



LEGISLATION AND RULES COMMITTEE
BOARD OF NURSING
Room N208, 4822 Madison Yards Way, 2nd Floor, Madison
Contact: Sharon Henes (608) 266-2112
July 11, 2019

Notice: The following agenda describes the issues that the Committee plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the actions and deliberations of the Committee. A quorum of the Board may be present during the committee meeting.

AGENDA

8:00 A.M.

CALL TO ORDER – ROLL CALL – OPEN SESSION

A. Approval of Agenda

B. Legislation and Administrative Rules Matters – Discussion and Consideration

- 1) N 4, Relating to Licensure of Nurse-Midwives **(5-63)**
- 2) N 2, Relating to Licensure of Nurses **(64-68)**
- 3) Legislation and Pending and Possible Rulemaking Projects

C. Public Comments

ADJOURNMENT

MEETINGS AND HEARINGS ARE OPEN TO THE PUBLIC, AND MAY BE CANCELLED WITHOUT NOTICE.

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held at 4822 Madison Yards Way, Madison, Wisconsin, unless otherwise noted. In order to confirm a meeting or to request a complete copy of the board's agenda, please call the listed contact person. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Interpreters for the hearing impaired provided upon request by contacting the Affirmative Action Officer, 608-266-2112.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Sharon Henes Administrative Rules Coordinator		2) Date When Request Submitted: 27 June 2019 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Board of Nursing Legislation and Rules Committee			
4) Meeting Date: 11 July 2019	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Legislative and Administrative Rule Matters 1. N 4, Relating to Licensure of Nurse-Midwives 2. N 2, Relating to Licensure of Nurses 3. Updates on Legislation and Pending or Possible Rulemaking Projects	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization			
<i>Sharon Henes</i>		<i>06/27/19</i>	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

under par. (c), for not more than 72 consecutive hours each year without holding a license granted by the board under this subchapter if the board determines that the requirements for the nursing credential that the person holds are substantially equivalent to the requirements for licensure under this subchapter. Except in an emergency, the person shall provide to the board, at least 7 days before practicing professional or practical nursing for the person who is specified under par. (c) 2., written notice that includes the name of the person providing notice, the type of nursing credential that the person holds and the name of the state, territory, foreign country or province that granted the nursing credential. In the event of an emergency, the person shall provide to the board written notice that includes the information otherwise required under this paragraph, as soon as practicable.

(c) A person who is permitted to practice professional or practical nursing under par. (b) may practice professional or practical nursing only for the following persons:

1. A person who is being transported through or into this state for the purpose of receiving medical care.

2. A person who is in this state temporarily, if the person is a resident of the state, territory, country or province that granted the nursing credential to the person permitted to practice professional or practical nursing under par. (b).

History: 1983 a. 189 s. 273; 1995 a. 146; 1999 a. 22; 2013 a. 124; 2017 a. 135, 364.

Cross-reference: See also ch. N 6, Wis. adm. code.

441.12 Administration; nonaccredited schools.

(1) The board shall enforce this chapter and cause the prosecution of persons violating it.

(2) No person may operate in this state a school for professional nurses or a school for practical nurses unless the school is approved by the board. No solicitation may be made in this state of the sale of, or registration in, a course by correspondence or conducted outside of the state for practical nurses unless all written material used in the solicitation plainly states in type as large as any other type on the material that the course is not approved by the board for training of practical nurses.

History: 1979 c. 34; 2013 a. 124.

441.13 Penalty. (1) Any person violating this subchapter or knowingly employing another in violation of this subchapter may be fined not more than \$250 or imprisoned not more than one year in the county jail.

(2) No action may be brought or other proceeding had to recover compensation for professional nursing services unless at the time such services were rendered the person rendering the same was a registered nurse or had a temporary permit issued under this subchapter.

(3) The remedy of injunction may be used in enforcing this subchapter.

History: 1999 a. 22.

441.15 Nurse–midwives. (1) In this section:

(a) “Collaboration” means a process that involves 2 or more health care professionals working together and, when necessary, in each other’s presence, and in which each health care professional contributes his or her expertise to provide more comprehensive care than one health care professional alone can offer.

(b) “Practice of nurse–midwifery” means the management of women’s health care, pregnancy, childbirth, postpartum care for newborns, family planning, and gynecological services consistent with the standards of practice of the American College of Nurse–Midwives and the education, training, and experience of the nurse–midwife.

(2) Except as provided in sub. (2m) and s. 257.03, no person may engage in the practice of nurse–midwifery unless each of the following conditions is satisfied:

(a) The person is issued a license by the board under sub. (3) (a).

(b) The practice occurs in a health care facility approved by the board by rule under sub. (3) (c), in collaboration with a physician with postgraduate training in obstetrics, and pursuant to a written agreement with that physician.

(c) Except as provided in sub. (5) (a), the person has in effect the malpractice liability insurance required under the rules promulgated under sub. (5) (bm).

(2m) Subsection (2) does not apply to a person granted a license to practice midwifery under subch. XIII of ch. 440.

(3) (a) Subject to s. 441.07 (1g), the board shall grant a license to engage in the practice of nurse–midwifery to any registered nurse who is licensed under this subchapter or who holds a multi-state license, as defined in s. 441.51 (2) (h), issued in a party state, as defined in s. 441.51 (2) (k), who does all of the following:

1. Submits evidence satisfactory to the board that he or she meets the educational and training prerequisites established by the board for the practice of nurse–midwifery.

2. Pays the initial credential fee determined by the department under s. 440.03 (9) (a).

3. If applicable, submits evidence satisfactory to the board that he or she has in effect the malpractice liability insurance required under the rules promulgated under sub. (5) (bm).

(b) On or before the applicable renewal date specified under s. 440.08 (2) (a), a person issued a license under par. (a) and practicing nurse–midwifery shall submit to the board on furnished forms a statement giving his or her name, residence, and other information that the board requires by rule, with the applicable renewal fee determined by the department under s. 440.03 (9) (a). If applicable, the person shall also submit evidence satisfactory to the board that he or she has in effect the malpractice liability insurance required under the rules promulgated under sub. (5) (bm). The board shall grant to a person who pays the fee determined by the department under s. 440.03 (9) (a) for renewal of a license to practice nurse–midwifery and who satisfies the requirements of this paragraph the renewal of his or her license to practice nurse–midwifery and the renewal of his or her license to practice as a registered nurse.

(c) The board shall promulgate rules necessary to administer this section, including the establishment of appropriate limitations on the scope of the practice of nurse–midwifery, the facilities in which such practice may occur and the granting of temporary permits to practice nurse–midwifery pending qualification for certification.

(4) A nurse–midwife who discovers evidence that any aspect of care involves any complication which jeopardizes the health or life of a newborn or mother shall consult with the collaborating physician under sub. (2) (b) or the physician’s designee, or make a referral as specified in a written agreement under sub. (2) (b).

(5) (a) Except for any of the following, no person may practice nurse–midwifery unless he or she has in effect malpractice liability insurance in an amount that is at least the minimum amount specified in rules promulgated under par. (bm):

1. A federal, state, county, city, village, or town employee who practices nurse–midwifery within the scope of his or her employment.

2. A person who is considered to be an employee of the federal public health service under 42 USC 233 (g).

3. A person whose employer has in effect malpractice liability insurance that provides coverage for the person in an amount that is at least the minimum amount specified in the rules.

4. A person who does not provide care for patients.

5. The provision of services by a nurse–midwife under s. 257.03.

(bm) The board shall promulgate rules establishing the minimum amount of malpractice liability insurance that is required for

a person to practice nurse–midwifery, which shall be the same as the amount established by the board under s. 441.16 (3) (e).

History: 1979 c. 317; 1983 a. 273; 1987 a. 264; 1991 a. 39; 1999 a. 22; 2001 a. 52, 105, 107; 2003 a. 321; 2005 a. 96, 292; 2007 a. 20, 97; 2009 a. 28, 42, 282; 2013 a. 114; 2017 a. 135, 329.

NOTE: Chapter 317, laws of 1979, which created this section, states legislative intent in Section 1.

441.16 Prescription privileges of nurses. (1) In this section:

(a) “Device” has the meaning given in s. 450.01 (6).
 (b) “Drug” has the meaning given in s. 450.01 (10) and includes all of the following:

1. Prescription drugs, as defined in s. 450.01 (20) (a).
2. Controlled substances, as defined in s. 961.01 (4).

(c) “Prescription order” has the meaning given in s. 450.01 (21).

(2) Subject to s. 441.07 (1g), the board shall grant a certificate to issue prescription orders to an advanced practice nurse who meets the education, training, and examination requirements established by the board for a certificate to issue prescription orders, and who pays the fee specified under s. 440.05 (1). An advanced practice nurse certified under this section may provide expedited partner therapy in the manner described in s. 448.035.

(3) The board shall promulgate rules necessary to administer this section, including rules for all of the following:

(a) Establishing the education, training or experience requirements that a registered nurse must satisfy to be an advanced practice nurse. The rules promulgated under this paragraph shall require a registered nurse to have education, training or experience that is in addition to the education, training or experience required for licensure as a registered nurse.

(am) Establishing the appropriate education, training and examination requirements that an advanced practice nurse must satisfy to qualify for a certificate to issue prescription orders.

(b) Defining the scope of practice within which an advanced practice nurse may issue prescription orders.

(c) Specifying the classes of drugs, individual drugs or devices that may not be prescribed by an advanced practice nurse.

(cm) Specifying the conditions to be met for a registered nurse to do the following:

1. Administer a drug prescribed by an advanced practice nurse who is certified to issue prescription orders.

2. Administer a drug at the direction of an advanced practice nurse who is certified to issue prescription orders.

(d) Establishing procedures for maintaining a certificate to issue prescription orders, including requirements for continuing education.

(e) Establishing the minimum amount of malpractice liability insurance coverage that an advanced practice nurse shall have if he or she is certified to issue prescription orders. The board shall promulgate rules under this paragraph in consultation with the commissioner of insurance.

(4) Every advanced practice nurse who is certified to issue prescription orders shall annually submit to the board evidence satisfactory to the board that he or she has in effect malpractice liability insurance coverage in the minimum amounts required by the rules of the board.

(5) An advanced practice nurse who is certified to issue prescription orders may not delegate the act of issuing a prescription order to any nurse who is not certified to issue prescription orders.

(6) Nothing in this section prohibits a nurse from issuing a prescription order as an act delegated by a physician, and nothing in this section prohibits an advanced practice nurse certified under this section from issuing a prescription order as an act delegated by a podiatrist.

History: 1993 a. 138; 1995 a. 448; 2009 a. 28, 280; 2013 a. 114; 2017 a. 227, 329.

Cross-reference: See also ch. N 8, Wis. adm. code.

441.18 Prescriptions for and delivery of opioid antagonists. (1) In this section:

- (a) “Administer” has the meaning given in s. 450.01 (1).
 (b) “Deliver” has the meaning given in s. 450.01 (5).
 (c) “Dispense” has the meaning given in s. 450.01 (7).
 (d) “Opioid antagonist” has the meaning given in s. 450.01 (13v).
 (e) “Opioid–related drug overdose” has the meaning given in s. 256.40 (1) (d).

(f) “Standing order” has the meaning given in s. 450.01 (21p).
 (2) (a) An advanced practice nurse certified to issue prescription orders under s. 441.16 may do any of the following:

1. Prescribe an opioid antagonist to a person in a position to assist an individual at risk of undergoing an opioid–related drug overdose and may deliver the opioid antagonist to that person. A prescription order under this subdivision need not specify the name and address of the individual to whom the opioid antagonist will be administered, but shall instead specify the name of the person to whom the opioid antagonist is prescribed.

2. Issue a standing order to one or more persons authorizing the dispensing of an opioid antagonist.

(b) An advanced practice nurse who prescribes or delivers an opioid antagonist under par. (a) 1. shall ensure that the person to whom the opioid antagonist is prescribed has or has the capacity to provide the knowledge and training necessary to safely administer the opioid antagonist to an individual undergoing an opioid–related overdose and that the person demonstrates the capacity to ensure that any individual to whom the person further delivers the opioid antagonist has or receives that knowledge and training.

(3) An advanced practice nurse who, acting in good faith, prescribes or delivers an opioid antagonist in accordance with sub. (2), or who, acting in good faith, otherwise lawfully prescribes or dispenses an opioid antagonist, shall be immune from criminal or civil liability and may not be subject to professional discipline under s. 441.07 for any outcomes resulting from prescribing, delivering, or dispensing the opioid antagonist.

History: 2013 a. 200; 2015 a. 115.

441.19 Maintenance and detoxification treatment under federal waiver. (1) In this section, “waiver” means a waiver issued by the federal department of health and human services under 21 USC 823 (g) (2) (A).

(2) With respect to the ability of an advanced practice nurse who is certified to issue prescription orders to obtain and practice under a waiver, a physician who meets any of the conditions specified in 21 USC 823 (g) (2) (G) (ii) shall be considered eligible to serve as a qualifying physician for purposes of the requirement under 21 USC 823 (g) (2) (G) (iv) (III), regardless of whether the physician himself or herself holds a waiver.

History: 2017 a. 262.

SUBCHAPTER II

ENHANCED NURSE LICENSURE COMPACT

441.51 Enhanced nurse licensure compact. (1) ARTICLE I — FINDINGS AND DECLARATION OF PURPOSE. (a) The party states find all of the following:

1. That the health and safety of the public are affected by the degree of compliance with and the effectiveness of enforcement activities related to state nurse licensure laws.

2. That violations of nurse licensure and other laws regulating the practice of nursing may result in injury or harm to the public.

3. That the expanded mobility of nurses and the use of advanced communication technologies as part of our nation’s health care delivery system require greater coordination and cooperation among states in the areas of nurse licensure and regulation.

Chapter N 4

LICENSURE OF NURSE–MIDWIVES

N 4.01 Authority and intent.

N 4.02 Definitions.

N 4.03 Qualifications for licensure.

N 4.04 Application procedures for licensure.

N 4.05 Temporary permits.

N 4.06 Scope of practice.

N 4.07 Limitations on the scope of practice.

N 4.08 Licensure and exception.

N 4.09 Health care facilities where practice shall occur.

N 4.10 Malpractice insurance coverage.

Note: Chapter N 6 as it existed on September 30, 1985 was renumbered Chapter N 4, effective October 1, 1985.

N 4.01 Authority and intent. (1) The rules in this chapter are adopted pursuant to authority of ss. 15.08 (5), 227.11 and 441.15, Stats.

(2) The intent of the board of nursing in adopting rules in this chapter, interpreting s. 441.15, Stats., is to specify the requirements for obtaining licensure as a nurse–midwife; the scope of practice of nurse–midwifery; the types of facilities in which such practice may occur; and malpractice insurance requirements for nurse–midwives.

History: Cr. Register, December, 1981, No. 312, eff. 1–1–82; am. (2), Register, May, 1990, No. 413, eff. 6–1–90; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1990, No. 413; CR 03–009: am. (2), Register November 2003 No. 575, eff. 12–1–03.

N 4.02 Definitions. As used in this chapter:

(1) “Board” means board of nursing.

(2) “Bureau” means bureau of health service professions within the department of safety and professional services, located at 1400 East Washington Avenue, Madison, Wisconsin.

(2m) “Collaboration” has the meaning specified in s. 441.15 (1) (a), Stats.

(4) “Complications” means those conditions which jeopardized the health or life of the patient and which deviate from normal as defined in the written agreement consistent with the standards of practice of the American College of Nurse–Midwives.

(5) “Direct supervision” means immediate availability to continually coordinate, direct and inspect at first hand the practice of another.

(5m) “Nurse–midwife” means a nurse–midwife licensed by the board.

(6) “Written agreement” means an agreement between the collaborating physician and the nurse–midwife which is permanently recorded, dated and signed by both parties, is available for inspection upon reasonable request, and consists of at least the following: framework of mutually approved guidelines including conditions of collaboration and referral.

History: Cr. Register, December, 1981, No. 312, eff. 1–1–82; cr. (8), Register, September, 1985, No. 357, eff. 10–1–85; am. (2), (6) and (8), Register, May, 1990, No. 413, eff. 6–1–90; CR 03–009: renum. (3), (4) and (8) to be (4), (6) and (5) and am. (4) and (6), cr. (2m), r. (5) and (7), correction made under s. 13.93 (2m) (b) 1., Stats., Register November 2003 No. 575; correction in (2) made under s. 13.92 (4) (b) 6., Stats., Register February 2012 No. 674.

N 4.03 Qualifications for licensure. An applicant for licensure as a nurse–midwife shall be granted licensure by the board, provided that the applicant meets all of the following:

(1) Has completed an educational program in nurse–midwifery accredited by the American College of Nurse–Midwives.

(2) Holds a certificate issued by the American College of Nurse–Midwives or the American College of Nurse–Midwives Certification Council.

(3) Is currently licensed to practice as a professional nurse in Wisconsin, or is currently licensed to practice professional nursing in another state which has adopted the nurse licensure compact.

History: Cr. Register, December, 1981, No. 312, eff. 1–1–82; am. (intro.) and (3), Register, May, 1990, No. 413, eff. 6–1–90; CR 01–046: am. (3), Register October 2001 No. 550, eff. 11–1–01; CR 03–009: am. (intro.), (1) and (2) Register November 2003 No. 575, eff. 12–1–2003.

N 4.04 Application procedures for licensure. (1) An applicant for licensure to practice as a nurse–midwife shall file a completed, notarized application on a form provided by the bureau. The application shall include all of the following:

(a) Signature of the applicant.

(b) Fee specified under s. 440.05 (1), Stats.

(c) Evidence of completion of an educational program in nurse–midwifery approved by the American College of Nurse–Midwives and evidence of certification as a nurse–midwife from the American College of Nurse–Midwives or the American College of Nurse–Midwives Certification Council.

(d) Identification of current licensure as a professional nurse in Wisconsin or of current licensure in another state which has adopted the nurse licensure compact, including the license number and renewal information.

(2) A separate license shall be issued by the board for the practice of nurse–midwifery.

(3) Renewal of a license to practice nurse–midwifery shall be conducted as a separate procedure from the renewal of the nurse’s license as a professional nurse.

(4) The applicant for renewal shall inform the board whether the certificate issued to him or her by the American College of Nurse–Midwives or the American College of Nurse–Midwives Certification Council has been revoked or suspended.

History: Cr. Register, December, 1981, No. 312, eff. 1–1–82; am. (1) (intro.), (c) and (d) and (3), Register, May, 1990, No. 413, eff. 6–1–90; CR 01–046: am. (1) (d) and (3), cr. (4), Register October 2001 No. 550, eff. 11–1–01; CR 03–009: am. (1) (intro.), (a) to (c) and (4) Register November 2003 No. 575, eff. 12–1–2003.

N 4.05 Temporary permits. (1) ELIGIBILITY. An applicant for licensure as a nurse–midwife who has completed an educational program in nurse–midwifery approved by the American college of nurse–midwives, who is currently licensed to practice as a professional nurse in Wisconsin and who has paid the fee specified in s. 440.05 (6), Stats., may be eligible for a temporary permit to practice nurse–midwifery.

(2) ISSUING A TEMPORARY PERMIT. The bureau of health service professions shall issue a temporary permit to an eligible applicant within one week of the determination of eligibility.

(3) SUPERVISION REQUIRED. The holder of a temporary permit shall practice under the direct supervision of a nurse–midwife certified under s. 441.15, Stats., or a physician. The holder may not practice beyond the scope of practice of a nurse–midwife as set forth in s. N 4.06.

(4) TITLE. The holder of a valid temporary permit under this section may use the title “graduate nurse–midwife” or the letters “G.N.M.”.

(5) DURATION. (a) Except as provided in pars. (b) to (e), the duration of a temporary permit granted by the board is:

1. For applicants who have been granted a temporary permit to practice as a registered nurse, the period which coincides with the registered nurse temporary permit.

2. For other applicants, 6 months.

(b) The temporary permit of a candidate who is unsuccessful on the examination administered by the American College of Nurse–Midwives Certification Council is void upon receipt of the examination results by the holder and shall be returned by the holder to the board immediately. Failure to return the permit promptly shall, without further notice or process, result in a board order to revoke the permit.

(c) A temporary permit may be renewed once for a period of 3 months.

(d) A second renewal for a 3–month period may be granted in hardship cases if an affidavit is filed with the board identifying the hardship. “Hardship cases”, as used in this paragraph, includes the inability to take or complete a scheduled examination because of illness, family illness or death, accident or natural disaster or because the person is awaiting examination results.

(e) Practice under temporary permits, including renewals under pars. (c) and (d), may not exceed 12 months total duration.

(6) DENIAL. A temporary permit may be denied an applicant for any of the reasons in sub. (7) for which the board may revoke a temporary permit or for the misrepresentation of being a nurse–midwife or a graduate nurse–midwife before the granting of a permit under this section.

(7) REVOCATION. A temporary permit may, after notice and hearing, be revoked by the board for any of the following reasons:

(a) Violation of any of the rules of conduct for registered nurses in ch. N 7 or for violation of the rules governing nurse–midwives under ch. N 4.

(b) Failure to pay the required fees under s. 440.05 (6), Stats.

(c) Provision of fraudulent information on an application for licensure.

History: Cr. Register, September, 1985, No. 357, eff. 10–1–85; r. and recr. (5) (a), am. (1) to (3) and (6), Register, May, 1990, No. 413, eff. 6–1–90; CR 03–009: am. (5) (b) Register November 2003 No. 575, eff. 12–1–2003.

N 4.06 Scope of practice. (1) The scope of practice is the overall management of women’s health care, pregnancy, childbirth, postpartum care for newborns, family planning, and gynecological services consistent with the standards of practice of the American College of Nurse–Midwives and the education, training, and experience of the nurse–midwife.

(2) The nurse–midwife shall collaborate with a physician with postgraduate training in obstetrics pursuant to a written agreement with that physician.

(3) The nurse–midwife shall consult with the consulting physician regarding any complications discovered by the nurse–midwife, or refer the patient pursuant to the written agreement.

(4) Upon referral, the nurse–midwife may manage that part of the care of the patient which is appropriate to the knowledge and skills of the nurse–midwife.

History: Cr. Register, December, 1981, No. 312, eff. 1–1–82; renum. from N. 6.05, Register, September, 1985, No. 357, eff. 10–1–85; CR 03–009: am. Register November 2003 No. 575, eff. 12–1–2003.

N 4.07 Limitations on the scope of practice. (1) The nurse–midwife shall not independently manage those complications that require referral pursuant to the written agreement.

(2) The nurse–midwife may not perform deliveries by forceps or Caesarean section. The nurse–midwife may use vacuum extractors only in emergency delivery situations.

(3) The nurse–midwife may not assume responsibilities, either by physician–delegation or otherwise, which he or she is not competent to perform by education, training or experience.

(4) Following notification of a physician as required by s. 441.15 (4), Stats., a nurse–midwife may continue to manage the delivery when complications occur if emergency measures are required and the physician has not yet arrived.

History: Cr. Register, December, 1981, No. 312, eff. 1–1–82; renum. from N. 6.06, Register, September, 1985, No. 357, eff. 10–1–85; CR 03–009: am. (1) and (2) Register November 2003 No. 575, eff. 12–1–2003.

N 4.08 Licensure and exception. (1) No person may practice or attempt to practice nurse–midwifery or use the title or letters “Certified Nurse–Midwife” or “C.N.M.”, “Nurse–Midwife” or “N.M.”, or anything else to indicate that he or she is a nurse–midwife unless he or she is licensed under this chapter.

(2) Nothing in this chapter shall be construed either to prohibit or to require a license under this chapter for any person lawfully practicing professional nursing within the scope of a license granted under ch. 441, Stats.

History: Cr. Register, December, 1981, No. 312, eff. 1–1–82; renum. from N. 6.07, Register, September, 1985, No. 357, eff. 10–1–85; am. Register, May, 1990, No. 413, eff. 6–1–90.

N 4.09 Health care facilities where practice shall occur. A health care facility where the practice of nurse–midwifery may occur is one that has adequate equipment and personnel for conducting and monitoring the normal scope of practice and that has available methods for referral to or communication with a higher level care facility if the need arises.

(2) Deliveries may be arranged for only in a facility which has adequate sanitation, thermal regulation, staffing, communication systems and medical back–up.

(3) The above limitations do not apply to care given in emergency circumstances.

History: Cr. Register, December, 1981, No. 312, eff. 1–1–82; renum. from N. 6.08, Register, September, 1985, No. 357, eff. 10–1–85.

N 4.10 Malpractice insurance coverage. (1) Nurse–midwives shall maintain in effect malpractice insurance evidenced by one of the following:

(a) Personal liability coverage in the amounts specified in s. 655.23 (4), Stats.

(b) Coverage under a group liability policy providing individual coverage for the nurse–midwife in the amounts set forth in s. 655.23 (4), Stats.

(2) Notwithstanding sub. (1), malpractice insurance is not required for any of the following:

(a) A federal, state, county, city, village or town employee who practices nurse–midwifery within the scope of his or her employment.

(b) A nurse–midwife who practices as an employee of the federal public health service under 42 USC 233 (g).

(c) A nurse–midwife who does not provide care for patients.

(3) A nurse–midwife shall submit to the board satisfactory evidence that he or she has in effect malpractice insurance required by sub. (1) at the time established for credential renewal under s. 440.08 (2) (a) 50., Stats.

Note: Forms are available from the board office located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

History: Emerg. cr. eff. 11–05–02; CR 03–009: cr., Register November 2003 No. 575, eff. 12–1–2003.



STANDARDS FOR THE PRACTICE OF MIDWIFERY

Midwifery practice as conducted by certified nurse-midwives (CNMs) and certified midwives (CMs) is the independent management of women's health care, focusing particularly on pregnancy, childbirth, the post partum period, care of the newborn, and the family planning and gynecologic needs of women. The CNM and CM practice within a health care system that provides for consultation, collaborative management, or referral, as indicated by the health status of the client. CNMs and CMs practice in accord with the Standards for the Practice of Midwifery, as defined by the American College of Nurse-Midwives (ACNM).

STANDARD I

MIDWIFERY CARE IS PROVIDED BY QUALIFIED PRACTITIONERS

The midwife:

1. Is certified by the ACNM designated certifying agent.
2. Shows evidence of continuing competency as required by the ACNM designated certifying agent.
3. Is in compliance with the legal requirements of the jurisdiction where the midwifery practice occurs.

STANDARD II

MIDWIFERY CARE OCCURS IN A SAFE ENVIRONMENT WITHIN THE CONTEXT OF THE FAMILY, COMMUNITY, AND A SYSTEM OF HEALTH CARE.

The midwife:

1. Demonstrates knowledge of and utilizes federal and state regulations that apply to the practice environment and infection control.
2. Demonstrates a safe mechanism for obtaining medical consultation, collaboration, and referral.
3. Uses community services as needed.
4. Demonstrates knowledge of the medical, psychosocial, economic, cultural, and family factors that affect care.
5. Demonstrates appropriate techniques for emergency management including arrangements for emergency transportation.
6. Promotes involvement of support persons in the practice setting.

STANDARD III

MIDWIFERY CARE SUPPORTS INDIVIDUAL RIGHTS AND SELF-DETERMINATION WITHIN BOUNDARIES OF SAFETY

The midwife:

1. Practices in accord with the Philosophy and the Code of Ethics of the American College of Nurse-Midwives.
2. Provides clients with a description of the scope of midwifery services and information regarding the client's rights and responsibilities.

3. Provides clients with information regarding, and/or referral to, other providers and services when requested or when care required is not within the midwife's scope of practice.
4. Provides clients with information regarding health care decisions and the state of the science regarding these choices to allow for informed decision-making.

STANDARD IV

MIDWIFERY CARE IS COMPRISED OF KNOWLEDGE, SKILLS, AND JUDGMENTS THAT FOSTER THE DELIVERY OF SAFE, SATISFYING, AND CULTURALLY COMPETENT CARE.

The midwife:

1. Collects and assesses client care data, develops and implements an individualized plan of management, and evaluates outcome of care.
2. Demonstrates the clinical skills and judgments described in the ACNM Core Competencies for Basic Midwifery Practice.
3. Practices in accord with the ACNM Standards for the Practice of Midwifery.

STANDARD V

MIDWIFERY CARE IS BASED UPON KNOWLEDGE, SKILLS, AND JUDGMENTS WHICH ARE REFLECTED IN WRITTEN PRACTICE GUIDELINES AND ARE USED TO GUIDE THE SCOPE OF MIDWIFERY CARE AND SERVICES PROVIDED TO CLIENTS.

The midwife:

1. Maintains written documentation of the parameters of service for independent and collaborative midwifery management and transfer of care when needed.
2. Has accessible resources to provide evidence based clinical practice for each specialty area which may include, but is not limited to, primary health care of women, care of the childbearing family, and newborn care.

STANDARD VI

MIDWIFERY CARE IS DOCUMENTED IN A FORMAT THAT IS ACCESSIBLE AND COMPLETE.

The midwife:

1. Uses records that facilitate communication of information to clients, consultants, and institutions.
2. Provides prompt and complete documentation of evaluation, course of management, and outcome of care.
3. Promotes a documentation system that provides for confidentiality and transmissibility of health records.
4. Maintains confidentiality in verbal and written communications.

STANDARD VII

MIDWIFERY CARE IS EVALUATED ACCORDING TO AN ESTABLISHED PROGRAM FOR QUALITY MANAGEMENT THAT INCLUDES A PLAN TO IDENTIFY AND RESOLVE PROBLEMS.

The midwife:

1. Participates in a program of quality management for the evaluation of practice within the setting in which it occurs.

2. Provides for a systematic collection of practice data as part of a program of quality management.
3. Seeks consultation to review problems, including peer review of care.
4. Acts to resolve problems identified.

STANDARD VIII

MIDWIFERY PRACTICE MAY BE EXPANDED BEYOND THE ACNM CORE COMPETENCIES TO INCORPORATE NEW PROCEDURES THAT IMPROVE CARE FOR WOMEN AND THEIR FAMILIES.

The midwife:

1. Identifies the need for a new procedure taking into consideration consumer demand, standards for safe practice, and availability of other qualified personnel.
2. Ensures that there are no institutional, state, or federal statutes, regulations, or bylaws that would constrain the midwife from incorporation of the procedure into practice.
3. Demonstrates knowledge and competency, including:
 - a) Knowledge of risks, benefits, and client selection criteria.
 - b) Process for acquisition of required skills.
 - c) Identification and management of complications.
 - d) Process to evaluate outcomes and maintain competency.
4. Identifies a mechanism for obtaining medical consultation, collaboration, and referral related to this procedure.
5. Maintains documentation of the process used to achieve the necessary knowledge, skills and ongoing competency of the expanded or new procedures.

Source: Division of Standards and Practice

Approved: ACNM Board of Directors, March 8, 2003;

Revised and Approved: ACNM Board of Directors, December 4, 2009

Revised and Approved: ACNM Board of Directors, September 24, 2011

(Supersedes the ACNM's Functions, Standards and Qualifications, 1983 and Standards for the Practice of Nurse-Midwifery 1987, 1993. Standard VIII has been adapted from the ACNM's Guidelines for the Incorporation of New Procedures into Nurse-Midwifery Practice)

AMCB Rationale for Requirements

ELIGIBILITY REQUIREMENTS TO TAKE NATIONAL CERTIFICATION EXAMINATION

- I. **Candidates from Nurse-Midwifery Educational Programs:** Candidates who successfully pass the certification examination will be awarded the CNM credential.

- A. Proof of licensure, active on the date of the examination, as a U.S. Registered Nurse (i.e., in one of the fifty states, the District of Columbia, or U.S. territory)

Proof consists only of one of the following: 1) copy of license (showing expiration date) active on the date of the examination as a U.S. registered nurse; 2) written letter from a U.S. jurisdiction (i.e., one of the fifty states, the District of Columbia, or U.S. territory) containing the same information as the nursing license from that jurisdiction and indicating that the license is active as of the date of the examination. In the case of the written letter from a U.S. jurisdiction, that letter must appear on the official letterhead of that jurisdiction and be signed by an authorized agent of that jurisdiction; and 3) A copy of web verification of licensure.

Rationale: Proof of licensure as a U.S. Registered Nurse is required to show that the individual has obtained the additional education/training and licensure in nursing prior to sitting for the examination and being granted a credential as a Certified Nurse Midwife

- B. Satisfactory completion of a graduate degree or has met the institutional requirements for a graduate degree from a program accredited by or with pre-accreditation status from the Accreditation Commission for Midwifery Education (ACME).

Rationale: The AMCB has aligned itself with the APRN Consensus Model in an effort to ensure practice autonomy for their certificants. The education requirements of the APRN Consensus Model state "APRN education must be formal education with a graduate degree or post-graduate certificate (either post-master's or post-doctoral) that is awarded by an academic institution and accredited by a nursing or nursing-related accrediting organization recognized by the U.S. Department of Education (USDE) and/or the Council for Higher Education Accreditation (CHEA)". The Accreditation Commission for Midwifery Education has been recognized by the U.S. Department of Education (under "Health Care") as a programmatic accrediting agency for nurse-midwifery education programs since 1982.

- C. Verification by the director of the nurse-midwifery program confirming the candidate has met the institutional requirements for a graduate degree, and the date it was completed.
- D. Attestation by the director of the nurse-midwifery program that the candidate is performing at the level of a safe, beginning practitioner.

Rationale for C & D: It has been an ongoing belief by the AMCB Board of Directors that the director of the nurse-midwifery program is in the best position to judge if the applicant is performing at the level of a safe, beginning practitioner, and has met the institutional requirements for a graduate degree. This requirement assures that, in addition to meeting the institutional requirements, the candidate is performing clinically at the safe beginning level. Additionally, a letter from the director of the program can come in a timelier manner than a transcript for verification of the requirements for a graduate degree.

II. Candidates from Midwifery Education Programs: Candidates who successfully pass the certification examination will be awarded the CM credential.

- A. Satisfactory completion of a graduate degree or has met the institutional requirements for a graduate degree from a program accredited by or with pre-accreditation status from ACME.

Rationale: The AMCB has aligned itself with the APRN Consensus Model in an effort to ensure practice autonomy for their certificants. The education requirements of the APRN Consensus Model state "APRN education must be formal education with a graduate degree or post-graduate certificate (either post-master's or post-doctoral) that is awarded by an academic institution and accredited by a nursing or nursing-related accrediting organization recognized by the U.S. Department of Education (USDE) and/or the Council for Higher Education Accreditation (CHEA)". The Accreditation Commission for Midwifery Education has been recognized by the U.S. Department of Education (under "Health Care") as a programmatic accrediting agency for nurse-midwifery education programs since 1982.

B. Verification by the director of the midwifery program confirming the candidate has met the institutional requirements for a graduate degree, and the date it was completed.

C. Attestation by the director of the midwifery program that the candidate is performing at the level of a safe, beginning practitioner.

Rationale for C & D: It has been an ongoing belief by the AMCB Board of Directors that the director of the midwifery program is in the best position to judge if the applicant is performing at the level of a safe, beginning practitioner, and has met the institutional requirements for a graduate degree. This requirement assures that, in addition to meeting the institutional requirements, the candidate is performing clinically at the safe beginning level. Additionally, a letter from the director of the program can come in a timelier manner than a transcript for verification of the requirements for a graduate degree.

D. Subsequent provision of proof of current licensure as a U.S. Registered Nurse may result in awarding the CNM credential.

Rationale: The difference between the CNM and the CM credential is a nursing degree (the examination and midwifery education is the same). If at some point the CM completes a nursing program and achieves the registered nurse credential and becomes licensed in the United States or its Territories, then they may "switch" their CM credential to the CNM credential. Certificants are only permitted to "switch" once and may not "switch" back

REQUIREMENTS FOR RETAKING THE EXAMINATION

A candidate who fails the certification examination may retake the examination. The first retake may occur no sooner than 30 days after the initial examination. Subsequent retakes may occur no sooner than 90 days after the last exam. The candidate is allowed to sit for the examination a maximum of 4 times. If the candidate has not passed the examination within 24 months of the date of completion of the program or has reached the 4th examination attempt prior to the 24 month period, she/he must demonstrate successful attainment of the core competencies of midwifery practice by completing another accredited educational (basic or pre-certification) program in nurse-midwifery or midwifery. This means that an individual must repeat an ACME (Accreditation Commission for Midwifery Education) accredited program after the 24 month time limit has expired or after the 4th unsuccessful attempt, and graduate from that program to become an eligible candidate for the AMCB certification examination. There is no other mechanism.

AMCB's mission is "To protect and serve the public by leading the certification standards in midwifery". The AMCB examination assesses entry-level competencies for the practice of midwifery. It does not test clinical competencies as those are completed as part of the ACME accredited midwifery education. In 2009 a task force including representatives from the American College of Nurse-Midwives (ACNM) Board of Directors and staff, the Directors of Midwifery Education (DOME), and the Midwifery Business Network (MBN) was convened to develop "Re-Entry Guidelines for CNMs/CMs". Based upon these guidelines, the AMCB Board made a preliminary decision to limit the length of time to successfully pass the examination to a 24 month period to help assure that the candidates' clinical skills are still at the level of a safe practitioner when they pass the exam. The AMCB Board gathered input from DOME to on the 24 month period as well as the number of times to allow a candidate to sit for the exam. The final decision by the AMCB Board of Directors to allow up to 4 takes within a 24 month period was based upon a number of items including:

- 1. Encouraging the candidate not to wait too long prior to taking the exam the first time*
- 2. Encouraging the candidate to take time to study areas they may have tested poorly in prior to sitting for the exam a second, third, or fourth time*
- 3. There are three versions of the exam active at all times so after the third take the candidate has the potential to retake a version of the exam that has already been taken. A four take limit helps minimize the potential that the candidate may recognize or memorize questions on the exam, therefore protecting the public.*
- 4. Protecting the public by not allowing a candidate to be certified and begin practicing with more than a 24 month period between assurance of their clinical skills and actual certification.*
- 5. At the time the policy decision was made the pass rate for first time takers was 87.1% versus 48.1% for all repeaters with a decline in pass rate with each subsequent take.*

REQUIREMENTS FOR RECERTIFICATION

- I. Timeframe for Recertification:** According to the guidelines published in 2009 by the Consensus Model for Advanced Practice Registered Nurse Regulation (endorsed by ACNM and AMCB), re-certification processes must occur within a 5-year time frame. These guidelines provide the industry standards for re-certification of independent licensed providers such as certified nurse-midwives and certified midwives. Additional information can be found at [www.https://ncsbn.org](https://ncsbn.org)
- II. Recertification Audit:** Each year, in order to verify compliance with the continuing education requirements, an audit is performed on a random sample of 10 % of the midwives who were

recertified the previous year. According to published guidelines on conducting a compliance audit, random sampling reduces sampling risk and ensures the auditor of adequate and equal representation of the total group (or population). In addition, a 10% sample will generally meet a 95% confidence level for populations over 200. (I have a reference for this from HUD) For example, the typical number of midwives re-certified each year is approximately 1000-2000, providing a random sample of at least 100-200 midwives.

ACME

ACCREDITATION COMMISSION
for MIDWIFERY EDUCATION

**Criteria for Programmatic Accreditation of
Midwifery Education Programs
with
Instructions for Elaboration and Documentation**

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ACME
ACCREDITATION
COMMISSION
for MIDWIFERY
EDUCATION

PREFACE

Accreditation Commission for Midwifery Education (ACME)

The mission of the Accreditation Commission for Midwifery Education (ACME) is to advance excellence in midwifery education. The U.S. Department of Education grants the following scope of recognition to ACME: "the accreditation and pre-accreditation of basic certificate, basic graduate nurse-midwifery, direct entry midwifery, and pre-certification nurse-midwifery education programs, including those programs that offer distance education." Programmatic accreditation is a quality assurance process combining self-assessment and peer evaluation. Institutions offering midwifery education voluntarily participate in the accreditation process with ACME to assure that standards of midwifery education are maintained, competencies and skills are learned, and graduates are appropriately qualified. To be accredited, a program is expected to meet and maintain compliance with all of the criteria in this document. Every five years, the ACME Board of Commissioners (BOC) revises the criteria seeking input from a variety of stakeholders, including midwifery educators, clinicians, and others. The last review began in 2018 and the finalized and published new criteria in May 2019. This document is the most current version of ACME's criteria.

ACME services are available to any education program that meets the eligibility requirements outlined in our Policies and Procedures Manual. For more information about the standards for programmatic accreditation agencies, visit the [U.S. Department of Education website](http://www.acme.org) or address correspondence to Staff Assistant, Accreditation Office, USDE, 1990 K Street, NW, Washington, DC 20006, 202.219.7011 or 800.872.5327.

ACME is administratively and financially autonomous from the American College of Nurse-Midwives. For more information visit, www.midwife.org/acme or call 240.485.1803.

Criteria for Programmatic Accreditation of Midwifery Education Programs with Instructions for Elaboration and Documentation

Introduction

The Accreditation Commission for Midwifery Education (ACME) establishes the *Criteria for Programmatic Accreditation of Midwifery Education Programs*. These criteria are the basis for the programmatic accreditation process that is a joint activity involving both the midwifery education program and ACME. The purposes of the criteria include to:

- A. Provide structure for implementing peer evaluation in the assessment of the quality of midwifery education programs preparing midwives and nurse-midwives
- B. Assure all aspects of midwifery education programs lead to appropriate student outcomes and prepare competent midwives
- C. Serve as a guide to faculty in developing and improving their program and as a framework for self-evaluation

For Board of Review (BOR) action on each programmatic accreditation report, all programmatic accreditation criteria are considered and must be met. Actions that may be taken by the BOR are listed in the section titled “Board of Review” in the [ACME Policies and Procedures Manual](#). For more information and other accreditation documents, visit www.midwife.org/acme

Currently, ACME accredits programs that culminate in a certificate, master’s degree, doctoral degree or post-graduate certificate. ACME also accredits pre-certification programs. There may be multiple paths of entry into these programs. Such programs include, but are not limited to, the following examples:

- Associate degree or baccalaureate degree to master’s degree program in nurse-midwifery or midwifery
- Post baccalaureate certificate
- A midwifery education program that leads to a master’s degree in midwifery, nursing, public health or an allied health field
- Post graduate certificate
- A midwifery education program that leads to a doctoral degree

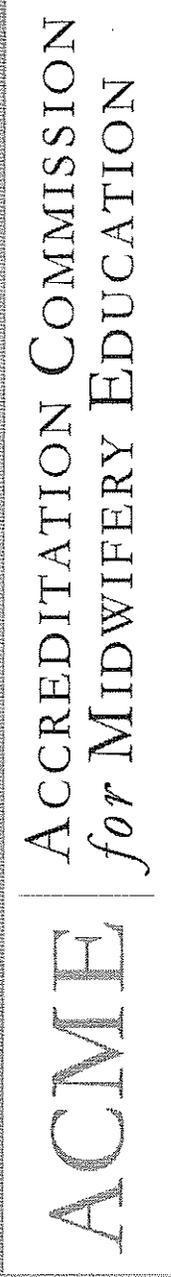
Glossary of terms can be found at [ACME Glossary of Terms](#).

Instructions for Title Page and Program Overview of the Self-Evaluation Report

Begin the Self-Evaluation Report (SER) with a title page as described in *ACME Policies and Procedures Manual*. Complete the SER Title Page and Program(s) Table form included in Appendix A: *SER Title Page* in this document. A one- to two-page overview describing the institution, its midwifery program/s and other programs as relevant must follow the title page.

The overview will include a brief description in narrative form that:

- Explains when the institution and each program began and any significant changes or milestones
 - Presents the institution's corporate or organizational structure (e.g., part of a state system or for-profit corporation corporate structure)
 - Describes the primary modalities for the delivery of education (e.g., face to face, combination or all distance education)
 - Describes the basis for credit (e.g., semester hours or quarter credit hours)
 - Lists the type/s of program/s offered
- N.B. if there is more than one clearly distinguishable midwifery program in the institution and if the way each meets a criterion is different, clearly explain both in the SER. Incorporate the responses into one PAR/SER, not separate PAR/SERs for each program. Examples: a school that has a basic master's program and a basic DNP program or a school that has a basic nurse-midwifery and basic midwifery program.
- Lists credential/s and degree level/s awarded
 - Lists URL or website address for the institution
 - Defines the PAR/SER time frame, the one-year period represented in this self-study, including type of year (academic or calendar year)
 - The two most recent completed class cohorts for student clinical experience
 - Provides a list of any abbreviations and acronyms essential for reading the PAR/SER



**Criteria for Programmatic Accreditation of Midwifery
Education Programs with
Instructions for Elaboration and Documentation**

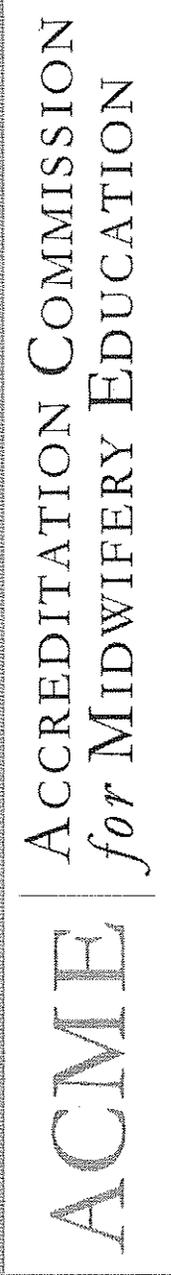
**Criterion I:
Organization & Administration**

Purpose: The purpose of Criterion 1 is to evaluate the organizational and administrative context of the midwifery program.

Criterion 1: Organization & Administration	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
<p>A. This SER is an in-depth self-study written by a member/s of the midwifery program faculty with opportunity for input provided to students, faculty, and administrators.</p>	<p>A. Describe who wrote the SER. Describe the opportunity for input provided to:</p> <ul style="list-style-type: none"> • students • faculty • administrators <p>B. Describe the program's relevant constituents and method of distribution of requests for third party comment.</p>	<p>A. Provide evidence of how the students, faculty, and administrators had input into writing the SER, e.g. emails, memoranda, meeting minutes, etc.</p>
<p>B. The midwifery program provides an opportunity to its relevant constituents for third party comment in relation to the program's congruence with the accreditation criteria at least two months prior to the scheduled site visit.</p>	<p>C. "Resides within" can be documented through evidence found in academic unit publications; "affiliated with" must be documented with a copy of the affiliation agreement. Describe the relationship of the program to the accredited institution. Name the institutional accrediting body. If the midwifery program resides within or is affiliated with an institution based outside the United States, describe the relationship between the program and the international institution.</p>	<p>B. Provide evidence of notification of constituencies, e.g. emails, URLs, ACNM publications, ACME website, etc.</p>
<p>C. The midwifery program resides within or is affiliated with an institution that is currently accredited by an agency recognized by the United States Department of Education, or it meets ACME's policy requirements for institutions based outside the United States (see Appendix B: <i>ACME Policy on International Accreditation for Degree-Granting Higher Education Institutions Based Abroad</i>).</p>	<p>D. Identify key administrators and their titles. Describe their support with concrete examples for both the institution and the academic unit (if different).</p>	<p>C. Provide a copy of the letter or certificate of current institutional accreditation.</p>
<p>D. There is evidence of commitment to the midwifery program from key administrators in the institution and academic unit.</p>	<p>E. Describe program financial resources, including both internal and external funding sources (grants).</p>	<p>D. Provide documentation indicating support, e.g. meeting minutes, policies, and personal communications.</p>
<p>E. The midwifery program has sufficient fiscal resources to ensure that program objectives can be met.</p>		<p>E. Provide information that demonstrates that fiscal resources are adequate to meet program objectives. This may include financial statements, grant award</p>

Criterion I: Organization & Administration	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
	<p>Explain any financial problems facing the program that would prohibit the program from meeting its stated objectives and intended outcomes.</p> <p>If external grants are a significant source of support of the program, explain how the midwifery program would meet its objectives and outcomes if that funding were discontinued.</p>	<p>statements, program budgets, and other financial records.</p>
F. The midwifery program has input into the budget process and/or financial planning to ensure ongoing adequate program resources.	F. Describe how the midwifery program and midwifery program director provide input into the budget process and/or financial planning.	F. Provide documentation indicating input into the budgetary process, e.g. meeting minutes, email, sample budget.
G. The midwifery program is in an institutional environment that promotes and facilitates faculty scholarship and professional activities.	G. Provide the institution's and/or academic unit's policies. Describe relevant resources.	G. Provide evidence of institutional support/policies for faculty scholarship and professional activities, e.g. support for professional travel, set-aside time in the workload calculations for scholarship and/or professional activities, sabbatical.
H. The midwifery program resides within or is affiliated with an institution with policies and/or initiatives that encourages and supports diversity and inclusion of faculty, staff, and students.	H. Describe any institutional policies related to promoting a climate of diversity and inclusion as it relates to the student body, faculty, and curriculum.	H. Provide evidence for institutional initiatives, policies, email communications, or strategic planning for implementing goals of promoting diversity and climate of inclusivity.
I. Each midwifery program is a definable entity distinguishable from other education programs and services within the institution.	I. Describe where the midwifery program is identified specifically.	I. Identify references to the program in printed and online documents, e.g. catalogs, brochures/recruitment materials, or websites.
J. The midwifery program is directed by a midwife who is clearly identified by title and position, meets institutional qualifications for appointment to that position, and has management and administration capacity.	J. Document who has the responsibility for program direction. Describe the institution's requirements for the position and how the current program director meets these qualifications. Describe the management and administration capacity of the program director.	J. Provide evidence such as letter of appointment, job description or a letter from the academic unit administrator detailing these requirements. Provide the program director's current curriculum vitae (CV). Provide evidence of how the program director meets these requirements.
K. The midwifery program director has sufficient authority to ensure that the program meets all	K. Describe institutional policies that reflect the authority of the midwifery program director to insure compliance with ACME	K. Provide copies of any policies that document the authority of the program director. Provide concrete

Criterion I: Organization & Administration	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
<p>administrative and curricular requirements for accreditation by ACME.</p> <p>L. The midwifery program displays the current ACME accreditation status accurately to the public.</p>	<p>criteria. Provide examples of administrative and curricular decisions that reflect that authority.</p> <p>L. Identify specifically where the accreditation status may be found including ACME's postal address, telephone number and electronic address.</p>	<p>examples, if any, of changes that were made by the program director that were implemented.</p> <p>L. Provide identified relevant printed or electronic documents marked where pertinent information may be found. Provide the URL where information is publicized.</p> <p>Sample language of accreditation status: The (name of midwifery program) is (status of accreditation) by the Accreditation Commission for Midwifery Education, 8403 Colesville Road, Suite 1550, Silver Spring, MD 20190, www.midwife.org/acme</p>
<p>M. The midwifery program states and describes the certificate and/or degree(s) that may be earned.</p>	<p>M. State the exact wording of the credential as it appears on the certificate or diploma. In cases in which more than one credential is awarded, all must be addressed. Identify specifically where the evidence may be found in printed and/or electronic documents. Provide evidence of legal authority to grant this/these degree(s)/credentials.</p>	<p>M. Provide evidence of the credential, such as a copy of a diploma/certificate or other document that clearly states the degree or certificate awarded.</p> <p>Provide documentation of legal authority.</p> <p>Provide the URL where information is publicized.</p>
<p>N. The midwifery program has academic policies, admission, continuation, and graduation requirements, and possible patterns of progression through the program.</p>	<p>N. Identify specifically where the evidence for each item is found in printed and/or electronic documents.</p>	<p>N. Provide the identified relevant printed and/or electronic documents marked where pertinent information may be found.</p> <p>Provide the URL where information is publicized.</p>
<p>O. The midwifery program provides to the public information about the midwifery program's tuition and fees, including the relevant refund policy, and related costs, such as required texts and technology, and clinical site expenses.</p>	<p>O. Identify specifically where the evidence may be found in printed and/or electronic documents.</p>	<p>O. Provide the identified relevant printed and/or electronic documents marked where pertinent information may be found.</p> <p>Provide the URL where information is publicized.</p>
<p>P. The midwifery program has a transfer of credit policy.</p>	<p>P. Identify specifically where the evidence may be found in printed and/or electronic documents. This policy must include the criteria by which the program makes a determination with regard to accepting credits from another program or institution.</p>	<p>P. Provide the identified relevant printed and/or electronic documents marked where pertinent information may be found.</p> <p>Provide the URL where information is publicized.</p>



**Criteria for Programmatic Accreditation of Midwifery
Education Programs with
Instructions for Elaboration and Documentation**

**Criterion II:
Faculty**

Purpose: The purpose of Criterion II is to ensure that midwifery program faculty are academically prepared and qualified to teach, are fully responsible for the instruction and management of the midwifery program and have equity with other faculty in the institution.

Criterion II: Faculty	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
<p>A. All faculty are recruited, appointed and promoted according to the institution's non-discrimination policy, in a process that actively fosters diversity and inclusiveness in the faculty.</p>	<p>A. In the SER, identify the location of the non-discrimination policy in the institution's policies, and provide an active link to the policy. Describe efforts to achieve diversity and inclusiveness in the faculty and the outcomes of these efforts. Describe the number, frequency, type, and resolution of complaints pertaining to discrimination in the past five years. If there have been none, state that in the SER.</p>	<p>A. Provide evidence that the policy and process have been implemented.</p> <p>Possible sources of evidence could include:</p> <ul style="list-style-type: none"> • job advertising placements • instructions to search committee
<p>B. All faculty carry out their responsibilities with respect for diversity and variations among students and colleagues.</p>	<p>B. Provide examples of faculty addressing students' or colleagues' individual variations, such as:</p> <ul style="list-style-type: none"> • previous professional experience • levels of ability • family needs • study or test-taking needs • religious or cultural observances <p>If there is a specific written policy, provide an active link in the SER to the location of that policy.</p>	<p>B. Include any examples of how this is done. De-identified personal communications may be a source of documentation. For the site visit, place examples in a folder labeled II.B.</p>
<p>C. Core faculty are certified, as applicable, by the American Midwifery Certification Board (AMCB), or another appropriate certifying body for faculty who are not CNMs or CMs.</p>	<p>C. Provide a Core Faculty Table II-1 in an appendix to the SER that describes the core faculty (see Glossary) who taught in the SER time frame. A template and instructions for Table II-1 are in Appendix C: <i>Core Faculty Table</i>, of this document.</p> <p>List the CNMs/CMs on the core faculty first in this table, followed by the remainder of the faculty, in alphabetical order by last name.</p> <p>If there are core faculty who also provide clinical instruction, summarize their clinical teaching responsibilities in this table.</p>	<p>C. Provide a folder for each core faculty member who taught in the SER time frame, organized by faculty's last name.</p> <p>These folders must include:</p> <ol style="list-style-type: none"> 1) A current CV or resume 2) Evidence of certification, as applicable <p>For core faculty who are midwives, include evidence of AMCB certification. This can be a copy of the certificate or of the individual's AMCB certification information</p>

Criterion II: Faculty	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
		<p>from the AMCB website. Include other certification if appropriate to the individual's teaching role, e.g. WHNP or FNP.</p> <p>For core faculty who are not midwives, provide evidence of specialty certification as applicable. Some core faculty roles may not require certification.</p> <p>Evidence of current licensure is acceptable as evidence of certification <i>if AMCB or specialty certification is the only route to licensure in that legal jurisdiction.</i></p> <p>If the individual's licensure is used to document certification, place a copy of the license or website verification of licensure for each licensee in their folder. In addition, place one copy of the portion of the licensing law that requires AMCB or specialty certification for licensure in a location easily accessible to the site visitors.</p> <p>100% of these faculty folders must be present and complete in the exhibits for site visitors to review.</p>
<p>D. Core faculty have education credentials appropriate to the level at which they teach and meet the academic institution's requirements for faculty.</p>	<p>D. Describe the academic institution's requirements for faculty. Ensure that core faculty education credentials are included in Table II-1.</p>	<p>D. For all core faculty, include evidence of completion of the highest earned academic degree, as listed in the table, in each faculty folder.</p>
<p>E. Core faculty have preparation for teaching commensurate with the teaching assignment, e.g. face-to-face, hybrid, and distance delivery.</p>	<p>E. Describe the midwifery program's process for determining that core faculty have appropriate preparation. Appropriate preparation may differ for different teaching assignments.</p>	<p>This may be a transcript or a copy of a diploma.</p> <p>E. For all core faculty, include evidence of teacher preparation in each faculty folder.</p> <p>Possible sources of evidence for teaching preparation:</p>

Criterion II: Faculty	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
	<p>Describe how new core faculty are mentored into their teaching roles.</p> <p>Elaborate on the preparation and supervision afforded to core faculty who do not meet all the program's requirements for teacher preparation.</p> <p>Ensure that core faculty teaching preparation is summarized in Table II-1.</p>	<ul style="list-style-type: none"> • Transcript showing education course(s) • Copy of certificate from continuing education course or workshop • Experiential, from CVs or annual faculty evaluations
<p>F. Instruction, supervision, and evaluation of students in didactic courses containing <i>ACNM Core Competencies for Basic Midwifery Practice</i> are the responsibility primarily of core faculty.</p>	<p>F. Ensure that Table II-1, describing core faculty during the SER time frame includes faculty responsibilities for courses containing ACNM Core Competency content, with course names and numbers.</p> <p>Describe core faculty responsibility for each of the 3 aspects — instruction, supervision, and evaluation - of the student experience.</p>	<p>F. Possible sources of evidence for this criterion:</p> <ul style="list-style-type: none"> • syllabi • committee minutes • emails or other communication • faculty calendars • assessment of student work <p>In the exhibits, provide paper or electronic examples.</p> <p>This criterion is about didactic learning. Include in narrative and exhibits those who taught the classroom/online portions of all courses with Core Competency content in the SER time frame. They may be CNMs/CMs or Nurse Practitioners, or other School faculty.</p>
<p>G. Core faculty are responsible for development and/or implementation and evaluation of the curriculum.</p>	<p>G. Describe the core faculty's involvement in the development, implementation, and evaluation of the curriculum. Include CNM/CM faculty. Development refers to a new curriculum for a new program or revision of an existing one. Implementation is teaching the curriculum. Do not present the entire curriculum evaluation plan here, just how faculty participate.</p> <p>Cite the specific source/location of documentation.</p>	<p>G. Provide the materials cited, in hard copy or electronically. Place examples in paper or electronic folders labeled with the criterion number, I.G. Identify relevant sections of the documents used, e.g. by highlighting.</p> <p>Some possible sources that confirm faculty responsibility:</p>

Criterion II: Faculty	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
<p>H. Core faculty participate in selection, advisement, evaluation, and advancement of students.</p>	<p>H. Describe the core faculty's involvement in selection, advisement, evaluation, and advancement of students. Include CNM/CM faculty. Cite the specific source/location of documentation.</p>	<ul style="list-style-type: none"> • position descriptions • faculty handbook • curriculum committee minutes • midwifery faculty meeting minutes • graduate faculty meeting minutes <p>H. Provide the materials cited, in hard copy or electronically. Place examples in paper or electronic folders labeled with the criterion number II.H. Identify relevant sections of the documents used, e.g. by highlighting.</p> <p>Possible examples:</p> <ul style="list-style-type: none"> • admissions committee meeting minutes • graded exams and feedback on papers/presentations • notes from student advisory sessions
<p>I. Core faculty participate in recruitment, selection, and promotion of faculty.</p>	<p>I. Describe the core faculty's involvement in recruitment, selection, and promotion of faculty. Include CNM/CM faculty. Cite the specific source/location of documentation.</p>	<p>Any student materials must be de-identified.</p> <p>I. Provide the materials cited, in hard copy or electronically. Place examples in paper or electronic folders labeled with the criterion number II.I. Identify relevant sections of the documents used, e.g. by highlighting.</p> <p>Sources may include those listed in II.E. plus:</p> <ul style="list-style-type: none"> • search committee meeting minutes • promotion & tenure committee minutes • de-identified interview rating forms
<p>J. Core faculty participate in orientation of core and clinical faculty.</p>	<p>J. Describe the core faculty's involvement in orientation of core and clinical faculty. Describe the method(s) used to orient new clinical faculty.</p>	<p>J. Provide the materials cited, in hard copy or electronically. Place de-identified examples in paper or electronic folders labeled with the criterion number II.J.</p>

Criterion II: Faculty	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
		<p>Identify relevant sections of the documents used, e.g. by highlighting.</p> <p>Possible examples for exhibits:</p> <ul style="list-style-type: none"> • agenda or schedule for new core faculty orientation • reports of clinical site visits • preceptor orientation agenda handouts • letters/emails to clinical faculty regarding student expectations and curriculum details
<p>K. Core faculty participate in development and/or implementation of a mechanism for student evaluation of teachers, courses, and midwifery program effectiveness.</p>	<p>K. Describe the core faculty's involvement in each of these three evaluation activities. In other words, give a description of how faculty participate in developing/implementing the process for students to evaluate teachers, courses, and program effectiveness. If core faculty are not directly involved in development of the mechanism, indicate who does the development and how core faculty implement the evaluation, for each of the entities: teachers, courses, and midwifery program effectiveness.</p> <p>Cite the specific source/location of documentation.</p>	<p>K. Provide the materials cited, in hard copy or electronically. Place examples in paper or electronic folders labeled with the criterion number II.K. Identify relevant sections of the documents used, e.g. by highlighting.</p> <p>Possible examples for exhibits:</p> <ul style="list-style-type: none"> • minutes of faculty retreats • students' de-identified exit interviews <p>Do not include core faculty's evaluations by students, or evidence of the entire process for student evaluation.</p>
<p>L. Core faculty participate in ongoing development and annual evaluation of the midwifery program's resources, facilities, and services.</p>	<p>L. Describe the faculty's involvement in each of these activities. Address each component: resources, facilities, and services. There is no need to describe the resources, facilities, and services in this criterion; simply show how core faculty are involved in developing or evaluating them.</p> <p>Examples of resources and facilities are faculty and staff, clinical sites, library holdings, classroom and other learning spaces, computing facilities, office space, break spaces for students and faculty, bookstore.</p>	<p>L. Provide the materials cited, in hard copy or electronically. Place examples in paper or electronic folders labeled with the criterion number II.L. Identify relevant sections of the documents used, e.g. by highlighting.</p> <p>Possible examples for exhibits:</p> <ul style="list-style-type: none"> • clinical site visit reports • students' exit interviews, de-identified • minutes of faculty retreats

Criterion II: Faculty	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
	<p>Examples of services are a writing center, test-taking help, counseling, grants office, faculty research center, database searching.</p> <p>Cite the specific source/location of documentation.</p>	<ul style="list-style-type: none"> formal or informal interviews with graduates and employers
<p>M. Core faculty participate on or have input into councils and committees of the academic unit. Clinical faculty participate or have input as appropriate.</p>	<p>M. Describe the academic unit's expectation for core faculty participation in councils and committees. Provide an active link to the relevant portion of the faculty handbook. Include any pertinent definitions.</p> <p>Show how faculty meet these expectations by describing core faculty, in particular CNM/CM faculty, committee participation during the SER time frame or within the previous 3 years.</p>	<p>M. Include examples of how faculty meet these expectations, such as activities/ schedules/workload.</p> <p>Provide committee meeting minutes that document the presence of the faculty member(s) cited in the SER elaboration. Identify relevant sections of the documents used, e.g. by highlighting.</p> <p>Place these materials together in a paper or electronic folder labeled II.M.</p>
<p>N. Core faculty continue professional development and participate in scholarly activities.</p>	<p>N. Describe the academic unit's expectation for continued professional development and scholarly activities. Provide an active link to the relevant portions of the faculty handbook. Include any pertinent definitions.</p> <p>Show how faculty meet these expectations by describing some of the significant professional development achievements and scholarly activities of core faculty, including CNM/CM faculty, during the SER time frame or within the previous 3 years.</p> <p>Indicate how faculty workload is managed to allow time for these activities. If relevant, include expectations and achievements for both tenured/tenure track and non-tenure track faculty.</p>	<p>N. Include examples of how faculty meet these expectations, such as activities/ schedules/workload.</p> <p>Examples of professional development could include:</p> <ul style="list-style-type: none"> completion of degrees, certificates, or courses academic promotion teaching or other awards grant proposals <p>Examples of faculty scholarly activities could include:</p> <ul style="list-style-type: none"> publications – articles & textbooks conference abstracts posters software blogs

Criterion II: Faculty	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
<p>O. Core faculty maintain clinical expertise as required.</p>	<p>O. Describe the academic unit's expectation for maintenance of clinical expertise.</p> <p>Provide an active link to the relevant portion of the faculty handbook. Include any pertinent definitions.</p> <p>Show how faculty meet these expectations by describing their clinical practice activities, including those of CNM/CM faculty, during the SER time frame or within the previous 3 years.</p> <p>Indicate how faculty workload is managed to allow time for these activities.</p>	<p>Place the examples you have chosen in a paper or electronic folder labeled II.N. or collected at a site readily accessible to the site visitors. Where possible, identify relevant details such as faculty names in the documents, e.g. by highlighting.</p> <p>O. Include examples of how faculty meet these expectations, such as activities/schedules/workload.</p> <p>Provide evidence of how faculty maintain clinical expertise as cited in the SER.</p> <p>Examples of ways to document faculty clinical practice activities:</p> <ul style="list-style-type: none"> • letter confirming clinical privileges from facility/practice • peer evaluations from practice • practice website listing faculty name <p>Place the evidence in a paper or electronic folder labeled II.O. Where possible, identify relevant details such as faculty names in the documents used, e.g. by highlighting.</p>
<p>P. Core faculty participate in professional service.</p>	<p>P. Describe the academic unit's expectation for professional service.</p> <p>Provide an active link to the relevant portion of the faculty handbook. Include any pertinent definitions.</p>	<p>P. Include examples of how faculty meet these expectations, such as activities/ schedules/workload.</p> <p>Provide specific evidence of faculty professional service cited in the SER, if available, especially CNM/CM faculty.</p> <p>Examples of ways to document professional service:</p> <ul style="list-style-type: none"> • letters of thanks

Criterion II: Faculty	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
	Show how faculty meet these expectations by describing their professional service activities, including those of CNM/CM faculty, in the past 3 years.	<ul style="list-style-type: none"> • programs or agendas for events • photos or social media posts Place these materials in a paper or electronic folder labeled II.P. Where possible, identify relevant details such as faculty names in the documents used, e.g. by highlighting.
Q. Academic freedom is a faculty right clearly defined, made available in policy, and applied consistently to all core faculty.	Q. Describe the policy and its location. Provide an active link to this location.	Q. Provide printed or electronic access to source document. Possible sources of documentation may include: <ul style="list-style-type: none"> • faculty handbooks • union contracts
R. The academic unit publishes and employs defined criteria for periodic evaluation that are applied consistently to all core faculty.	R. Describe the criteria and state where they are located. Provide an active link to this location.	R. Provide printed or electronic access to source documents.
S. The academic unit publishes and employs processes for promotion, tenure, merit recognition and termination that are applied consistently to all core faculty.	S. Describe each of these four policies and state where they are located. Provide an active link to this location.	S. Provide printed or electronic access to source documents.
T. Core faculty have channels within the institution for receipt and consideration of grievances related to their employment.	T. Describe the grievance policies and state where they are located. Provide an active link to this location.	T. Provide printed or electronic access to source documents.
U. Clinical faculty have qualifications that meet the academic institution's requirements for clinical faculty. They are selected, oriented, mentored, and evaluated by core faculty.	U. Describe the institution's requirements for clinical faculty (see Glossary). Describe the process for selection, orientation, mentoring, and evaluation of clinical faculty. Provide a Clinical Faculty Table II-2 in an appendix to the SER that describes the clinical faculty who taught in the SER time frame. A template and instructions for Table II-2 are in Appendix D: <i>Clinical Faculty Table</i> of this document.	U. Provide an electronic or paper folder for each clinical faculty who precepted students in the SER time frame. These folders must contain: <ol style="list-style-type: none"> 1) a current CV or resume 2) evidence of certification, as applicable For clinical faculty who are midwives, provide evidence of AM/CM or NARM certification. This can be a copy of
Fifty (50) percent or more of the clinical faculty are CNMs/CMs. Other professionals who serve as preceptors are qualified to do so according to the ACME		

Criterion II: Faculty	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
<p><i>Guidelines for Interprofessional Clinical Supervision of Midwifery Students</i>, Appendix E of this document.</p>	<p>If there are core faculty who also provide clinical instruction, include their information in Table II-1, the Core Faculty Table, and not repeated here.</p>	<p>the certificate or of the individual's certification information from the relevant website. Include other certification if appropriate to the individual's teaching role, e.g. WHNP or FNP.</p> <p>For clinical faculty who are not midwives, provide evidence of specialty certification as applicable.</p> <p>Evidence of current licensure is acceptable as evidence of certification <i>if AMCB or specialty certification is the only route to licensure in that legal jurisdiction.</i></p> <p>If the individual's licensure is used to document certification, place a copy of the license or website verification of licensure for each licensee in their folder. In addition, place one copy of the portion of the licensing law that requires AMCB or specialty certification for licensure in a location easily accessible to the site visitors.</p> <p>100% of these faculty folders must be present and complete in the exhibits for site visitors to review.</p>
<p>V. Clinical faculty are responsible for the instruction, supervision, and evaluation of students in clinical learning.</p>	<p>V. Describe the clinical faculty's responsibilities for instruction, supervision, and evaluation of students' clinical experiences.</p>	<p>V. Possible sources of evidence for this criterion:</p> <ul style="list-style-type: none"> • student clinical schedules • de-identified student evaluations

ACME

ACCREDITATION COMMISSION
for MIDWIFERY EDUCATION

**Criteria for Programmatic Accreditation of Midwifery
Education Programs with
Instructions for Elaboration and Documentation**

**Criterion III:
Students**

Purpose: The purpose of Criterion III is to ensure that programs have well-designed, equitable, transparent, and consistently applied student-related policies.		
Criterion III: Students	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
A. The institution has admission criteria and policies that meet federal guidelines for nondiscrimination (www.eeoc.gov).	A. State the criteria and policies, including a nondiscrimination policy.	A. Provide the document/s in which the criteria and policies appear.
B. The institution's admission criteria and policies are aligned with ACNM Core Values (http://www.midwife.org/Our-Mission-Vision-Core-Values).	B. State how the criteria and policies are aligned with ACNM Core Values. This may be done with a table comparing policies to values.	B. No exhibit.
C. The institution's admission criteria and policies are publicly available.	C. State where the criteria and policies are available to the public. Provide active URL/s in which the criteria and policies appear publicly.	C. No exhibit.
D. Student recruitment materials and processes accurately represent the program practices and policies; and demonstrate a commitment to diversity and inclusion.	D. Describe student recruitment materials and processes in the narrative.	D. Provide samples of student recruitment materials.
E. The institution has student policies that are publicly available and identified to students at/or before orientation related to: student evaluation, progression, retention, dismissal, and graduation; review of personal records and equitable tuition refund; evaluation of their education; access to university/college catalogs; and access to academic calendars.	E. Identify the location of each of these student policies. Describe how these policies are identified to students at or before orientation. Describe how students are notified of changes in these policies. Provide the document/s (active links) in which the policies appear. Provide active links to university/college catalogs and academic calendars.	E. No exhibit.
F. Student support services are available and are designed to promote student success.	F. Identify services available to meet the needs of students to promote their retention in and progression through the program. Provide active URL/s. Such services might include but are not limited to counseling, health, learning assistance or intervention strategies	D. No exhibit.
G. Students are informed of support services at or before orientation.	G. Identify how students are informed of support services.	G. No exhibit.

Criterion III: Students	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
H. All students have access to ongoing and equitable support services.	H. Describe how students access support services regardless of modality, location, or clinical placement.	H. No exhibit.
I. Students are formally informed of course objectives/outcomes and methods of evaluation at the beginning of each course.	I. Describe the process by which students are informed. Identify the location, including active URL/s, of objectives/outcomes and methods of evaluation in policy manuals, module materials, and/or course syllabi.	I. Provide the documents identified in electronic or printed form.
J. Students are apprised of their progress on an ongoing basis.	J. Describe the process by which students are apprised of their progress.	J. Provide examples of this process.
K. Students are evaluated formatively and summatively.	K. Provide an overview of formative and summative evaluation processes in didactic and clinical portions of the program.	K. Provide examples of these processes.
L. Students are informed of remediation policies and processes.	L. Describe remediation policies and processes for students who do not meet course or program requirements.	L. Provide examples of remediation/improvement plans.
M. Students have opportunities for involvement in development and implementation of midwifery program policies.	M. Describe the relevant opportunities and how students are recruited and supported.	M. Provide evidence of student participation in developing or implementing program policies.
N. Students have opportunities to participate or have input into the representation on councils or committees of the institution or academic unit.	N. Describe the relevant opportunities and how students are informed.	N. Document the participation or input of students into representation on councils or committees in electronic or printed form.
O. The program has clearly defined and transparent mechanisms for consideration of grievances, complaints or appeals.	O. Describe the mechanism for addressing grievances, complaints or appeals and how students are apprised of these mechanisms. Identify the location of each of these mechanisms in formal documents.	O. Document student access to the mechanisms. As applicable, provide examples of grievances, complaints or appeals from the past three years.
P. Access to resources and opportunities is available regardless of student location and teaching modalities.	P. Describe how access to resources and opportunities is available for all student locations (e.g., on campus or at a distance) and teaching modalities (e.g., online, webcast, traditional lectures, etc.). Describe how students are informed of such access.	P. No exhibit.

Criterion III: Students	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
<p>Q. The program attends to students' well-being through the mitigation of fatigue related to clinical learning.</p>	<p>Q. Describe the mechanism and/or policy that ensures that students' clinical learning schedules are safe and optimize students' well-being. Describe the mechanism by which clinical faculty are educated to recognize the signs of learner fatigue and about the negative effects of provider fatigue on patient care and learning.</p>	<p>Q. Provide examples of these mechanisms and/or policies.</p>
<p>R. The program has processes to support student health and well-being.</p>	<p>R. Describe and provide relevant URLs for any process(es) the program carries out or services the program provides to promote student health or wellness. This could include training or procedures to address building supportive communication, reducing implicit bias, supporting study groups, recognizing and resisting bullying, and building mutual support groups.</p>	<p>R. Provide examples of any such processes or services.</p>

ACME

ACCREDITATION COMMISSION
for MIDWIFERY EDUCATION

**Criteria for Programmatic Accreditation of Midwifery
Education Programs with
Instructions for Elaboration and Documentation**

**Criterion IV:
Curriculum**

Purpose: The purpose of Criterion IV is to determine that the program implements a curriculum that is congruent with the midwifery program's mission and goals, is evidence-based, is consistent with the *ACNM Core Competencies*, and has a process to assure midwifery students meet the stated midwifery program objectives/outcomes.

Criterion IV: Curriculum	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
A. The curriculum is based on a statement of program philosophy, purpose or mission, and objectives or outcomes.	A. In the appendices to the SER, provide a statement of program philosophy, purpose or mission, and objectives or outcomes. In the SER, identify the key concepts of the program philosophy.	A. No exhibit.
B. The midwifery program philosophy is consistent with the philosophy of the ACNM, the philosophy or mission of the institution within which the midwifery program resides or is affiliated, and philosophy of the academic unit within which the midwifery program resides.	B. In the SER, provide a succinct description explaining the consistency among the philosophies or mission and in the appendices to the SER, provide the philosophies or mission.	B. No exhibit.
C. The midwifery program's purpose or mission and objectives or outcomes are consistent with the midwifery program philosophy.	C. Explain the consistency among the midwifery program's purpose or mission, objectives or outcomes, and philosophy.	C. No exhibit.
D. The curriculum is designed to achieve the stated objectives or outcomes of the midwifery program.	D. Provide a table that shows where program objectives or outcomes are met in specific courses. See Appendix F: <i>Program Objectives or Outcomes</i> in this document for a sample table.	D. No exhibit.
E. Curriculum development is a continuing process.	E. Describe the continuing process of curriculum development.	E. Document in faculty or curriculum committee minutes or other appropriate evidence of curriculum development.
F. The midwifery program has established criteria for awarding transfer credit for midwifery didactic course work.	F. Identify the criteria and explain the process.	F. Provide access to the information about criteria given to potential and enrolled students.
G. The midwifery program has established criteria for awarding transfer credit for clinical coursework and clinical experience.	G. Identify the criteria and explain the process.	G. Provide access to the information about criteria given to potential and enrolled students.

Criterion IV: Curriculum	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
H. The midwifery program has established criteria for granting exemption from midwifery didactic course work.	H. Identify the criteria and explain the process.	H. Provide examples of course challenge mechanisms, transcript assessments, or other procedures used to assess whether a student has met the criteria.
I. The midwifery program has established criteria for providing (or allowing) exemption from clinical coursework and clinical experience.	I. Identify the criteria and explain the process.	I. Provide examples of course challenge mechanisms, transcript assessments, or other procedures used to assess whether a student has met the criteria.
J. The curriculum is consistent with the <u>ACNM Core Competencies for Basic Midwifery Practice</u> .	J. In the SER appendix, provide a table that shows the location of the <u>Core Competencies for Basic Midwifery Practice</u> in the curriculum. See Appendix G: <u>Courses with Core Competencies</u> , in this document for sample table. Describe the process for assuring that the <u>ACNM Core Competencies</u> are being taught. Describe the process used to correct any deficiencies.	J. Include the table in the exhibits with the referenced curriculum. Address each "Hallmark of Midwifery" with examples (objectives or outcomes, seminars, classes, learning activities) that demonstrate how each is integrated throughout the curriculum. For each competency listed under "Components of Midwifery Care", give examples of its location in the curriculum with course number, specific outcome(s) (course objectives), and page number or other device for locating where each competency can be found. Provide evidence of a process to assure appropriate inclusion of core competency content.
K. The curriculum includes courses in pharmacology/pharmacotherapeutics, physical and health assessment and physiology/pathophysiology.	K. In the SER provide the course names and formal descriptions for these courses or identify where content is taught in the curriculum. If there are not specific courses, state how information identifying this program content is provided to students at or before program completion to meet requirements for state licensure or other credentialing process. Include information provided to students in appendices.	K. Provide access to the course syllabi for these courses. Include information provided to students concerning these courses in an exhibit.
L. The curricular content is regularly updated to include current evidence for midwifery practice and is congruent	L. Provide a succinct description of how the criterion is met.	L. Provide access to course materials. e.g. URL links.

Criterion IV: Curriculum	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
<p>with <u>ACNM Standards for the Practice of Midwifery</u>; <u>ACNM Position Statement on Racism and Racial Bias</u>; <u>ACNM Code of Ethics</u>; <u>ACNM Transgender/Transsexual/Gender Variant Healthcare</u>, and other <u>ACNM documents</u>.</p>		
<p>M. The program provides content throughout the curriculum about implicit bias and health disparities related to race, gender, age, sexual orientation, disability, nationality, and religion.</p>	<p>M. Describe how the program includes content throughout the curriculum about implicit bias and health disparities related to race, gender, age, sexual orientation, disability, nationality, and religion.</p>	<p>M. Provide access to relevant curricular content.</p>
<p>N. The program has a plan for interprofessional education (IPE) to prepare students for team-based collaborative practice that includes outcomes of student learning.</p>	<p>N. Briefly describe the program's plan for interprofessional education. Definition of IPE used nationally and internationally is as follows: "When students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes." <i>Interprofessional Education (World Health Organization, Interprofessional Education Collaborative.)</i> ACME is a member of The Health Professions Accreditors Collaborative (HPAC). The following guideline was created jointly by HPAC and the National Center for Interprofessional Practice and Education (NCIPE) and is provided as a resource. https://healthprofessionsaccreditors.org/wp-content/uploads/2019/02/HPACGuidance02-01-19.pdf The document seeks to encourage increased communication and collaboration and to provide guidance on expectations related to quality IPE.</p>	<p>N. No exhibit.</p>
<p>O. The curriculum has a logical sequence of progression.</p>	<p>O. Describe the rationale for the sequence of the midwifery curriculum as the student progresses throughout the program.</p>	<p>O. Provide chart showing the course sequence of the curriculum for full-time and part-time students.</p>
<p>P. The didactic and clinical components of the curriculum are implemented by a variety of evidence-based methods</p>	<p>P. Describe the various methods used to achieve the objectives or outcomes and ensure student learning, such as teaching strategies, education technology, and simulation.</p>	<p>P. Provide selected examples of various teaching methods that support student learning.</p>

Criterion IV: Curriculum	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
to achieve the program objectives or outcomes and ensure student learning.		
Q. The program ensures that graduates have achieved competence in clinical midwifery practice.	Q. Explain how the program assesses competence. Explain how the program intervenes to help students who are having difficulty reaching academic or clinical competence.	Q. Provide access to instruments used to assess competence as described in the SER. Provide examples of interventions used to assist students who have had difficulty reaching academic or clinical competence. R. No exhibit.
R. The program provides students with the necessary clinical experiences to achieve the objectives or outcomes of the program.	R. Explain the breadth and depth of clinical experiences used by the program to achieve program objectives or outcomes. Clinical experiences are direct patient contacts. These may be supplemented by such strategies as simulation, role play, standardized patients, and emerging technologies. If the program determines that the clinical facilities are inadequate to provide the necessary experiences, describe plans to address this problem.	S. No exhibit.
S. The program maintains final responsibility for assessing and approving clinical sites.	S. Describe the process for identification, selection, and approval of clinical sites.	T. Provide evidence of the processes.
T. The program implements policies and procedures for academic integrity and verification of student identity for academic work, including authorship of work and work done through electronic or distance technologies.	T. Identify the policies and procedures and describe how they are implemented to verify student identity for work, including that conducted by electronic or distance technologies.	U. Provide examples of regular communications occurring throughout the program.
U. Regular communication occurs among and between faculty and students during implementation of the curriculum.	U. Describe how regular communication occurs across all settings and phases of the program.	

Criterion IV: Curriculum	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
<p>V. The curriculum conforms to state or nationally recognized guidelines for the educational levels offered by the program: certificate, master's, or doctoral degree.</p>	<p>V. Identify the guidelines used, such as established by state law or a professional organization and provide the URL if available. Explain how the curriculum conforms to guidelines for the program/s educational level/s. If the program culminates in a professional or practice focused doctoral degree for midwives, describe how the program conforms to the competencies identified in the ACNM document <u><i>The Practice Doctrine in Midwifery</i></u>.</p>	<p>V. Provide the guidelines used in electronic or print format.</p>

**Criteria for Programmatic Accreditation of Midwifery
Education Programs with
Instructions for Elaboration and Documentation**

**Criterion V:
Resources**

Purpose: The purpose of Criterion V is to ensure that the institution demonstrates that midwifery education programs have adequate resources to promote student and faculty success in meeting midwifery program objectives.

Criterion V: Resources	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
<p>A. The midwifery program has an adequate number of qualified core faculty to meet the midwifery program objectives and outcomes.</p>	<p>A. Describe how the program determines adequacy of the number of qualified faculty.</p> <p>if the program determines that the number of faculty is inadequate, describe plans to provide an adequate number of faculty.</p>	<p>A. No exhibit.</p>
<p>B. The midwifery program has an adequate number of staff for administrative, technical, and student support to meet the midwifery program objectives and outcomes.</p>	<p>B. Describe how the program determines adequacy for administrative, technical, and student support.</p> <p>if the program determines that the support is inadequate, describe plans to provide an adequate number of staff.</p>	<p>B. Provide a list of staff and their titles and indicate if their responsibilities are administrative, technical, or student support.</p>
<p>C. The midwifery program's physical facilities on campus and at clinical sites are adequate to meet student needs and program objectives or outcomes.</p>	<p>C. Describe how the program determines adequacy of physical facilities on campus and at clinical sites to meet student needs. These may include office space, classrooms, conference rooms, library, lactation room, gender-neutral facilities, internet access, rest space, and laboratories. If the program determines that the physical facilities are deficient, describe plans to address the deficiencies to the extent possible.</p>	<p>C. No exhibit.</p>
<p>D. The midwifery program's learning resources are accessible and adequate to meet student needs in program objectives or outcomes.</p>	<p>D. Describe how the program determines resources are adequate, e.g., laboratory, clinical simulation, instructional technology, and library resources.</p> <p>Explain how all students and faculty, including those at a distance, and individuals with disabilities and special learning needs can access learning resources.</p>	<p>D. No exhibit.</p>

Criterion V: Resources	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
<p>E. The midwifery program has resources for students, faculty, and staff to support diversity and inclusion. This includes resources to address implicit bias and disparities related to race, gender, age, sexual orientation, disability, nationality, and religion.</p>	<p>When any learning resources are determined to be deficient, describe plans to address the deficiencies.</p> <p>E. Describe how the program provides dedicated resources for support and training for students, faculty, and staff. Describe how the program disseminates this information to students, faculty and staff. Examples of these dedicated resources: a specific department/program or person (e.g., Office of Diversity & Inclusion/Diversity Officer), trainings, workshops, lectures, or online educational platforms.</p>	<p>E. No exhibit.</p>
<p>F. The midwifery program secures clinical sites for students that provide access to clinical experiences to assure that each student has opportunity to attain competence in the midwifery practice areas of primary care, gynecologic, antepartum, intrapartum, postpartum, and newborn care.</p>	<p>If the program determines that the resources are deficient, describe plans to address the deficiencies.</p> <p>F. In the appendix to the SER, provide a table that details the number of clinical experiences each student had in the specified clinical areas for the past two completed classes or cohorts as defined by the midwifery program (one completed class/cohort for initial accreditation).</p> <p>Provide a succinct description of how student clinical experiences are monitored.</p> <p>Explain how competence is assured if student experience numbers fall below those listed in this criterion.</p> <p>Some clinical encounters may count in more than one category. Do not disclose the identity of students or the recipients of care.</p> <p>While an absolute number of clinical experiences is not required for program accreditation, these recommendations guide programs in selecting clinical sites and assuring adequate</p>	<p>F. No exhibit.</p>

Criterion V: Resources	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
	<p>experience for competence across the full scope of midwifery practice. See Appendix H: <i>Clinical Experiences</i> as detailed in Criterion V.F. for a sample table in this document.</p> <p><u>Clinical Experiences:</u></p> <p>Primary care 40 Includes common acute and stable chronic health conditions.</p> <p>Gynecologic care 80 Includes preconception, contraception, adolescent, perimenopausal, and postmenopausal.</p> <p>Antepartum care 100 Includes new and return prenatal care across gestational ages.</p> <p>Intrapartum care 60* Includes labor assessment, labor management, and births.</p> <p>*Includes access to or opportunity to attend at least 35 births.</p> <p>Postpartum care 50 Includes postpartum visits (0-7 days), up to 8 weeks postpartum, and breastfeeding support.</p> <p>Newborn Care 30 Includes newborn assessment and anticipatory guidance.</p>	

ACME

ACCREDITATION COMMISSION
for MIDWIFERY EDUCATION

**Criteria for Programmatic Accreditation of Midwifery
Education Programs with
Instructions for Elaboration and Documentation**

**Criterion VI:
Assessment & Outcomes**

Purpose: The purpose of Criterion VI is to ensure each program has a comprehensive assessment plan and publicly available outcomes data to show program quality, including evaluation of clinical education and teaching faculty.

Criterion VI: Assessment & Outcomes	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
<p>A. Each program has a comprehensive plan for an ongoing assessment of the program philosophy, mission or purpose, and objectives or outcomes to achieve continuous quality improvement.</p>	<p>A. Explain the process for developing and implementing the plan, including who is responsible and the timeframe for the review. Identify action taken if the assessment shows that any program objectives are not met.</p>	<p>A. Provide the assessment report for the SER year.</p>
<p>B. The midwifery program assessment process includes evaluations of the program by students and recent graduates.</p>	<p>B. State the program's goals for the midwifery students' and the graduates' assessment of the program.</p>	<p>B. Provide results of the evaluations of the program by current midwifery students and graduates.</p>
<p>C. The midwifery program assessment process includes evaluations for the past three years of enrollment, graduation, and attrition goals (or for the SER year for programs seeking initial accreditation).</p>	<p>Describe action taken and their results, or action planned for the immediate future, to address student or graduate assessments that fell short of the program's goals during the past three years.</p>	<p>Provide documentation of action taken as a result of the assessment.</p>
	<p>C. In the appendix to the SER, provide a table (see Appendix I: Enrollment, Graduation, and Attrition) showing enrollment, graduation, and attrition goals and outcomes for the time period indicated.</p>	<p>C. Provide documentation of actions described in the Elaboration, as applicable.</p>
	<p>Explain the categorization of the students, e.g., part-time, full-time, leave of absence, etc., and the calculation of the percentage of students in each category.</p>	<p>Provide documentation of action taken as a result of the assessment.</p>
	<p>Explain how the program defines 'on-time' graduation.</p>	<p>Provide the URL where enrollment, graduation, and attrition data are publicized.</p>
	<p>Provide the URL where enrollment, graduation, and attrition data are publicized.</p>	<p>Provide the URL where enrollment, graduation, and attrition data are publicized.</p>
	<p>if goals have not been met, explain actions taken and their results, or actions planned, to achieve goals.</p>	

Criterion VI: Assessment & Outcomes	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
<p>D. The midwifery program assessment process includes evaluations for the past three years (or the SER year, for programs seeking initial accreditation), of the program's aggregated annual American Midwifery Certification Board (AMCB) certification rates within one year of graduation, as available, for all graduates. Programs are expected to set their own AMCB certification rate goal in accordance with the program's mission. Programs failing to meet their goal must develop an improvement plan to bring the certification rate to the goal.</p>	<p>D. In the appendix to the SER, provide a table showing AMCB certification rate goals and outcomes for the time period indicated. Use the template in Appendix J: <i>AMCB Certification</i>. Describe the rates of AMCB certification within one year of graduation for all students in each cohort graduating from the program for the time period indicated. Provide the URL where AMCB certification rate goals and results are publicized. List the rates of AMCB certification within one year of graduation for all students in each cohort graduating from the program in the past three years.</p> <p>Describe the rationale used to establish the program's AMCB certification goal. If the goal has not been met, provide the improvement plan developed to achieve the goal. Give examples of action taken.</p>	<p>D. Provide documentation of actions described in the Elaboration, as applicable.</p>
<p>E. The program's reviews and updates of its philosophy, purpose or mission, and objectives or outcomes must include current ACNIM philosophy and standards.</p>	<p>E. Describe the process for the program's assessment of its philosophy, purpose or mission, and objectives or outcomes using current ACNIM documents.</p>	<p>E. Identify the ACNIM philosophy and standards considered and how the program meets those requirements.</p>
<p>F. The program's reviews and updates of its philosophy, purpose or mission, and objectives or outcomes must include national (and state as applicable) standards and educational requirements.</p>	<p>F. Describe the process for determining currency of national and state and standards and educational requirements.</p>	<p>F. Identify the national or state requirements and standards that are applicable to the program and how the program is meeting those.</p>
<p>G. The program's reviews and updates of its philosophy, purpose or mission, and objectives or outcomes must include significant changes within the program's institution that are relevant to the program.</p>	<p>G. Describe how the program identifies and addresses significant changes in its institution that will be reflected in the program assessment process.</p>	<p>G. Identify the significant relevant changes that occur in the institution and how the program addresses those changes.</p>

Criterion VI: Assessment & Outcomes	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
H. The program's assessment process must include evaluation of the effectiveness of clinical sites in meeting student learning needs and clinical competence.	H. Describe the process the program uses to evaluate the effectiveness of clinical sites in meeting student learning needs and clinical competence.	H. Provide evidence of evaluation of all clinical sites used during the designated SER year. Identify procedures taken if clinical experiences do not lead to student clinical competence.
I. The program's assessment process must ensure the presence of current contracts for each clinical site.	I. Describe the process for ensuring that students are assigned to clinical sites with current contracts.	I. Provide a table listing each site's name, status of contract, name of preceptors at that site, and when the site was used.
J. The assessment process includes a plan for annual evaluation of core faculty.	J. Describe the process for annual evaluation of core faculty. Identify the action taken if a core faculty member fails to meet evaluative standards.	Provide access on site to all contracts for the SER year. J. No exhibit.
K. The assessment process includes a plan for annual evaluation of clinical faculty.	K. Describe the process for annual evaluation of clinical faculty. Identify the action taken if a clinical faculty member fails to meet evaluative standards.	K. No exhibit.
L. The assessment process includes a plan to assess the non-discriminatory, equitable, and respectful interaction of core faculty and clinical faculty with students, colleagues, and patients.	L. Provide examples of non-discriminatory, equitable, and respectful interaction using current ACNM documents, such as the <u>ACNM Code of Ethics</u> . Describe the process for annual evaluation of faculty interaction with students, colleagues, and patients. Identify the action taken if a core or clinical faculty member fails to meet evaluative standards.	L. No exhibit.

Appendix A: SER Title Page

Name of Institution _____

Specific Proposed Title or Name of Program/Programs _____

Names, Credentials, Titles of Institutional Officers, and emails

Officer 1 _____

Officer 2 _____

Officer 3 _____

Name, Credentials, Titles of Program Director and Contact Phone/Email

APPENDIX B: ACME Policy on International Accreditation for Degree-Granting Higher Education Institutions Based Abroad

The Accreditation Commission for Midwifery Education (ACME) has set a criterion that requires all midwifery programs to reside within or be affiliated with an accredited degree-granting institution. While that may be clear for institutions based in the United States (US), this policy addresses compliance with that criterion for programs at higher education degree-granting institutions that are based outside of the US and that do not participate in accreditation via an agency recognized by the U.S. Department of Education. The decision on whether the program meets this criterion will be determined by ACME via the program accreditation process.

ACME understands the accreditation process to include the implementation of periodic assessment for quality assurance (QA). Institutional participation in the quality assurance process should maintain minimum standards of quality for the higher education degree-granting institution and for its academic programs by periodic assessments. Therefore, for ACME to accept a degree-granting institution based outside the U.S. as accredited, the higher education institution must:

- 1) Participate in an accreditation or quality assurance process that complies with the institution's national regulations for accreditation or quality assurance.
 - a) Comply with the institution's national regulations for institutional accreditation or quality assurance.
 - b) Conduct periodic assessment for accreditation or quality assurance purposes in conformity with the broader regional quality assurance processes or with the non-governmental agencies within the region.
- 2) The national regulations should be consistent with internationally recognized criteria for implementing QA, i.e., UNESCO *Guidelines for Quality Provision in Cross-Border Education*, the International Network for Quality Assurance Agencies in Higher Education (INQAAHE) document *Principles of Good Practice*, the criteria established by the European Association for Quality Assurance for Higher Education (ENQA) or other similarly regarded international document.
- 3) Undergo external assessment of quality on a periodic basis to maintain quality. Documentation of the quality assurance review and the relevant agency's formal determination must be submitted to ACME. Documentation should be current for the time at which application is made to ACME for accreditation. Explanation of the time frame for periodic review and the specific length of time of validity for the current assessment determination should be provided to ACME.
- 4) The international institution must include the midwifery program in its periodic assessment and ongoing QA. National accreditation must be maintained by the institution while accredited by ACME.
- 5) If the institution that houses the midwifery education is dedicated to a special academic program, such as nursing, the program must also meet relevant professional field, licensing and regulatory requirements.
- 6) ACME has the right of final determination whether the quality assurance process practiced by the institution based abroad meets ACME criteria.

Appendix C: Core Faculty Table

Criterion II C.1-3 and II.D

The core faculty table should contain the following:

1. Name of faculty member. Please ensure that names in the table are consistent with individuals' credentialing documents.
2. Specialty certification with certification number, or specific expertise if the individual is not specialty certified
3. License number if applicable
4. Highest degree earned
5. Category/rank of faculty appointment during the SER time frame
6. Type of preparation for teaching (see Criterion II.C.3. for examples of how this may be documented. Include only a brief description here, e.g. "Faculty mentoring", "Graduate course"
7. Teaching role in courses with Core Competency content during the SER time frame, with course name and number

Core faculty table template: Table II-1

Last name, First name	Type of specialty certification or specific expertise	Certificate # License #	Highest degree earned	Faculty rank in SER year	Preparation for teaching	Course(s) taught in SER year
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**Appendix D: Clinical Faculty Table
Template for Criterion II.U**

The clinical faculty table should contain the following:

1. Name and credential (e.g. CNM, CM, CPM, NP, PA, MD). Please ensure that the names as listed in the Table and on the faculty folder correspond to the names on the faculty's credential documents.
2. Certification number
3. License number if applicable
4. Highest earned degree
5. Clinical/practice site. Please ensure that names of clinical sites in this table are consistent with the names on the contracts for those sites.
6. Clinical area(s) (e.g. AP, IP, primary care)
7. Preparation for teaching

Clinical faculty table template: Table II-2. List clinical faculty in alphabetical order by last name. Please do NOT include those who did not precept in the SER time frame, even if they are current preceptors.

Last name, First name	Credential (CM, CNM, MD, NP etc.) Certificate # License #	Highest degree earned	Clinical site in the SER year	Clinical areas in which students were precepted at this site	Preparation for teaching
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Appendix E: ACME Guidelines for Interprofessional Clinical Supervision of Midwifery Students

ACME values and recognizes the need to encourage interprofessional practice and collaboration. In response to questions from Program Directors and to ensure the quality of nurse-midwifery/midwifery students' education, the Accreditation Commission for Midwifery Education (ACME) has created guidelines to clarify the requirements for a variety of clinicians who may serve on a program's clinical faculty as preceptors for students preparing to become Certified Nurse-Midwives (CNM)/Certified Midwives (CM). These individuals include, but are not limited to, Nurse Practitioners (NP), Certified Professional Midwives (CPM), Medical Doctors (MD or DO), and Physician Assistants (PA).

This document provides a description of qualifications for preceptors to teach and supervise CNM/CM students in clinical experiences. Note that students enrolled in ACME accredited programs must be supervised 50% or more of the time by a CNM/CM prepared clinician.

In order to serve as a preceptor for a CNM/CM student in an ACME accredited education program, a preceptor must meet all of the following criteria:

- Attended and graduated from a program/institution that is accredited by an accrediting agency that is recognized by the U.S. Department of Education (USDE);
- Passed a national certification exam offered to that profession; e.g. certification examinations offered by the American Nurses Credentialing Center, Accreditation Board for Speciality Nursing Certification, North American Registry of Midwives, or The American Board of Obstetrics and Gynecology;
- Possess current professional certification;
- Possess a current license in the state where practicing;
- Possess education credentials appropriate to the level at which they teach and meet the academic institution's requirements for clinical faculty; and
- Have preparation for teaching and have competence commensurate with the teaching assignment.

(continued to next page)

Appendix E: ACME Guidelines for Interprofessional Clinical Supervision of Midwifery Students (cont'd)

The ACME accredited program must be able to demonstrate:

- Evidence the preceptor meets the academic institution's requirements for clinical faculty;
- Evidence the preceptor has passed the appropriate professional national certification exam;
- Evidence of current state licensure;
- Evidence of current professional certification;
- Evidence the preceptor has preparation for teaching and competence commensurate with the teaching assignment; and
- Evidence that 50% or greater of the clinical experiences of each student are supervised by CNMs/CMs.

For additional information see ACME's *Policies and Procedures Manual and Criteria for Programmatic Accreditation of Midwifery Education Programs* on the ACME web page, www.midwife.org/acme.

**Appendix F: Program Objectives or Outcomes
Template for Criterion IV. D.**

Sample template of table that shows where program objectives or outcomes are met in specific courses.

Program Objectives	Course Number								
Objective #1	x								
Objective #2	x								
Objective #3	x		x						
Objective #4				x					
Objective #5					x				
Objective #6								x	x
Objective #7							X		x

Name of Institution and Midwifery Program: _____

**Appendix H: Clinical Experiences
Template for Criterion V.F.**

Student (Use Confidential Identifier)	Primary care (40)*	Gynecologic care (80)*	Antepartum care (100)*	Intrapartum care (60)*	Births (35)*	Postpartum care (50)*	Newborn care (30)*

* Note that these are suggested numbers of experiences recommended by ACME for attaining competency in each area. Competency may be achieved with different experience numbers than those suggested by ACME. See Criteria V.F. for explanation of experiences included in each defined practice area.

Appendix I: Enrollment, Graduation, and Attrition
 Template for Criterion VI.C

Full-time Students - Length of Program in Months _____

Matriculation Year	Number of full-time students matriculating in this cohort (A)	Goal for On-time Graduation (%)	Number who left program or were dismissed	Number who graduated on-time (B)	Number who graduated, but not on-time (C)	On-time Graduation Rate B / A	Final Graduation Rate (B + C) / A
Example: 2018	24	90%	3	17	4	71%	88%

Part-time Students - Length of Program in Months _____

Matriculation Year	Number of part-time students matriculating in this cohort (A)	Goal for On-time Graduation (%)	Number who left program or were dismissed	Number who graduated on-time (B)	Number who graduated, but not on-time (C)	On-time Graduation Rate B / A	Final Graduation Rate (B + C) / A
Example: 2018	6	90%	0	5	1	83%	100%

Appendix J: AMCB Certification

Template for Criterion VI.D:

Full-time Students - Length of Program in Months _____

Matriculation Year	Number of full-time students matriculating in this cohort (A)	Goal for AMCB Certification within one year of graduation (%)	Number who left program or were dismissed (B)	Graduates with AMCB Certification within one year of graduation (C)	AMCB Certification Rate C / (A-B)
<i>Example: 2018</i>	24	90%	3	20	95%

Part-time Students - Length of Program in Months _____

Matriculation Year	Number of part-time students matriculating in this cohort (A)	Goal for AMCB Certification within one year of graduation (%)	Number who left program or were dismissed (B)	Graduates with AMCB Certification within one year of graduation (C)	AMCB Certification Rate C / (A-B)
<i>Example: 2018</i>	6	100%	0	20	95%

Acknowledgements Page

Every five years, ACME conducts a full review of its criteria. Between May 2018 and May 2019, a group of dedicated and passionate volunteers who support and believe in ACME's mission, to advance excellence in midwifery education, led this work. On May 14, 2019 the ACME Board of Commissioners unanimously voted to adopt the new *Criteria for Programmatic Accreditation of Midwifery Education Programs with Instructions for Elaboration and Documentation*. We would like to acknowledge these volunteers and thank them for their time and contributions to this final document.

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Criterion V: Resources

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Criterion VI: Assessment:

Subcommittee: Ronald Hunt, ACME BOC; Peter Johnson, ACME BOC Chair; Susan Ulrich, ACME BOR; Julia Lange Kessler, Program Director, Georgetown University; Penny Marzallik, Program Director, Ohio State

Chapter N 2

LICENSURE

Subchapter I — Authority; Definitions

- N 2.01 Authority.
N 2.02 Definitions.

Subchapter II — Licensure By Examination

- N 2.10 Qualifications for licensure.
N 2.105 Application procedure for a multistate license.
N 2.11 Application procedure for a single state license for applicants from board-approved schools.
N 2.12 Application procedure for a single state license for applicants from comparable schools.

Subchapter III — Licensure by Endorsement

- N 2.19 Endorsement of an applicant for a multistate license.
N 2.20 Endorsement of an applicant from a nurse licensure compact state for a single state license.

- N 2.21 Endorsement of an applicant from another U.S. state, territory or Canada for a single state license.

Subchapter IV — Temporary Permits

- N 2.30 Definitions.
N 2.31 Application.
N 2.32 Title.
N 2.33 Supervision.
N 2.34 Duration.
N 2.35 Renewal.
N 2.36 Denial or revocation.

Subchapter V — Renewal

- N 2.40 Renewal.
N 2.41 Reinstatement.

Note: Chapter N 4 as it existed on July 31, 1981 was repealed and a new chapter N 4 was created effective August 1, 1981. Chapter N 4 as it existed on March 31, 1984 was repealed and a new chapter N 2 was created effective April 1, 1984. Chapter N 2 as it existed on July 31, 2014 was repealed and a new chapter N 2 was created effective August 1, 2014.

Subchapter I — Authority; Definitions

N 2.01 Authority. (1) This chapter is adopted pursuant to authority of ss. 15.08, 227.11, and 441.01 (3), Stats.

History: Cr. Register, March, 1984, No. 339, eff. 4-1-84; am. (2), Register, May, 1990, No. 413, eff. 5-1-90; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1990, No. 413, eff. 6-1-90; CR 14-002: r. and recr. Register July 2014 No. 703, eff. 8-1-14.

N 2.02 Definitions. As used in this chapter:

- (1) “Board” means board of nursing.
(1m) “Board-approved prelicensure education program” means a nurse prelicensure program from a Wisconsin-approved school or a prelicensure program approved by another state board of nursing.
(2) “Board-approved school” means any of the following:
(a) A school in Wisconsin which has been approved by the board or the board has granted authorization to admit students under ch. N 1.
(b) A school which participates in the electronic application process.
(3) “Certificate of approval” means the verification from a school of nursing that the applicant has been approved to take the NCLEX prior to receiving a diploma in practical nursing or professional nursing.
(4) “Certificate of completion” means the verification from a school of nursing that the applicant has completed the portion of the program equivalent to a diploma in practical nursing or professional nursing.
(5) “Comparable school” means any of the following:
(a) A school holding nursing accreditation by a board-recognized nursing accreditation organization.
(b) A school located in the United States approved by the board of nursing for that jurisdiction.
(c) A school located in a U.S. territory or a province of Canada which is approved by the board of nursing for that jurisdiction and meets the standards of the Wisconsin board of nursing.
(6) “Department” means the department of safety and professional services.
(7) “Direct supervision” means immediate availability to coordinate, direct and inspect the practice of another.
(8) “LPN” means licensed practical nurse.

(8m) “Multistate license” means a license to practice as a registered or licensed practical nurse issued by Wisconsin that authorizes the licensed nurse to practice in all nurse licensure compact party states under a multistate licensure privilege.

(9) “NCLEX” means national council licensure examination

(9m) “Party state” means any state that has adopted the nurse licensure compact.

(10) “RN” means registered nurse.

(11) “Single state license” means a license issued by Wisconsin that does not include a multistate licensure privilege to practice in any other nurse licensure compact party state.

History: Cr. Register, March, 1984, No. 339, eff. 4-1-84; renum. (1), (2), (4) to (6) to be (2), (1), (5), (6) and (4) and am. (2), (4) and (5) am. (3), Register, May, 1990, No. 413, eff. 6-1-90; CR 01-049: am. (2), cr. (5m), Register October 2001 No. 550, eff. 11-1-01; correction in (3) made under s. 13.92 (4) (b) 6., Stats., Register November 2011 No. 671; CR 14-002: r. and recr. Register July 2014 No. 703, eff. 8-1-14; CR 18-030 cr. (1m), (8m), (9m), (11) Register June 2019 No. 762, eff. 7-1-19; correction in (1m) made under s. 35.17, Stats., Register June 2019 No. 762.

Subchapter II — Licensure By Examination

N 2.10 Qualifications for licensure. (1) REGISTERED NURSE APPLICANTS FOR A SINGLE STATE LICENSE. An applicant is eligible for a registered nurse single state license if the applicant complies with all of the following requirements:

- (a) Graduates from a high school or its equivalent.
(b) Does not have an arrest or conviction record, subject to ss. 111.321, 111.322 and 111.335, Stats.
(c) Graduates from any of the following:
1. A board-approved school of professional nursing.
2. A comparable school of professional nursing.
(d) In lieu of meeting the requirement in par. (c), evidence of general and professional educational qualifications comparable to those required in this state at the time of graduation.
(e) Passes the NCLEX.

(1m) REGISTERED NURSE APPLICANTS FOR A MULTISTATE LICENSE. An applicant is eligible for a registered nurse multistate license if the applicant meets all of the following requirements:

- (a) Graduated from one of the following:
1. A board-approved prelicensure education program.
2. A foreign-registered nurse prelicensure education program that has been approved by the authorized accrediting body in the applicable country and has been verified by an independent credentials review agency to be comparable to a board-approved prelicensure education program.
(b) If a graduate from a foreign prelicensure education program not taught in English or if English is not the individual's native language, successfully passed an English proficiency

examination that includes the components of reading, speaking, writing, and listening.

(c) Successfully passed an NCLEX or recognized predecessor examination.

(d) Is eligible for or holds an active, unencumbered license.

(e) Has not been convicted or found guilty, or has entered into an agreed disposition, of a felony offense under applicable state or federal criminal law.

(f) Has not been convicted or found guilty, or has entered into an agreed disposition, of a misdemeanor offense related to the practice of nursing.

(g) Is not currently enrolled in an alternative program.

(h) Is subject to self-disclosure requirements regarding current participation in an alternative program.

(i) Holds a valid United States social security number.

(2) LICENSED PRACTICAL NURSE APPLICANTS FOR A SINGLE STATE LICENSE. An applicant is eligible for a single state practical nurse license if the applicant complies with all of the following requirements:

(a) Completed two years of high school or its equivalent.

(b) Is 18 years or older.

(c) Does not have an arrest or conviction record, subject to ss. 111.321, 111.322 and 111.335.

(d) Graduates from any of the following:

1. A board-approved school of practical nursing.

2. A comparable school of practical nursing.

(e) In lieu of meeting the requirement in par. (d), evidence of general and professional educational qualifications comparable to those required in this state at the time of graduation.

(f) Passes the NCLEX.

(2m) LICENSED PRACTICAL NURSE APPLICANTS FOR A MULTISTATE LICENSE. An applicant is eligible for a practical nurse multistate license if the applicant meets all of the following requirements:

(a) Graduated from one of the following:

1. A board-approved precicensure education program.

2. A foreign practical nurse precicensure education program that has been approved by the authorized accrediting body in the applicable country and has been verified by an independent credentials review agency to be comparable to a board-approved precicensure education program.

(b) If a graduate from a foreign precicensure education program not taught in English or if English is not the individual's native language, successfully passed an English proficiency examination that includes the components of reading, speaking, writing, and listening.

(c) Successfully passed an NCLEX or recognized predecessor examination.

(d) Is eligible for or holds an active, unencumbered license.

(e) Has not been convicted or found guilty, or has entered into an agreed disposition, of a felony offense under applicable state or federal criminal law.

(f) Has not been convicted or found guilty, or has entered into an agreed disposition, of a misdemeanor offense related to the practice of nursing.

(g) Is not currently enrolled in an alternative program.

(h) Is subject to self-disclosure requirements regarding current participation in an alternative program.

(i) Holds a valid United States social security number.

History: CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14; correction in (2) (intro.) made under s. 35.17, Stats., Register July 2014 No. 703; CR 18-030: am. (1) (intro.), (2) (intro.), cr. (1m), (2m) Register June 2019 No. 762, eff. 7-1-19; corrections in (1m) (a) 1., 2., (2m) (a) 1., 2. made under s. 35.17, Stats., Register June 2019 No. 762.

N 2.105 Application procedure for a multistate license. **(1)** Each applicant for a multistate license shall complete and submit an application by the electronic application process or on forms provided by the department, declare Wisconsin as the primary state of residence, and pay the fee.

(2) The educational administrator or designee for a board-approved precicensure education program shall submit one of the following:

(a) Via the electronic application process a verification that the applicant has graduated.

(b) A certification of graduation.

(c) An official transcript indicating graduation.

(3) If the applicant graduated from a foreign precicensure education program, the applicant shall submit a certificate or report demonstrating verification from an independent credentials review agency that the precicensure education program is comparable to a board-approved precicensure education program.

(4) If the applicant graduated from a foreign precicensure program that was not taught in English or if English is not the applicant's native language, the applicant shall submit proof of successfully passing an English proficiency examination that includes the components of reading, speaking, writing, and listening.

(5) (a) The board shall notify the applicant of eligibility for admission to the NCLEX once it receives verification of one of the following:

1. Certificate of approval.

2. Graduation.

(b) The applicant shall contact the examination provider to schedule the NCLEX date and time within one year from the time the notice of eligibility is received by the applicant.

(c) The board shall send notification of results to applicants who fail to earn a passing score on the NCLEX. An applicant may apply to the board for authorization to schedule reexamination. The reexamination may not occur earlier than 45 days after the most recent sitting for the NCLEX.

(6) The applicant shall submit, through an approved process, fingerprints or other biometric-based information for the purpose of obtaining an applicant's criminal history information from the federal bureau of investigation and the Wisconsin department of justice.

(7) If the applicant has been convicted or found guilty, or has entered into an agreed disposition, of a misdemeanor offense, the applicant shall provide the board all related information necessary for the board to determine whether the circumstances substantially relate to the practice of nursing.

History: CR 18-030: cr. Register June 2019 No. 762, eff. 7-1-19; corrections in (1), (2) (intro.), (3) made under s. 35.17, Stats., Register June 2019 No. 762.

N 2.11 Application procedure for a single state license for applicants from board-approved schools.

(1) Each applicant from a board-approved school shall complete and submit an application by the electronic application process or on forms provided by the department and shall pay the fee.

(2) The educational administrator or designee for a school of professional nursing or practical nursing shall submit any of the following:

(a) Via the electronic application process a verification that the applicant has graduated or received a certificate of completion.

(b) A certification of graduation or completion to the department.

(3) (a) The examination accepted by the board is the NCLEX.

(b) The board shall notify the applicant of eligibility for admission to the NCLEX once it receives verification of any of the following:

1. Certificate of approval.

2. Graduation.
3. Certificate of completion.

(c) The applicant shall contact the examination provider to schedule the NCLEX date and time within one year from the time the notice of eligibility is received by the applicant.

(d) The board shall send notification of results to applicants who fail to earn a passing score on the NCLEX. An applicant may apply to the board for authorization to schedule reexamination. The reexamination may not occur earlier than 45 days after the most recent sitting for the NCLEX.

(4) An applicant who has a pending criminal charge or has been convicted of any crime or ordinance violation shall provide the board all related information necessary for the board to determine whether the circumstances of the arrest or conviction or other offense substantially relate to the practice of nursing.

(5) An applicant who has committed any act, which would be subject to discipline under ch. N 7, shall provide the board with all related information regarding the act necessary for the board to make a determination on the application for licensure.

History: CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14; correction to (3) (title) and renumbering (3) made under s. 13.92 (4) (b) 1. and 2., Stats., Register July 2014 No. 703; CR 18-030: am. (title) Register June 2019 No. 762, eff. 7-1-19.

N 2.12 Application procedure for a single state license for applicants from comparable schools.

(1) Each applicant from a comparable school shall complete and submit an application on forms provided by the department.

(2) The school of professional nursing or practical nursing shall forward directly to the department, official transcripts of nursing education for applicants who graduated from the school. If the applicant graduated from a school of professional nursing or practical nursing from a U.S. territory or outside the United States, the applicant shall submit any of the following:

(a) For a professional nursing applicant, a valid certificate issued by the commission on graduates of foreign nursing schools or another board-approved entity which evaluates education.

(b) For a practical nursing applicant, a credential evaluation service academic report and demonstration of passing a board accepted language proficiency exam.

(3) (a) The examination accepted by the board is the NCLEX.

(b) The board shall notify the applicant of eligibility for admission to the NCLEX once it receives verification of any of the following:

1. Certificate of approval.
2. Graduation.

(c) The applicant shall contact the examination provider to schedule the NCLEX date and time within one year from the time the notice of eligibility is received by the applicant.

(d) The board shall send notification of results to applicants who fail to earn a passing score on the NCLEX. An applicant may apply to the board for authorization to schedule reexamination. The reexamination may not occur earlier than 45 days after the most recent sitting for the NCLEX.

(4) An applicant who has a pending criminal charge or has been convicted of any crime or ordinance violation shall provide the board all related information necessary for the board to determine whether the circumstances of the arrest or conviction or other offense substantially relate to the practice of nursing.

(5) An applicant who has committed any act, which would be subject to discipline under ch. N 7, shall provide the board with all related information regarding the act necessary for the board to make a determination on the application for licensure.

History: CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14; correction to (3) (title) and renumbering (3) made under s. 13.92 (4) (b) 1. and 2., Stats., Register July 2014 No. 703; CR 18-030: am. (title) Register June 2019 No. 762, eff. 7-1-19.

Subchapter III — Licensure by Endorsement

N 2.19 Endorsement of an applicant for a multistate license. (1) Each applicant for a multistate license by endorsement shall complete and submit an application on forms provided by the department and shall pay the fee.

(2) The applicant shall provide all of the following:

(a) Evidence of holding an active, unencumbered license.

(b) Declaration or evidence that Wisconsin is the primary state of residence.

(c) Evidence of graduation from one of the following:

1. A board-approved nurse prelicensure education program.

2. A foreign nurse prelicensure education program that has been approved by the authorizing accrediting body in the applicable country and has been verified by an independent credentials review agency to be comparable to a board-approved prelicensure education program.

(d) If the applicant graduated from a foreign prelicensure program not taught in English or if English is not the applicant's native language, evidence of successfully passing an English proficiency examination that includes the components of reading, speaking, writing, and listening.

(e) Evidence of successfully passing an NCLEX exam or recognized predecessor.

(f) If the applicant has been convicted or found guilty, or has entered into an agreed disposition, of a misdemeanor offense, all related information necessary for the board to determine whether the circumstances substantially relate to the practice of nursing.

(3) The applicant shall submit, through an approved process, fingerprints or other biometric data for the purpose of obtaining criminal history record information from the federal bureau of investigation and the Wisconsin department of justice.

History: CR 18-030: cr. Register June 2019 No. 762, eff. 7-1-19; corrections in (2) (c) 1., 2. made under s. 35.17, Stats., Register June 2019 No. 762.

N 2.20 Endorsement of an applicant from a nurse licensure compact state for a single state license.

(1) A current license from a state which has adopted the nurse licensure compact under s. 441.51, Stats., is considered to have met educational and other qualifications comparable to those required in this state.

(2) An applicant from a nurse licensure compact state shall file a completed application, declare Wisconsin as the primary state of residence, and pay the applicable fee.

(3) An applicant who has a pending criminal charge or has been convicted of any crime or ordinance violation shall provide the board with all related information necessary for the board to determine whether the circumstances of the arrest or conviction or other offense substantially relates to the practice of nursing.

(4) An applicant who has committed any act, which would be subject to discipline under ch. N 7, shall provide the board with all related information regarding the act necessary for the board to make a determination on the application for licensure.

(5) An applicant who has a nursing license encumbered by adverse action shall provide the board with all related information necessary to determine whether the board deems the action taken to warrant a denial in Wisconsin. Any license issued to an applicant with an encumbered nursing license elsewhere shall be a single state license to practice in the state of Wisconsin.

History: CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14; correction in (1) made under s. 13.92 (4) (b) 7., Stats., Register December 2018 No. 756; CR 18-030: am. (title) Register June 2019 No. 762, eff. 7-1-19.

N 2.21 Endorsement of an applicant from another U.S. state, territory or Canada for a single state license.

(1) (a) A license from a U.S. state that has not adopted the nurse licensure compact under s. 441.51, Stats., a U.S. territory or Can-

ada is considered to have met educational and other qualifications comparable to those required in this state provided the requirements of the initial license included all of the following:

1. Graduation from a school approved by the board in the jurisdiction of initial licensure or had education the board in the jurisdiction of initial licensure deemed to be comparable to a school that board approves.

2. Passage of the NCLEX.

(b) An applicant, whose initial license from another U.S. state, territory or Canada does not meet the requirements in par. (a), shall submit all of the following to the board to assist the board in determining whether the qualifications are comparable:

1. Evidence of educational qualifications.

2. Evidence of passing the NCLEX or other nursing licensure examination.

(2) An applicant shall submit a completed application and pay the applicable fee. The application shall include the following:

(a) Verification of licensure from the state, territory or province in which the original license by examination was issued and the state, territory or province in which the current, active license was issued.

(b) Documentation of employment history.

(c) An applicant who has a pending criminal charge or has been convicted of any crime or ordinance violation shall provide the board with all related information necessary for the board to determine whether the circumstances of the arrest or conviction or other offense substantially relate to the practice of nursing.

(d) An applicant who has a license encumbered by adverse action shall provide the board with all related information necessary to determine whether the board deems the action taken to warrant a denial in Wisconsin.

(e) An applicant who has been terminated from any employment related to nursing shall provide the board with all related information necessary to determine current competency.

(f) An applicant who has committed any act, which would be subject to discipline under ch. N 7, shall provide the board with all related information regarding the act necessary for the board to make a determination on the application for licensure.

(3) An applicant who does not have current nursing education or been employed in a position that requires a nursing license within the last 5 years may apply to the board for a limited license to enable the applicant to complete a nursing refresher course approved by the board. Upon successful completion of an approved nursing refresher course, the license holder may petition the board for full licensure.

History: CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14; correction in (1) (a) (intro.) made under s. 13.92 (4) (b) 7, Stats., Register December 2018 No. 756; CR 18-030: am. (title) Register June 2019 No. 762, eff. 7-1-19.

Subchapter IV — Temporary Permits

N 2.30 Definitions. In this subchapter:

(1) “G.N.” means graduate nurse.

(2) “G.P.N.” means graduate practical nurse.

History: CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14.

N 2.31 Application. A nurse who has graduated from a board-approved school or comparable school or granted a certificate of completion by a board-approved school may be granted a temporary permit. An applicant shall submit a completed application and pay the applicable fee. The application shall include any of the following:

(1) Verification from a board-approved school via the electronic application process that the applicant has graduated or received a certificate of completion.

(2) A certification of graduation or completion from a board-approved school.

(3) An official transcript of nursing education submitted by the school of professional nursing or practical nursing directly to the department.

Note: A temporary permit does not grant multistate licensure privileges.

History: CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14.

N 2.32 Title. (1) A registered nurse applicant for licensure by exam who is granted a temporary permit may use the title “graduate nurse” or the letters “G.N.”

(2) A practical nurse applicant for licensure by exam who is granted a temporary permit may use the title “graduate practical nurse” or the letters “G.P.N.”

(3) A registered nurse or practical nurse for licensure by endorsement who is granted a temporary permit may use the title “registered nurse” or “licensed practical nurse.”

History: CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14.

N 2.33 Supervision. (1) Except as provided in sub. (2), the holder of a temporary permit shall practice only under the direct supervision of a registered nurse.

(2) A holder of a temporary permit who is currently licensed as a registered nurse or practical nurse in another jurisdiction may practice without the direct supervision of a registered nurse.

History: CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14.

N 2.34 Duration. The temporary permit is valid for a period of 3 months or until the holder receives notification of failing the NCLEX, whichever occurs first. Practice under temporary permits, including renewals under s. N 2.35, may not exceed 6 months total duration.

History: CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14.

N 2.35 Renewal. (1) A temporary permit for a registered nurse or practical nurse may be renewed once by completing an application, completing a nursing workforce survey and payment of applicable fees.

(2) Subsequent renewals may be granted in hardship cases including illness, family illness or death, accident, natural disaster or delay of verification from another state. The board shall consider each application for renewal under this subsection individually on its merits, and the board may grant a renewal as deemed appropriate.

History: CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14.

N 2.36 Denial or revocation. A temporary permit may be denied or revoked for the following:

(1) Providing fraudulent information on an application for licensure.

(2) Misrepresentation of being an R.N., G.N., L.P.N. or G.P.N. without holding a valid temporary permit.

(3) Violation of any of the rules of conduct set forth in ch. N 7.

History: CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14.

Subchapter V — Renewal

N 2.40 Renewal. (1) GENERAL. A person with an expired credential may not reapply for a credential using the initial application process.

(2) RENEWAL WITHIN 5 YEARS. A person renewing the credential within 5 years shall do all of the following:

(a) Pay the renewal fee as determined by the department under s. 440.03 (9) (a), Stats., and any applicable late renewal fee.

(b) Pay a nursing workforce survey fee.

(c) Complete the nursing workforce survey to the satisfaction of the board.

(3) RENEWAL AFTER 5 YEARS. This subsection does not apply to credential holders who have unmet disciplinary requirements or whose credential has been surrendered or revoked. A person renewing the credential after 5 years shall do all of the following:

(a) Pay the renewal fee as determined by the department under s. 440.03 (9) (a), Stats., and the late renewal fee.

(b) Pay a nursing workforce survey fee.

(c) Complete the nursing workforce survey to the satisfaction of the board.

(d) Meet one of the following requirements:

1. Documentation of employment requiring a nursing license within the last five years.

2. Completion of a board approved nursing refresher course or education equivalent to a nursing refresher course. A nursing refresher course requires a limited license for the purpose of completing the clinical component of the course.

Note: The licensee may request the Board grant a limited license for the sole purpose of completing a nurse refresher course.

History: CR 15-099: cr. Register August 2016 No. 728, eff. 9-1-16.

N 2.41 Reinstatement. A credential holder who has unmet disciplinary requirements and failed to renew the credential within 5 years or whose credential has been surrendered or revoked may apply to have the credential reinstated in accordance with all of the following:

(1) Evidence of completion of the requirements in s. N 2.40 (3) if the license has not been active within 5 years.

(2) Evidence of completion of the disciplinary requirements, if applicable.

(3) Evidence of rehabilitation or change in circumstances warranting reinstatement.

(4) A revoked license may not be reinstated earlier than one year following revocation. This subsection does not apply to a license that is revoked under s. 440.12, Stats.

History: CR 15-099: cr. Register August 2016 No. 728, eff. 9-1-16.