownership.

History: Cr. Register, January, 1983, No. 325, eff. 2-1-83; am. Register, August, 1989, No. 404, eff. 9-1-89.

**N 1.08 Closure of approved school.** Upon voluntary or involuntary closure of a school, the school shall:

- (1) Make provisions for students to complete their nursing education;
- (2) Assure continuing access to transcripts by former students and graduates for a minimum of 50 years; and
- (3) Surrender the certificate of approval to the board.

History: Cr. Register, January, 1983, No. 325, eff. 2-1-83; am. Register, August, 1989, No. 404, eff. 9-1-89.

**N 1.09 Exceptions.** Requests for exceptions to the rules under this chapter may be considered by the board.

History: Cr. Register, January, 1983, No. 325, eff. 2-1-83.

The renewal of a license must be accomplished by <date determined by the BON>. Failure to renew the license on or before the date of expiration shall result in the forfeiture of the right to practice nursing in this jurisdiction.

#### **5.6.1 Application for Renewal of License as an RN or LPN/VN**

An applicant for license renewal shall submit to the BON the required fee for license renewal, as specified in Chapter 4, and a completed application for license renewal that provides the following information:

- a. Evidence of completion of the continued competence requirements specified in 5.6.2 below and
- b. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background

#### **5.6.2 Continued Competence**

*\*\*\*At the present time, evidence does not support any one mechanism for continued competence and further study is warranted.*

#### **5.6.3 Issuance of License**

The BON shall renew the license of each renewal applicant who complies with the requirements of this Section.

#### **5.7 Reactivation of License**

An individual whose license is inactive by failure to renew may apply for reactivation by submitting an application, paying a fee as specified in Chapter 4 of these rules, meeting all practice requirements for renewal of licensure and satisfying the conditions listed below. At any time after a license has been inactive, the BON may require evidence of the licensee's current nursing knowledge and skill before reactivating the licensee to the status of active license.

#### **5.7.1 Reinstatement Following Disciplinary Action**

For those licensees applying for reinstatement following disciplinary action, compliance with all BON licensure requirements, as well as any specific requirements set forth in the BON's discipline order, is required.

#### **5.8 Duties of Licensees**

#### **5.9 Criminal Background Checks**

- a. All individuals convicted of a sexual offense involving a minor or performing a sexual act against the will of another person shall be subject to a BON order for evaluation by a qualified expert approved by the BON. If the evaluation identifies sexual behaviors of a predatory nature the BON shall deny licensure.
- b. Other criminal convictions may be reviewed by the BON on a case by case basis to determine eligibility for licensure.

#### **5.10 Exemptions**

### **Chapter 6. Prelicensure Nursing Education**

#### **6.1 Purpose of Nursing Education Standards**

The purposes of nursing education standards are to:

- a. Ensure that graduates of nursing education programs are prepared for safe and effective nursing practice
- b. Provide criteria for the development, evaluation and improvement of new and established nursing education programs and
- c. Ensure candidates are educationally prepared for licensure and recognition at the appropriate level

#### 6.1.1 Prelicensure Nursing Education Standards

All nursing education programs shall meet these standards:

- a. The purpose and outcomes of the nursing program shall be consistent with the Act and BON promulgated administrative rules, regulations and other relevant state statutes
- b. The purpose and outcomes of the nursing program shall be consistent with accepted standards of nursing practice appropriate for graduates of the type of nursing program offered
- c. The input of stakeholders shall be considered in developing and evaluating the purpose and outcomes of the program
- d. The nursing program shall implement a comprehensive, systematic plan for ongoing evaluation that is based on program outcomes and incorporates continuous improvement
- e. The curriculum shall provide diverse didactic and clinical learning experiences consistent with program outcomes
- f. Faculty and students shall participate in program planning, implementation, evaluation and continuous improvement
- g. The nursing program administrator shall be a professionally and academically qualified RN with institutional authority and administrative responsibility for the program
- h. Professionally, academically and clinically qualified nurse faculty shall be sufficient in number and expertise to accomplish program outcomes and quality improvement
- i. The fiscal, human, physical, clinical and technical learning resources shall be adequate to support program processes, security and outcomes and
- j. Program information communicated by the nursing program shall be accurate, complete, consistent and readily available

#### 6.1.2 Required Criteria for Prelicensure Nursing Education Programs

The organization and administration of the nursing education program shall be consistent with the law governing the practice of nursing. The nursing education program shall be an integral part of a governing academic institution that is accredited by an accrediting agency that is recognized by the U.S. Department of Education. The nursing education program shall provide evidence of current accreditation by a national nursing accrediting agency recognized by the United States Department of Education by January 1, 2020.

##### a. Curriculum

1. The curriculum of the nursing education program shall enable the student to develop the nursing knowledge, skills and abilities necessary for the level, scope and standards of competent nursing practice expected at the level of licensure. Curriculum will be revised as necessary to maintain a program that reflects advances in health care and its delivery.
2. The curriculum, as defined by nursing education, professional and practice standards, shall include:
  - a) Experiences that promote the development and subsequent demonstration of evidence-based clinical judgment, skill in clinical management, and the professional commitment to collaborate in continuously improving the quality and safety of the healthcare system for patients
  - b) Evidence-based learning experiences and methods of instruction, including distance education methods, consistent with the written curriculum plan.
  - c) Coursework including, but not limited to:
    - i. Content in the biological, physical, social and behavioral sciences to provide a foundation for safe and effective nursing practice
    - ii. Content regarding professional responsibilities, legal and ethical issues, history and trends in nursing and health care
    - iii. Didactic content and supervised clinical experience in the prevention of illness and the promotion, restoration and maintenance of health in patients across the lifespan and from diverse cultural, ethnic, social and economic backgrounds. Patient experiences will occur in a variety of clinical settings and will include:
      - 1) Integrating patient safety principles throughout the didactic and clinical coursework
      - 2) Implementing evidence-based practice to integrate best research with clinical expertise and patient values for optimal care, including skills to identify and apply best practices to nursing

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- care
- 3) Providing patient-centered, culturally competent care that recognizes that the patient or designee is the source of control and full partner in providing coordinated care by:
    - (a) Respecting patient differences, values, preferences and expressed needs
    - (b) Involving patients/designees in decision-making and care management
    - (c) Coordinating and managing patient care across settings
    - (d) Explaining appropriate and accessible interventions to patients and populations that may positively affect their ability to achieve healthy lifestyles.
  - 4) Collaborating with interprofessional teams to foster open communication, mutual respect, and shared decision-making in order to achieve quality patient care
  - 5) Participating in quality improvement processes to monitor patient care outcomes, identify possibility of hazards and errors, and collaborate in the development and testing of changes that improve the quality and safety of health care systems and
  - 6) Using information technology to communicate, mitigate error and support decision making
3. Faculty supervised clinical practice shall include development of skills in direct patient care; making clinical judgments; care and management of both individuals and groups of patients across the lifespan; and delegation to and supervision of, as appropriate to level of education, other health care providers.
- a) The program shall provide clinical hours comparable to those provided by an approved program of equivalent size and program type or, in the case of no equivalent program, clinical hours scaled relative to an approved program.
  - b) Clinical experiences shall be supervised by qualified faculty.
  - c) All student clinical experiences, including those with preceptors, shall be directed by nursing faculty.
  - d) Measurement of students' competencies shall focus on the students' demonstration of care management and decision making skills when providing patient care in a variety of clinical situations and care settings.
  - e) BON determines the approval process when clinical experiences cross state/jurisdiction borders, and nursing education programs shall comply with the process.
4. Delivery of instruction by distance education methods must be consistent with the program curriculum plan and enable students to meet the goals, competencies and outcomes of the educational program and standards of the BON.
- b. Students
1. The program shall provide students the opportunity to acquire and demonstrate the knowledge, skills, and abilities required for safe and effective nursing practice, in theory and clinical experience, through faculty supervision.
  2. The program shall hold students accountable for professional behavior, including honesty and integrity, while in their program of study.
  3. All policies relevant to applicants and students shall be readily available in writing.
  4. Students shall meet health standards and criminal background check requirements.
- c. Administrator qualifications
1. Administrator qualifications in a program preparing for LPN/VN licensure shall include:
    - a) A current, active RN license or privilege to practice that is not encumbered and meet requirements in the jurisdiction where the program is approved
    - b) A minimum of a graduate degree in nursing or bachelor's degree in nursing with a graduate degree
    - c) Experience in teaching and knowledge of learning principles for adult education, including nursing curriculum development, administration, and evaluation and
    - d) A current knowledge of nursing practice at the practical/vocational level
  2. Administrator qualifications in a program preparing for RN licensure shall include:
    - a) A current, active RN license or privilege to practice that is not encumbered and meet requirements in the jurisdiction where the program is approved
    - b) A doctoral degree in nursing; or a graduate degree in nursing and a doctoral degree
    - c) Educational preparation or experience in teaching and knowledge of learning principles for adult education, including nursing curriculum development, administration and evaluation and
    - d) A current knowledge of registered nursing practice



d. Faculty

1. There shall be sufficient number of qualified faculty to meet the outcomes and purposes of the nursing education program.
2. The nursing faculty shall hold a current, active RN license or privilege to practice that is not encumbered and meet requirements in the state where the program is approved.
3. Faculty supervising clinical experiences shall hold a current active RN license or privilege to practice that is not encumbered and meet requirements in the jurisdiction where the clinical practicum is conducted.
4. Qualifications for nursing faculty who teach in a program leading to licensure as an LPN/VN should be academically and experientially qualified with a minimum of a graduate degree in nursing or bachelor's degree in nursing with a graduate degree.
5. Qualifications for nursing faculty who teach in a program leading to licensure as an RN should be academically and experientially qualified with a minimum of a graduate degree in nursing.
6. Interprofessional faculty teaching non-clinical nursing courses shall have advanced preparation appropriate for the content being taught.
7. Clinical preceptors shall demonstrate competencies related to the area of assigned clinical teaching responsibilities and will serve as role models and educators for students. Clinical preceptors may be used to enhance faculty-directed clinical learning experiences. Clinical preceptors shall have an unencumbered license to practice as a nurse at or above the level for which the student is being prepared, in the jurisdiction where they are precepting students.

**6.1.3 Determination of Compliance with Standards**

BON initial and continuing approval is the model used for determining compliance with these standards. National nursing accreditation shall be required by January 1, 2020, and evidence of compliance with the accreditation standards may be used for evaluating continuing approval. Nursing programs must submit to the BON copies of accreditation related correspondence with the national nursing accrediting agency within 30 days of receipt. The BON shall identify the required correspondence that the programs must submit.

**6.1.4 Purposes of Prelicensure Nursing Education Program Approval**

- a. To promote the safe practice of nursing by implementing standards for individuals seeking licensure as RNs and LPN/VNs.
- b. To grant legal recognition to nursing education programs that the BON determines have met the standards.
- c. To ensure graduates meet the educational and legal requirements for the level of licensure for which they are preparing and to facilitate their endorsement to other states and countries.
- d. To ensure continuous evaluation and improvement of nursing education programs.
- e. To provide the public and prospective students with a published list of nursing programs that meets the standards established by the BON.

**6.1.5 Establishment of a New Prelicensure Nursing Education Program**

Before establishing a new nursing education program, the program shall contact the BON and complete the process outlined below:

- a. Phase I – Application to BON. The proposed program shall provide the following information to the BON:
  1. Results of a needs assessment, including identification of potential, and available, students and employment opportunities for program graduates
  2. Identification of sufficient financial and other resources
  3. Governing institution approval and support
  4. Community support
  5. Type of educational program proposed
  6. Evidence of the institution meeting state requirements, and regional or national accreditation by an accredited agency recognized by the U.S. Department of Education
  7. Evidence of the nursing program actively seeking accreditation from a U.S. Department of Education recognized national nursing accrediting agency
  8. Clinical opportunities and availability of resources.

9. Availability of qualified faculty and program director and
  10. A proposed time line for initiating and expanding the program
  - b. Phase II – Initial Approval for Admission of Students. The proposed program shall provide the BON with verification that the following program components and processes have been completed:
    1. Employment of a director and faculty to develop program
    2. Overview of total curriculum:
      - a) Content
      - b) Schedule (course sequence)
      - c) Course descriptions
      - d) Contracts for clinical sites
      - e) Program evaluation plan
      - f) Course syllabi for first year with identified timeline for submission of syllabi for next years
    3. Establishment of student policies for admission, progression, retention and graduation
    4. The BON shall deny initial approval if it determines that a proposed nursing education program is unable to meet the standards for nursing education
    5. When the BON determines that all components and processes are completed and in place, the BON shall authorize the program to admit students
  - c. Phase III – Full Approval of Program. The BON shall fully approve the program upon:
    1. Completion of BON program survey visit concurrent with graduation of first class or eligibility for NCLEX
    2. Submission of program's ongoing systematic evaluation plan
    3. Satisfactory completion of survey report that verifies that the program is in compliance with the BON's Nursing Education Standards
    4. The BON may request periodic reports from the new program regarding initial program operations before granting approval
- 6.1.6 Continuing Approval of Prelicensure Nursing Education Programs**
- a. Every < > years previously approved nursing education programs with full program approval status will be evaluated for continuing approval by the BON. The BON may accept all or partial evidence prepared by a program, to meet national nursing accreditation requirements. The BON shall review and analyze various sources of information regarding program performance, including, but not limited to:
    1. Periodic BON survey visits, as necessary, and/or reports
    2. Evidence of being accredited by a U.S. Department of Education recognized national nursing accredited agency
    3. BON recognized national nursing accreditation visits, reports and other pertinent documents provided by the program
    4. Results of ongoing program evaluation
    5. Other sources of evidence regarding achievement of program outcomes including, but not limited to:
      - a) Student retention, attrition, and on-time program completion rates
      - b) Sufficient/adequate type and number of faculty, faculty competence and faculty retention/turnover
      - c) Adequate laboratory and clinical learning experiences
      - d) NCLEX pass rates which are at least < > % for one year for graduates taking the examination for the first time
      - e) Trend data/action planning related to NCLEX performance
      - f) Trend data/action planning related to employer and graduate satisfaction
      - g) Performance improvement initiatives related to program outcomes
      - h) Program complaints/grievance review and resolution
  - b. Continuing approval will be granted upon the BON's verification that the program is in compliance with the BON's nursing education administrative rules.
- 6.1.7 Conditional Approval of Prelicensure Nursing Education Programs**
- a. The BON may grant conditional approval when it determines that a program is not fully meeting approval standards.
  - b. If the BON determines that an approved nursing education program is not meeting the criteria set forth in



these regulations, the nursing program shall be given a reasonable period of time to submit an action plan and to correct the identified program deficiencies.

#### **6.1.8. Withdrawal of Approval**

- a. The BON shall withdraw approval if, after proper notice and opportunity, it determines that:
  1. A nursing education program fails to meet the standards of this Rule and
  2. A nursing education program fails to correct the identified deficiencies within the time specified
- b. After January 1, 2020, a program that has not received national nursing accreditation by a U.S. Department of Education recognized agency shall, upon request, be granted a one year extension by the BON to comply with this requirement.

#### **6.1.9 Appeal**

A program denied approval or given less than full approval may appeal that decision. All such actions shall be in accordance with due process rights.

#### **6.1.10 Reinstatement of Approval**

The BON may reinstate approval if the program submits evidence of compliance with nursing education standards within the specified time frame.

### **6.2 Closure of Prelicensure Nursing Education Program and Storage of Records**

A nursing education program may be closed due to withdrawal of BON approval or may close voluntarily. Provisions shall be made for maintenance of the standards for nursing education during the transition to closure.

#### **6.2.1. Closure of a Prelicensure Nursing Education Program as a Result of Withdrawal of BON Approval**

The program shall submit to the BON:

- a. An acceptable plan for students to complete a BON approved program
- b. Confirmation in writing that the plan has been fully implemented and
- c. Arrangements for the secure storage and access to academic records and transcripts

#### **6.2.2. Prelicensure Nursing Education Program Closed Voluntarily**

The program shall submit to the BON:

- a. Reason for the closing of the program and date of intended closure
- b. An acceptable plan for students to complete a BON approved program and
- c. Arrangements for the secure storage and access to academic records and transcripts

### **6.3 Innovative Approaches in Prelicensure Nursing Education Programs**

A nursing education program may apply to implement an innovative approach by complying with the provisions of this section. Nursing education programs approved to implement innovative approaches shall continue to provide quality nursing education that prepares graduates to practice safely, competently and ethically within the scope of practice as defined in <jurisdiction's> Act.

#### **6.3.1 Purposes**

- a. To foster innovative models of nursing education to address the changing needs in health care
- b. To assure that innovative approaches are conducted in a manner consistent with the BON's role of protecting the public and
- c. To assure that innovative approaches conform to the quality outcome standards and core education criteria established by the BON

#### **6.3.2 Eligibility**

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- a. The nursing education program shall hold full BON approval without conditions.
- b. There are no substantiated complaints in the past 2 years.
- c. There are no rule violations in the past 2 years.

#### 6.3.3. Application

The following information (no longer than < > pages with a 1-page executive summary) shall be provided to the BON at least < > days prior to a BON meeting:

- a. Identifying information (name of nursing program, address, responsible party and contact information)
- b. A brief description of the current program, including accreditation and BON approval status
- c. Identification of the regulation(s) affected by the proposed innovative approach
- d. Length of time for which the innovative approach is requested
- e. Description of the innovative approach, including objective(s)
- f. Brief explanation of why you want to implement an innovative approach at this time
- g. Explanation of how the proposed innovation differs from approaches in the current program
- h. Rationale with available evidence supporting the innovative approach
- i. Identification of resources that support the proposed innovative approach
- j. Expected impact innovative approach will have on the program, including administration, students, faculty, and other program resources
- k. Plan for implementation, including timeline
- l. Plan for evaluation of the proposed innovation, including measurable criteria/outcomes, method of evaluation, and frequency of evaluation and
- m. Additional application information as requested by the BON

#### 6.3.4. Standards for Approval

- a. Eligibility criteria in 6.3.2. and application criteria in 6.3.3. are met
- b. The innovative approach will not compromise the quality of education or safe practice of students
- c. Resources are sufficient to support the innovative approach
- d. Rationale with available evidence supports the implementation of the innovative approach
- e. Implementation plan is reasonable to achieve the desired outcomes of the innovative approach
- f. Timeline provides for a sufficient period to implement and evaluate the innovative approach and
- g. Plan for periodic evaluation is comprehensive and supported by appropriate methodology

#### 6.3.5. Review of Application and BON Action

- a. Annually the BON may establish the number of innovative approach applications it will accept, based on available BON resources.
- b. The BON shall evaluate all applications to determine if they meet the eligibility criteria in 6.3.2 and the standards established in section 6.3.4.
- c. The BON shall inform the education program of the approval process timeline within < > days of the receipt of the application.
- d. If the application meets the standards, the BON may:
  1. Approve the application,
  2. Approve the application with modifications as agreed between the BON and the nursing education program
- e. If the submitted application does not meet the criteria in 6.3.2 and 6.3.4., the BON may deny approval or request additional information.
- f. The BON may rescind the approval or require the program to make modifications if:
  1. The BON receives substantiated evidence indicating adverse impact or
  2. The nursing program fails to implement the innovative approach as presented and approved

#### 6.3.6. Periodic Evaluation

- a. The education program shall submit progress reports conforming to the evaluation plan annually or as requested by the BON.
- b. The final evaluation report shall conform to the evaluation plan, detailing and analyzing the outcomes data.



- c. If any report indicates that students were adversely impacted by the innovation, the nursing program shall provide documentation of corrective measures and their effectiveness.
- d. Nursing education program maintains eligibility criteria in 6.3.2.

#### 6.3.7. Requesting Continuation of the Innovative Approach

- a. If the innovative approach has achieved the desired outcomes and the final evaluation has been submitted, the program may request that the innovative approach be continued.
- b. Request for the innovative approach to become an ongoing part of the education program must be submitted < > days prior to a regularly scheduled BON meeting.
- c. The BON may grant the request to continue approval if the innovative approach has achieved desired outcomes, has not compromised public protection, and is consistent with core nursing education criteria.

### Chapter 7. Discipline and Proceedings

#### 7.1 Authority

#### 7.2 Accountability

#### 7.3 Grounds for Discipline

- a. Non-Compliance with federal, jurisdictional or contractual requirements, including, but not limited to:
  - 1. Failing to meet the initial requirements of a license
  - 2. Engaging in conduct that violates the security of the licensure examination or the integrity of the examination results, including, but not limited to:
    - a) Copying, disseminating or receiving of any portion of an examination
    - b) Having unauthorized possession of any portion of a future, current or previously administrated examination
    - c) Violating the standards of test administration
    - d) Permitting an impersonator to take the examination on one's behalf.
    - e) Impersonating an examinee
    - f) Communicating with another examinee during the examination
    - g) Possessing unauthorized materials during the examination or
    - h) Any other conduct that violates the security or integrity of the exam
  - 3. Having a license to practice nursing, a multi-state privilege to practice or another professional license or other credential denied, revoked, suspended, restricted or otherwise disciplined in this or any other state, territory, possession or country or by a branch of the United States military
  - 4. Failing to cooperate with a lawful BON investigation
  - 5. Practicing without an active license
  - 6. Drug screening violation or failure of a participant in an alternative to discipline program to comply with the program requirements.
  - 7. Failing to comply with continuing education or competency requirements
  - 8. Failing to meet licensing board reporting requirements
  - 9. Violating or failing to comply with BON order
  - 10. Practicing beyond the legal scope of practice
  - 11. Failing to comply with health and safety requirements established by an employer, health facility, or federal or jurisdictional laws or rules
  - 12. Violating federal or jurisdictional tax code pursuant to the procedural laws and rules of the jurisdiction
  - 13. Failing to pay child support or delinquent child support pursuant to the procedural laws and rules of the jurisdiction
  - 14. Defaulting on health education loan or scholarship obligations pursuant to the procedural laws and rules of the jurisdiction
  - 15. Violating jurisdictional health code



## Illinois

### Section 1300.230 Approval of Programs (PN)

- a) Program Approval  
Institutions desiring to establish a new nursing program that would lead to meeting requirements for licensure, change the level of educational preparation of the program, or establish an extension of an existing program shall:
  - 1) Submit a letter of intent to the Division.
  - 2) Provide a feasibility study to the Division, on forms provided by the Division, that includes, at least, documentation of:
    - A) Need for the program in the community;
    - B) Need for graduates of the proposed program;
    - C) Availability of students;
    - D) Impact on existing nursing programs in a 50 mile radius of the proposed program;
    - E) Potential for qualified faculty, including the curriculum vitae of any potential faculty members;
    - F) Adequacy of clinical practicum and academic resources;
    - G) Financial commitment to support the initial and continuing program;
    - H) Community support of the scope and philosophy of the program;
    - I) Authorization by the appropriate education agency of the State of Illinois; and
    - J) A timetable for development of the program and the intended date of the first class beginning.
  - 3) Identify a qualified nurse administrator with a minimum of a master's degree in nursing and with experience as a nurse educator, and provide a curriculum vitae of the proposed nurse administrator.
  - 4) Submit a curriculum proposal including:
    - A) Program philosophy and objectives;

- B) A plan of organization that is logical and internally consistent;
  - C) Proposed plans of study, including requisite and elective courses with rationale;
  - D) Course outlines or syllabi for all nursing courses;
  - E) Student handbook;
  - F) Faculty qualifications;
  - G) Instructional approaches to be employed;
  - H) Evaluation plans for progress, faculty and students;
  - I) Facilities and utilization plan; and
  - J) Budget plan.
- 5) Coordinate with the Division and/or the DPR Nursing Coordinator for a site visit to be conducted prior to program approval.

b) Continued Program Approval

- 1) Nursing education programs shall submit annual evaluation reports to the Division on forms provided by the Division. These reports shall contain information regarding curriculum, faculty and students and other information deemed appropriate by the Division.
- 2) Full routine site visits may be conducted by the Division for periodic evaluation. The visits will be utilized to determine compliance with the Act. Unannounced site visits may be conducted when the Division obtains evidence that would indicate the program is not in compliance with the Act or this Part.
- 3) A pass rate of graduates on the National Council Licensing Examination (NCLEX) shall be included in the annual evaluation of nursing education programs.
  - A) A pass rate of 75% of first time examinees will be required for a school to remain in good standing.
  - B) A nursing education program having an annual pass rate of less than 75% of first time examinees for one year will receive a written warning of noncompliance from the Division.

- C) A nursing education program having an annual pass rate of less than 75% of first time examinees for 2 consecutive years will receive a site visit for evaluation and recommendation by the Division and will be placed on probation for program revision in accordance with 68 Ill. Adm. Code 1110.
  - D) The nursing education program will have 2 years to demonstrate evidence of implementing strategies to correct deficiencies and bring the pass rate in line with the 75% criteria.
  - E) If, 2 years after implementing the strategies to correct deficiencies in the program, the annual pass rate is less than 75%, the program will be reevaluated. The program will be allowed to continue to operate on a probationary status or will be disapproved and removed from the list of Illinois approved nursing programs in accordance with 68 Ill. Adm. Code 1110.
- c) Major Curricular Revision  
Nursing education programs desiring to make a major curricular revision, i.e., addition or deletion of content, a substantive change in philosophy or conceptual framework, or length of program, shall:
- 1) Submit a letter of intent to the Division; and
  - 2) Submit a copy of the proposed changes and new material to the Division, at least one term prior to implementation, for Board recommendation and Division approval in accordance with the standards set forth in subsection (f).
- d) Minor Curricular Revisions  
Nursing education programs desiring to make curricular revisions involving reorganization of current course content but not constituting a major curriculum revision shall submit the proposed changes to the Division in their annual report.
- e) Organization and Administration
- 1) An institution responsible for conducting a nursing education program shall be authorized by the appropriate agency of the State of Illinois (e.g., Illinois Board of Higher Education, State Board of Education, Illinois Community College Board);
  - 2) The relationship of the nursing education program to other units within the sponsoring institution shall be clearly delineated with organizational charts on file with the Division;

- 3) Nursing education programs shall have clearly defined lines of authority, responsibility and communication;
- 4) Student input into determination of academic policies and procedures, curriculum planning and evaluation of faculty effectiveness shall be assured as evidenced by information such as student membership on policy and evaluation committees, policy statements and evaluation procedures;
- 5) Nursing education program policies and procedures shall be in written form, congruent with those of the sponsoring institution, and reviewed by members of the program on a regular schedule;
- 6) The philosophy, purpose and objectives of the nursing education program shall be stated in writing and shall be consistent with the sponsoring institution and current social, nursing and educational trends and the Act.

f) Curriculum and Instruction

- 1) The curriculum shall be based upon the stated program purpose, philosophy and outcomes;
- 2) Levels of progression in relation to the stated program outcomes shall be established;
- 3) Coordinated clinical and theoretical learning experiences shall be consistent with the program outcomes;
- 4) Curricular content shall reflect contemporary nursing practice encompassing major health needs of all age groups;
- 5) The entire curriculum shall be based on sound nursing, education and instructional principles;
- 6) The curriculum shall be evaluated by faculty with student input, according to a stated plan;
- 7) The program shall be approved by the appropriate educational agency;
- 8) Curriculum for the practical nursing programs shall:
  - A) Include, at a minimum, basic concepts of anatomy, physiology, chemistry, microbiology, physics, communications, growth and development, interpersonal relationships, psychology, sociology, cultural diversity, pharmacology (pharmacology course standards

are set forth in Section 1300.240), nutrition and diet therapy, and vocational, legal and ethical aspects of nursing;

- B) Not preclude a flexible curriculum that would provide appropriate integration of the nursing subject areas;
  - C) Provide basic theoretical and clinical instruction in all areas of nursing practice in the promotion, prevention, restoration and maintenance of health in individuals and groups across the life span and in a variety of clinical settings;
  - D) Incorporate the nursing process as an integral part of the curriculum;
  - E) Prepare the student to assume entry level practical nursing positions to assist clients with normal and common health problems through use of basic nursing skills;
  - F) Be at least one academic year in length; and
  - G) If a military program, consist of a minimum of 36 to 40 weeks of theory and clinical instruction incorporating the curriculum outlined in subsection (f)(8)(A).
- g) Nursing Administrator and Faculty
- 1) The institution responsible for conducting the nursing program and the nurse administrator of the nursing education program shall be responsible for ensuring that the individual faculty members are academically and professionally qualified.
  - 2) Nursing education programs shall be administered by the nurse administrator of the nursing education program.
  - 3) The nurse administrator and faculty of a nursing education program shall be currently licensed as registered professional nurses in Illinois.
  - 4) The nurse administrator of a nursing education program shall have at least:
    - A) 2 years experience in clinical nursing practice;
    - B) 2 years experience as an instructor in a nursing education program; and
    - C) a master's degree or higher with a major in nursing.

- 5) Nurse faculty of a practical nursing program shall have:
  - A) At least 2 years experience in clinical nursing practice; and
  - B) A baccalaureate degree or higher with a major in nursing.
- 6) The requirements of subsections (g)(4) and (5) shall not affect incumbents as of the original date these requirements were adopted, January 14, 1980.
- 7) Nurse administrators of nursing education programs shall be responsible for:
  - A) Administration of the nursing education program;
  - B) Liaison with other units of the sponsoring institution;
  - C) Preparation and administration of the budget;
  - D) Facilitation of faculty development and performance review;
  - E) Facilitation and coordination of activities related to academic policies, personnel policies, curriculum, resource facilities and services, and program evaluation; and
  - F) Notification to the Division of program changes.
- 8) Faculty shall be responsible for:
  - A) Development, implementation and evaluation of the purpose, philosophy and objectives of the nursing education program;
  - B) Design, implementation and evaluation of curriculum for the nursing education program;
  - C) Participation in academic advising of students;
  - D) Development and evaluation of student policies; and
  - E) Evaluation of student performance in meeting the objectives of the program.
- 9) Faculty shall participate in:
  - A) Selection, promotion and tenure activities;

- B) Academic activities of the institution;
  - C) Professional and health related community activities;
  - D) Self-development activities for professional and personal growth;
  - E) Research and other scholarly activities for which qualified; and
  - F) Activities that maintain educational and clinical expertise in areas of teaching.
- 10) Clinical experience must be under direct supervision of qualified faculty as set forth in this subsection (g) or with a registered nurse preceptor. The nurse preceptor shall be approved by the parent institution and shall work under the direction of a nurse faculty member.
- 11) The ratio of students to faculty in the clinical area shall be appropriate to the clinical learning experience:
- A) When under direct supervision of the faculty, the ratio shall not exceed 10 to 1.
  - B) When a registered nurse preceptor is used, the ratio of students to faculty member shall not exceed 12 to 1.
- h) Financial Support, Facilities, Records
- 1) Adequate financial support for the nursing education program, faculty and other necessary personnel, equipment, supplies and services shall be in evidence in the program budget.
  - 2) The faculty of the nursing education program and the staff of cooperating agencies used as sites for additional theory and clinical experience shall work together for quality of patient care.
  - 3) Articles of Affiliation
    - A) The nursing education program shall have Articles of Affiliation between the nursing education program and each clinical facility that define the rights and responsibilities of each party, including agreements on the role and authority of the governing bodies of both the clinical site and the nursing education program.
    - B) If portions of the required clinical or theoretical curriculum are offered at different geographical sites or by distance learning, the curriculum must be planned, supervised, administered and

evaluated in concert with appropriate faculty committees, department chairmen and administrative officers of the parent school.

- 4) There shall be adequate facilities for the nursing program for both academic and clinical experiences for students.
  - 5) There shall be access to learning resource facilities, including library and multi-media technology, that are reasonably sufficient for the curriculum and the number of students enrolled in the nursing education programs.
  - 6) Cooperating agencies shall be identified to the Division and shall be suitable to meet the objectives of the program.
  - 7) Addition or deletion of cooperating agencies shall be reported in writing to the Division on the program annual report.
  - 8) The nursing program's policies and procedures shall not violate constitutional rights and shall be written and available to faculty and students.
  - 9) Permanent student records that summarize admissions, credentials, grades and other records of performance shall be maintained by the program.
- i) Preceptors  
A program of licensed professional nursing that uses the personnel of a clinical facility as preceptors to instruct the clinical experience must:
- 1) Require each preceptor to have demonstrated competencies with patient populations to which the student is assigned;
  - 2) Require each preceptor to be approved by the faculty of the program of nursing;
  - 3) Require the faculty of the program to provide to each preceptor an orientation concerning the roles and responsibilities of students, faculty and preceptors;
  - 4) Require the faculty of the program to develop written competencies/outcomes and provide a copy of these to each preceptor before the preceptor begins instruction of the students;
  - 5) Designate a member of the faculty to serve as a liaison between the preceptor and each student who participates in the clinical experience;

- 6) Require that each preceptor be present in the clinical facility or at the location of point of care and available to the students at all times when the student provides nursing care or services to patients/clients;
  - 7) Require that each preceptor have a current registered professional nurse license in the state where the student is practicing.
- j) Denial of Approval of Nursing Program  
If the Division, in the course of reviewing an application for approval of a nursing program, determines that an applicant program has failed to comply with the application criteria or procedures outlined in this Part, or receives information that indicates that the applicant program will not be able to comply with the conditions set forth in subsection (b), the Division may deny the application for approval.
- k) Discontinuance of a Nursing Program
- 1) Prior to terminating a nursing education program, the program shall:
    - A) Notify the Division, in writing, of its intent to discontinue its program;
    - B) Continue to meet the requirements of the Act and this Part until the official date of termination of the program;
    - C) Notify the Division of the date on which the last student will graduate and the program will terminate; and
    - D) Assume responsibility for assisting students to continue their education in the event of closing of the school prior to the final student graduating.
  - 2) Upon closure of the nursing education program, the institution shall notify the Division, in writing, of the location of student and graduate records storage.
- l) Revocation of Program Approval
- 1) The following are grounds for disapproval of a nursing education program:
    - A) A violation of any provision of the Act;
    - B) Fraud or dishonesty in applying for approval of a nursing education program;

- C) Failure to continue to meet criteria of an approved nursing education program set forth in this Section; or
  - D) Failure to comply with recommendations made by the Division as a result of a site visit.
- 2) Upon written notification of the Division's proposed action, the nursing education program may:
- A) Submit a written response;
  - B) Request a hearing before the Board.
- m) Out-of-State Education Programs Seeking Student Nurse Clinical Placement in Illinois
- 1) Out-of-state nursing education programs offering clinical experiences in Illinois are expected to maintain the standards for approved nursing education programs set forth in this Section.
- 2) Programs desiring to seek approval for student nurse clinical placement in Illinois shall submit the following documents:
- A) Evidence of approval/accreditation by the Board of Nursing or other appropriate approval bodies in the state in which the institution is located.
  - B) A letter requesting approval to provide the clinical offering that indicates the time-frame during which the clinical experience will be conducted, the clinical agencies and the clinical units to be utilized.
  - C) A course syllabus for the clinical experiences to be offered that specifies the related objectives of the offering.
  - D) A copy of the executed contractual agreement between the academic institution and the clinical facility.
  - E) A faculty qualification and/or preceptor form for individuals providing instruction in Illinois.
- 3) Faculty
- A) The institution responsible for conducting the nursing program and the administrator of the nursing education program shall be

responsible for ensuring that the individual faculty members are academically and professionally qualified.

- B) Nurse faculty of a practical nursing program shall have:
  - i) at least 2 years experience in clinical nursing practice; and
  - ii) a baccalaureate degree or higher with a major in nursing.
- C) The faculty shall be currently licensed as registered professional nurses in Illinois.
- D) Clinical experience must be under direct supervision of qualified faculty as set forth in subsection (g) or with a registered nurse preceptor. The nurse preceptor shall be approved by the parent institution and shall work under the direction of a nurse faculty member.
- E) The ratio of students to faculty in the clinical area shall be appropriate to the clinical learning experience.
  - i) When under direct supervision of the faculty, the ratio shall not exceed 10 to 1.
  - ii) When a registered nurse preceptor is used, the ratio of students to faculty member shall not exceed 12 to 1.
- 4) Approval for clinical offerings by out-of-state nursing programs shall be approved for a period of 2 years. A program representative may request renewal of the approval every 2 years. In order to renew, the program shall submit a written report that provides updated and current data as required by this subsection (m).
- 5) A written report of current clinical offerings and current data shall be submitted to the Division annually. Faculty qualification and preceptor forms shall be submitted when instructors are added or changed.
- 6) Failure to comply with the requirements set forth in this Part shall result in the immediate withdrawal of approval of the clinical experience offering.
- n) If the name of the program is changed or the institution in which the program is located or with which it is affiliated changes its name, the program shall notify the Division within 30 days after the name change. If the Division is not notified within the 30 days, the program's approval may be withdrawn.

- o) The Division has determined that nurse programs approved through the National League for Nursing Accrediting Commission or the Commission on Collegiate Accreditation meet the requirements set forth in this Section, except for those programs whose curriculums do not include a concurrent theory and clinical practice education component as required by Section 50-70 of the Act.

**Section 1300.340 Approval of Programs (RN)**

- a) Program Approval  
Institutions desiring to establish a new nursing program that would lead to meeting requirements for licensure, change the level of educational preparation of the program, or establish an extension of an existing program shall:
  - 1) Submit a letter of intent to the Division.
  - 2) Provide a feasibility study to the Division, on forms provided by the Division, that includes, at least, documentation of:
    - A) Need for the program in the community;
    - B) Need for graduates of the proposed program;
    - C) Availability of students;
    - D) Impact on existing nursing programs in a 50 mile radius of the proposed program;
    - E) The curriculum vitae of identifiable faculty, including the curriculum vitae of any potential faculty members that will teach in the program;
    - F) Adequacy of clinical practicum and academic resources;
    - G) Financial commitment to support the initial and continuing program;
    - H) Community support of the scope and philosophy of the program;
    - I) Authorization by the appropriate education agency of the State of Illinois; and
    - J) A timetable for development of the program and the intended date of the first class beginning.

- 3) Identify and provide a curriculum vitae of a qualified nurse administrator with a minimum of a master's degree in nursing and with experience as a nurse educator.
  - 4) Submit a curriculum proposal including:
    - A) Program philosophy and objectives;
    - B) A plan of organization that is logical and internally consistent;
    - C) Proposed plans of study, including requisite and elective courses with rationale;
    - D) Course outlines or syllabi for all nursing courses;
    - E) Student handbook;
    - F) Faculty qualifications;
    - G) Instructional approaches to be employed;
    - H) Evaluation plans for faculty and students;
    - I) Facilities and utilization plan; and
    - J) Budget plan.
  - 5) Coordinate with the Division and/or Nursing Coordinator for a site visit to be conducted prior to program approval.
- b) Continued Program Approval
- 1) Nursing education programs shall submit annual evaluation reports to the Division on forms provided by the Division. These reports shall contain information regarding curriculum, faculty and students and other information deemed appropriate by the Division.
  - 2) Full routine site visits may be conducted by the Division for periodic evaluation. The visits will be utilized to determine compliance with the Act. Unannounced site visits may be conducted when the Division obtains evidence that would indicate the program is not in compliance with the Act or this Part.
  - 3) A pass rate of graduates on the National Council Licensing Examination (NCLEX) shall be included in the annual evaluation of nursing education programs.

- A) A pass rate of 75% of first time examinees will be required for a school to remain in good standing.
  - B) A nursing education program having an annual pass rate of less than 75% of first time examinees for one year will receive a written warning of noncompliance from the Division.
  - C) A nursing education program having an annual pass rate of less than 75% of first time examinees for 2 consecutive years will receive a site visit for evaluation and recommendation by the Division and will be placed on probation for program revision in accordance with 68 Ill. Adm. Code 1110.
  - D) The nursing education program will have 2 years to demonstrate evidence of implementing strategies to correct deficiencies and bring the pass rate in line with the 75% criteria.
  - E) If, 2 years after implementing the strategies to correct deficiencies in the program, the annual pass rate is less than 75%, the program will be reevaluated. The program will be allowed to continue to operate on a probationary status or will be disapproved and removed from the list of Illinois approved nursing programs in accordance with 68 Ill. Adm. Code 1110.
- c) Major Curricular Revision  
Nursing education programs desiring to make a major curricular revision, i.e., addition or deletion of content, a substantive change in philosophy or conceptual framework, or length of program, shall:
- 1) Submit a letter of intent to the Division; and
  - 2) Submit a copy of the proposed changes and new material to the Division, at least one term prior to implementation, for Board recommendation and Division approval in accordance with the standards set forth in subsection (f).
- d) Minor Curricular Revisions  
Nursing education programs desiring to make curricular revisions involving reorganization of current course content but not constituting a major curriculum revision shall submit the proposed changes to the Division in their annual report.
- e) Organization and Administration
- 1) An institution responsible for conducting a nursing education program shall be authorized by the appropriate agency of the State of Illinois (e.g.,

Illinois Board of Higher Education, State Board of Education, Illinois Community College Board);

- 2) The relationship of the nursing education program to other units within the sponsoring institution shall be clearly delineated with organizational charts on file with the Division;
- 3) Nursing education programs shall have clearly defined lines of authority, responsibility and communication;
- 4) Student input into determination of academic policies and procedures, curriculum planning and evaluation of faculty effectiveness shall be assured as evidenced by information such as student membership on policy and evaluation committees, policy statements and evaluation procedures;
- 5) Nursing education program policies and procedures shall be in written form, congruent with those of the sponsoring institution, and reviewed by members of the program on a regular schedule;
- 6) The philosophy, purpose and objectives of the nursing education program shall be stated in writing and shall be consistent with the sponsoring institution and current social, nursing and educational trends and the Act.

f) Curriculum and Instruction

- 1) The curriculum shall be based upon the stated program purpose, philosophy and objectives;
- 2) Levels of progression in relation to the stated program outcomes shall be established;
- 3) Coordinated clinical and theoretical learning experiences shall be consistent with the program outcomes;
- 4) Curricular content shall reflect contemporary nursing practice encompassing major health needs of all age groups;
- 5) The entire curriculum shall be based on sound nursing, education and instructional principles;
- 6) The curriculum may include a Nursing Student Internship/Cooperative Education Course that meets the following minimum requirements:
  - A) The course must be available with the nursing major and identified on the transcript.

- B) Faculty must meet approved nursing education program qualifications and hold faculty status with the educational unit.
  - C) Clinical content must be coordinated with theoretical content.
  - D) Clinical experience must be under direct supervision of qualified faculty as set forth in subsection (g) or with a registered nurse preceptor. The nurse preceptor shall be approved by the program and shall work under the direction of a nurse faculty member.
  - E) Students shall not be permitted to practice beyond educational preparation or without faculty supervision.
  - F) The course shall be based on program purpose, philosophy, objectives and framework.
  - G) Course evaluation shall be consistent with the plan for program evaluation.
  - H) Articles of affiliation shall clearly delineate student, educational institution and health care agency roles and responsibilities;
- 7) The curriculum shall be evaluated by faculty with student input, according to a stated plan;
- 8) The program shall be approved by the appropriate educational agency;
- 9) Curriculum for professional nursing programs shall:
- A) Include, at a minimum, concepts in anatomy, physiology, chemistry, physics, microbiology, sociology, psychology, communications, growth and development, interpersonal relationships, group dynamics, cultural diversity, pharmacology and the administration of medication, nutrition and diet therapy, patho-physiology, ethics, nursing history, trends and theories, professional and legal aspects of nursing, leadership and management in nursing, and teaching-learning theory;
  - B) Not preclude a flexible curriculum that would provide appropriate integration of the nursing subject matters;
  - C) Provide theoretical and clinical instruction in all areas of nursing practice in the promotion, prevention, restoration and maintenance of health in individuals and groups across the life span and in a variety of clinical settings;

- D) Incorporate the nursing process as an integral part of the curriculum;
  - E) Prepare the student to assume beginning level professional nursing positions;
  - F) Be at least 2 academic years in length.
- g) Nursing Administrator and Faculty
- 1) The institution responsible for conducting the nursing program and the nurse administrator of the nursing education program shall be responsible for ensuring that the individual faculty members are academically and professionally qualified.
  - 2) Nursing education programs shall be administered by the nurse administrator of the nursing education program.
  - 3) The nurse administrator and faculty of a nursing education program shall be currently licensed as registered professional nurses in Illinois.
  - 4) The nurse administrator of a nursing education program shall have at least:
    - A) 2 years experience in clinical nursing practice;
    - B) 2 years experience as an instructor in an RN or higher nursing education program; and
    - C) a master's degree or higher with a major in nursing.
  - 5) Nurse faculty of a professional nursing program shall have:
    - A) At least 2 years experience in clinical nursing practice;
    - B) A master's degree or higher with a major in nursing.
  - 6) The requirements of subsections (g)(4) and (5) shall not affect incumbents as of the original date these requirements were adopted, January 14, 1980.
  - 7) Nurse administrators of nursing education programs shall be responsible for:
    - A) Administration of the nursing education program;

- B) Liaison with other units of the sponsoring institution;
  - C) Preparation and administration of the budget;
  - D) Facilitation of faculty development and performance review;
  - E) Facilitation and coordination of activities related to academic policies, personnel policies, curriculum, resource facilities and services, and program evaluation; and
  - F) Notification to the Division of program changes.
- 8) Faculty shall be responsible for:
- A) Development, implementation and evaluation of the purpose, philosophy and objectives of the nursing education program;
  - B) Design, implementation and evaluation of curriculum for the nursing education program;
  - C) Participation in academic advising of students;
  - D) Development and evaluation of student policies; and
  - E) Evaluation of student performance in meeting the objectives of the program.
- 9) Faculty shall participate in:
- A) Selection, promotion and tenure activities;
  - B) Academic activities of the institution;
  - C) Professional and health related community activities;
  - D) Self-development activities for professional and personal growth;
  - E) Research and other scholarly activities for which qualified; and
  - F) Activities that maintain educational and clinical expertise in areas of teaching.
- 10) Clinical experience must be under direct supervision of qualified faculty as set forth in this subsection (g) or with a registered nurse preceptor. The nurse preceptor shall be approved by the parent institution and shall work under the direction of a nurse faculty member.

- 11) The ratio of students to faculty in the clinical area shall be appropriate to the clinical learning experience:
  - A) When under direct supervision of the faculty, the ratio shall not exceed 10 to 1.
  - B) When a registered nurse preceptor is used, the ratio of students to faculty member shall not exceed 12 to 1.
  
- h) Financial Support, Facilities, Records
  - 1) Adequate financial support for the nursing education program, faculty and other necessary personnel, equipment, supplies and services shall be in evidence in the program budget.
  - 2) The faculty of the nursing education program and the staff of cooperating agencies used as sites for additional theory and clinical experience shall work together for quality of patient care.
  - 3) Articles of Affiliation
    - A) The nursing education program shall have Articles of Affiliation between the nursing education program and each clinical facility that define the rights and responsibilities of each party, including agreements on the role and authority of the governing bodies of both the clinical site and the nursing education program.
    - B) If portions of the required clinical or theoretical curriculum are offered at different geographical sites or by distance learning, the curriculum must be planned, supervised, administered and evaluated in concert with appropriate faculty committees, department chairmen and administrative officers of the parent school.
  - 4) There shall be adequate facilities for the nursing program for both academic and clinical experiences for students.
  - 5) There shall be access to learning resource facilities, including library and multi-media technology, that are reasonably sufficient for the curriculum and the number of students enrolled in the nursing education programs.
  - 6) Cooperating agencies shall be identified to the Division and shall be suitable to meet the objectives of the program.

- 7) Addition or deletion of cooperating agencies shall be reported in writing to the Division on the program annual report.
  - 8) The nursing program's policies and procedures shall not violate constitutional rights and shall be written and available to faculty and students.
  - 9) Permanent student records that summarize admissions, credentials, grades and other records of performance shall be maintained by the program.
- i) Faculty Variance
- 1) Variances for faculty with a graduate degree in a field other than nursing may be granted by the Division based on the following:
    - A) the individual has a bachelor's degree in nursing;
    - B) the individual has at least 2 years of experience in clinical nursing practice;
    - C) the individual has a degree in a field that directly relates to the course he or she will be teaching;
    - D) at least 80% of the school's undergraduate nursing faculty holds a master's degree in nursing.
  - 2) Variances for faculty without a graduate degree will be granted based on the following:
    - A) the faculty member is within one year of completion of the master's in nursing or the faculty member has completed a master's in another area or is enrolled in a doctoral degree in nursing program and has completed all coursework, except for a dissertation/final project;
    - B) the faculty member is continuously enrolled in the graduate degree in nursing program;
    - C) a plan exists for the timely completion of the graduate degree in nursing program; and
    - D) at least 80% of the school's undergraduate nursing faculty holds a master's degree in nursing.

- 3) A school that has received a variance must notify the Board of any changes related to that faculty member, including notification that the faculty member has received the graduate degree.

j) Preceptors

A program of registered professional nursing that uses the personnel of a clinical facility as preceptors to instruct the clinical experience must:

- 1) Require each preceptor to have demonstrated competencies with patient populations to which the student is assigned;
- 2) Require each preceptor to be approved by the faculty of the program of nursing;
- 3) Require the faculty of the program to provide to each preceptor an orientation concerning the roles and responsibilities of students, faculty and preceptors;
- 4) Require the faculty of the program to develop written competencies/outcomes and provide a copy of these to each preceptor before the preceptor begins instruction of the students;
- 5) Designate a member of the faculty to serve as a liaison between the preceptor and each student who participates in the clinical experience;
- 6) Require that each preceptor be present in the clinical facility or at the location of point of care and available to the students at all times when the student provides nursing care or services to patients/clients;
- 7) Require that each preceptor have a current registered professional nurse license in the state where the student is practicing.

k) Denial of Approval of Nursing Program

If the Division, in the course of reviewing an application for approval of a nursing program, determines that an applicant program has failed to comply with the application criteria or procedures outlined in this Part, or receives information that indicates that the applicant program will not be able to comply with the conditions set forth in subsection (b), the Division may deny the application for approval.

l) Discontinuance of a Nursing Program

- 1) Prior to termination of a nursing education program, the program shall:
  - A) Notify the Division, in writing, of its intent to discontinue its program;

- B) Continue to meet the requirements of the Act and this Part until the official date of termination of the program;
  - C) Notify the Division of the date on which the last student will graduate and the program terminate; and
  - D) Assume responsibility for assisting students to continue their education in the event of closing of the school prior to the final student graduating.
- 2) Upon closure of the nursing education program, the institution shall notify the Division, in writing, of the location of student and graduate records storage.
- m) Revocation of Program Approval
- 1) The following are grounds for disapproval of a nursing education program:
    - A) A violation of any provision of the Act;
    - B) Fraud or dishonesty in applying for approval of a nursing education program;
    - C) Failure to continue to meet criteria of an approved nursing education program set forth in this Section; or
    - D) Failure to comply with recommendations made by the Division as a result of a site visit.
  - 2) Upon written notification of the Division's proposed action, the nursing education program may:
    - A) Submit a written response;
    - B) Request a hearing before the Board.
- n) Out-of-State Education Programs Seeking Student Nurse Clinical Placement in Illinois
- 1) Out-of-state nursing education programs offering clinical experiences in Illinois are expected to maintain the standards for approved nursing education programs set forth in this Section.
  - 2) Programs desiring to seek approval for student nurse clinical placement in Illinois shall submit the following documents:

- A) Evidence of approval/accreditation by the Board of Nursing or other appropriate approval bodies in the state in which the institution is located.
  - B) A letter requesting approval to provide the clinical offering that indicates the time-frame during which the clinical experience will be conducted, the clinical agencies and the clinical units to be utilized.
  - C) A course syllabus for the clinical experiences to be offered that specifies the related objectives of the offering.
  - D) A copy of the executed contractual agreement between the academic institution and the clinical facility.
  - E) A faculty qualification and/or preceptor form for individuals providing instruction in Illinois.
- 3) Faculty
- A) The institution responsible for conducting the nursing program and the administrator of the nursing education program shall be responsible for ensuring that the individual faculty members are academically and professionally qualified.
  - B) Nurse faculty of a professional nursing program shall have:
    - i) at least 2 years experience in clinical nursing practice; and
    - ii) a master's degree or higher with a major in nursing.
  - C) The faculty shall be currently licensed as registered professional nurses in Illinois.
  - D) Clinical experience must be under direct supervision of qualified faculty as set forth in subsection (g) or with a registered nurse preceptor. The nurse preceptor shall be approved by the parent institution and shall work under the direction of a nurse faculty member.
  - E) The ratio of students to faculty in the clinical area shall be appropriate to the clinical learning experience.
    - i) When under direct supervision of the faculty, the ratio shall not exceed 10 to 1.

- ii) When a registered nurse preceptor is used, the ratio of students to faculty member shall not exceed 12 to 1.
- 4) Approval for clinical offerings by out-of-state nursing programs shall be approved for a period of 2 years. A program representative may request renewal of the approval every 2 years. In order to renew, the program shall submit a written report that provides updated and current data as required by this subsection (n).
- 5) A written report of current clinical offerings and current data shall be submitted to the Division annually. Faculty qualification and preceptor forms shall be submitted when instructors are added or changed.
- 6) Failure to comply with the requirements set forth in this Part shall result in the immediate withdrawal of approval of the clinical experience offering.
- o) If the name of the program is changed or the institution in which the program is located or with which it is affiliated changes its name, the program shall notify the Division within 30 days after the name change. If the Division is not notified within the 30 days, the program's approval may be withdrawn.
- p) The Division has determined that nurse programs approved through the National League of Nursing for Nursing Accrediting Commission or the Commission on Collegiate Accreditation meet the requirements set forth in this Section, except for those programs whose curriculums do not include a concurrent theory and clinical practice education component as required by Section 50-70 of the Act.

## Iowa Rules

### CHAPTER 2 NURSING EDUCATION PROGRAMS

#### **655—2.1(152) Definitions.**

*“Approval”* means recognition status given to nursing education programs based on the programs’ compliance with the criteria specified in this chapter. Approval may be granted or continued within any time frame determined by the board for up to six years.

*“Clinical facilities”* means locations where students directly care for patients/clients under the supervision of a qualified faculty member so that program outcomes are met.

*“Clinical instruction”* means hands-on learning situations in which students directly care for patients/clients within a relevant setting, under the supervision of a qualified faculty member, so that program outcomes are met.

*“Content”* means the subject matter in a given area of study.

*“Controlling institution”* means the institution that has authority over and administrative accountability for the program(s).

*“Curriculum”* means content, lab/simulation, observation and clinical experiences developed, implemented and evaluated by faculty to facilitate achievement of program outcomes and to meet the learning needs of students.

*“Faculty”* means the teaching staff in a nursing education program. “Faculty” also means individuals who teach nursing in a nursing education program or who are hired to teach in a program on the basis of education, licensure or practice as a registered nurse. This definition includes anyone who provides didactic or clinical instruction in nursing when assigned by the program to provide this instruction for courses included in the curriculum. The definition applies regardless of the amount of time spent teaching, the level of payment, the type of contract, the temporary nature of the position, or the location of the learner.

*“First professional degree”* means the title conferred by a college or university that signifies completion of the academic requirements for beginning practice in a given profession and a level of professional skill beyond that normally required for a baccalaureate degree.

*“Head of program”* means the dean, chairperson, director, or coordinator of the nursing education program(s) who is responsible for the administration of the program(s).

*“Interim approval”* means approval granted to a new nursing program, at which time students may be admitted into the program.

*“Lab/simulation”* means activities that mimic the reality of a clinical environment and that are designed to demonstrate procedures, decision making and critical thinking through techniques such as role-playing and through the use of devices such as interactive videos or mannequins. “Lab/simulation” shall not take the place of clinical experiences with actual patients.

*“Learning experiences”* means experiences that shall include content and clinical instruction and that may include components of lab/simulation and observation.

*“Located in Iowa”* means a college or university accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools, that has made a substantial investment in a permanent Iowa campus and staff, and that offers a full range of courses leading to the degrees offered by the institution as well as a full range of student services.

*“Master’s degree”* means the title conferred by a college or university upon completion of a program of graduate study that requires a level of academic accomplishment and subject mastery substantially beyond that required for a baccalaureate degree.

*“NCLEX®”* means the National Council Licensure Examination, the examination currently used for initial licensure as a registered nurse or licensed practical nurse.

*“Observation”* means learning experiences in a relevant setting, where the student does not directly care for patients/clients, that meet program outcomes but do not require on-site faculty supervision.

*"Out-of-state program"* means an approved nursing program within U.S. jurisdiction that provides clinical experiences in Iowa.

*"Preceptor"* means a licensed individual who meets Iowa board of nursing qualifications as specified in this chapter, is on staff at the facility where the experience occurs, is selected by the educational facility in collaboration with the clinical facility, and is responsible for the on-site direction of the student over a period of time.

*"Preceptorship"* means an optional experience between a preceptor and a nursing student over a period of time that is congruent with program outcomes.

*"Program"* means a course of study by any method of instruction or delivery that leads to a nursing diploma, degree or certificate. Multiple-site programs offered by one controlling institution shall be considered one program if the philosophy and curriculum of all the sites are the same. Programs eligible for board approval shall include all of the following:

1. At least a one-academic-year course of study or its equivalent in theory and practice as described by the board that leads to a diploma in practical nursing and to eligibility to apply for practical nurse licensure by examination as described in 655—Chapter 3.
2. At least a two-academic-year course of study or its equivalent in theory and practice as described by the board that leads to a degree in nursing and to eligibility to apply for registered nurse licensure by examination as described in 655—Chapter 3.
3. A course of study designed for registered nurses that leads to a baccalaureate degree with a major in nursing.
4. A postbaccalaureate course of study that leads to a master's degree with a major in nursing.
5. A course of study designed for registered nurses that leads to a master's degree with a major in nursing.
6. A course of study designed for registered nurses who hold a master's degree in nursing that leads to a certificate in advanced practice nursing. When the certificate is in a clinical specialty area, the course of study shall lead to eligibility to apply for certification in the clinical specialty by a national professional nursing organization approved by the board and to eligibility for registration as an advanced registered nurse practitioner as described in 655—Chapter 7.
7. A post-master's course of study that leads to a doctoral degree with a major in nursing.
8. A course of study that leads to a doctorate in nursing practice.

*"Qualified nursing faculty"* means individuals who meet Iowa board of nursing faculty qualifications as specified in this chapter as well as the qualifications of the parent institution.

#### **655—2.2(152) Application for interim approval of a nursing program.**

**2.2(1)** Before establishing a nursing program, a controlling institution shall submit a program application to the board that includes the following information and documentation:

- a. Name and address of the controlling institution and accreditation status of the controlling institution.
- b. A written statement explaining how the college or university meets the definition of "located in Iowa."
- c. A written statement of intent to establish a nursing program, including the academic and licensure levels of the program and the primary method of instruction.
- d. The establishment of an advisory committee composed of representatives of the community and nurses. Minutes of advisory committee meetings shall be kept on file.
- e. Completion of a needs assessment which includes:
  - (1) Documentation of the present and future need for the program in the state, including availability of potential students and need for entry-level nurses.
  - (2) Potential effect on existing nursing programs.
  - (3) Availability of qualified head of the program and faculty.
  - (4) Source and description of clinical resources for the program.
  - (5) Evidence of potential students and anticipated enrollment.

(6) Documentation of adequate academic facilities and staff to support the nursing program.  
(7) Evidence of financial resources adequate for the planning, implementation and continuation of the nursing program.

(8) Tentative time schedule for planning and implementing the nursing program and the intended date for entry of the first class into the program.

**2.2(2)** The board shall approve or deny the program application to establish a nursing program. If the board approves the program application, the controlling institution shall then submit to the board a program proposal within one year of the application that includes, but is not limited to, the following:

*a.* Evidence of employment of the head of the program, including the individual's qualifications, at least six months prior to the beginning of the first nursing course.

*b.* Program philosophy, objectives and outcomes that reflect the proposed level of education.

*c.* Organizational chart of the educational institution documenting the relationship of the nursing program within the institution.

*d.* Curriculum plan that meets the criteria in rule 2.8(152).

*e.* Letter of intent from clinical facilities securing clinical opportunities and documentation of the facility type, size, number of beds, and type of patients.

*f.* Evidence of provision of qualified faculty. Faculty shall be employed by the controlling institution prior to the beginning of teaching assignments. Faculty members who teach nursing shall meet the qualifications outlined in subrule 2.9(2).

*g.* Updated time schedule.

*h.* Proposed five-year budget for the nursing education program.

**2.2(3)** The board may conduct a site visit to the controlling institution and clinical facilities to validate information submitted in the program proposal prior to determining interim approval status.

**2.2(4)** Interim approval may be granted to the program based on the program proposal and a site visit.

*a.* The controlling institution shall publish the interim approval status of the program.

*b.* The head of the program shall submit nine copies of a program progress report three weeks prior to each regularly scheduled board meeting until full approval as described in rule 2.3(152) is granted by the board. The progress report shall include the following:

(1) Updated information in all areas identified in the initial proposal.

(2) Current number of admissions and enrollments.

(3) Current number of qualified faculty.

(4) Course descriptions.

(5) Detailed course syllabi submitted six months prior to the offering of courses.

(6) Changes requiring board notification and approval as outlined in subrule 2.15(3).

*c.* Interim approval shall continue until the board conducts a review of program materials, completes a site visit, and grants approval to the program following graduation of the first class and submission of results of the national examination for licensure or advanced practice certification, if applicable.

*d.* The board may at any time seek additional program information from the controlling institution and head of the program.

**2.2(5)** The board may deny interim approval based on the program proposal and a site visit.

*a.* In order to be reconsidered, the controlling institution shall resubmit a program proposal within six months from the time of program application.

*b.* One year from the initial application, the controlling institution shall resubmit a program application to the board in order to be reconsidered.

**655—2.3(152) Approval and reapproval procedures.** The full approval procedure for programs with interim approval and the reapproval procedure of programs for colleges or universities located in Iowa are as follows.

**2.3(1)** The board shall provide the program with the schedule and the criteria for approval or reapproval.

**2.3(2)** The program shall provide to the board the nursing education program report and requested materials addressing all aspects of the program outlined in rules 2.6(152) to 2.15(152) and documenting how the criteria for approval are met. Documentation may include current information submitted by the program to other approving and accrediting entities.

**2.3(3)** A representative of the board shall make a site visit to the program:

- a. To grant full approval to programs with interim approval.
- b. With the purpose of determining if the program continues to meet the criteria for approval.
- c. If there is at any time evidence that the program does not meet the criteria for approval.

**2.3(4)** The board shall provide to the head of the program a report addressing any recommendations as a result of the site visit and nursing education program report. The head of the program shall be provided an opportunity to respond in writing to the recommendations.

**2.3(5)** The nursing education program report and the program response shall be submitted to the board for board review.

**2.3(6)** The board shall determine the approval status of the program.

- a. Full approval may be granted or continued, within any time frame determined by the board, up to six years.
- b. Provisional approval may be granted as determined by the board.

**655—2.4(152) Provisional approval.**

**2.4(1)** Provisional approval may be granted to a program if the board determines that the program does not meet the criteria for approval:

- a. At any time during the progression of the program.
- b. During the full approval procedure of the program.

**2.4(2)** At the time of provisional approval, the board:

- a. Shall meet with representatives of the program and controlling institution to determine the length of provisional approval, set conditions for approval, and identify outcomes. The program shall notify students of provisional approval.
- b. May require progress reports and a site visit.
- c. Shall meet with representatives of the program and controlling institution prior to the expiration of the program's provisional approval to determine if outcomes are met.
- d. Shall deny or withdraw approval if the board determines that the program failed to meet the conditions for full approval.

**655—2.5(152) Closure of an approved program.** Prior to program closure, the controlling institution shall submit a written plan for board approval. The plan shall include reasons for closure and the date of closure, which is defined as the date when the last student graduates. The plan shall also address a provision for the graduation of enrolled students, retention of adequate numbers of qualified faculty, retention of approved curriculum, maintenance of educational resources and student services, and a provision for student and graduate transcripts. When a program intends to close prior to the graduation of enrolled students who are actively taking nursing courses, the plan shall be submitted to the board at least 12 months prior to closure. The board may shorten the 12-month time period if the board determines that the controlling institution has made adequate provisions for enrolled students.

**2.5(1) Voluntary closure.** The program shall continue to meet the criteria for board approval until all enrolled students have graduated or the board has approved a plan for closure prior to graduation of the students. The board may require progress reports during the closure process.

**2.5(2) Closure as a result of denial or withdrawal of board approval.** The controlling institution shall implement the time frame established by the board for transfer of enrolled students to an approved program and report to the board the date of transfer for each student by name. Program closure shall occur when the last student has transferred. The board may require progress reports during the closure process.

**2.5(3) Record storage.** Prior to closure, the controlling institution shall notify the board regarding

the location and maintenance of student and graduate transcripts and records.

**655—2.6(152) Organization and administration of the program.**

**2.6(1)** The program shall meet the following criteria:

*a. Authorization.* Authorization for conducting a program is granted in accordance with Iowa Code chapter 261B. Such authorization is provided by the Iowa secretary of state.

*b. Authority and administrative responsibility.* The authority and administrative responsibility of the program shall be vested in the head of the program, who is responsible to the controlling institution.

*c. Organizational chart.* The organizational chart(s) shall clearly indicate the lines of authority and communication within the program and with the central administration, other units within the controlling institution, cooperating agencies, and advisory committees.

*d. Finances.*

(1) The controlling institution shall allocate adequate funds to carry out the purposes of the program.

(2) The head of the program shall prepare the budget with the assistance of the faculty.

*e. Ethical practices.* Ethical practices and standards, including those for recruitment and advertising, shall be consistent with those of the controlling institution and shall be made available to students and prospective students.

*f. Contractual agreements.* Written contractual agreements shall exist between the program and the clinical facilities. The agreements shall include:

(1) Identification of responsibilities of both parties related to patient or client services.

(2) Faculty control, selection and guidance of student learning experiences.

(3) Provision for termination of the agreement.

(4) Provision for annual review.

(5) Documentation that the facility is in good standing with its regulatory agency.

*g. Accrediting and approving agencies.*

(1) The controlling institution or program shall be accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools.

(2) When the program is located at a community college, the controlling institution shall be approved by the Iowa department of education.

(3) When the program is offered under the auspices of the United States armed forces, it shall be accredited by the U.S. Department of the Army.

*h. Philosophy/mission and program outcomes.* The faculty shall develop a philosophy or mission statement and program outcomes that shall be:

(1) Consistent with the philosophy or mission of the controlling institution.

(2) Reflective of faculty beliefs about nursing, education and professional standards.

(3) A guide in the development, implementation and evaluation of the program.

(4) Available to students and prospective students.

*i. Program evaluation.* A written plan shall outline the evaluation process for all aspects of the program and shall identify the methodology, tools, responsible parties and time frame. Evidence of implementation shall reflect achievement of program outcomes.

**2.6(2)** The head of a program shall meet the following requirements:

*a.* Current licensure as a registered nurse in Iowa. An individual is currently licensed when licensed in another state and recognized for licensure in this state pursuant to the nurse licensure compact contained in Iowa Code chapter 152E.

*b.* Two years of experience in clinical nursing.

*c.* Two years of experience in nursing education.

*d.* Academic qualifications:

(1) The head of a program who was employed on or before July 1, 1992, shall be considered adequately prepared as long as that person remains in that position.

(2) The head of a program hired after July 1, 1992, shall have a master's or doctoral degree with a major in nursing at either level at the time of hire. A first professional degree as defined in rule 2.1(152)

does not meet this requirement. The date of hire is the first day of employment as head of the program with compensation at a particular nursing education program.

(3) If a program offers a baccalaureate or higher degree in nursing, the head of the program shall have a doctoral degree at the time of hire.

e. Submission of qualifications to the board office within one month of appointment.

**2.6(3)** A nursing education program shall have one head of the program.

**655—2.7(152) Resources of the controlling institution.** The controlling institution is responsible for provision of resources adequate to meet program needs.

**2.7(1) Human resources.** Human resources shall include the following:

a. Head of program.

b. Faculty.

c. Secretarial and other support and staff services to ensure appropriate use of faculty time and expertise.

**2.7(2) Physical resources.** Physical resources may include the following:

a. Classrooms, conference rooms, laboratories, offices, and equipment.

b. Student facilities.

**2.7(3) Learning resources.** Learning resources shall include the following:

a. Library.

b. Print media.

c. Computer-mediated resources.

**2.7(4) Financial resources.** Financial resources shall be adequate to support and carry out the mission of the controlling institution.

**655—2.8(152) Curriculum.**

**2.8(1)** The curriculum of a program shall:

a. Reflect the philosophy/mission and program outcomes supported by the nursing faculty.

b. Identify program outcomes and define how learning experiences support outcomes.

c. Reflect current standards of nursing practice and education.

d. Be consistent with laws governing the practice of nursing.

e. Ensure sufficient preparation for the safe and effective practice of nursing.

f. Include learning experiences and strategies that meet program outcomes.

g. When offered within a college or university:

(1) Be comparable in quality and requirements to other degree programs within the college or university.

(2) Be planned in accordance with the college or university calendar.

(3) Assign credit hours for learning experiences that are consistent with the college or university pattern.

**2.8(2) Prelicensure programs.**

a. The curriculum of a program leading to eligibility for initial licensure as a licensed practical nurse or registered nurse shall include:

(1) Content that is consistent with the practice of nursing as defined in Iowa Code section 152.1.

(2) Content in medical, surgical, gerontological, mental health, and nursing of childbearing families and children that reflects current nursing practice and that encompasses health needs throughout the life span.

(3) Opportunities to participate in the nursing process and to develop competencies in direct patient care, problem-solving methodologies, clinical judgment, communication, and the use of current equipment and technology.

(4) Content in nursing history and trends, including professional, legal, and ethical aspects.

(5) Supporting content from the natural and social sciences.

b. In addition to the requirements identified in paragraph "a" of this subrule, the curriculum of a

program leading to a diploma in practical nursing and to eligibility to apply for practical nurse licensure by examination shall:

(1) Be consistent with the legal implications within the scope of practice of a licensed practical nurse as outlined in rules 655—6.3(152) and 655—6.6(152).

(2) Focus on supportive or restorative care provided under the supervision of a registered nurse or physician pursuant to Iowa Code section 152.1(4).

(3) Provide learning experiences in medical, surgical and gerontological nursing.

(4) Provide content in nursing of childbearing families and children and mental health that is supported by one or more of the following: clinical instruction, lab/simulation, or observation experiences adequate to meet program outcomes.

c. In addition to the requirements identified in paragraph "a" of this subrule, the curriculum of a program leading to a degree in nursing and to eligibility to apply for registered nurse licensure by examination shall:

(1) Be consistent with the legal implications within the scope of practice of a registered nurse as outlined in rules 655—6.2(152) and 655—6.7(152).

(2) Focus on attaining, maintaining and regaining health and safety for individuals and groups by utilizing the principles of leadership, management, nursing informatics, and client education.

(3) Provide learning experiences in medical, surgical, mental health and gerontological nursing.

(4) Provide content in nursing of childbearing families and children that is supported by one or more of the following: clinical instruction, lab/simulation, or observation experiences adequate to meet program outcomes.

(5) Provide content in nursing research when the program leads to a baccalaureate, master's or doctoral degree.

(6) Provide learning experiences in community health nursing when the program leads to a baccalaureate, master's or doctoral degree.

**2.8(3)** Postlicensure programs for registered nurses who do not hold a baccalaureate degree in nursing.

a. The curriculum of a program that leads to a baccalaureate degree in nursing shall include learning experiences in nursing that will enable the student to achieve competencies comparable to outcomes of the prelicensure baccalaureate education, including content in nursing research and learning experiences in community health nursing.

b. The curriculum of a program that leads to a master's degree in nursing shall include content and learning experiences in nursing that will enable the student to achieve competencies comparable to outcomes of the prelicensure baccalaureate education and master's education, including content in nursing research and learning experiences in community health nursing.

**2.8(4)** Master's, post-master's, and doctoral programs for registered nurses who hold a baccalaureate degree in nursing.

a. The curriculum of a program leading to a master's or doctoral degree in nursing shall include in-depth study of:

(1) Nursing science, which includes content, practicum experiences and research.

(2) Advanced role areas in nursing.

b. The curriculum of a program leading to a master's degree or post-master's certificate in a nursing clinical specialty area, eligibility to apply for certification in the specialty area by a national professional nursing organization approved by the board, and registration as an advanced registered nurse practitioner shall:

(1) Be consistent with the legal implications within the scope of practice of the advanced registered nurse practitioner as described in 655—Chapter 7.

(2) Include advanced learning experiences in a specialty area of nursing.

**2.8(5)** Nursing courses with a clinical component. The nursing program shall notify students and prospective students in writing that nursing courses with a clinical component may not be taken by a person:

- a. Who has been denied licensure by the board.
- b. Whose license is currently suspended, surrendered or revoked in any United States jurisdiction.
- c. Whose license/registration is currently suspended, surrendered or revoked in another country due to disciplinary action.

**655—2.9(152) Faculty.**

**2.9(1) Program requirements.** The program shall provide:

- a. A sufficient number of faculty who satisfy the requirements in subrule 2.9(2).
- b. Written personnel policies and position descriptions.
- c. A faculty development program that furthers the competence of individual faculty members and the faculty as a whole.
- d. A written teaching-load policy.
- e. A nursing faculty organization that operates according to written bylaws and that meets on a regular basis. Minutes shall be available for reference.
- f. In a prelicensure program, a ratio of one faculty member to a maximum of eight students in practice situations involving clinical instruction.

**2.9(2) Faculty member requirements.** A faculty member who teaches nursing shall meet the following requirements:

- a. Current licensure as a registered nurse in Iowa prior to teaching. An individual is currently licensed when licensed in another state and recognized for licensure in Iowa pursuant to the nurse licensure compact contained in Iowa Code chapter 152E.

- b. Two years of experience in clinical nursing.

- c. Academic qualifications:

- (1) A faculty member who was employed on or before July 1, 1992, shall be considered adequately prepared as long as that faculty member remains in that position. A faculty member who was hired to teach in a prelicensure registered nurse program after July 1, 1992, shall have at least a baccalaureate degree with a major in nursing or an applicable field at the time of hire. This person shall make annual progress toward the attainment of a master's or doctoral degree with a major in nursing or an applicable field. An individual who has earned a first professional degree as defined in rule 2.1(152) but who does not hold a master's degree as defined in rule 2.1(152) must meet the requirement for annual progress. One degree shall be in nursing.

1. Applicable fields include but are not limited to education, counseling, psychology, sociology, health education, health administration, and public health. A person who wishes to fulfill this requirement with education in an applicable field not listed may petition the board for a determination of applicability.

2. The date of hire is the first day of employment with compensation at a particular nursing education program.

3. "Annual progress" means a minimum of one course per year taken as part of an organized plan of study. A written plan of study shall be kept in the employee's file.

- (2) A faculty member who was hired to teach after July 1, 1992, in a practical nursing program or at the first level of an associate degree nursing program with a ladder concept shall have a baccalaureate or higher degree in nursing or an applicable field at the time of hire.

- (3) A registered nurse hired to teach in a master's program shall hold a master's or doctoral degree with a major in nursing at the time of hire. A first professional degree as defined in rule 2.1(152) does not meet this requirement. A registered nurse teaching in a clinical specialty area shall hold a master's degree with a major in nursing, advanced level certification by a national professional nursing organization approved by the board in the clinical specialty area in which the individual teaches, and current registration as an advanced registered nurse practitioner according to the laws of the state(s) in which the individual teaches. Faculty preparation at the doctoral or terminal degree level shall be consistent with the mission of the program.

- (4) A faculty member hired only to teach in the clinical setting shall be exempt from subparagraphs

(1) and (2) if the faculty member is closely supervised to ensure proper integration of didactic content into the clinical setting. If hired after July 1, 1992, a faculty member hired to teach only in the clinical setting shall have a baccalaureate degree in nursing or an applicable field or shall make annual progress toward the attainment of such a degree.

(5) Pursuant to 655—Chapter 15, the head of a program may petition the board for a waiver of the requirements in subrules 2.6(2) and 2.9(2). Following a review of the circumstances and efforts by the program to meet the requirements, the board may issue a waiver for a specified period of time and indicate conditions that must be met.

**2.9(3) *Functions of faculty.*** Faculty members shall:

- a. Develop, implement, and evaluate the purpose, philosophy/mission, and outcomes of the program.
- b. Design, implement, evaluate, and revise the curriculum.
- c. Provide students with written policies as specified in subrule 2.10(1).
- d. Participate in academic advisement and guidance of students.
- e. Provide for admission, progression, and graduation of students.
- f. Provide for student evaluation, self-evaluation, and peer evaluation of teaching effectiveness.
- g. Participate in activities to ensure competency in area(s) of responsibility.

**655—2.10(152) Program responsibilities.**

**2.10(1) *Policies affecting students.*** Programs shall provide for the development, implementation and communication of the following student policies:

- a. Admission/enrollment. Licensure if applicable according to 655—subrule 3.2(1).
- b. Transfer or readmission.
- c. Withdrawal.
- d. Progression.
- e. Grading system.
- f. Suspension or dismissal.
- g. Graduation.
- h. Health.
- i. Counseling.
- j. Grievance procedure.

**2.10(2) *Information about the program and controlling institution.*** The following information shall be published at least every two years:

- a. Philosophy/mission and outcomes of the program.
- b. General description of the program.
- c. Curriculum plan.
- d. Course descriptions.
- e. Resources.
- f. Faculty.
- g. Tuition, fees and refund policies.
- h. Ethical practices, including recruitment and advertising.
- i. Official dates.

**2.10(3) *Program records.*** The following records shall be dated and maintained according to the policies of the controlling institution:

- a. Course syllabi.
- b. Minutes.
- c. Faculty personnel records.
- d. Catalogs and program bulletins.

**2.10(4) *Student and graduate records.***

- a. Policies shall specify methods for permanent maintenance and protection of records against loss, destruction and unauthorized use.
- b. The final record shall include the official transcript and summative performance statement.

- (1) The final official transcript shall include:
  1. Legal name of student.
  2. Dates of admission, completion of the program and graduation.
  3. Courses that were accepted for transfer.
  4. Evidence of authenticity.
- (2) The final official transcript shall be maintained permanently.
- (3) The summative performance statement shall relate the performance of the student at the time of graduation to the program outcomes and shall be maintained for three years.

**655—2.11(152) Student criminal history checks.**

**2.11(1)** The program shall initiate criminal history and child and dependent adult abuse record checks of students and prospective students to ensure a student's ability to complete the clinical education component of the program in accordance with Iowa Code section 152.5.

**2.11(2)** The program shall:

*a.* Notify all students and prospective students of the nursing program's written policy and procedure concerning criminal history and child and dependent adult abuse record checks.

*b.* Conduct record checks on all students:

(1) Applying for the nursing program.

(2) Returning to the clinical education component of the nursing program. Time frames between record checks may be determined by the program.

(3) Anytime during the student's enrollment in the nursing program pursuant to the program's policy and procedure.

*c.* Request that the department of public safety perform a criminal history check and that the department of human services perform child and dependent adult abuse record checks.

*d.* Follow the guidelines and standards set forth by the department of human services in conducting record checks and in determining a student's ability to complete the clinical education component of a nursing program based on the record checks.

**655—2.12(152) Clinical facilities.**

**2.12(1)** The clinical facilities shall provide learning experiences that meet curriculum objectives and outcomes.

**2.12(2)** The program shall provide information to the board about clinical facilities used for learning experiences.

*a.* The clinical facilities shall be accredited/approved by the appropriate agencies and shall have evidence of good standing by their regulatory body.

*b.* There shall be evidence that student experiences are coordinated when more than one program uses the same facility.

**655—2.13(152) Preceptorship.**

**2.13(1)** A preceptor shall be selected by the nursing program in collaboration with a clinical facility to provide supportive learning experiences consistent with program outcomes.

**2.13(2)** The qualifications of a preceptor shall be appropriate to support the philosophy/mission and outcomes of the program.

*a.* The preceptor shall be employed by or maintain a current written agreement with the clinical facility in which a preceptorship experience occurs.

*b.* The preceptor shall be currently licensed as a registered nurse or licensed practical nurse according to the laws of the state in which the preceptor practices.

*c.* The preceptor shall function according to written policies for selection, evaluation and reappointment developed by the program. Written qualifications shall address educational preparation, experience, and clinical competence.

*d.* The program shall be responsible for informing the preceptor of the responsibilities of the

preceptor, faculty and students. The program shall retain ultimate responsibility for student learning and evaluation.

**2.13(3)** The program shall inform the board of preceptorship learning experiences.

- a. Written preceptorship agreements shall be reviewed annually by the program.
- b. The board may conduct a site visit to settings in which preceptorship experiences occur.
- c. The rationale for the ratio of students to preceptors shall be documented by the program.

**2.13(4)** An individual who is not a registered nurse or a licensed practical nurse may serve as a preceptor when appropriate to the philosophy/mission and outcomes of the program.

**655—2.14(152) Results of graduates who take the licensure examination for the first time.** The program shall notify the board when the program or district national licensure examination passing percentage is lower than 95 percent of the national passing percentage for two consecutive calendar years. The NCLEX® passing percentage shall be based on all first-time applicants for registered nurse or licensed practical nurse licensure in any jurisdiction who take the examination within six months of graduation. Upon notification by the program, the board shall implement the following process.

**2.14(1)** The program shall submit to the board within six months an institutional plan for assessment and improvement of NCLEX® results, including outcomes and time lines. The plan shall address administration, faculty, students, curriculum, resources, policies, and the nursing advisory committee.

**2.14(2)** The program shall submit annual progress reports to the board as long as the NCLEX® passing percentage remains below 95 percent of the national passing percentage.

**2.14(3)** The program shall provide a brief description including outcomes of all institutional plans submitted to the board in the nursing education program report during the reapproval process, if applicable.

**655—2.15(152) Reports to the board.**

**2.15(1) Annual reports.** The board shall provide information to the program about the requirements of the annual report. The head of the program shall submit an annual report that includes:

- a. Progress toward achievement of goals identified by the program for the previous academic year.
- b. Qualifications and major responsibilities of the head of the program and each faculty member.
- c. Policies for admission, progression and graduation of students.
- d. Policies for student health and welfare.
- e. Current enrollment by class/cohort.
- f. Number of admissions and graduations per year for the past five years.
- g. Passing percentages of graduates on the national licensure examinations for the past five years.
- h. Employment data for graduates.
- i. Curriculum plan.
- j. Descriptions of resources, clinical facilities, preceptorship experiences and contractual arrangements.

k. Copy of audited fiscal reports, including a statement of income and expenditures.

l. Goals for the current academic year.

m. Catalog of the controlling institution or program.

**2.15(2) Special reports.** The program shall notify the board of the following:

a. Change of controlling institution. Information shall include official name of the program(s) and controlling institution, organizational chart of the controlling institution, and names of administrative officials.

b. Changes in administrative personnel in the program or controlling institution.

c. Opening of a new site or campus.

**2.15(3) Changes requiring board notification and approval.** The program shall submit nine copies of a proposed change for board approval at least three weeks prior to the next scheduled board meeting when the outcome will:

a. Lengthen or shorten the course of study.

b. Add or delete academic credit in a course required for graduation.

- c.* Add or delete a course required for graduation.
  - d.* Alter graduation requirements.
  - e.* Reduce the human, physical or learning resources provided by the controlling institution to meet program needs as described in rule 2.7(152).
  - f.* Substantively alter the philosophy/mission of the program.
  - g.* Revise the predominant method of instruction or delivery, including transition from on-site to self-study or distance learning.
  - h.* Entail delivery of a cooperative program of study with an institution that does not provide a degree in nursing.
  - i.* Increase the number of student admissions by 20 percent or more.
- These rules are intended to implement Iowa Code section 152.5 and chapter 152E.

## Michigan Rules

### PART 3. NURSING EDUCATION PROGRAMS

#### R 338.10301 Definitions.

Rule 301. As used in this part:

- (a) "Act" means 1978 PA 368, MCL 333.1101 et seq.
- (b) "Clinical experience" means direct nursing care experiences with patients or clients which offer students the opportunity to integrate, apply, and refine specific skills and abilities which are based on theoretical concepts and scientific principles.
- (c) "Clinical laboratory hours" means those hours of the curriculum which are assigned to laboratory practice, simulated learning, and observational experiences which offer the student the opportunity to meet educational objectives.
- (d) "Conceptual framework" means the distinct, systematic organization of concepts which is derived from the philosophy and purposes of the program and gives direction to the curriculum.
- (e) "Cooperating agency" means an individual, organization, or institution which, by written agreement or letter of intent, accepts students and faculty for nursing educational experiences.
- (f) "Curriculum" means implementation of the philosophy, purposes, program objectives, and conceptual framework of the nursing program through the systematic arrangement of courses, including objectives stated in measurable terms and accomplished through appropriate learning experiences planned for a clearly defined group of students and extending over a period of time. Systematic and ongoing evaluation within the context of measurable objectives is inherent in the curriculum.
- (g) "Director of the nursing program" means a qualified nurse who is delegated the authority and accountability for the nursing program by the sponsoring agency.
- (h) "Full approval" means approval of a program granted after satisfactory demonstration to the board of compliance with these rules.
- (i) "Initial approval" means approval which is granted by the board to inaugurate a program of nursing education.
- (j) "Instruction" means educational methodology for achieving curriculum objectives in a classroom.
- (k) "Learning experiences" means planned learning situations, which may include clinical experiences, clinical laboratory hours, or classroom instruction.
- (l) "Major program change" means revision of the program's philosophy, conceptual framework, or objectives; curriculum revision relating to a revision of the program's philosophy, conceptual framework, or objectives or change in primary instructional method; the elimination of separate course content for an integrated approach; or a permanent expansion in the number of students served.
- (m) "Nursing process" means the ongoing assessment, analysis, planning, implementation, and evaluation of nursing care.
- (n) "Observational experience" means a planned learning situation which is nonparticipatory and does not require intervention by the student. Experience shall meet preplanned stated objectives and provide for faculty and student evaluation.
- (o) "Philosophy" means the stated beliefs of a faculty about nursing education and practice which determine the design of the curriculum and the evaluation of the program and which are consistent with the educational philosophy of the sponsoring agency.
- (p) "Practical nurse program" means a nursing program to prepare students for practical nurse licensure. The program is approximately 1 year in duration and awards a certificate of completion.
- (q) "Program of nursing education" means a plan or design indicating the relationship of the components necessary to achieve the goal of preparing persons for licensure as registered or practical nurses under the act.
- (r) "Progress report" means a document to be submitted to the board at a specified interval to respond to definitive questions and requirements of the board as outlined in written form by the board to the sponsoring agency.
- (s) "Registered nurse program" means a nursing program to prepare students for initial registered nurse licensure.
- (t) "Self-study report" means a report of all aspects of a program of nursing education based upon the requirements of this part and prepared by the sponsoring agency. The report follows thorough review of all aspects of the program of nursing education by persons who are knowledgeable about the program.
- (u) "Site visit" means a physical inspection of an institution and all the components of its program of nursing education for the purpose of determining compliance with the requirements of this part.
- (v) "Sponsoring agency" means the organization or institution of which the nursing program is a component.

Rule 302. (1) An applicant for a license to practice as a registered nurse shall have completed an approved registered nurse program or a program deemed by the board to be equivalent thereto.

(2) An applicant for a license to practice as a practical nurse shall have completed an approved practical nurse program or a program deemed by the board to be equivalent thereto.

R 338.10303 Program approval; procedure.

Rule 303. (1) The following requirements are established for initial approval of a program of nursing education:

(a) The sponsoring agency shall submit all of the following to the board:

(i) A letter of intent to initiate a program of nursing education.

(ii) Evidence that the mission of the sponsoring agency is consistent with provision of a program to prepare students for the practice of nursing as defined in the act.

(iii) Evidence that the sponsoring agency will provide funding and other support for a nursing education program which meets the requirements defined in this part.

(iv) If the sponsoring agency is an institution requiring approval of the Michigan department of career development to conduct a nursing education program or to confer a particular degree or certificate upon the graduates of the program, a copy of the Michigan department of career development approval shall be submitted to the board.

(v) Evidence of the availability of sufficient cooperating agencies which meet the requirements of R338.10307(5), (6), (7), and (8) to provide clinical experiences for the program.

(vi) Proposed number of students to become enrolled in the program annually.

(vii) Proposed first date of admission of students to the nursing sequence of the program.

(viii) Plans to recruit and employ a qualified director for the program and other faculty members sufficiently in advance of admitting students to the nursing sequence to assure consistency in the planning and implementation of the curriculum. If already appointed, the names and qualifications of the director of the program and other faculty members shall be provided.

(b) The board shall require a site visit to the program by the nurse consultant of the board in advance of considering initial approval. A report of the site visit shall be prepared by the nurse consultant and provided to the board and the sponsoring agency.

(c) Following initial approval from the board and before initiating the nursing sequence, the program shall submit a self-study report which is approved by the board. The report shall set forth evidence of plans for compliance with the educational requirements of this part.

(d) Annually, the program director shall submit a progress report during the period of initial approval. When applicable, the progress report shall include information about each of the following:

(i) Admission, progression, and retention of students.

(ii) Student achievement on the required licensure examination.

(iii) Program evaluation.

(iv) Program changes.

(2) The sponsoring agency may apply to the board for full approval of the program after graduation of the second class, but shall apply not later than graduation of the fourth class. One class shall be counted for each 12-month period. The following requirements are established for full approval of a program of nursing education:

(a) The sponsoring agency shall make application to the board in the form of a letter.

(b) The sponsoring agency shall submit a self-study report. The report shall set forth evidence of compliance with the educational requirements of this part.

(c) The board shall require a site visit to the program by the nurse consultant of the board before considering full approval. A report of the site visit shall be prepared by the nurse consultant and provided to the board and the sponsoring agency.

(d) When granted full approval for the program of nursing education, the sponsoring agency shall continue to meet all of the requirements of this rule. Every 4 years the sponsoring agency shall submit a report to the board which is accepted by the board. The report will alternate a self-study report with an abbreviated report on a form prepared by the board so that a self-study report is submitted every 8 years for non-accredited programs and at least every 10 years for accredited programs. A self-study report prepared for accreditation or re-accreditation by a nationally recognized accrediting agency of nursing education programs may be submitted in place of the self-study report prepared for the board. The schedule for submission of self-study reports for accredited programs shall follow the

schedule of the nationally recognized accrediting agency. These reports shall be submitted to the board within 1 month following receipt of the nationally recognized accrediting agency's decision on accreditation of the nursing education program.

(3) Major program changes shall be submitted to the board in writing and shall be approved by the board before implementation. The type of approval, initial or full, under which a program is conducted shall not be altered when the board approves major program changes. All of the following information shall be submitted when requesting approval of a major program change:

- (a) A comparative description of the current and proposed program or portion of the program which is proposed for change.
- (b) Rationale for the change.
- (c) Plans to evaluate the effect of the change.
- (d) Any supporting documents.

R 338.10304 Program approval; decision.

Rule 304. (1) Within 90 days after all materials requested by the board have been received, the board shall do either of the following:

- (a) Grant initial or full approval of the program or approve the program change when the board finds that the requirements of this part are substantially met.
  - (b) Deny initial or full approval or approval of the program change when the board finds that the requirements of this part are not substantially met.
- (2) The board shall issue its decision in writing.
- (3) If approval is denied, the sponsoring agency may request a hearing which shall be conducted pursuant to the provisions of 1969 PA 306, MCL 24.201 et seq.

R 338.10305 Program requirements; generally.

Rule 305. (1) Programs of nursing education shall meet all of the following requirements:

(a) Comply with the curriculum requirements established by the board and with other requirements set forth in this part.

(b) Contribute to the safe practice of nursing by including the standards of practice, nursing behaviors, and other skills and knowledge in the curriculum to prepare persons for the practice of nursing as defined in the act.

(c) Prepare students to meet the requirements for eligibility to take the required licensure examination.

(2) The director of the program of nursing education and the faculty who provide the nursing sequence shall comply with the following requirements as applicable:

(a) Hold current licenses to practice as registered nurses in Michigan.

(b) For registered nurse programs, the following requirements shall be complied with by September 1, 1989:

(i) The director of the nursing program shall hold a minimum of a master's degree with a major in nursing.

(ii) Every member of the nursing faculty providing didactic instruction shall hold a minimum of a master's degree, the majority of which shall hold a master's degree with a major in nursing. If the master's degree is not in nursing, the faculty member shall hold a minimum of a baccalaureate degree in nursing science.

(iii) Every member of the nursing faculty who provides instruction in the clinical laboratory or cooperating agencies shall hold a minimum of a baccalaureate degree in nursing science.

(c) For practical nurse programs, the following requirements shall be complied with by September 1, 1989:

(i) The program director shall hold a minimum of a baccalaureate degree in nursing science.

(ii) Every member of the nursing faculty shall hold a minimum of a baccalaureate degree in nursing science.

(d) The director of the nursing program and full-time nursing faculty who were employed on or before May 4, 1989, shall be exempt from meeting the requirements of subdivisions (b) and (c) of this subrule.

(3) Any exception made to the provisions of subrule (2) of this rule for full-time or part-time nursing faculty shall be based on the faculty member's progress toward meeting the requirements of these rules during each year for which the exception is requested. A maximum of 5 yearly exceptions shall be granted to any 1 full-time or part-time faculty member.

(4) Nursing faculty shall be sufficient in number to prepare students to achieve the objectives of the program. The maximum ratio of students to faculty in clinical areas involving direct care of patients shall be not more than 10 students to 1 faculty member.

(5) Requirements for admission, progression, and graduation shall be established and shall be made known and available in written form to prospective and current students.

(6) A system for the permanent maintenance of records shall be established and shall include all of the following:

- (a) Course outlines.
- (b) Minutes of faculty and committee meetings.
- (c) Student files, which shall be maintained in the nursing offices for each student.
- (d) Student and graduate transcripts, which shall be retained for each student and graduate by the sponsoring agency in perpetuity and which shall evidence achievement and, when accomplished, program completion.

R 338.10306 Curriculum requirements generally.

Rule 306. (1) A statement of philosophy shall be established which is consistent with the philosophy of the sponsoring agency and which is implemented in the program of nursing education.

- (2) There shall be course, level, and terminal objectives to serve as a guide in the development, implementation, and evaluation of the curriculum. The objectives shall be reviewed periodically and revised as necessary.
- (3) The stated conceptual framework for the curriculum shall reflect the philosophy of the educational program and shall be identifiable in the objectives of the program of nursing education.
- (4) Learning experiences and methods of instruction shall be selected to fulfill the stated objectives of each nursing course.
- (5) Related clinical experiences and clinical laboratory hours shall be provided concurrently with, or immediately after, the theoretical presentation of the course content.
- (6) Evaluation methods and tools to be used for measuring student achievement shall be determined by the faculty in keeping with the assessment methods of the sponsoring agency. These methods and tools shall be known to the students in the program.
- (7) The director and faculty shall evaluate all aspects of the curriculum on a systematic basis. Records of the results of the evaluation shall be maintained for board review, if requested.

R 338.10307 Curriculum; organization, development, implementation, control, and evaluation.

Rule 307. (1) The curriculum shall be organized, developed, implemented, controlled, and evaluated on a regularly scheduled basis by the director and the faculty within the framework of the philosophy, purposes, and objectives of the sponsoring agency and those approved by the board. (2) The curriculum objectives shall identify the behavioral expectations of the graduate of the program and shall be used for the following purposes:

- (a) Developing, organizing, implementing, and evaluating the curriculum.
- (b) Identifying objectives for levels of progression and course and program completion.
- (c) Providing to the student an organized pattern to follow in which the sequence of learning is from the simple to the complex and from the known to the unknown, with each learning experience built on previously learned information of nursing and related scientific knowledge.
- (d) Organizing the courses so as to approximate, as closely as possible, the schedules of the sponsoring agency in terms, quarters, semesters, or trimesters.
- (e) Distributing the courses throughout the curriculum so that an unreasonable overload does not exist in any segment of the sequence.
- (3) The statement of the conceptual framework or rationale for the program shall be the basis for the organization of the nursing content of the curriculum.
- (4) The course content and other learning experiences shall promote student growth in all of the following areas:
  - (a) The understanding of the roles and responsibilities of the members of the nursing profession.
  - (b) The application of the principles of nursing and the sciences which are basic to nursing practice in the development of plans of care for the patient or client.
  - (c) The provision of direct and indirect nursing care.
  - (d) The understanding of effective human relations and demonstrating the ability to use these principles in nursing situations.
  - (e) The recognition of physical, psychosocial, and spiritual needs of diverse patient/client populations in the provision of nursing care.
  - (f) The understanding of health, including the manifestations of disease and the initiation, organization, and application of the principles underlying the nursing care provided.
  - (g) Developing skills and abilities in the administration of all aspects of nursing care, including all of the following:
    - (i) Communications.
    - (ii) Problem solving.
    - (iii) Understanding legal and professional responsibilities.
    - (iv) The working relationships with other health care providers.

- (h) Understanding and protecting the rights of patients or clients.
- (5) All cooperating agencies selected for clinical and laboratory experiences shall have standards of nursing care which demonstrate concern for the patient or client and evidence the skillful application of all measures of safe nursing practice.
- (6) All cooperating agencies shall have a current license, if required, for their operation and adhere to the local zoning ordinances governing their operation.
- (7) When a site visit is made, cooperating agencies may be surveyed as a part of the review process to determine the contribution each makes to the course and program objectives. Selection shall be made by the site visitor.
- (8) Each resource selected to provide clinical experience shall indicate a willingness to cooperate in the curriculum by providing a letter of intent, a written agreement, or a formal contract. Each resource shall provide experiences of a quality and quantity which will enable the student to meet the objectives established for the clinical experience.

R 338.10308 Registered nurse program; curriculum; implementation.

Rule 308. The director and faculty of a program of nursing education leading to licensure as a registered nurse shall comply with all of the following provisions:

- (a) Select courses and assure teaching concepts for basic content in the biological, physical, behavioral, and other courses supportive of the nursing major which shall assist the student to improve abilities in all of the following areas:
  - (i) Communication.
  - (ii) Interviewing.
  - (iii) Problem solving.
  - (iv) Interpersonal relationships.
- (v) Using scientific principles in providing individualized nursing care to the patient or client. Such courses shall have credits conferred consistent with the policies of the sponsoring agency.
- (b) Provide courses and clinical experiences in the care of all age groups and sexes in medical, surgical, pediatric, geriatric, obstetrical, and psychiatric nursing. Opportunities for learning experiences in community aspects of nursing shall be made available. The elements of the nursing process shall be emphasized in all nursing courses. Clinical laboratory and clinical experience hours shall be sufficient in number to meet the course and program objectives.
- (c) Assure that courses include content relating to all of the following:
  - (i) The legal scope of practice of a registered nurse.
  - (ii) The standards of conduct for members of the nursing profession.
  - (iii) Historical perspectives of nursing and current legal-ethical issues.
  - (iv) Licensure requirements.
- (d) Select cooperating agencies which meet the requirements of R 338.10307(5), (6), and (8).

R 338.10309 Practical nurse program; curriculum; implementation.

Rule 309. The director and faculty of a program of nursing education leading to licensure as a practical nurse shall comply with all of the following provisions:

- (a) Select courses and assure teaching concepts on which the theory and practice of practical nursing is based. The basic principles of the natural and applied sciences which are fundamental to the theory and practice of practical nursing and which are applied in the planning and implementation of nursing care shall be included.
- (b) Provide courses and clinical experiences in the care of all age groups and both sexes in medical, surgical, pediatric, obstetrical, and geriatric nursing and provide supervised practice in the administration of medications, exclusive of intravenous medications. Clinical laboratory and clinical experience hours shall be sufficient to meet the objectives of the curriculum.
- (c) Assure that courses include content relating to all of the following:
  - (i) The legal scope of practice of a licensed practical nurse.
  - (ii) The standards of conduct for members of the nursing profession and, in particular, a licensed practical nurse.
  - (iii) Historical perspectives of nursing and current legal-ethical issues.
  - (iv) Licensure requirements.
- (d) Select cooperating agencies which meet the requirements of R 338.10307(5), (6), and (8).

R 338.10310 Board evaluation of nursing education program.

Rule 310. (1) The board may evaluate a program of nursing education when any of the following occurs:

- (a) A request for initiating a program of nursing education is submitted.
- (b) A request for full approval of a program is submitted.

- (c) A request for approval of a major program change is submitted.
  - (d) The failure rate on the required licensure examination reaches or exceeds 25% for any 1 year of compiled statistics or reaches or exceeds 15% for any 2 of 3 years of compiled annual statistics. A program of nursing education shall report compiled annual data on NCLEX pass rates to the board at the meeting following the end of the first quarter of the calendar year.
  - (e) Complaints regarding the conduct of the program are received and it is necessary to validate the complaints.
- (2) Evaluation processes may include any combination of the following:
- (a) A self-study report.
  - (b) A site visit.
  - (c) A progress report.
  - (d) A follow-up study of graduates and employers.

R 338.10311 Failure of program to comply with rules; withdrawal of approval.

Rule 311. (1) The board shall proceed under section 17242 of the act if the board determines that a program of nursing education does not meet the requirements of this part.

(2) The board shall offer consultation with the nurse consultant of the board for guidance in correcting nursing education program deficiencies identified by the board.

(3) Withdrawal of board approval of the program of nursing education for stated deficiencies which were not remediated does not necessarily make any bona fide student enrolled in the program at the time of withdrawal of approval ineligible for the required licensure examination upon satisfactory completion of that program or another program of nursing education which has been approved by the board.

(4) Failure of a nursing program to meet all of the requirements of this part shall not, in and of itself make a graduate from the program ineligible for licensure in this state. Approval of the program in a jurisdiction which maintains substantially equivalent requirements shall be deemed in compliance with these rules.

R 338.10312 Program termination; interruption or reduction of admissions.

Rule 312. (1) The board shall be informed if a date is established for termination of the program of nursing education.

(2) The board shall be informed regarding the system of retention of student records which are needed for endorsement purposes and proof of scholastic achievement. The board shall retain this information in the closed program files so that graduates may be given the source of information upon request.

(3) The board shall be informed if admissions to the program of nursing education are to be reduced or interrupted.

## Minnesota Rules

### 6301.2300 SCOPE OF RULES.

This chapter applies to new applications for program approval and to currently approved practical and professional programs offered in Minnesota. Nothing in this chapter restricts faculty from designing or implementing curricula more comprehensively than required under this chapter.

### 6301.2310 PURPOSE OF NURSING EDUCATION PROGRAM APPROVAL.

This chapter establishes requirements for practical and professional nursing programs conducted under Minnesota Statutes, sections 148.171 to 148.285, in order to:

- A. promote the safe practice of nursing by enforcing education and practice standards for individuals seeking licensure as registered nurses and licensed practical nurses;
- B. grant approval to nursing education programs that the board determines have met the standards;
- C. provide information to graduates on meeting the educational and legal requirements for licensure;
- D. ensure continuous evaluation and improvement of nursing education programs; and
- E. provide the public and prospective students with a list of nursing programs that meets the standards established by the board.

### 6301.2320 PURPOSE FOR NURSING EDUCATION STANDARDS.

The purpose for nursing education standards is to:

- A. provide a framework for preparing safe and competent graduates for entry into practical and professional nursing;
- B. provide criteria for the development, evaluation, and improvement of new and established nursing education programs; and
- C. ensure candidates are educationally prepared for licensure and recognition at the appropriate level.

### 6301.2330 NURSING EDUCATION STANDARDS.

All nursing education programs shall meet the standards in this part.

- A. The controlling body and program have administrative and resource capacity resulting in effective delivery of the nursing program and achievement of identified outcomes.
- B. The purpose and outcomes of the nursing program must be consistent with the "Nurse Practice Act," other relevant statutes, and board rules.
- C. The purpose and outcomes of the nursing program must be consistent with evidence-informed standards of nursing practice appropriate for graduates of the type of nursing program offered.
- D. The input of stakeholders shall be considered in developing and evaluating the purpose and outcomes of the nursing program.
- E. The nursing program must perform periodic comprehensive self-evaluation for quality improvement.

- F. The curriculum must provide diverse learning activities, including learning activities in clinical settings, that are consistent with program outcomes.
- G. Faculty and students must participate in program planning, implementation, evaluation, and continuous improvement.
- H. The nursing program administrator must be a professionally and academically qualified registered nurse with institutional authority and administrative responsibility for the program.
- I. Professionally, academically, and clinically qualified registered nurse faculty must be sufficient in number and expertise to accomplish program outcomes and quality improvement.

#### 6301.2340 REQUIRED CRITERIA FOR NURSING EDUCATION PROGRAMS.

##### Subpart 1.

##### Controlling body.

The controlling body proposing a program or continuing a program must:

- A. be a Minnesota public or private postsecondary educational institution that is accredited by a regional or national accrediting association for postsecondary institutions recognized by the United States Department of Education; and
- B. provide adequate fiscal, human, physical, clinical, and technical learning resources to support program processes, security, and outcomes.

##### Subp. 2.

##### Organization and administration.

The organization, administration, and implementation of the nursing education program shall be consistent with this chapter, Minnesota Statutes, sections 148.171 to 148.285, and other applicable statutes and rules.

##### Subp. 3.

##### Nursing education program.

The nursing education program must:

- A. be an integral part of a governing academic institution;
- B. implement a comprehensive, systematic plan for ongoing evaluation that is based on program outcomes and stakeholder input regarding competence and safety. The ongoing evaluation plan must provide for continuous improvement;
- C. provide a curriculum to enable the student to develop the competence necessary for the level, scope, and standards of nursing practice consistent with the type of licensure;
- D. ensure students:
  - (1) have learning activities with faculty oversight to acquire and demonstrate competence in clinical settings with patients across the life span and with patients throughout the whole wellness, acute, and chronic illness continuum;
  - (2) have diverse learning activities including clinical simulations to acquire and demonstrate competence. The faculty must have oversight over the learning activities; and
  - (3) provide input into the development, implementation, and evaluation of the program;
- E. ensure the director:
  - (1) is academically and experientially qualified to accomplish the mission, goals, and expected student and faculty outcomes;
  - (2) has a graduate degree in nursing from a regionally or nationally accredited college or university recognized by the United States Department of Education or by a comparable organization if the graduate degree is from an educational institution from a foreign country;
  - (3) has a current unencumbered Minnesota registered nurse license and current registration;

- (4) is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes;
- (5) provides effective leadership to the program in achieving its mission, goals, and expected program outcomes;
- (6) is given adequate time and resources to fulfill the roles and responsibilities;
- (7) communicates information about the program that is accurate, complete, consistent, and readily available; and
- (8) informs the board within 30 days of a change in the director, the name of the program, the name of the controlling body, the address of the program at each site where the program is offered, the addition or termination of a site of the program, the address of the controlling body, or control of the program. Changes in control of the program include sharing control with another body, deleting a body from sharing control, transferring control in whole or in part to another body, or merging programs formerly controlled by other bodies;

F. ensure general principles for faculty include:

- (1) academic preparation for the areas in which they teach;
- (2) experiential preparation in the area they teach;
- (3) sufficiency in number to support the program outcomes;
- (4) provision of opportunities for ongoing development in the science of education;
- (5) nursing faculty have a major in nursing at the baccalaureate or graduate level and unencumbered licensure as a registered nurse with current registration in Minnesota; and
- (6) nonnursing faculty are sufficient in number, utilization, and credentials to meet program goals and outcomes;

G. ensure practical nursing program faculty have a baccalaureate or graduate degree in nursing from a regionally or nationally accredited college or university recognized by the United States Department of Education or by a comparable organization if the baccalaureate- or graduate-level degree is from a foreign country;

H. ensure professional nursing program faculty have a graduate degree for full-time faculty and the majority of part-time faculty hold a graduate degree from a regionally or nationally accredited college or university recognized by the United States Department of Education or by a comparable organization if the baccalaureate- or graduate-level degree is from a foreign country;

I. ensure responsibilities of nursing faculty include:

- (1) developing, implementing, evaluating, and updating the purpose, philosophy, objectives, and organizational framework of the nursing education program;
- (2) designing, implementing, and evaluating the curriculum using a written plan;
- (3) developing, evaluating, and revising student admission, progression, retention, and graduation policies within the policies of the governing body;
- (4) participating in academic advising and guidance of students;
- (5) planning and providing theoretical, clinical, and simulated clinical learning activities that reflect an understanding of the philosophy, objectives, and curriculum of the nursing education program; and
- (6) evaluating student achievement of curricular objectives and outcomes related to nursing knowledge and practice;

J. maintain minimum standard on the licensure examination of greater than 75 percent for candidates from the program who, during any January 1 through December 31 period, wrote the licensing examination for the first time; and

K. ensure associate degree professional nursing programs provide advanced standing and transition experiences for qualified licensed practical nurses.

#### 6301.2350 GRANTING APPROVAL.

##### Subpart 1.

###### Program accreditation.

All Board of Nursing-approved nursing education programs must provide evidence of current accreditation by a national nursing accrediting body recognized by the United States Department of Education by January 1, 2016, or must have achieved candidacy status leading to such accreditation and demonstrated satisfactory progression toward obtaining the accreditation.

##### Subp. 2.

###### Initial program approval.

The board shall grant initial approval to nursing education programs that demonstrate compliance with part 6301.2360, subpart 5.

##### Subp. 3.

###### Continuing program approval.

The board shall continue approval for programs that comply with all applicable rules including the survey requirements in part 6301.2360, subparts 2 and 3.

#### 6301.2360 SURVEYS FOR DETERMINING COMPLIANCE WITH STANDARDS AND CRITERIA.

##### Subpart 1.

###### Board notification.

The board shall notify the director of the time allowed for supplying the information regarding compliance with rules, including time allowed for completing board-supplied forms and providing materials and reports. The board shall give the director prior notice for all on-site surveys; however, notice may not be given for all on-site observations.

##### Subp. 2.

###### Survey for evidence of compliance with nursing education standards.

All Board of Nursing-approved nursing education programs must provide evidence of current accreditation by a national nursing accrediting body approved by the United States Department of Education by January 1, 2016, or must have achieved candidacy status leading to such accreditation and demonstrated satisfactory progression toward obtaining the accreditation. All reports and communication with accrediting bodies must be submitted to the board including:

- A. evidence of current accreditation;
- B. accreditation reports; and
- C. any correspondence related to the status of the program's accreditation.

##### Subp. 3.

###### Survey to evidence compliance with additional statutes and board rules.

The program director must submit the following annual reports on:

- A. advanced standing;
- B. workers' compensation coverage;
- C. affirmation of compliance with program approval rules including licensure status of faculty and clinical requirements; and
- D. minimum nursing education program data set recognized by the board.

Subp. 4.

Survey for licensure examination success rates.

If the success rates are 75 percent or less for candidates from the program who, during any calendar year, wrote the licensing examination for the first time, the board must take one of the actions described in items A to C and publish the actions, including a report to the accrediting agency.

A. Require a plan of corrective action: If success rates are 75 percent or less for one calendar year, the board shall require the director to identify factors that are potentially affecting the low success rate on the licensure examination. The director shall submit a plan of corrective action by a specified date. The plan of action must be on a board-supplied form and include the signature of the director and another institutional administrative academic representative. If in the following year the success rate is above 75 percent, no action by the board is required.

B. Survey for corrective action: If success rates are 75 percent or less for any two consecutive calendar years, the board shall notify the director of an on-site survey to identify additional factors affecting the low success rate and review progress on the plan for corrective action submitted the previous year. The survey must include the director, faculty, students, and an institutional administrative academic representative of the institution. The director shall submit a revised plan of corrective action by a specified date. The plan of corrective action must be on a board-supplied form and include the signature of the director and another institutional administrative academic representative. If in the following year the success rate is above 75 percent, no action is required by the board.

C. Survey for compliance with board rules: If success rates are 75 percent or less for any three consecutive calendar years, the board shall require the director and another institutional administrative academic representative to meet with a committee of board members and board staff for an on-site survey for compliance with all applicable rules and for the implementation of the plan for corrective action submitted the previous year. Upon completion of the survey, the board shall take action in compliance with subpart 9.

Subp. 5.

Survey for initial approval of new nursing education program.

An educational institution intending to establish a nursing education program in Minnesota must be surveyed as outlined in items A to C.

A. Phase I - Intent to establish program.

(1) An educational institution under Minnesota Statutes, section 148.251, subdivision 1, must submit a letter of intent to establish a new nursing education program. The letter of intent must be submitted by the qualified director of the proposed program. Documentation in the letter of intent to establish a program must:

- (a) be submitted 12 months prior to the intended start date of the program;
- (b) include name, address, and current accreditation of the governing body;
- (c) provide rationale for establishing the nursing education program;
- (d) present a timetable for development and implementation of the nursing program;
- (e) provide evidence of adequate financial support and resources;
- (f) document availability of adequate academic facilities;
- (g) include impact of the proposed nursing education program on other nursing programs in the area; and
- (h) provide documentation of authorization by the designated review board for that educational institution to develop and implement a program.

- (2) The board must approve the document of intent.
- (3) Until a controlling body has received initial approval to conduct a program, representatives of the body shall use the term "proposed" in all references to the nursing program.

B. Phase II - Program development leading to initial approval.

- (1) The director of the proposed program must submit an application for approval documenting compliance with education standards and criteria specified in this chapter.
- (2) Board members must conduct a site visit when the application demonstrates compliance with nursing education standards and criteria specified in this chapter.
- (3) Board site visitors must submit a recommendation to the board to grant initial approval or deny initial approval.
- (4) The institution must not conduct nursing coursework until the board approves the recommendation for initial approval. This restriction does not prevent the controlling body from conducting nonnursing courses or from providing continuing education to nursing personnel.
- (5) After receiving initial approval, the director must submit all required board annual reports including all reports and communication regarding candidacy for national nursing education accreditation.

C. Phase III - Continuing approval. Under Minnesota Statutes, section 148.251, subdivision 3, the board must survey initially approved nursing programs, and continue approval for the program if the program is in compliance with board rules, including:

- (1) meeting the minimum first-time licensure examination success rate as required by subpart 4; and
- (2) acquiring national nursing education accreditation as required by subpart 6.

Subp. 6.

Survey required.

Under Minnesota Statutes, section 148.251, subdivision 3, the board must survey all nursing programs to determine if the board will continue approval. For approval to be continued, a nursing program must be in compliance with all board rules and must:

- A. follow the accreditation cycle and process for initial or continuation of accreditation of the national nursing education accrediting agency;
- B. allow board members and board staff to accompany surveyors on the accrediting site visit if the board chooses to conduct joint visits;
- C. submit national nursing accrediting agency self-study to the board;
- D. submit a copy of all communication between the program and the national nursing accrediting agency; and
- E. submit required annual board reports.

Subp. 7.

Approval.

The board must act to continue approval if the program:

- A. receives initial or continuing national nursing education accreditation; and
- B. is in compliance with all other board rules and statutes.

Subp. 8.

Program survey.

The board must survey the program for compliance with one or more applicable rules if:

- A. requirements for approval are changed or added;
- B. the board has reason to believe there is a lack of compliance with the rules; or

C. the board has reason to believe program personnel are submitting false or misleading information or engaging in fraudulent practices to obtain or maintain approval.

Subp. 9.

Board action following survey.

The board shall take one of the following actions upon completion of a survey:

A. notify the director in writing that compliance with the rules has been determined; or

B. notify the director in writing of allegations of lack of compliance with one or more rules. The notice must inform the director that either a conference will be held with a board review panel, or a contested case hearing will be held according to Minnesota Statutes, chapter 14, and contested case rules in parts 1400.5010 to 1400.8400. If a conference is held with a board review panel, and the review panel finds that the allegations are:

(1) untrue, then the board shall dismiss the matter;

(2) true, and representatives of the program consent, then the panel shall submit a report to the board; or

(3) true, but the representatives of the program do not consent to submission of a report to the board, then the review panel must initiate a contested case hearing according to Minnesota Statutes, chapter 14, and contested case rules in parts 1400.5010 to 1400.8400.

Subp. 10.

Board action following conference or hearing.

A. Upon receipt of the report of the review panel or hearing officer, the board shall take one of the following actions:

(1) notify the director in writing that compliance with all rules has been determined;

(2) issue a reprimand without changing the approval status if the program is in compliance either at the time of convening the review panel or hearing or by the time the board reviews the report of the panel or hearing;

(3) revoke approval and remove the program from the list of approved programs or deny approval to an applicant if the board finds the program has had a reasonable opportunity to correct the deficiency and has failed to do so; or

(4) issue a correction order. The correction order shall specify the date by which the deficiencies must be corrected. The correction order expires on that date.

B. If the deficiencies are corrected before the expiration of the correction order, the director must be notified in writing that the board has found the program to be in compliance with the applicable rules.

C. If the deficiencies are not corrected before expiration of the correction order, the director must be notified that a conference with a board review panel may be held, or that a contested case hearing may be held according to Minnesota Statutes, chapter 14, and contested case rules in parts 1400.5010 to 1400.8400.

(1) The purpose of the review panel or hearing is to determine if the deficiency was corrected prior to expiration of the correction order.

(2) If the deficiency was not corrected prior to expiration of the correction order, the board shall either remove the program from the list of approved programs or deny approval to an applicant.

## 6301.2370 VOLUNTARY CLOSURE OF NURSING EDUCATION PROGRAMS.

Subpart 1.

Voluntary closure.

If a nursing education program closes voluntarily, the director must:

- A. give notice to the board of the planned closing date within 15 days of a decision to voluntarily close the program;
- B. submit a written plan for terminating the nursing program with the notice of closure;
- C. ensure that the nursing program is maintained, including the nursing faculty, until the last student is transferred or completes the program;
- D. maintain standards for nursing education during the transition to closure;
- E. provide placement for students who have not completed the program; and
- F. notify the board of closure within 15 days after the actual date of closure.

Subp. 2.

Ending approval.

The board shall act to end approval after receipt of the notice of voluntary closure, effective on the actual date of voluntary closure.

#### 6301.2380 DENIAL OR WITHDRAWAL OF APPROVAL.

- A. The board shall deny initial approval if it determines that a new nursing education program will be unable to meet the standards for nursing education.
- B. The board shall withdraw approval if it determines that a nursing education program:
  - (1) fails substantially to meet the standards for nursing education; or
  - (2) fails to correct the identified deficiencies within the time specified.
- C. If a nursing education program is removed from the approved list, the governing body must provide for the completion of the program for students currently enrolled by placing the students in an approved program.

#### 6301.2390 REINSTATEMENT OF APPROVAL.

The board may reinstate approval if the program submits evidence of compliance with nursing education standards within the specified time frame set by the board.

#### 6301.2400 ACADEMIC RECORDS.

The director must identify arrangements for the secure storage and access to academic records and transcripts for the next 50 years in the event that the program closes or the approval of the program is revoked. This includes providing the name of the educational institution, hospital, or other organization that will be responsible for furnishing copies of the students' academic records to graduates for that period of time.

#### 6301.2410 INNOVATIVE APPROACHES IN NURSING EDUCATION PROGRAMS; EXEMPTION FROM CERTAIN RULES.

Subpart 1.

Application.

A nursing education program may apply to implement an innovative approach by complying with this part. Nursing education programs approved to implement innovative approaches shall continue to provide quality nursing education that prepares graduates to practice safely, competently, and ethically within the scope of practice as defined in Minnesota Statutes.

Subp. 2.

Purpose.

The purpose of applying for exemption from certain rules is to:

- A. foster innovative models of nursing education to address the changing needs in health care;

B. ensure that innovative approaches are conducted in a manner consistent with the board's role of protecting the public; and

C. ensure that innovative approaches conform to the quality outcome standards and core education criteria established by the board.

Subp. 3.

Eligibility.

To be eligible for the exemption, the program must:

A. hold full board approval without conditions;

B. have no substantiated complaints in the past two years; and

C. have no rule violations in the past two years.

Subp. 4.

Application.

The following information must be provided to the board at least 30 calendar days prior to a board meeting:

A. identifying information, including name of nursing program, address, responsible party, and contact information;

B. a brief description of the current program, including accreditation and board approval status;

C. length of time for which the exemption is requested;

D. description of the innovative approach, including objectives;

E. brief explanation of why the program wants to implement an innovative approach at this time;

F. explanation of how the proposed innovation differs from approaches in the current program;

G. rationale with available evidence supporting the innovative approach;

H. identification of resources that support the proposed innovative approach;

I. expected impact the innovative approach will have on the program, including administration, students, faculty, and other program resources;

J. plan for implementation, including timeline and the impact on current students;

K. plan for evaluation of the proposed innovation, including measurable criteria and outcomes, method of evaluation, and frequency of evaluation; and

L. additional application information as requested by the board.

Subp. 5.

Standards for approval.

The application must meet the following standards:

A. the eligibility criteria in subpart 3, and application criteria in subpart 4;

B. the innovative approach will not compromise the quality of education or safe practice of students;

C. resources are sufficient to support the innovative approach;

D. rationale with available evidence supports the implementation of the innovative approach;

E. the implementation plan is reasonable to achieve the desired outcomes of the innovative approach;

F. the timeline provides for a sufficient period to implement and evaluate the innovative approach; and

G. the plan for periodic evaluation is comprehensive and supported by appropriate methodology.



# Using Electronic Fingerprinting for Criminal Background Checks

Mary Blubaugh, MSN, RN

Because state background checks revealed an increasing number of licensure applicants with criminal records, the Kansas Board of Nursing (BON) instructed its staff to research the problem. In 2005, the BON voted to introduce legislation requiring a background check for nurse licensure. At the same time, the BON was challenged to determine the best process for screening applicants. In 2008, the Kansas legislature passed a bill implementing a criminal background history and Federal Bureau of Investigation screening for all initial applicants for nursing and mental health technicians. At the same time, the board made the decision that this background check would be implemented using live scan fingerprint technology.

In 2003, the Kansas Board of Nursing (BON) dealt with a case in which a convicted felon stole a registered nurse's identity, including his license to practice. Around the same time, the number of applicants with criminal records discovered during state background checks was increasing. In response, the BON instructed its staff to research the problem and draft language for a possible statute change requiring federal and state criminal background checks for licensure, using the best possible process. In 2008, a bill implementing a criminal background history and Federal Bureau of Investigation (FBI) fingerprint screening using live scan fingerprint technology for all initial applicants for nursing and mental health technicians passed the Kansas legislature. This article describes the process, challenges, and outcomes.

## Background Checks for Public Protection

Nurses care for vulnerable people and have access to their personal information. "Nurses are placed in a position of public trust" (National Council of State Boards of Nursing [NCSBN], 2005). Because of this, nurses are held to a higher standard, and BONs have responsibility for protecting the public health and safety of the citizens in their state.

The California BON was the first to require criminal background checks for initial licensure. In 1998, only five BONs were authorized to collect fingerprints. By 2005, 18 states required fingerprints for FBI background checks for licensure (NCSBN, 2005).

In 2004, the Centers for Medicare & Medicaid Services conducted a pilot program with seven states to create background check programs for workers in long-term care environments. The program required screening through state and federal fingerprint databases. Because no database is complete, the best practice is to use state-based registries and FBI records. In the pilot program,

FBI checks identified applicants with a criminal history missed by the state check. The pilot program, which lasted 3 years, was successful, and the seven participating states continued using the background check process (Senate Special Committee on Aging, 2008).

At the 2005 annual meeting of the National Council of State Boards of Nursing (NCSBN), delegates voted to approve the five recommendations of the Disciplinary Resource Advisory Panel, which included a recommendation to use criminal background checks on applicants for licensure (NCSBN, 2005).

At their December 4, 2005 meeting, the Council of State Governments Intergovernmental Affairs Committee adopted a resolution supporting criminal background checks for nurses applying for state licensure and urged states to use criminal background checks for all nurse licensure applicants. The committee suggested that states work with their BONs to develop plans for national criminal background checks. The committee also posed several policy questions: How to assess current workload and resources, which questions were needed on licensure applications, when criminal background checks should be implemented, whether a temporary permit should be issued before receiving a rap sheet, what the policy would be for nonreadable fingerprints, and what the appeal process for an applicant would be (Council of State Governments Intergovernmental Affairs Committee, 2005).

## Background-Check Tools

"For many years, fingerprints have played an invaluable role in criminal and investigative work. For centuries, man has utilized various systems of identification such as branding, tattooing, distinctive clothing, photography, and measurement. These systems, without exception, have not produced completely desirable results. Only fingerprinting, of all methods of identification, has

proved to be both infallible and feasible” (Collins, 1991, p. 2). Fingerprints have become more common since World War II, and numerous court decisions support their use as evidence and identification (Fingering fingerprints, 2000). An effective way to identify those with a history of crime is to use state and federal background checks (Senate Special Committee on Aging, 2008). The Integrated Automated Fingerprint Identification System, maintained by the FBI, is the largest database of criminals in the world. The FBI Identification Record (rap sheet) is a snapshot of a person’s history at the time a background check report is issued (Federal Bureau of Investigation [FBI], n.d.).

For those not representing law enforcement or the courts, the FBI requires statutory authority to access the FBI database. The FBI requires certain elements to be placed in the state statute that include legislative enactment, fingerprint-based criminal background check, submission of fingerprints to the state identification bureau, categories of licensees for background checks, and an authorized government agency to be the recipient of the rap sheet (FBI, n.d.).

Fingerprints can be obtained using a fingerprint card or a live scan. A fingerprint card uses ink to print images on the fingerprint card. A live scan collects fingerprints using a scanning device and allows electronic submission to the appropriate authorities. The live scan fingerprint technology decreases errors and makes processing quicker (Senate Special Committee on Aging, 2008). In addition, a rap back system can automatically push any crime committed after the initial fingerprinting to the person’s rap sheet and report the new information to licensing agencies. The federal government is currently working on a federal rap back system (Senate Special Committee on Aging, 2008).

## Legislative Process in Kansas

In 2005, the Kansas BON voted to introduce legislation requiring a background check for licensure. The BON staff and the Kansas Bureau of Investigation (KBI) worked together to develop language that was sent to the FBI for approval. During the 2006 legislative session, the language was introduced in the Health and Human Services Committee of the Kansas House of Representatives, but no action was taken in that session.

During the 2007 legislative session, the language was introduced in the Kansas Senate Public Health and Welfare Committee. The BON was successful in amending House Bill 2620 to include the implementation of criminal background history and FBI fingerprint screening for all initial applicants for nursing and mental health technicians. The bill passed the Kansas legislature and was signed by then Governor Kathleen Sebelius on May 14, 2008, with the effective date of July 1, 2008.

## Implementation in Kansas

Interviews were conducted with staff members of other state BONs that implemented background checks to determine the processes used and difficulties encountered during implementation. One issue for several staff members was the amount of time between submitting fingerprint cards and receiving the rap sheets. Texas reported a 12% rejection rate for poor-quality fingerprint cards. In these cases, the applicants were fingerprinted a second time, and the new card was submitted. These rejections increased applicants’ waiting time and the BON’s costs (Texas Board of Nursing). The Florida BON reported a rejected fingerprint card could add 6 to 8 weeks to the licensure process (Pouncey, 2008).

The Kansas BON and the KBI met several times during the implementation process, developing a collaborative relationship. These meetings included the administration, information technology (IT), and legal divisions of both agencies. Meeting topics included resources, software, electronic fingerprints, rap back systems, IT connections, and concerns about unreadable fingerprint cards and the time needed to receive rap sheets.

During one meeting, the KBI demonstrated a live scan developed by Sagem Morpho and discussed the pros and cons of electronic fingerprinting. The pros included decreased time for receiving rap sheets, more accurate fingerprints, and a decreased number of unreadable fingerprints. The cons included the cost of the equipment, the need to input demographic information manually, and storage of the equipment.

The Kansas BON signed a memorandum of agreement on the dissemination of criminal history information, stating that the KBI would act as the vendor for the BON and would coordinate fingerprint results with the FBI. The BON was developing new licensing software, and the fingerprints requirement was incorporated into the new software.

The BON staff determined that purchasing the live scan equipment would benefit the BON and future applicants because of the quickness and accuracy compared with the paper-based inked fingerprints. A list of approved state and KBI contract vendors for live scan was reviewed, and the Sagem Morpho live scan was selected. However, unforeseen cuts to the BON’s budget derailed the equipment purchases.

Fortunately, the NCSBN received the Office for the Advancement of Telehealth Licensure Portability Grant, and part of the grant went toward helping state BONs implement criminal background checks. The Kansas BON requested a \$50,000 grant to implement the criminal background bill that included FBI fingerprint screening as a licensing requirement. The request included the development of new software, the purchase of two 1000-ppi mobile live scan machines, annual maintenance, and staff training time. The BON chose mobile units over nonmobile units because it planned to conduct fingerprint processing at student nurse functions.

After receiving the grant, the BON ordered the live scan machines and developed new application forms and procedures. Procedures were drafted and approved by the Kansas BON on September 17, 2008. A workshop conducted for nursing school administrators on September 15, 2008, included requirements and procedures for fingerprints. The public, health facilities, and nurses were notified using the BON's website, Twitter, Facebook, and quarterly newsletter.

Before taking delivery of the equipment, the BON was required to develop a segmented dedicated secure network with the KBI. This network created a site-to-site firewall connection for criminal background checks transmissions. The BON also was required to install dedicated network LAN ports to connect to the data center's firewall.

After receiving the two mobile live scan machines, 10 staff members participated in a half-day training session on using them. Staff members worked directly with the KBI to ensure the quality of the fingerprint process.

## Outcomes and Efficacy

The work duties of the licensing clerks were reviewed, and new duties and processes were incorporated by the existing staff. Fingerprinting for licensure was implemented on July 1, 2009, and live scan was implemented on August 25, 2009. Since implementation, the BON has processed 11,846 fingerprints, and 1,724 of the applicants had a criminal history (14.5%). Of those with criminal histories, 1,273 were nursing students seeking licensure, and 371 (29%) of them had a criminal history that was not disclosed on their initial application.

The BON staff has conducted 1,311 live scans since implementation and receives live scan rap sheets 24 to 48 hours after submission. Receiving a rap sheet takes 5 to 7 days after submitting an inked fingerprint card. If a name check is required because of an unreadable fingerprint, the staff receives the rap sheet in 4 to 6 weeks.

The live scan devices have obtained fingerprints of nursing students at various nursing schools and conferences. During a 1-day conference, 75 nursing students were fingerprinted. Two local nursing schools send their students to the BON office for fingerprinting.

One of many background-check success stories involves a nursing school graduate who submitted an application for licensure. The background check revealed that the applicant had five drug and alcohol convictions. The name on the convictions did not match the name the graduate put on the licensure application. Only a high-tech background check could have revealed these convictions.

Background checks are an effective tool to identify individuals with criminal histories. Federal criminal history checks through the FBI's Integrated Automated Fingerprint Identification System identify individuals with any arrests or

convictions. Live scan fingerprint technology produces quicker reports and less chance of error than paper-based inked fingerprints.

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# Does Past Criminal Behavior Predict Future Criminal Behavior?

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Past behavior does not always predict future behavior, and all candidates with criminal histories should not be automatically denied licensure or employment as nurses. Instead, such candidates should undergo standardized psychological assessment, and a trained clinical professional should interpret the results. Integrating psychological theory and assessment into the licensure and employment decision-making process could benefit certain ex-offenders, potential employers, and society as a whole.

The notion that past behavior is a reliable predictor of future behavior seems to be widely accepted as fact. But trying to predict human behavior is complicated business, and this notion should not simply be accepted. It should be assessed and analyzed.

This article reviews a sample of the psychological literature available on this subject. The review is not intended to include everything written on the subject. Rather, it discusses key issues from a psychological perspective that may be helpful to nurse regulators as they consider licensure, reports of misconduct and disciplinary actions and to nurse managers regarding potential employment.

An understanding of the future implications of past criminal behavior from a psychological perspective can be useful to the nursing profession in that it offers a systematic, objective approach to decision making with regard to these issues. Regulators in particular can use psychological data and practices to base and substantiate their decisions for suitability on objective data and relevant research in the field. The literature clearly indicates that past behavior does not always predict future behavior, which suggests that under certain circumstances, individuals with criminal histories could be considered as candidates for a successful career in nursing.

## Limitations of Predicting

Kurlychek, Brame, and Bushway (2006) point out that many organizations base their practices on the notion that past behavior predicts future behavior, citing examples from the fields of education, finance, and insurance. Specifically, Kurlychek et al. (2006) remind us that the field of education relies on an evaluation of past academic performance and standardized testing when granting entrance to college. The field of finance relies on bill-paying history and credit scores to grant a loan. The auto insurance industry keeps track of traffic tickets and accidents to

determine premium rates. The authors also point out that the criminal justice system has been guided by this notion at every stage of its process, from arrest, to sentencing, to determination of parole (Kurlychek et al., 2006).

However, many factors should be considered when attempting to predict behavior, particularly criminal behavior. These factors, which interact with each other, include personality, cognition, mental illness, and general risk. Even when one considers all the factors, predicting behavior with 100% accuracy is not possible. A person may be at risk for certain behaviors, but whether or not they are acted out depends on several influences. As Andrews and Bonta (2006, p. 782) suggest:

At any given moment, one's environment consists of a myriad of situations and ensuing choices. There may be temptations for crime in one's immediate situation as well as barriers to crime, events with emotional significance and access to non-criminal routes to obtain the same rewards as would be provided by a criminal act. The act that occurs in any given situation is a function of how the situation is defined and interpreted by the individual and the self-regulation that follows.

## Role of Personality

All criminals are not alike. As Daley (1992, 1994) points out, each offender has his or her own distinct trajectory into the criminal justice system. For some, engaging in criminal acts is neither a reflection of criminal intent nor a desire to affiliate with a criminal lifestyle, but a result of a particularly distressing circumstance or mental state. By legal definition, anyone who breaks the law is considered criminal, but from a psychological perspective, not all people who have been arrested or convicted possess criminal-thinking processes or criminal personality traits. Thus, the question becomes a matter of distinguishing criminal thinkers, who have broken the law and will do so again if given

the opportunity, from noncriminal thinkers, who have broken the law but have no intention or desire to do so again.

People who will break the law again if given the opportunity likely possess traits of or the full-blown condition known as antisocial personality disorder (APD). The link between APD and criminal behavior is well established. Specifically, the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition (*DSM IV-TR*) (American Psychological Association, 2000), a widely used manual for diagnosing mental disorders, defines APD with these criteria:

A) A pervasive pattern of disregard for the rights of others occurring since age 15, as indicated by three or more of the following:

1. failure to conform to social norms with respect to lawful behaviors as indicated by repeatedly performing acts that are grounds for arrest
2. deceitfulness, as indicated by repeatedly lying, use of aliases, or conning others for personal profit or pleasure
3. impulsivity or failure to plan ahead
4. irritability and aggressiveness, as indicated by repeated physical fights or assaults
5. reckless disregard for safety of self or others
6. consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations
7. lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another.

B) The individual is at least 18 years of age.

C) There is evidence of Conduct disorder with onset before age 15.

D) The occurrence of antisocial behavior is not exclusively during the course of schizophrenia or a manic episode.

People with APD are sometimes mistakenly referred to as psychopaths, but research shows that APD and psychopathy are distinct conditions (Gondolf & White, 2001). Psychopathy is a more severe form of APD. To be considered a psychopath, a person must experience a lack of remorse or guilt about his or her actions and demonstrate antisocial behaviors. According to Salekin, Rogers, Ustad, and Sewell (1998), only 15% to 30% of incarcerated offenders are psychopathic.

Still, APD is serious and accounts for a large portion of criminal offender types (Rogers, Sewell, & Cruise, 1998). In fact, studies confirm that antisocial personality traits, particularly chronic, negative affect and poor impulse control, can significantly and negatively impact the way a person perceives and interacts with the world, resulting in poor judgment and inappropriate behavior (Sevecke, Lehmkuhl, & Krischer, 2009). These people feel compelled to act out when angry, anxious, or irritable; they meet others and the world at large with tension and hostility. Furthermore, Gendreau, Little, and Goggin (1996) assert that

antisocial personality traits along with a history of substance abuse and mental illness, such as schizophrenia, bipolar disorder, or major depression, increase the chance of criminal activity.

## Criminal Thinking

In addition to recognizing the role of affective states, impulse control, and mental illness, cognitive content or thinking process needs to be considered. Yochelson and Samenow (1976) suggest that criminal thinking is riddled with distortions and rationalizations made during the process of engaging in criminal behavior. Furthermore, research has found that violent criminals maintain cognitions of the world as a hostile place where violence is an accepted and necessary part of life that can, over time, be perceived as having positive benefits, such as increasing one's social status (Collie, Vess, & Smith, 2007). Some of the thinking errors made by criminals include pride, failure to consider injury to others, and lack of empathy (see Yochelson & Samenow, 1976, for a complete review). Of particular interest is Gonsalvez, Scalora, and Huss's finding (2009) that in addition to believing that violence is necessary and even beneficial at times, criminals tend to be highly confident about their ability to avoid the negative consequences of their behavior, even if they have been caught before. Thus, those who are confident about avoiding consequences and consistently fail to learn from past experiences are at greater risk for criminal behavior and recidivism (Gonsalvez, Scalora, & Huss, 2009).

These findings support what is known about personality disorders, confirming the idea that criminal behavior and criminal thinking are chronic and pervasive. By definition, personality disorders are a group of mental disturbances defined by *DSM-IV-TR* as "enduring pattern[s] of inner experience and behavior" that are sufficiently rigid and deep-seated to bring a person into repeated conflicts with his or her social and occupational environment. *DSM-IV-TR* specifies that these dysfunctional patterns are regarded as nonconforming or deviant by the person's culture and cause significant emotional pain and difficulties in relationships and occupational performance. Despite the problems caused by the disorder, the thoughts and related behaviors persist. Those who meet criteria for APD or psychopathy have enduring patterns of thoughts and behaviors that cause conflicts with their environment. These people are categorized as criminal thinkers.

## Predicting Recidivism and Assessing Criminality

Though recent research by Elbogen and Johnson (2009) concluded that mental illness alone does not increase the risk of violence, they found that mental illness—such as schizophrenia, bipolar disorder, or major depression—combined with substance abuse does create an increased risk. These findings are particularly relevant when considering the compromising impact an underlying

mental illness has on an offender's ability to avoid recidivism. When APD is compounded by substance abuse and the symptoms and related conditions of mental illness, an offender's ability to avoid recidivism, consciously or unconsciously, is even more severely compromised. However, not all ex-offenders suffer from a personality disorder, substance abuse, or symptoms of mental illness and psychological assessment tools can help distinguish among types of ex-offenders and assess the risk of recidivism.

The ability to assess risk for future violence and criminal acts is vitally important to society as a whole and to potential licensors and employers as they attempt to assess risk involved with ex-offenders. The field of psychology has developed tools that assess psychopathology and related cognitions and behaviors with a significant reliability and validity. Among the many assessment tools developed, a small group stands out as exceptional for assessing criminality:

- Psychological Inventory of Criminal Thinking Styles (PICTS; Walters, 1995, 2002)
- Psychopathy Checklist-Revised (PCL-R; Hare, 1991, 2003)
- Historical, Clinical and Risk Management Scales (HCR-20; Webster, Eaves, Douglas, & Wintrup, 1995; see Table 1)

Clearly, data garnered from the PICTS, PCL-R, and HCR-20 would be exceptionally helpful to nurse regulators. Other tools used to assess potential behavior include integrity tests to evaluate conscientiousness, trustworthiness, and dependability and clinical personality tests, such as the Minnesota Multiphasic Personality Inventory (MMPI), to check for serious emotional instability. All psychological tests must be administered and interpreted by a trained professional, such as a licensed clinical psychologist. Candidates also can be asked to undergo a follow-up interview during which the psychologist can elicit more information, if necessary. The cost of these tests varies, depending on the fees of the psychologist. Some organizations hire a psychologist from a private firm or testing company; others have trained clinical personnel on staff.

## Legal Issues Related to Testing and Employment Decisions

The tests mentioned above, including the PICTS, PCL-R, HCR-20, and MMPI, have been validated and are considered scientifically sound, and their results can be used as evidence in court proceedings (Moss, 2008). However, a host of legal issues must be considered when testing potential or current students or employees. The most significant arise from Title VII of the Civil Rights Act of 1964, and the Americans with Disabilities Act of 1990. The Civil Rights Act clearly states that it is unlawful for employers to use any pre-employment tool that has a substantially negative impact on a protected subgroup, such as an individual of a particular race or gender, unless the tool can be shown to be job-related and consistent with business necessity. Tools that do have an adverse impact must be justified by validity evidence.

TABLE 1

### Best Tools for Assessing Criminality

The **Psychological Inventory of Criminal Thinking Styles (PICTS)** is a well-researched instrument designed to examine criminal thinking styles considered "instrumental in protecting and maintaining a criminal lifestyle" (Walters, 2002, p. 278). Gonsalvez, Scalora, and Huss (2009) point out that this instrument is particularly useful because it "taps into different cognitive processes associated with criminal behavior" (p. 742). Further research has shown that the PICTS is also useful in predicting recidivism (Gonsalvez, Scalora & Huss, 2009; Walters, 2010), indicating a strong link between criminal thinking patterns and the outcome of criminal behavior.

However, when the PICTS is used alone to predict recidivism, it does have limitations. Specifically, "the PICTS does not incorporate any behavioral items and therefore, to improve the prediction of recidivism, a combination of cognitive and behavioral measures may be more useful" (Gonsalvez et al., 2009, p. 743). Consequently, the authors recommend using the PICTS with the **Psychopathy Checklist-Revised (PCL-R; Hare, 2003)** to improve prediction capabilities. The PCL-R is also a well-researched, widely used tool designed to measure the two components of psychopathy: personality and behavior. Numerous studies have found it to be a strong predictor of recidivism (Salekin, Rogers, Ustad, & Sewell, 1998; Walters, 2006). Gonsalvez et al. (2009) found that, when used together, the PICTS and the PCL-R are reliable tools for identifying criminal thinking and predicting recidivism.

The usefulness of the **Historical, Clinical and Risk Management Scales (HCR-20)** as a predictor of violent behavior has been demonstrated in a number of studies (Douglas, Ogloff, Nicholls, & Grant, 1999; Douglas & Webster, 1999; Grann, Belfrage, & Tengstrom, 2000; Strand, Belfrage, Fransson, & Levander, 1998). The HCR-20 was designed to evaluate clinical state as well as effectiveness of risk management strategies. Research revealed that the tool has a significant predictive ability, specifically in determining violent recidivism with mentally disordered populations (Gray et al., 2003).

Courts will judge on a case-by-case basis whether tests with a disparate impact can be used for employment purposes. They will weigh whether an invasive test is justified by appropriate business or societal interests in a given situation. According to the National Association of Professional Background Screeners (Moss, 2008), as a general rule, invasive instruments such as clinical personality tests are most likely to be justified when screening for safety-sensitive positions such as nursing. Clinical personality and integrity tests have consistently been shown not to have an adverse impact on a particular subgroup. In fact, personality and integrity tests have had an excellent record when subjected to civil rights claims.

Well-developed personality and integrity tests can be effective, objective, and fair in helping regulators handle misconduct,

determine disciplinary actions and develop policy. Should the nursing profession adopt the use of testing, the tests must be used appropriately and in a manner consistent with legal standards.

### Collateral Consequence

Although people with criminal histories are more likely to offend in the future, the risk of re-offending declines as time passes. For example, Schmidt and Witte (1988) found with their forensic sample that recidivism rates began to approach zero after 5 years of follow-up. Furthermore, analysis of data on offenders from adolescence to age 70 shows that most offenders do desist, with the bulk of offenders not experiencing additional arrests after age 40 (Blokland, Nagin, & Nieuwebeerta, 2005; Laub & Sampson, 2003). The literature clearly suggests that the longer a person goes without re-offending, the more likely it is that he or she will not re-offend.

With that being said, the issue of *collateral consequence* needs to be raised. This legal term is used to describe legal restrictions placed on employing ex-offenders in certain types of jobs. Kurlychek et al. (2006) express concern for the ethics of collateral consequence, suggesting “they amplify punishment beyond the sanctions imposed by the criminal justice system” (p. 1102). This issue is particularly relevant to nursing because nurses are entrusted with the duty of taking care of people when they are often at their most vulnerable. And so the general question must be asked: Should people with criminal histories of any type be banned for life from careers in nursing? More specifically, if a person has a criminal history but does not suffer from a personality disorder, use criminal thinking, or have any risk factors, should he or she not be banned from a career in nursing?

### Summary

The data presented suggest that the nursing profession should approach these questions in a manner similar to that used by the court system: Decisions should be made on a case-by-case basis. Further, decisions about hiring, misconduct, discipline, and policy should be based on objective, standardized data garnered from results of reliable and valid psychological testing that is recognized by the courts as such. Interpreting criminal justice information and determining its relevance without experienced assistance from trained professionals can be problematic and unfair. Instead, trained professionals should be used to assess ex-offenders. Along with considering the results from psychological tests, additional information should be considered, such as the length of time since the last offense on record and the nature and gravity of the offense, to aid their decision-making processes (SEARCH, 2005).

This article illustrates that past behavior does not always predict future behavior. Nurse regulators and managers can be given wide discretion to make decisions about the relevance of the criminal justice record, but they do not have to automatically

deny licensure or employment because a record exists. Instead, interested candidates with criminal histories should undergo standardized psychological assessment and, under the scrutiny of a trained clinical professional, the objective results of the tests should be used to determine an individual’s appropriateness for nursing duty. Much could be gained by ex-offenders, potential employers, and society at large, if psychological theory and assessment were integrated into the decision-making process in an effort to give those who sincerely want it, a second chance in life.

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**WISCONSIN  
BOARD OF NURSING**

**GUIDELINES FOR  
NURSING PROGRAM  
APPROVAL**

April 2013

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**WISCONSIN BOARD OF NURSING  
GUIDELINES FOR NURSING PROGRAM APPROVAL  
2013**

**I. Role of the Board of Nursing**

The Board of Nursing has the legal authority to establish minimum standards for schools for professional nurses and schools for licensed practical nurses in Wisconsin. (Ch. 441.01, Wis. Stats.) All new nursing programs for professional nurses or licensed practical nurses in Wisconsin shall be approved by the Board in order to operate. (Ch. 441.12, Wis. Stats.)

**II. Program Approval Process. Step 1: Authorization to Plan a Program**

At least 12 months prior to the anticipated opening date of a new nursing program, the institution planning to establish a nursing program in professional or practical nursing shall submit a written proposal including Form ##### completed by individuals with nursing expertise. The written proposal shall include six items:

- (1) The administrative and organizational structure of the governing institution and its relationship to the nursing program
- (2) The type of program
- (3) The curriculum plan
- (4) The instructional methods
- (5) The projected use of clinical facilities and resources
- (6) The plan for employment of faculty

The Board shall notify the institution of the action taken (either approval or a request for more information) on the application. (Ch. N 1.03, Wis. Admin. Code)

**III. Program Approval Process. Step 2: Authorization to Admit Students**

The Board shall grant authorization to admit the first class of nursing students upon receipt of proof of satisfaction with the following four criteria (Ch. N 1.03, Wis. Admin. Code):

- (1) Appointment of an educational administrator who:
  - Holds a current license to practice as an RN in Wisconsin
  - Has a minimum of 2 years full-time or equivalent direct care experience as a practicing nurse
  - Has 3 years of experience in nursing education in the last 10 years
  - Holds a master's degree with a major in nursing for a professional nursing program
  - Holds a master's degree with a major in nursing or a related field for a practical nursing program
- (2) A statement of philosophy, purpose, objectives, conceptual framework, and description of courses developed by faculty
- (3) Evidence that each faculty member meets the following standards:
  - Holds a current license to practice as a registered nurse in Wisconsin
  - Has at least 2 years of full-time or equivalent direct care experience as a practicing nurse
  - Be employed in nursing within the last five years
  - Holds a master's degree with a major in nursing for courses in professional nursing
  - Holds a baccalaureate degree with a major in nursing for courses in practical nursing
- (4) Evidence that clinical facilities have been selected according to the following standards:
  - Identification that the clinical experience to be gained from the clinical facility is consistent with the nursing program objectives

- A formal written agreement between the clinical facility and the nursing program demonstrating willingness to cooperate in promoting the nursing program clinical objectives.
- Identification by the school that the practice of the registered nurse and the licensed practical nurse at the clinical facility is within the legal scope of practice as defined in 441.11(3) and (4), Wis. Stats.

The nursing program should provide proof of the requirements listed above by submitting Form ##### and the required supplementary material. The Board shall notify the institution of the action taken (either authorization or a request for more information) on the application. Once a school receives authorization the school may begin admitting students while seeking to obtain program approval.

#### **IV. Program Approval Process. Step 3: Program Approval**

A nursing program that has previously received authorization to admit students is eligible for program approval after the graduation of its first class of students. The Board shall base its decision to issue a certificate of approval after considering the three following items: the Nursing Program Self-Evaluation Report Form #####, the success rate of graduates on the National Council Licensure Examination (NCLEX), and the Nursing Program Survey Report Form ##### completed by the Board representative. (Ch. N 1.03 (4), Wis. Admin. Code)

##### ***Self-Evaluation Report***

Within 6 months of graduation of the first graduating class, a school seeking approval shall submit a self-evaluation report that provides evidence of meeting the standards outlined in N 1.06. The standards in N 1.06 are outlined on Form ##### and are grouped into five general categories: organization and administration of the program, curriculum, instruction, faculty, and evaluation. Form ##### may be used by the Board to appropriately verify compliance with the standards in N 1.06.

##### ***Survey Report***

After receiving the self-evaluation report, a Board representative shall conduct a survey to verify compliance with Board standards. A survey entails a planned visit to the school to confer with administrative, instructional, and service personnel; visit educational and service facilities; and, review and evaluate program plans, activities, record, and reports. Nursing Program Survey Report Form ##### will be used by the Board representative to appropriately conduct a survey for program approval.

##### ***NCLEX Scores***

The Board reviews the success rate of the nursing program's graduates on the National Council Licensure Examination (NCLEX).

#### **V. Requirements for Continuation of Approval**

##### ***Accredited Schools***

A school that has received accreditation from a Board recognized nursing accreditation agency shall file evidence of initial accreditation and any changes in accreditation status with the Board. The Board of Nursing shall continue to grant approval to schools filing evidence of accreditation. (Ch. N 1.04 (1) & (2), Wis. Admin. Code)

##### ***Non-Accredited Schools***

A school that does not hold accreditation from a Board recognized nursing accreditation agency is responsible for meeting the standards in N 1.06 and shall provide a yearly Self-Evaluation Report for Continuation of Approval Form ##### to be evaluated by the Board. (Ch. N 1.05 (1) & (2), Wis. Admin. Code)

##### ***Probationary Status and Withdrawal of Approval***

All approved schools (accredited and non-accredited) are responsible for complying with the standards under N 1.06. The following situations are cause for review to determine if standards are not being met (Ch. N 1.04 (3) to (6), Ch. N 1.05 (3) to (6), Wis. Admin. Code):

- (1) Complaints relating to violations of standards under N 1.06 which the Board has verified

- (2) A success rate by the school's graduates on the NCLEX of less than the national percent passing on an annual basis over a two year period
- (3) Withdrawal or change of school accreditation status by a Board recognized accreditation agency or a general academic accreditation agency
- (4) Failure to report and obtain approval of changes that require approval of the Board under N 1.07
- (5) Providing false or misleading information to students or the public concerning the nursing program
- (6) Violation of any of the rules under this chapter

After review, if the Board determines that the standards in N 1.06 are not being met, then the Board may put a school on probationary status. Following a Board imposed probationary status, a school shall take steps toward meeting the standards in N 1.06. If the Board determines that the standards in N 1.06 continue to be unmet, then the Board may withdrawal program approval.

The Board shall make recommendations to assist a school in reestablishing program approval through compliance with the standards in N 1.06.

#### **VI. Responsibility to Report Changes**

Schools approved under ch. N 1.07 shall notify the Board of any of the following changes which require approval of the Board prior to initiating the change:

- (1) Plan for voluntary or involuntary closure of a school;
- (2) Changes *that alter the program's compliance with ch. N 1* in the areas of organization and administration, curriculum, instruction, or faculty; or
- (3) Changes in ownership.

Changes of type (2) above only require Board approval when the change may cause the program to fall out of compliance with ch. N 1. The purpose for requiring Board approval for this type of change is to provide nursing programs the opportunity to verify that the programmatic change will not result in probationary status due to noncompliance with Board standards. Information Regarding Nursing Program Changes Form ##### may be used by nursing programs to determine whether changes in the areas of organization and administration, curriculum, instruction, or faculty alter the program's compliance with ch. N 1.

#### **VII. Additional Information**

If you have any additional questions or concerns please contact the Office of Education and Exams at [ExaminationDSPSExaminationsOffice@wisconsin.gov](mailto:ExaminationDSPSExaminationsOffice@wisconsin.gov).

# RESOLUTION

## THE COUNCIL OF STATE GOVERNMENTS

### RESOLUTION SUPPORTING CRIMINAL BACKGROUND CHECKS FOR NURSES APPLYING FOR STATE LICENSURE

**WHEREAS**, nurses work with the sick, disabled, elderly and other vulnerable populations, and it is in the interest of public safety to review nurse licensure applicants' past criminal behavior in determining whether they should be granted a license to practice nursing in a state or territory;

**WHEREAS**, applicants for nurse licensure with criminal histories may not reveal a positive criminal history on applications, and fingerprint based background checks are an effective tool to identify past criminal behavior and ensure ongoing patient safety;

**WHEREAS**, of the nation's 55 boards of nursing (excluding U.S. territories), 40 boards conduct state and federal CBCs. Fifteen boards do not. This progress has been significant, but we need every state to conduct criminal background checks;

**WHEREAS**, boards of nursing assure the security and confidentiality of the background information and must comply with any state or federal requirements to obtain access to state criminal background checks, making this process fair to licensure applicants;

**WHEREAS**, Public Law 92-544 provides funding to the Federal Bureau of Investigations (FBI) for acquiring, collecting, classifying, preserving and exchanging identification records with duly authorized officials of the federal government, the states, boards of nursing, cities, and other institutions;

**BE IT NOW THEREFORE RESOLVED**, that the Council of State Governments urges states to conduct fingerprint based criminal background checks on all nurse licensure applicants by enacting a relevant provision in the jurisdiction's Nurse Practice Act or relevant regulations;

**BE IT FURTHER RESOLVED**, that The Council of State Governments recommends that states work with their boards of nursing in developing plans to conduct nurse licensure comprehensive federal and state criminal background checks.

Adopted this 3<sup>rd</sup> Day of December, 2012, at CSG's 2012 National Conference in Austin, Texas.

## Criminal Background Check Model Language

| NCSBN                    |   |
|--------------------------|---|
| <b>NCSBN Model Act</b>   | <b>Section 9. Criminal Background Checks</b><br><br>Each applicant for licensure shall submit a full set of fingerprints to the BON for the purpose of obtaining a state and federal criminal records check pursuant to <state statute> and Public Law 92-544. The <state agency responsible for managing fingerprint data> may exchange this fingerprint data with the Federal Bureau of Investigation (FBI).  |
| <b>NCSBN Model Rules</b> | <b>5.9 Criminal Background Checks</b><br><br>a. All individuals convicted of a sexual offense involving a minor or performing a sexual act against the will of another person shall be subject to a BON order for evaluation by a qualified expert approved by the BON. If the evaluation identifies sexual behaviors of a predatory nature the BON shall deny licensure.<br><br>b. Other criminal convictions may be reviewed by the BON on a case by case basis to determine eligibility for licensure. |

National Council of State  
Boards of Nursing (NCSBN®)

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*Advancing  
Regulatory  
Excellence  
Worldwide*



# Criminal Background Check Call to Action

Wisconsin Board of  
Nursing

April 11, 2013



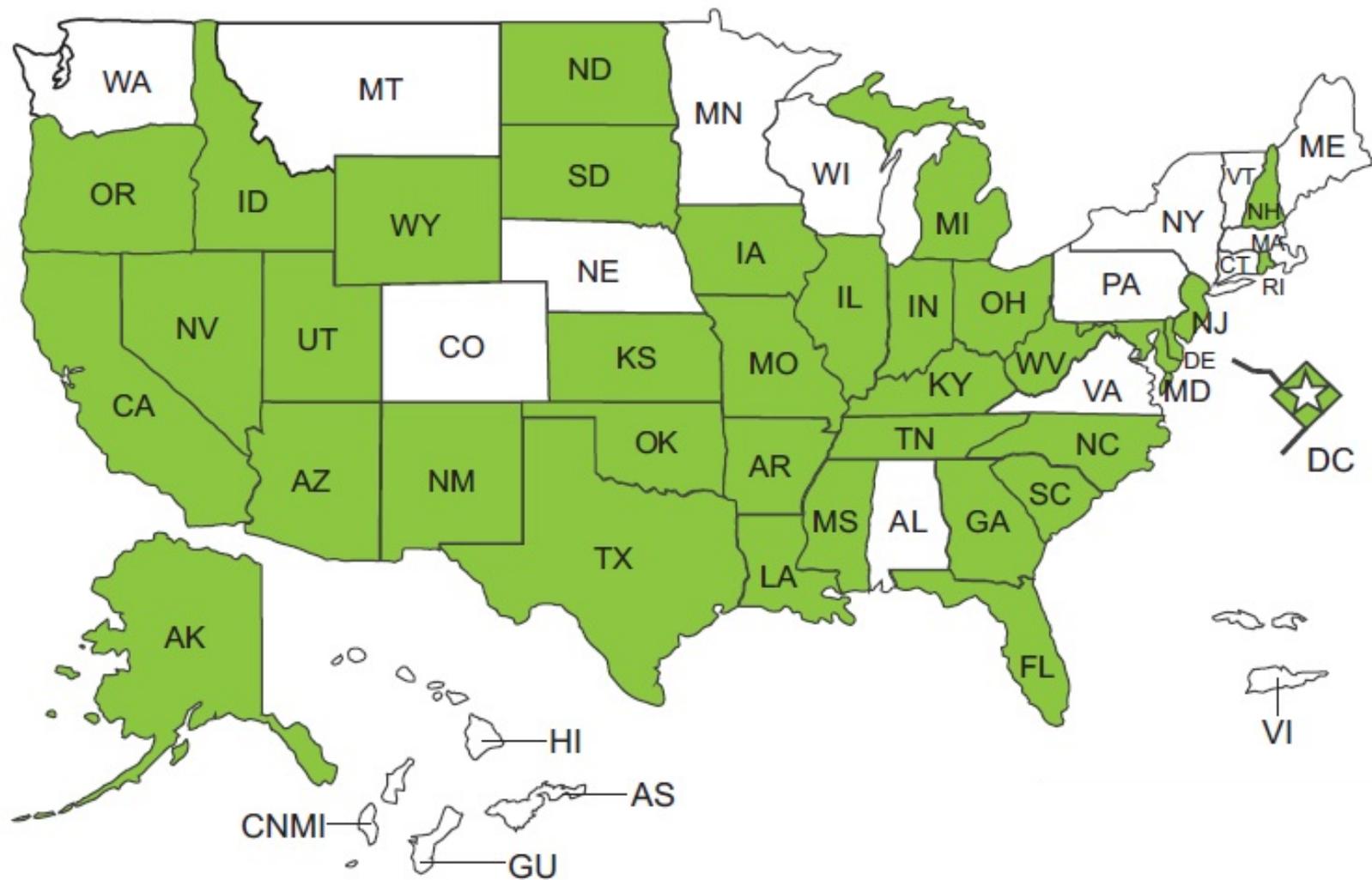
■ ■ ■ ■ ■ NCSBN

*National Council of State Boards of Nursing*

# BONs Trends

| <b>Fingerprint-based CBC for initial licensure</b> | <b>Number of BONs, out of 55 BONs<br/>(<i>does not include U.S. territories</i>)</b> |
|--|--|
| Conducts   | 40   |
| Does not conduct                                   | 15   |

**CBC Call to Action Goal: All states by 2015**



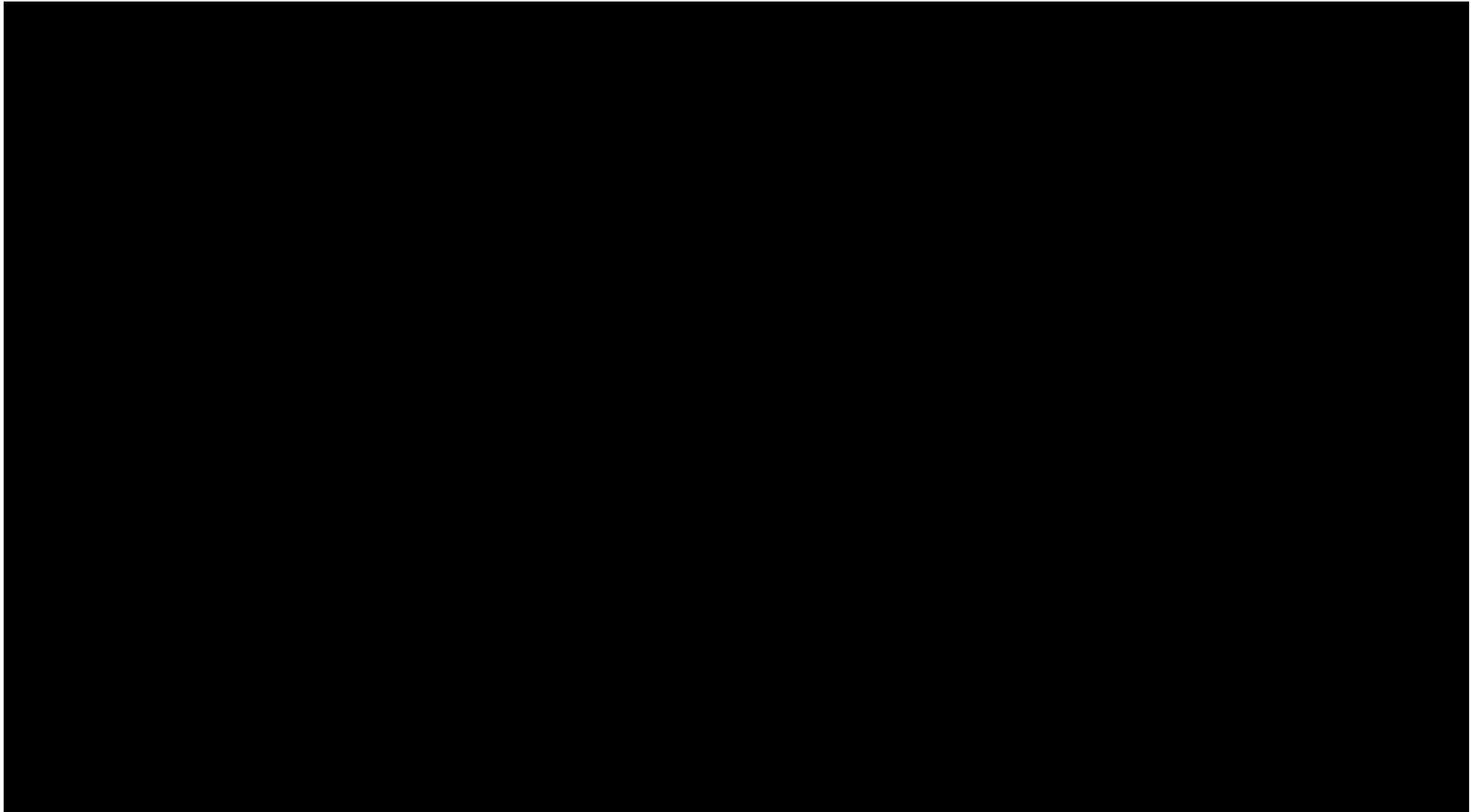
# Why Should Wisconsin Conduct Fingerprint-based CBCs?

- Public Protection
  - Make an informed decision about licensure
- Effectiveness
  - Obtain thorough information on applicants

29%



# Victoria's Story



# Roadmap

- Criminal Background Check (CBC) Overview
- Case Studies
- How NCSBN can assist you
- Questions

# CBC Definitions

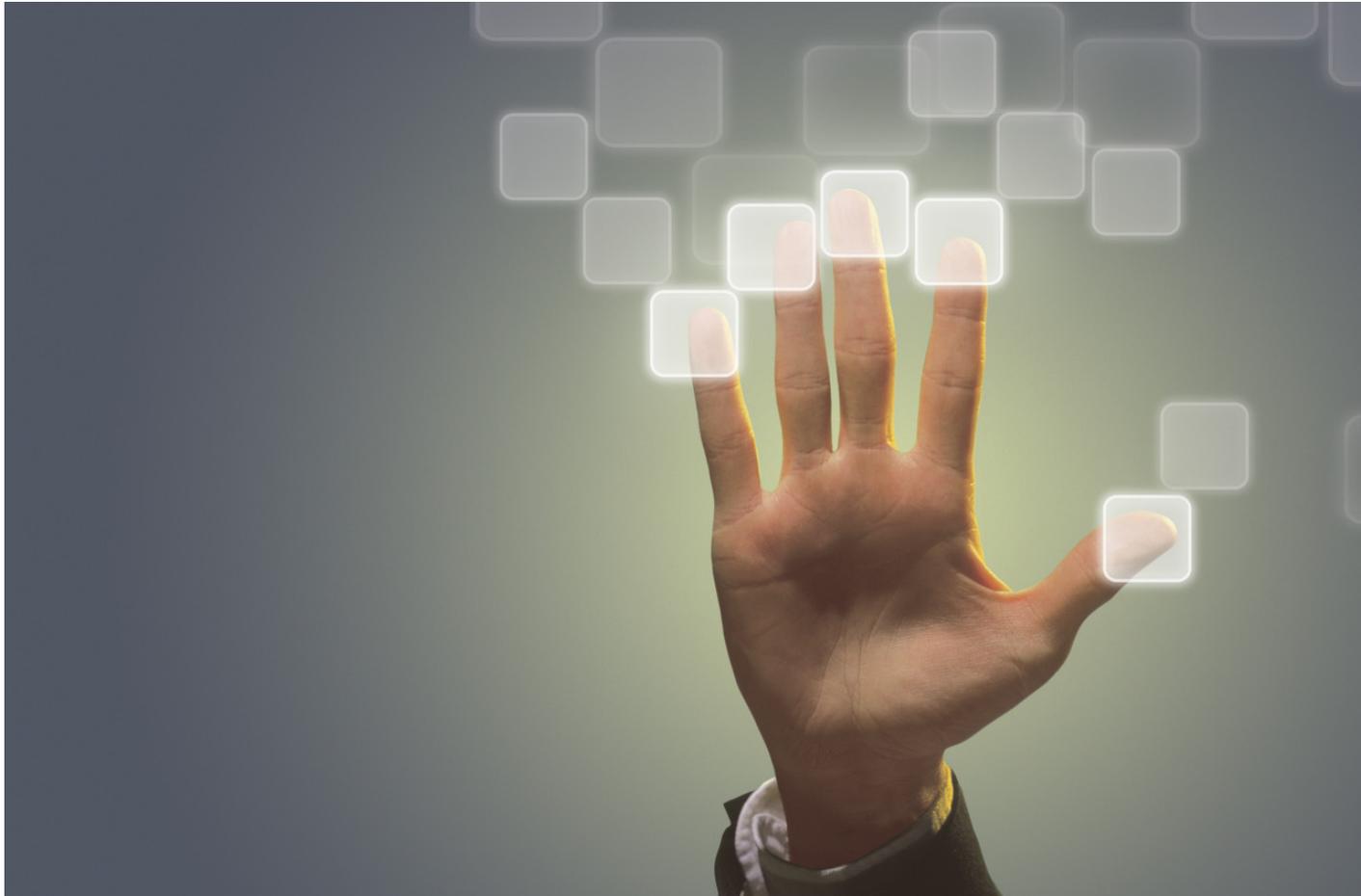
| <b>CBC Call to Action</b> | <b>Other types of CBCs</b>  |
|---------------------------|---|
| Fingerprint-based CBC     | <ul style="list-style-type: none"><li>-Name-based CBC</li><li>-Social Security CBC</li><li>-Self-disclosure</li></ul> |

# Types of CBC Methods

- In-House
  - Ink and paper fingerprinting
  - Electronic fingerprinting
- Governmental agencies
  - County police, state police, sheriff's office, fire department
- Private vendors
  - Safran Morpho Trust, Live Scan



# CBC Case Studies & Facts



# Case Study # 1

Fingerprint-Based CBC revealed:

- Armed robbery
- Attempted murder
- Felony theft
- Felony retail theft

**With this information, the BON was able to make an informed decision**

# CBC Case Studies & Facts



# Case Study # 2

- “No” on initial application in 1981
- Fingerprint CBC in 2008 revealed:
  - Applicant convicted of murder in 1972
  - Served prison sentence

**BONs cannot rely on self-disclosure or employer background checks**

# Facts

- Since implementing fingerprint CBCs in Kansas, 14.5% of the applicants had a criminal history.
  - 29% failed to self-disclose
- In Louisiana study of nursing students, 14.7% had criminal history
  - 18.2% failed to self-disclose
- Texas study
  - Before - 35
  - **After - 262**

# How NCSBN can assist you



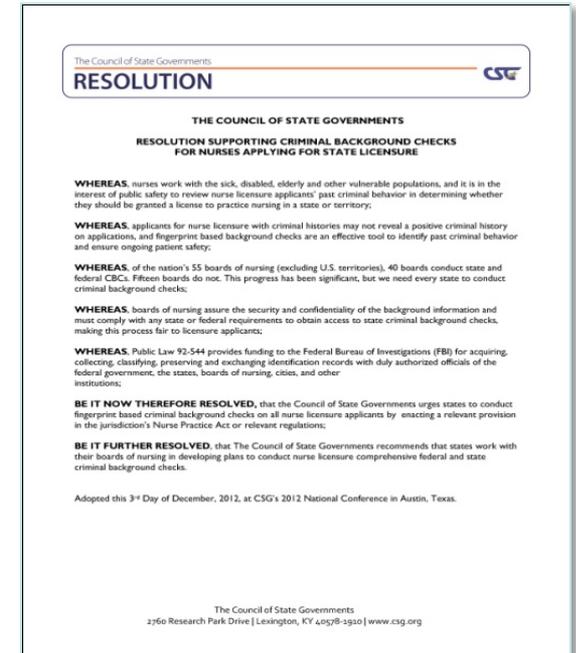
# Resources for Wisconsin

- Model Language
- Talking Points
- FAQs
- State-specific consultation
- Organize forums for states working on CBCs to:
  - Dialogue
  - Discuss concerns
  - Strategize
  - Share best practices

| NCSBN             |   |
|-------------------|---|
| NCSBN Model Act   | <b>Section 9. Criminal Background Checks</b><br><br>Each applicant for licensure shall submit a full set of fingerprints to the BON for the purpose of obtaining a state and federal criminal records check pursuant to <state statute> and Public Law 92-544. The <state agency responsible for managing fingerprint data> may exchange this fingerprint data with the Federal Bureau of Investigation (FBI).  |
| NCSBN Model Rules | <b>5.9 Criminal Background Checks</b><br><br>a. All individuals convicted of a sexual offense involving a minor or performing a sexual act against the will of another person shall be subject to a BON order for evaluation by a qualified expert approved by the BON. If the evaluation identifies sexual behaviors of a predatory nature the BON shall deny licensure.<br><br>b. Other criminal convictions may be reviewed by the BON on a case by case basis to determine eligibility for licensure. |

# Resources for Wisconsin

- Council of State Governments Resolution
- Lunch-and-Learn Seminars
- Clearinghouse for CBC data and resources



# CBC: Call to Action Website

## Criminal Background Check Call to Action



**A national initiative to enact fingerprint-based criminal background checks (CBCs) in all states**

Boards of nursing (BONs) protect the public by conducting criminal background checks (CBCs) at the time of licensure. CBCs may be conducted at the state or federal level, and may be based on name, social security number, fingerprints, or by another state-specific method. NCSBN has launched the state and federal fingerprint-based CBC Call to Action initiative to promote uniformity across all states.

**The goal of the initiative is for all jurisdictions to require fingerprint-based CBCs by 2015.**

### Additional Resources

[Language from NCSBN's Model Act Rules](#)

[Council of State Governments \(CSG\) resolution](#)

[Fingerprinting for Criminal Background Checks \(M. Blubaugh, Journal of Nursing Regulation\)](#)

### Quick Facts and Case Studies

[Criminal Background Checks for Nurse Licensure FAQs](#)

### Implementation Resources

[Criminal Justice Information System \(CJIS\) Security Policy 5.0](#)

# Questions?



[cbc-calltoaction@ncsbn.org](mailto:cbc-calltoaction@ncsbn.org)