



VIRTUAL/TELECONFERENCE
BOARD OF NURSING
Virtual, 4822 Madison Yards Way, Madison
Contact: Brad Wojciechowski (608) 266-2112
June 11, 2026

The following agenda describes the issues that the Board 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 record of the actions of the Board.

AGENDA

9:30 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A. Adoption of Agenda (1-4)

B. Approval of Minutes of May 14, 2026 (5-10)

D. Introductions, Announcements and Recognition

1. Introductions
 - a. Sarah L. Brzozowski, Registered Nurse Member (Succeeds: Sabourin)
 - b. Tina M. DeGroot, Registered Nurse Member (Succeeds: Edelstein)
 - c. Craig Reinbold, Registered Nurse Member (Succeeds: Weinman)

E. Reminders: Conflicts of Interests, Scheduling Concerns

F. Administrative Matters – Discussion and Consideration

1. Department, Staff and Board Updates
2. **Appointment of Liaisons and Alternates (11-12)**
3. Board Members – Term Expiration Dates
 - a. Anderson, John G. – 7/1/2029
 - b. Brzozowski, Sarah L. – 7/1/2027
 - c. DeGroot, Tina M. – 7/1/2030
 - b. Kane, Amanda K. – 7/1/2027
 - c. Malak, Jennifer L. – 7/1/2026
 - d. McNally, Patrick J. – 7/1/2026
 - e. Reinbold, Craig – 7/1/2027
 - f. Saldivar Frias, Christian – 7/1/2023

G. Education and Examination Matters – Discussion and Consideration (13-30)

1. Lac Courte Oreilles Ojibwe University Assessment & Institutional Plan

H. Administrative Rule Matters – Discussion and Consideration (31-47)

1. Emergency Rule Draft: N 1 to 8, relating to APRN's and Comprehensive Review **(32-46)**
 2. Pending and Possible Rulemaking Projects **(47)**
- I. Speaking Engagements, Travel, or Public Relation Requests, and Reports – Discussion and Consideration (48)**
1. Travel Report: NCSBN Executive Officers Summit, June 9-10, 2026, Nashville TN - Wojciechowski
- J. Legislative and Policy Matters – Discussion and Consideration**
- K. Credentialing Matters – Discussion and Consideration**
- L. Newsletter Matters – Discussion and Consideration**
- M. Nurse Licensure Compact (NLC) Update – Discussion and Consideration**
- N. Liaison Reports – Discussion and Consideration**
- O. Discussion and Consideration of Items Added After Preparation of Agenda:**
1. Introductions, Announcements and Recognition
 2. Administrative Matters
 3. Election of Officers
 4. Appointment of Liaisons and Alternates
 5. Delegation of Authorities
 6. Education and Examination Matters
 7. Credentialing Matters
 8. Practice Matters
 9. Legislative and Policy Matters
 10. Administrative Rule Matters
 11. Liaison Reports
 12. Board Liaison Training and Appointment of Mentors
 13. Public Health Emergencies
 14. Informational Items
 15. Division of Legal Services and Compliance (DLSC) Matters
 16. Presentations of Petitions for Summary Suspension
 17. Petitions for Designation of Hearing Examiner
 18. Presentation of Stipulations, Final Decisions and Orders
 19. Presentation of Proposed Final Decisions and Orders
 20. Presentation of Interim Orders
 21. Petitions for Re-Hearing
 22. Petitions for Assessments
 23. Petitions to Vacate Orders
 24. Requests for Disciplinary Proceeding Presentations
 25. Motions
 26. Petitions
 27. Appearances from Requests Received or Renewed
- P. Public Comments**

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85(1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).

Q. Credentialing Matters

1. Application Review

- a. D.M.H. – Renewal Application (IA-905229) **(49-87)**
- b. R.H. – Renewal Application (IA-875247) **(88-178)**

R. Deliberation on Division of Legal Services and Compliance Matters

1. Administrative Warnings

- a. 25 NUR 0885 – M.K.G. **(179-184)**
- b. 26 NUR 0255 – K.D.T. **(185-189)**
- c. 26 NUR 0264 – T.J.K. **(190-194)**

2. Proposed Stipulations, Final Decisions, and Orders

- a. 23 NUR 411 – Troy D. Shawn **(195-202)**
- b. 23 NUR 859 – Roberta L. Ray **(203-208)**
- c. 24 NUR 0318 – Roberta L. Janovetz **(209-215)**
- d. 24 NUR 0416 and 25 NUR 0022 – Sharesea L. Busser **(216-223)**
- e. 25 NUR 0506 – Amanda A. Skartvedt **(224-235)**
- f. 26 NUR 0441 – Morgan R. Hamlin **(236-242)**

3. Case Closings

- a. 25 NUR 0399 – S.M.M. **(243-246)**

S. Deliberation on Proposed Final Decision and Orders

1. Marina Driza – (DHA Case Number SPS-23-0038/DLSC Case Number 22 NUR 831) **(247-263)**

T. Deliberation of Items Added After Preparation of the Agenda

1. Education and Examination Matters
2. Credentialing Matters
3. DLSC Matters
4. Monitoring Matters
5. Professional Assistance Procedure (PAP) Matters
6. Petitions for Summary Suspensions
7. Petitions for Designation of Hearing Examiner
8. Proposed Stipulations, Final Decisions and Order
9. Proposed Interim Orders
10. Administrative Warnings
11. Review of Administrative Warnings
12. Proposed Final Decisions and Orders
13. Matters Relating to Costs/Orders Fixing Costs
14. Case Closings
15. Board Liaison Training
16. Petitions for Assessments and Evaluations
17. Petitions to Vacate Orders
18. Remedial Education Cases
19. Motions

- 20. Petitions for Re-Hearing
- 21. Appearances from Requests Received or Renewed

U. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

V. Vote on Items Considered or Deliberated Upon in Closed Session if Voting is Appropriate

W. Open Session Items Noticed Above Not Completed in the Initial Open Session

X. Board Meeting Process (Time Allocation, Agenda Items) – Discussion and Consideration

Y. Board Strategic Planning and its Mission, Vision and Values – Discussion and Consideration

ADJOURNMENT

NEXT MEETING: JULY 9, 2026

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 virtually unless otherwise indicated. In-person meetings are typically conducted at 4822 Madison Yards Way, Madison, Wisconsin, unless an alternative location is listed on the meeting notice. In order to confirm a meeting or to request a complete copy of the board’s agenda, please visit the Department website at <https://dsps.wi.gov>. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of any agenda item may be changed by the board for the convenience of the parties. The person credentialed by the board has the right to demand that the meeting at which final action may be taken against the credential be held in open session. Requests for interpreters for the hard of hearing, or other accommodations, are considered upon request by contacting the Affirmative Action Officer or reach the Meeting Staff by calling 608-267-7213.

**VIRTUAL/TELECONFERENCE
BOARD OF NURSING
MEETING MINUTES
MAY 14, 2026**

PRESENT: John Anderson, Amanda Kane, Jennifer Malak, Patrick McNally, Christian Saldivar Frias

STAFF: Tom Ryan, Executive Director; Renee Parton, Assistant Deputy Chief Legal Counsel; Jameson Whitney, Board Counsel, Sofia Anderson, Administrative Rules Coordinator; Ashley Sarnosky, Board Administrative Specialist; and other Department Staff

CALL TO ORDER

Jennifer Malak, Chairperson, called the meeting to order at 9:33 a.m. A quorum was confirmed with five (5) members present.

ADOPTION OF THE AGENDA

Amendments to the Agenda

- *Item T.2 to read “DLSC Case Number 23 NUR 780”*

MOTION: Patrick McNally moved, seconded by Amanda Kane, to adopt the Agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES APRIL 9, 2026

MOTION: Amanda Kane moved, seconded by Patrick McNally, to approve the Minutes of April 9, 2026, as published. Motion carried unanimously.

SPEAKING ENGAGEMENTS, TRAVEL, OR PUBLIC RELATION REQUESTS, AND REPORTS – DISCUSSION AND CONSIDERATION

Travel Request: 2026 NLC and NCSBN Annual Meeting, August 18-21 – Chicago, IL

MOTION: John Anderson moved, seconded by Amanda Kane, to designate Patrick McNally, Amanda Kane, Jennifer Malak and John Anderson to attend the 2026 NLC and NCSBN Annual Meeting on August 18-21, 2026 in Chicago, IL. Motion carried unanimously.

CLOSED SESSION

MOTION: John Anderson moved, seconded by Patrick McNally, to convene to Closed Session to deliberate on cases following hearing (Wis. Stat. § 19.85(1)(a)); to consider licensure or certification of individuals (Wis. Stat. § 19.85(1)(b)); to consider closing disciplinary investigation with administrative warnings (Wis. Stat. §§ 19.85(1)(b) and 440.205); to consider individual histories or disciplinary data (Wis. Stat. § 19.85(1)(f));

and, to confer with legal counsel (Wis. Stat. § 19.85(1)(g)). Jennifer Malak, Chairperson, read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: John Anderson-yes; Amanda Kane -yes; Jennifer Malak-yes; Patrick McNally-yes; and Christian Saldivar Frias-yes. Motion carried unanimously.

The Board convened into Closed Session at 9:46 a.m.

CREDENTIALING MATTERS

L.E.G. – Renewal Application (IA-863101)

MOTION: Amanda Kane moved, seconded by Jennifer Malak, to find grounds exist to deny the application (IA-863101) for Renewal, and offer her a limited license. **Reason for Denial:** 441.07(1)(g), 440.08(4)(a) and N 7.03(2). Motion carried unanimously.

DELIBERATION ON DIVISION OF LEGAL SERVICES AND COMPLIANCE MATTERS

Administrative Warnings

MOTION: Patrick McNally moved, seconded by John Anderson, to issue an Administrative Warning in the following DLSC Cases:
24 NUR 0461 – K.M.W.
25 NUR 0889 – E.A.P.
Motion carried unanimously.

Proposed Stipulations and Final Decisions and Orders

23 NUR 223 – Ashton K. Reno

MOTION: Amanda Kane moved, seconded by John Anderson, to reject the Findings of Fact, Conclusions of Law and Order in the matter of DLSC Case 23 NUR 223, and to return the matter to DLSC for further proceedings. Motion carried unanimously.

24 NUR 0699 – Stacy E. Lopez

MOTION: Patrick McNally moved, seconded by Jennifer Malak, to adopt Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Stacy E. Lopez, DLSC Case Number 24 NUR 0699. Motion carried unanimously.

24 NUR 0708 – Jenni M. Colson

MOTION: Jennifer Malak moved, seconded by Christian Saldivar-Frias, to reject Findings of Fact, Conclusions of Law and Order in the matter of

disciplinary proceedings against Jenni M. Colson, DLSC Case Number 24 NUR 0708. Motion carried unanimously.

25 NUR 0035 – Bryanna M. Gallipo

MOTION: Jennifer Malak moved, seconded by John Anderson, to adopt Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Bryanna M. Gallipo, DLSC Case Number 25 NUR 0035. Motion carried unanimously.

25 NUR 0421 – Kerry L. Filo

MOTION: John Anderson moved, seconded by Patrick McNally, to adopt Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Kerry L. Filo, DLSC Case Number 25 NUR 0421. Motion carried unanimously.

25 NUR 0254 – Zoe L. Cordova

MOTION: Patrick McNally moved, seconded by Amanda Kane, to adopt Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Zoe L. Cordova, DLSC Case Number 25 NUR 0254. Motion carried unanimously.

26 NUR 0098 – Kristine E. Carroll

MOTION: Amanda Kane moved, seconded by Jennifer Malak, to delegate to DSPS Chief Legal Counsel the Board’s authority to preside over and resolve the matter of disciplinary proceedings against Kristine E. Carroll, DLSC Case Number 26 NUR 0098. Motion carried unanimously.

Case Closings

MOTION: Patrick McNally moved, seconded by John Anderson, to close the following DLSC Cases for the reasons outlined below:
23 NUR 676 – U. – Insufficient Evidence
24 NUR 0470 – S.L.B. – Insufficient Evidence
24 NUR 0814 – S.P. – No Violation
24 NUR 0818 – E.T. – Insufficient Evidence
25 NUR 0368 – A.K.C. – Insufficient Evidence
25 NUR 0825 – S.M.B.G. – No Violation
25 NUR 0866 – M.M.M. – Insufficient Evidence
26 NUR 0120 – M.L.A. – Insufficient Evidence
Motion carried unanimously.

MONITORING MATTERS

Theresa Harmala – Requesting Review of Order

MOTION: John Anderson moved, seconded by Patrick McNally, to deny the request of Theresa Harmala for consideration of work setting for AA/NA requirement, but to grant consideration of work setting as described to Monitor Heller as valid for practice hours under Order 21223. **Reason for Denial:** Board does not find work setting to be an equivalent support program. Motion carried unanimously.

DELIBERATION ON PROPOSED FINAL DECISION AND ORDERS

Katie M. Kropidlowski – (DHA Case Number SPS-26-0003/DLSC Case Number 25 NUR 0311)

MOTION: Jennifer Malak moved, seconded by Amanda Kane, to delegate to DSPS Chief Legal Counsel the Board’s authority to adopt or reject the Findings of Fact, Conclusions of Law, and Proposed Decision and Order, in the matter of disciplinary proceedings against Katie M. Kropidlowski, Respondent – DHA Case Number SPS-26-0003/DLSC Case Number 25

Susan K. Drzewiecki – (DHA Case Number SPS-25-0064/DLSC Case Number 23 NUR 780)

MOTION: Jennifer Malak moved, seconded by John Anderson, to delegate to DSPS Chief Legal Counsel the Board’s authority to adopt or reject the Findings of Fact, Conclusions of Law, and Proposed Decision and Order, in the matter of disciplinary proceedings against Susan K. Drzewiecki, Respondent – DHA Case Number SPS-25-0064/DLSC Case Number 23 NUR 780. Motion carried unanimously.

Toni L. Rogers – (DHA Case Number SPS-25-0063/DLSC Case Number 24 NUR 0414)

MOTION: Amanda Kane moved, seconded by Patrick McNally, to delegate to DSPS Chief Legal Counsel the Board’s authority to adopt or reject the Findings of Fact, Conclusions of Law, and Proposed Decision and Order, in the matter of disciplinary proceedings against Toni L. Rogers, Respondent – DHA Case Number SPS-25-0063/DLSC Case Number 24 NUR 0414. Motion carried unanimously.

Lori A. Handschke – (DHA Case Number SPS-26-0004/DLSC Case Number 24 NUR 0454)

MOTION: Patrick McNally moved, seconded by Amanda Kane, to delegate to DSPS Chief Legal Counsel the Board’s authority to adopt or reject the Findings of Fact, Conclusions of Law, and Proposed Decision and Order, in the matter of disciplinary proceedings against Lori A. Handschke, Respondent – DHA Case Number SPS-26-0004/DLSC Case Number 24 NUR 0454. Motion carried unanimously.

Renee E. Rosencrans – (DHA Case Number SPS-25-0068/DLSC Case Number 24 NUR 0496)

MOTION: Jennifer Malak moved, seconded by Amanda Kane, to delegate to DSPS Chief Legal Counsel the Board’s authority to adopt or reject the Findings

of Fact, Conclusions of Law, and Proposed Decision and Order, in the matter of disciplinary proceedings against Renee E. Rosencrans, Respondent – DHA Case Number SPS-25-0068/DLSC Case Number 24 NUR 0496. Motion carried unanimously.

DELIBERATION ON MATTERS RELATING TO COSTS/ORDERS FIXING COSTS

Shawntea G. Hamilton – (DHA Case Number SPS-24-0045/DLSC Case Number 23 NUR 479)

MOTION: Patrick McNally moved, seconded by Jennifer Malak, to adopt the Order Fixing Costs in the matter of disciplinary proceedings against Shawntea G. Hamilton, Respondent – DHA Case Number SPS-24-0045/DLSC Case Number 23 NUR 479. Motion carried unanimously.

Heather L. Lafrombois – (DHA Case Number SPS-24-0048/DLSC Case Number 23 NUR 581)

MOTION: Amanda Kane moved, seconded by John Anderson, to adopt the Order Fixing Costs in the matter of disciplinary proceedings against Heather L. Lafrombois, Respondent – DHA Case Number SPS-24-0048/DLSC Case Number 23 NUR 581. Motion carried unanimously.

Amelia M. Davis – (DHA Case Number SPS-24-0046/DLSC Case Number 23 NUR 646)

MOTION: Patrick McNally moved, seconded by John Anderson, to adopt the Order Fixing Costs in the matter of disciplinary proceedings against Amelia M. Davis, Respondent – DHA Case Number SPS-24-0046/DLSC Case Number 23 NUR 646. Motion carried unanimously.

RECONVENE TO OPEN SESSION

MOTION: Patrick McNally moved, seconded by Amanda Kane, to reconvene into Open Session. Motion carried unanimously.

The Board reconvened into Open Session at 11:50 a.m.

VOTING ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: Jennifer Malak moved, seconded by Amanda Kane, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

(Be advised that any recusals or abstentions reflected in the Closed Session motions stand for the purposes of the affirmation vote.)

ADJOURNMENT

MOTION: Amanda Kane moved, seconded by Jennifer Malak, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 11:51 a.m.

BOARD OF NURSING
2026 Elections and Liaison Appointments

| 2026 OFFICERS | |
|-------------------------|-----------------|
| Chairperson | Jennifer Malak |
| Vice Chairperson | Amanda Kane |
| Secretary | Patrick McNally |

| LIAISON APPOINTMENTS | |
|---|---|
| Credentialing Liaison | Amanda Kane, Jennifer Malak <i>Alternate: Patrick McNally</i> |
| Monitoring Liaison | John Anderson <i>Alternate: Patrick McNally</i> |
| Professional Assistance Procedure (PAP) Liaison | John Anderson <i>Alternate: Patrick McNally</i> |
| Legislative Liaison | John Anderson, <i>Vacant</i> <i>Alternate: Patrick McNally</i> |
| Newsletter Liaison | Jennifer Malak <i>Alternate: John Anderson</i> |
| Communication Liaison | Jennifer Malak |
| Education and Examination Liaison | Amanda Kane <i>Alternate: Jennifer Malak</i> |
| Controlled Substances Board Liaison as per Wis. Stats. §15.405(5g) | Amanda Kane <i>Alternate: Vacant (Primary)</i> |
| Wisconsin Coalition for Prescription Drug Abuse Reduction Liaison | Amanda Kane |
| Interdisciplinary Advisory Council Liaison | Amanda Kane <i>Alternate: Jennifer Malak</i> |

| | |
|---|--|
| Travel Authorization Liaison | Jennifer Malak (Chair) <i>Alternate: Amanda Kane</i> |
| COMMITTEE MEMBER APPOINTMENTS | |
| Rules Committee | Amanda Kane, Jennifer Malak, Patrick McNally, John Anderson |
| BOARD APPOINTMENT TO THE INTERSTATE NURSE LICENSURE COMPACT COMMISSION | |
| Administrator of the Nurse Licensure Compact | Jennifer Malak <i>Alternate: Patrick McNally</i> |

| | |
|--|---------------------------------|
| SCREENING PANEL APPOINTMENTS | |
| Alternates | <i>Vacant</i> |
| Screening Panel Rotation | |
| January – March (2025 & 2026) | Patrick McNally (February) |
| April – June | John Anderson, Jennifer Malak |
| July – September | Jennifer Malak, Patrick McNally |
| October – December | Patrick McNally, Amanda Kane |

Updated 4/9/26

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

AGENDA REQUEST FORM

| | | | |
|---|--|--|--|
| 1) Name and title of person submitting the request: Joan Gage | | 2) Date when request submitted: 06/02/26 <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 | | | |
| 4) Meeting Date: 06/11/26 | 5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 6) How should the item be titled on the agenda page? Lac Courte Oreilles Ojibwe University assessment & institutional plan | |
| 7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session | 8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input checked="" type="checkbox"/> Yes See below <input type="checkbox"/> No | 9) Name of Case Advisor(s), if applicable: <Click Here to Add Case Advisor Name or N/A> | |
| 10) Describe the issue and action that should be addressed: LCO University nursing school will be presenting their assessment and institutional plan to realize an improved NCLEX pass rate of 80% or better moving forward. Presenter: Dana Jorczak, MSN-Ed, RN, AEMT Director of Allied Health | | | |
| 11) Authorization | | | |
| <NAME> | | <Date: M/D/YYYY> | |
| Signature of person making this request | | Date | |
| Supervisor (Only required for post agenda deadline items) | | Date | |
| Executive Director signature (Indicates approval for post agenda deadline items) | | Date | |
| Directions for including supporting documents: 1. This form should be saved with any other documents submitted to the Agenda Items folders. 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. | | | |

LCOOU Response to Wisconsin Board of Nursing Regarding NCLEX-RN Pass Rate

The Lac Courte Oreilles Ojibwe University Associate Degree Nursing Program acknowledges that its aggregate NCLEX-RN pass rate remains below the Wisconsin Board of Nursing benchmark. We take this matter seriously and remain committed to ensuring that graduates are prepared to practice safely and successfully as entry-level registered nurses.

Since identifying concerns related to NCLEX performance, the program has undertaken a comprehensive review of curriculum, assessment practices, progression policies, and student support services. These efforts have resulted in measurable improvements in graduate outcomes and program quality.

Program Improvements and Outcomes

Over the past several years, the nursing program has demonstrated substantial improvement in NCLEX-RN success among recent graduates (**attached: ATI results**). Graduates completing the revised curriculum have achieved significantly higher pass rates than cohorts educated under previous program structures. These outcomes support the effectiveness of the corrective actions implemented since 2020.

A review of first-time NCLEX-RN test takers from the two most recent graduating cohorts demonstrates this progress. In 2024, first-time test takers achieved a 100% pass rate, and in 2025, first-time test takers achieved an 83.33% pass rate. These results represent a substantial improvement compared to prior years and provide evidence that the program's curriculum revisions, enhanced assessment strategies, and NCLEX preparation initiatives are contributing to improved graduate success.

Key initiatives include:

- Full integration of Next Generation NCLEX (NGN) clinical judgment concepts and question formats throughout the curriculum.
- Faculty development focused on test construction, Bloom's Taxonomy, curriculum mapping, and NCLEX-style assessment design.
- Implementation of peer-reviewed test blueprints and curriculum mapping to ensure consistency and rigor across courses.
- Use of ATI standardized assessments and predictive testing to identify at-risk students and guide remediation.
- Mapping of ATI resources throughout the curriculum using the AACN Essentials framework.
- Implementation of a dedicated 2-credit NCLEX preparation course taught by senior nursing faculty and tailored to cohort-specific learning needs.
- Required participation in the ATI Live NCLEX Review Course.
- Implementation of Virtual ATI (vATI), providing individualized coaching, remediation plans, and NCLEX readiness assessments.
- Increased simulation experiences throughout the curriculum to strengthen clinical judgment and decision-making skills.
- Enhanced alignment of course outcomes with the NCSBN Clinical Judgment Measurement Model.
- Provision of NCLEX preparation resources to all students, including comprehensive review materials and faculty-guided study plans.
- Requirement that students meet established ATI Comprehensive Predictor benchmarks before graduation.

Encouraging Timely NCLEX Testing

The program recognizes that timely testing following graduation is associated with improved NCLEX success. Graduates are strongly encouraged to take the NCLEX-RN within 45 days of graduation.

To support this goal, graduates who successfully pass the NCLEX-RN within 45 days receive reimbursement of their NCLEX testing fee (up to \$200). In addition, graduates are awarded a Littmann Cardiology Stethoscope valued at approximately \$200.

These incentives reinforce expectations regarding licensure readiness, reduce delays between graduation and testing, and support the program's goal of maximizing first-attempt success rates. The effectiveness of this initiative continues to be monitored through graduate testing timelines and NCLEX outcomes.

Clinical and Academic Partnerships

In April 2024, Lac Courte Oreilles Ojibwe University entered into a collaborative Memorandum of Understanding with Essentia Health to strengthen nursing education and workforce development. This partnership has expanded student access to clinical experiences in behavioral health, pediatrics, high-risk obstetrics, and higher-acuity medical-surgical settings.

The collaboration serves as a forum for nursing faculty, healthcare leadership, clinical staff, and students to identify innovative strategies that enhance nursing education and practice. These expanded learning opportunities continue to strengthen student preparedness for both NCLEX success and professional nursing practice.

Accreditation and External Validation

In March 2024, the nursing program hosted an initial accreditation site visit by the Accreditation Commission for Education in Nursing (ACEN). Following the visit, the program received a recommendation for accreditation and was found to be in compliance with all ACEN standards.

This outcome provides independent validation of the quality improvements implemented within the program and reflects the program's commitment to meeting nationally recognized standards for nursing education.

Impact of Historical Graduates on Aggregate Pass Rate

The aggregate NCLEX-RN pass rate continues to be influenced by graduates from prior cohorts who delayed testing for extended periods following program completion. Many of these individuals completed the program before the implementation of the current curriculum, assessment strategies, progression standards, and NCLEX preparation requirements.

Additionally, previous program policies allowed academically unsuccessful RN students to pursue practical nursing licensure eligibility. Some individuals made multiple unsuccessful testing attempts, which negatively affected aggregate program outcomes. These policies have since been revised. (**attached: NCLEX testing policy**).

While the program accepts responsibility for all graduate outcomes, it is important to note that many of these historical test-takers did not benefit from the interventions currently in place and therefore do not reflect the effectiveness of the revised curriculum and support systems.

Corrective Actions Related to Delayed Testers and Repeat Testers

To address these concerns, the program has implemented the following measures:

- Structured follow-up procedures for graduates who delay testing.
- Enhanced post-graduation NCLEX support and remediation resources.
- Encouragement and support for graduates to test within 45 days of program completion.
- Revised policies governing practical nursing licensure eligibility and requiring good academic standing for authorization to test.
- Strengthened progression and retention standards tied to academic performance and NCLEX readiness.
- Individualized remediation plans for graduates requiring additional preparation.
- Evaluation of admission and readiness measures to further support student success.
- Request Board-approved RN and PN refresher coursework for graduates experiencing repeated NCLEX failures.

Ongoing Quality Improvement

The nursing program continues to monitor NCLEX performance data, ATI outcomes, course assessment results, and student progression metrics as part of its systematic evaluation process. Faculty review these data regularly to identify trends, implement improvements, and ensure continued alignment with current professional standards and NCLEX test plans.

Specific ongoing quality improvement efforts include:

- Continuous curriculum review and alignment with current NCLEX-RN test plans.
- Ongoing faculty development in Next Generation NCLEX item writing and assessment practices.
- Expansion of simulation and clinical learning experiences.
- Enhanced student remediation and academic support services.
- Continued monitoring of ATI predictor performance and NCLEX outcomes to identify opportunities for improvement.

Inter-Cohort Simulation Initiative

Beginning in 2025, the nursing program implemented Fall and Spring "Simulation Days," bringing together students from multiple cohorts for collaborative simulation experiences. These events are designed to strengthen clinical judgment, communication, teamwork, and leadership skills while fostering mentorship and professional socialization among nursing students.

Simulation Days provide opportunities for students at different levels of the program to learn from one another, participate in realistic clinical scenarios, and develop confidence in clinical decision-making. Senior students are encouraged to model leadership, prioritization, delegation, and professional communication skills while mentoring junior students during simulation activities.

The initiative also promotes cohort camaraderie and peer support, creating a stronger learning community within the program. Faculty have observed increased student engagement, collaboration, and confidence through these shared learning experiences.

This initiative complements the program's expanded simulation curriculum and ongoing efforts to prepare graduates for safe, competent, and successful nursing practice.

Conclusion

The Lac Courte Oreilles Ojibwe University Nursing Program remains fully committed to continuous quality improvement and to preparing graduates who demonstrate the knowledge, clinical judgment, and competencies necessary for safe nursing practice.

While historical testing data continue to affect the aggregate NCLEX-RN pass rate, recent graduate outcomes demonstrate meaningful improvement and provide evidence that the corrective actions implemented by the program are effective. The curriculum revisions, strengthened assessment practices, expanded simulation experiences, enhanced clinical partnerships, accreditation achievement, and comprehensive NCLEX preparation strategies have established a strong foundation for continued success.

We respectfully request that the Wisconsin Board of Nursing consider the substantial program improvements, accreditation outcomes, and demonstrated progress reflected in recent graduate performance. We remain committed to maintaining high standards of nursing education and preparing graduates who are safe, competent, and successful entry-level nurses.

We welcome the opportunity to provide additional documentation or clarification as needed.

Sincerely,

Dana Jorczak, MSN-Ed, RN, AEMT

Director of Allied Health

djorczak@lco.edu

P: 715.634.4790 x183

2013 Alumni

Lac Courte Oreilles Ojibwe University
13466 W. Trepania Road | Hayward, WI 54843

Honor Your Past ~ Strengthen Your Future

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LAC COURTE OREILLES OJIBWE UNIVERSITY

Policy Number: 210

Policy Title: Mandatory NCLEX Review Course Requirement Policy

CROSS REFERENCE(S):



Purpose:

To support the success of Associate Degree in Nursing (ADN) graduates in passing the NCLEX-RN examination by requiring a structured review intervention after two failed attempts. This policy outlines the guidelines for graduates of the nursing program regarding NCLEX examination eligibility, including procedures and consequences related to failing the NCLEX, delaying the examination, and requesting a new Program Completion Form.

Scope:

This policy applies to all graduates of Lac Courte Oreilles Ojibwe University nursing program seeking licensure through the NCLEX-RN or NCLEX-PN examination.

Policy Statement:

Initial Program Completion Form

- Upon successful completion of all graduation requirements, eligible students will be issued a Program Completion Form for submission to the Board of Nursing to schedule the NCLEX.
- This form must be used within 90 days of issuance. After this time, the form is considered expired.

Postponement of NCLEX Examination

- Graduates who delay taking the NCLEX for more than 6 months after program completion must notify the Nursing Department in writing.
- After 6 months, students may be required to complete additional review or remediation at the discretion of the Nursing Program Director before a new Program Completion Form is issued.

Failure of the NCLEX Examination

- Students who fail the NCLEX are encouraged to contact the Nursing Department for guidance and support.
- After two (2) failed attempts, the student must complete a formal NCLEX remediation class, approved by the Nursing Program, prior to re-issuance of a new Program Completion Form.

Requesting a New Program Completion Form

- Students who require a new Program Completion Form (due to expiration, multiple NCLEX failures, or name change) must submit a written request to the Nursing Department.
- The Nursing Department reserves the right to:
 - Require official documentation explaining the delay.
 - Deny the request if the student has not remained in good standing or has failed to meet remediation requirements.

NCLEX Remediation and Reauthorization Procedures

Per Wis. Admin. Code [Chapter N 1.12](#) students who fail the NCLEX-RN twice must complete a nursing refresher course before they may receive authorization to retest. The following requirements apply:

1. Review Course Requirement

- The student must enroll in and complete an NCLEX-RN review course approved by the nursing program.
- Approved courses may include in-person or online formats and must be completed within six months of the second NCLEX-RN failure.

[Approved Nursing Refresher Courses](#)

2. Proof of Completion

- The student must submit official documentation of course completion to the nursing department.

3. Reauthorization to Test

- Upon verification of successful course completion, the nursing program will provide the necessary documentation or authorization for the student to schedule a third NCLEX-RN attempt.

[Wisconsin Department of Safety and Professional Services](#)

Remediation Certificate Validity

Remediation certificates are valid for six (6) months from the date of completion. If a student does not successfully pass the NCLEX within this timeframe, the certificate will expire, and the student will be required to enroll in and complete an additional remediation course or approved class before a new Program Completion Form will be issued.

Responsibilities

- Students: Responsible for completing the review course and providing documentation.
- Faculty/Advisor: Responsible for counseling students and verifying review course completion.
- Program Administration: Responsible for updating and enforcing this policy.

Date approved: *October 17, 2025*

Review date:

Signature

K. Ruff

President

[Signature]

Board Chair

Simulation Schedule

| Course Number & Title | Simulation Name | Topic | Content | Total Lab Contact Hours |
|---------------------------------------|--|---|---|-------------------------|
| FIRST YEAR | | | | |
| NSG 105 Nursing Health Alterations | VR-CanSim | Interprofessional Team Meeting | Working with the team to place pt with dementia | 3 |
| | VR-CanSim | Care of the Adult Experiencing Respiratory Distress | Caring for a pt with respiratory distress | 3 |
| | Seth B. Gaspin | Obtaining medical history, teamwork, pt education | Pediatric Asthma | 3 |
| NSG 115 Nursing Skills | ATI-Swift River Simulations 2.0: Fundamentals: Med Pass: Anita Velasquez | Medication Pass | Patient Safety, Medication Administration | 1 |
| | ATI-Swift River Simulations 2.0: Fundamentals: Linda Pittmon | ER visit for: Lower extremity wound, infection | Adverse reactions to medications, fluid volume, and therapeutic communication | 1 |
| | ATI-Swift River Simulations 2.0: Fundamentals: Mary Barkley | Respiratory Infection/Covid 19 | Respiratory Assessment, delegation, oxygenation, therapeutic communication | 1 |
| | ATI-Swift River Simulations 2.0: Fundamentals: Cooper Thomas | Back Pain | Pain assessment and management | 1 |
| | ATI-Swift River Simulations 2.0: Fundamentals: Dotty Hamilton | Post-surgical assessment | Assessment, handoff reports, teamwork and collaboration, client rights | 1 |
| | ATI-Swift River Simulations 2.0: Fundamentals: Elizabeth Lisserio | Mental Health, ETOH abuse, Injury Prevention | Mental Health, ETOH abuse, Injury Prevention | 1 |

Simulation Schedule

| | | | | |
|---|---|---|--|---|
| | ATI-Swift River Simulations 2.0: Fundamentals: Ellie Mattews | UTI | Assisted Living, Elderly assessment, risk factors, infection | 3 |
| | ATI-Swift River Simulations 2.0: Fundamentals: John Jones | Left hip fracture | Pain assessment, fall risk | 3 |
| | ATI- Swift River Simulations- Assessment: Gustavo Lujan Rodriguez | Pediatric Assessment | | |
| | Seth B. Gaspin | Obtaining medical history, teamwork, pt education | Pediatric Asthma | 3 |
| | VR Can-Sim | Wound Care: Adam's Story | Management of Wounds | 2 |
| NSG 117 Promotions | VR Can-Sim | Post-Partum Mental Health | Mental Health and Pregnancy | 3 |
| | VR Can-Sim | Public Health Nursing Community Assessment | Community Health/Needs Evaluation | 2 |
| NSG 118 Clinical Care Across the Lifespan | VR Can-Sim | Vaccine Conversations | Vaccine Education | 3 |
| | Escape Room | UTI | Math, Foley removal | 3 |
| NSG 120 Clinical Management | VR Can-Sim | Interprofessional Team Meeting Sexual Orientation & Gender Identity | Interprofessional Team Meeting Sexual Orientation & Gender Identity | 2 |
| | VR Can-Sim | Respiratory Distress | Respiratory Distress | 2 |
| NSG 125 Intro to Clinical Practice | 60 Second Situational Assessment | Patient safety | Patient hazards | 3 |
| NSG 219 Pharmacology | VR-Can-Sim | Safe Oral Medication Administration | A virtual simulation game focuses on the safe administration of oral medications | 2 |
| | VR-Can-Sim | Prescribing Medical Cannabis | Virtual simulation involves the assessment of a patient requesting medicinal marijuana | 2 |
| SECOND YEAR | | | | |
| NSG 215 | VR-Can-Sim | Cardiac Resuscitation | cardiac arrest algorithm | 2 |

Simulation Schedule

| | | | | |
|--|--|------------------------------------|---|---|
| Complex Health Alterations I | VR-Can-Sim | Anaphylaxis | assessment and treatment of a patient experiencing anaphylaxis | 2 |
| NSG 216 Mental Health & Community Concepts | VR-Can-Sim | Schizophrenia | Assessment and care of a patient diagnosed with schizophrenia. | 2 |
| | VR-Can-Sim | Adolescent Substance Use | Involves a Telehealth Nurse responding to an adolescent's questions about edible cannabis | 2 |
| | VR-Can-Sim | De-escalation of the Angry Patient | Focuses on verbal de-escalation techniques as outlined by the American Medical Association (AMA) | 2 |
| | ATI-Swift River Simulation 2.0: Carlos Mancia | TB | psychological stress and how community-related challenges can complicate treatment | 2 |
| | ATI-Swift River Simulation 2.0: Suzanne Olsen | Sex Trafficking | disease prevention, education, self-management, community resource identification, and addressing social determinants of health | 2 |
| | ATI-Swift River Simulation 2.0: Dominic Antelli | Autism | Disease prevention, education & counseling, self-management, community resource ID, and social determinants of health | 2 |
| | ATI-Swift River Simulation 2.0: Genevieve Osaka | Spinal Injury | Disease prevention, education & counseling, self-management, community resource ID, and social determinants of health | 2 |
| | ATI-Swift River Simulation 2.0: Arthur Silverstein | PTSD | Health Promotion, Risk Reduction, Community Assessment, Education & counseling, Resource ID, Self-management, Social Determinants of Health, Surveillance | 2 |
| | ATI-Swift River Simulation 2.0: Edward Martin | Schizophrenia | Health Promotion, Risk Reduction, Community Assessment, Education & Counseling | 2 |
| NSG 217 Advanced Skills | ATI: Swift River: Adult Medical Surgical: Mary Barkley | Covid 19, Lupus | Closed chest drainage, oxygen therapy | 4 |
| | ATI: Swift River Simulations 2.0: Adult | Appendicitis, NG tube | Patient assessment, disease management, NG tube | 4 |

Simulation Schedule

| | | | | |
|---|--|--|--|---|
| | Medical Surgical: Estelle Hatcher | | | |
| | ATI: Swift River Simulations 2.0: Adult Medical Surgical: Don Johnson | Burn Injuries | Nutrition management of TPN, fluid and electrolyte balance, Patient safety, medication administration, and NG tube maintenance | 4 |
| | ATI: Swift River Simulations 2.0: Adult Medical Surgical: Mark Robinson | Lower GI Bleed, Blood Transfusion, Colon Cancer | Blood Administration, Inflammatory bowel disease, Patient safety and teaching, disease management | 4 |
| | VR- Can-Sim | Multi-patient prioritization | Prioritizing pt care | |
| | Emily Grace | GI assessment | NG tube placement/maintenance | 3 |
| | Ivanna Sumblood | Patient assessment | Blood administration | 3 |
| NSG 218 Intermediate Clinical Practice | Juan Valdez | Chest pain | Lap band, post-op, morbid obesity, post- op restrictions, MI | 3 |
| | Deloris Cartier | Chronic Osteomyelitis | Home health, PICC line, wound cultures, MRSA precautions | 3 |
| | Euphegenia Doubtfire | GI Bleed | GI bleed, blood admin.. IV therapy, hypovolemic shock | 3 |
| | VR-Can-Sim | Communicating with patients with different priorities | Involves a patient who only wants to treat her newly diagnosed hypertension with pharmacological interventions and does not want to engage in lifestyle changes | 2 |
| | Melody Dixon | Patient assessment, medication administration | Stable MI | 3 |
| | Wallace Peterson | Patient assessment, IVF, neb | Pneumonia with hypoxia | 3 |
| NSG 220 Complex Health Alterations II | Noelle Baby: Ava | OB | Birth with post-partum hemorrhage | 3 |
| | VR-Can-Sim | Running a Code | Medical Surgical Nursing-Critical Care, New Graduate Nurse | 2 |
| | VR-Can-Sim | Muli System Organ Dysfunction | Simulation game focus- critically ill client with exploration of special considerations for COVID-19 patients. | 2 |

Simulation Schedule

| | | | | |
|--|---|---|---|---|
| | VR Can-Sims | Care of the Adult Experiencing Respiratory Distress | Medical Emergencies, Respiratory | 2 |
| | VR Can-Sims | Fluid and Electrolyte Imbalances | Ileostomy- fluid and electrolyte imbalance, assessment, identify abnormal symptoms, and prioritize nursing interventions. | 2 |
| NSG 221 Management & Professional Concepts | VR-Can-Sim | Breaking Bad News | Critical assessment and interventions in an unresponsive patient. | 2 |
| | VR-Can-Sim | Interprofessional Team Meeting | Leadership-Interdisciplinary Teams | 2 |
| | VR-Can-Sim | Conflict Resolution | Leadership | 2 |
| | VR-Can-Sim | Collaboration and Teamwork | Interprofessional Teams | 2 |
| Sim's Day | | | | |
| Fall | Euphegenia Doubtfire (duplicate 218) | GI Bleed | GI bleed, blood admin. IV therapy, hypovolemic shock | 3 |
| | Delores VanCartier (duplicate 218) | Chronic Osteomyelitis | Home health, PICC line, wound cultures, MRSA precautions | 2 |
| | Escape room (duplicate 120) | UTI | Math, Foley removal | 2 |
| Spring | Juan Valdez (duplicate 218) | Chest pain/MI/code | Lap band, post-op, morbid obesity, post-op restrictions, MI | 3 |
| | Janet Owen | Mental Health | Pancreatitis, EtOH withdrawal | 2 |
| | Escape room | | | |

91%

Probability of Passing NCLEX

| | | |
|--|-------------------|---|
| | At Risk | 1 |
| | Needs Improvement | 2 |
| | On Track | 7 |

10 Students

STUDENT ROSTER ASSESSMENTS

[Learn More](#)

Search by student name

| Student | Probability of passing NCLEX ↑ | Risk category |
|-----------------------------|--------------------------------|-------------------|
| Nordback, Tate | 81% | At risk |
| Hashi, Eman | 87% | Needs improvement |
| Patterson, Ariana | 88% | Needs improvement |
| anunike, annetmaureen | 90% | On track |
| Moyer, Sheila <i>passed</i> | 90% | On track |
| Guyette, Gerard | 92% | On track |
| Jewert, Connie | 95% | On track |
| Wagner, Keri | 95% | On track |
| Walters, Dezi <i>passed</i> | 95% | On track |
| Orf, Cecilia | 96% | On track |

- Home
- Products
- Proctor
- Assessment Builder
- Analytics
- Gradebook
- Reports
- Program Manager
- People
- Institution Settings
- ATI Academy
- Resources

[Back to Pulse Cohorts](#)

Cohort Details

GRADUATION COHORT 0525 MANAGE ROSTER

58%
Probability of Passing NCLEX

- At Risk 5
- Needs Improvement 0
- On Track 2

7 Students

STUDENT ROSTER ASSESSMENTS

[Learn More](#)

Search by student name

| Student | Probability of passing NCLEX ↑ | Risk category |
|-------------------|--------------------------------|---------------|
| Grover, Giavonni | 35% | At risk |
| Asp, callie | 42% | At risk |
| Patrie, Kallie | 52% | At risk |
| Copeland, Andrea | 70% | At risk |
| abdiwahab, shukri | 73% | At risk |
| Dailey, Twylia | 95% | On track |
| Fahlin, Amber | 96% | On track |

Failed
RN passed



- Home
- Products
- Proctor
- Assessment Builder
- Analytics
- Gradebook
- Reports
- Program Manager
- People
- Institution Settings
- ATI Academy
- Resources

Dana Jorczak
Director

- Home
- Products
- Proctor
- Assessment Builder
- Analytics
- Gradebook
- Reports
- Program Manager
- People
- Institution Settings
- ATI Academy
- Resources

[Back to Pulse Cohorts](#)

Cohort Details

GRADUATION COHORT
0524

MANAGE ROSTER

94%

Probability of Passing NCLEX

| | |
|-------------------|---|
| At Risk | 0 |
| Needs Improvement | 0 |
| On Track | 5 |



5 Students

STUDENT ROSTER ASSESSMENTS

Learn More

Search by student name

| Student | Probability of passing NCLEX ↑ | Risk category |
|------------------|--------------------------------|---------------|
| Serra, Rosemarie | 93% | On track |
| Tripodi, Chelsea | 93% | On track |
| gabow, Falhad | 94% | On track |
| Stoner, Kodie | 94% | On track |
| Nickel, Kristen | 96% | On track |

ALL PASSED

Rows per page 10 1 - 5 of 5

Dana Jorczak
Director

- Home
- Products
- Proctor
- Assessment Builder
- Analytics
- Gradebook
- Reports
- Program Manager
- People
- Institution Settings
- ATI Academy
- Resources

GRADUATION COHORT
0523

MANAGE ROSTER

56%

Probability of Passing NCLEX

- ! At Risk 5
- ! Needs Improvement 0
- ✓ On Track 3

8 Students

STUDENT ROSTER ASSESSMENTS

Learn More

Search by student name

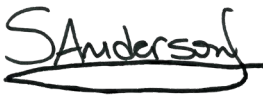
| Student | Probability of passing NCLEX ↑ | Risk category |
|--------------------|--------------------------------|---------------|
| onsongo, meshack | 2% | At risk |
| Niese, Allison | 3% | At risk |
| peterson, kiera | 27% | At risk |
| Hassan, Abdihakim | 64% | At risk |
| Morris, Theresa | 75% | At risk |
| Hirsi, Shukri | 90% | On track |
| Brinker, Katherine | 96% | On track |
| Erickson, Scott | 97% | On track |

Failed
RN
RN
LPN
RN
RN
RN
RN

Rows per page 10 1 - 8 of 8

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

AGENDA REQUEST FORM

| | | | |
|--|---|--|--|
| 1) Name and title of person submitting the request: Sofia Anderson, Administrative Rules Coordinator | | 2) Date when request submitted: 06/01/2026 <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 | | | |
| 4) Meeting Date: June 11, 2026 | 5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 6) How should the item be titled on the agenda page? Administrative Rules Matters – Discussion and Consideration 1. Emergency Rule Draft: N 1 to 8, relating to APRNs and comprehensive review. 2. Pending and 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? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 9) Name of Case Advisor(s), if required: N/A | |
| 10) Describe the issue and action that should be addressed: Attachments: 1. Emergency Rule Draft; N 1 to 8, relating to APRNs and comprehensive review. 2. Nursing rule projects chart. | | | |
| 11) Authorization <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  <hr/> Signature of person making this request </div> <div style="text-align: center;"> 06/01/2026 <hr/> Date </div> </div> <hr/> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> Supervisor (if required) </div> <div style="text-align: center;"> Date </div> </div> <hr/> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> Executive Director signature (indicates approval to add post agenda deadline item to agenda) </div> <div style="text-align: center;"> Date </div> </div> | | | |
| 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. | | | |

STATE OF WISCONSIN
BOARD OF NURSING

IN THE MATTER OF RULEMAKING : PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE : BOARD OF NURSING
BOARD OF NURSING : ADOPTING EMERGENCY RULES

The statement of scope for this rule, SS 082-25, was approved by the Governor on December 18, 2025, published in Register 841A1 on December 22, 2025, and approved by the Board of Nursing on January 12, 2026.

This emergency rule was approved by the Governor on *

PROPOSED ORDER

An order of the Board of Nursing to **repeal** Chapter N 4, N 7.01 (2) (Note), 7.02 (1m), (5) (Note), 8.02 (1), and 8.8 (5); to **renumber** N 6.02 (12); **amend** N 2 (title), 6.02 (10m), 7.01 (2), 7.02 (3) and (4), 7.03 (1) (f), N 8 (title), 8.01 (1) and (2), 8.07 (1) (intro), (c), (e), (2), 8.09 (1) and (2), 8.10 (1), (2), (3), (4), (5), (6), and (7); to **repeal and recreate** N 6.02 (1), 8.02 (2), 8.03, and 8.06; and to **create** N 8.02 (1m) and (8), 8.046, and 8.047, relating to advanced practice registered nurses and comprehensive review.

Analysis prepared by the Department of Safety and Professional Services.

FINDING OF EMERGENCY

Per Section 172 (1) of the 2025 Wisconsin Act 17, the Board of Nursing may promulgate emergency rules to implement the changes in the act. The Board is not required to provide a finding of an emergency or provide evidence for the preservation of the public peace, health, safety, or welfare.

ANALYSIS

Statutes interpreted:

Subchapter I of ch. 441, Stats.

Statutory authority:

Sections 15.08 (5) (b), 227.11 (2) (a), 441.01 (3), (4), and (6) (a) and (am), Stats.

Explanation of agency authority:

Section 15.08 (5) (b), Stats., provides an examining board “[s]hall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains. . .”

Section 227.11 (2) (a), Stats., states that “[e]ach agency may promulgate rules interpreting the provisions of any statute enforced or administered by the agency, if the agency considers it necessary to effectuate the purpose of the statute...”

Section 441.01 (3), Stats., as amended by 2025 WI Act 17, provides “[t]he board may promulgate rules to establish minimum standards for schools for professional nurses, schools for licensed practical nurses, and schools for advanced practice registered nurses, including all related clinical units and facilities, and make and provide periodic surveys and consultations to such schools. The board may also promulgate rules to prevent unauthorized persons from practicing professional nursing.”

Section 441.09 (4), Stats., as created by 2025 WI Act 17, states that “[t]he board may promulgate rules regarding the continuing education requirements...”

Section 441.09 (6) (a), Stats., as created by 2025 WI Act 17, states that “[t]he board shall promulgate rules necessary to administer this section, including rules for all of the following:

1. Further defining the scope of practice of an advanced practice registered nurse, practice of a certified nurse-midwife, practice of a certified registered nurse anesthetist, practice of a nurse practitioner, and practice of a clinical nurse specialist and defining the scope of practice within which an advanced practice registered nurse may issue prescription orders under sub. (2).
2. Determining acceptable national certification for purposes of sub. (1) (a) 2. a.
3. Establishing the appropriate education, training, or experience requirements that a registered nurse must satisfy in order to be an advanced practice registered nurse and to obtain each specialty designation corresponding to the recognized roles.
4. Specifying the classes of drugs, individual drugs, or devices that may not be prescribed by an advanced practice registered nurse under sub. (2).
5. Specifying the conditions to be met for registered nurses to do the following:
 - a. Administer a drug prescribed by an advanced practice registered nurse.
 - b. Administer a drug at the direction of an advanced practice registered nurse.
6. Establishing standards of professional conduct for advanced practice registered nurses generally and for practicing in each recognized role.”

Section 441.09 (6) (am), Stats., as created by 2025 WI Act 17, states that “[t]he board may promulgate rules to implement sub. (3m) (b)”, which states that an advanced practice registered nurse who practice in collaboration with a physician or dentist may “practice advanced practice registered nursing in a recognized role without being supervised by or collaborating with, and independent of, a physician or dentist” after meeting certain requirements.

Related statute or rule:

Subchapter I of ch. 441, Stats.

Plain language analysis:

The Board of Nursing has made changes to its Administrative Code to implement 2025 Wisconsin Act 17, which makes substantial changes to ch. 441 related to the creation of a new system of licensure that allows registered nurses to be licensed as advanced practice registered nurses (APRN). This new system for APRN licensure replaces the previous advanced practice nurse prescriber certification and requires applicants to provide evidence of education and certification in one of the following recognized roles: certified nurse-midwife (CRM); certified registered nurse anesthetist (CRNA); clinical nurse specialist (CNS); and nurse practitioner (NP). The act establishes new requirements for the licensure, renewal, independent practice, and prescriptive authority of APRNs.

To implement these statutory changes, the Board of Nursing has updated its chapters to establish the specific criteria for initial APRN licensure, which include holding an active registered nurse license, passing a new APRN jurisprudence examination, maintaining appropriate malpractice insurance, and completing 45 contact hours of clinical pharmacology or therapeutics for those seeking prescriptive authority. The board's rules also establish a pathway for independent practice, permitting an APRN to practice without a collaborative relationship after verifying the completion of 3,840 hours of professional clinical nursing in a clinical setting and an additional 3,840 hours of supervised practice as an advanced practice registered nurse.

Additionally, the board has established criteria for certified nurse-midwives intending to deliver babies outside of a hospital setting to file a proactive plan. Finally, the updated rules redefine the definition of a provider to include APRNs, outline boundaries regarding drug dispensing and prescribing, and clean up the Administrative Code by repealing obsolete sections, including Chapter N 4.

Summary of, and comparison with, existing or proposed federal regulation:

None.

Summary of public comments received on statement of scope:

The Board of Nursing held a preliminary hearing on the scope statement for this rule at its January 8, 2026, meeting. The following stakeholders testified in support of the rule project:

- Gina Dennik-Champion | Wisconsin Nurses Association (WNA) Position on BSN-Prepared Clinical Instructors
- Lisa Hanson | Professor at Marquette University, School of Nursing and representative of the American College of Nurse Midwives (ACNM)
- MaryAnn Moon | Certified Clinical Nurse Specialists representing the Wisconsin Association of Clinical Nurse Specialists (WIACNS)
- Kelly Kruse Nelles | Executive Director, Wisconsin Center for Nursing (WCN)
- Jessica Leiberg | Dean, Concordia University, School of Nursing.

Comparison with rules in adjacent states:

Illinois

To obtain licensure as an Advanced Practice Registered Nurse (APRN) in Illinois, an applicant must hold an active registered nurse license, possess an appropriate graduate degree or post-master's certificate, and verify any active practice from the past five years. They must also hold a valid, examination-based national certification from an approved certifying organization. If a practitioner wishes to be licensed in multiple specialties, they must provide proof of separate graduate education and national certification for each additional category. [IL Admin. Code Title 68 Section 1300.400]

An APRN operates under a written collaborative agreement with a physician or podiatrist who holds valid state and federal controlled substances registrations. This agreement can delegate the authority to prescribe legend drugs and Schedule III through V controlled substances. The physician may also optionally delegate Schedule II privileges, provided the drugs are specifically identified, routinely prescribed by the collaborator, restricted to a 30-day supply, and discussed monthly. Under these agreements, APRNs sign prescriptions using their own names, and their orders are reviewed periodically by the collaborating physician. [IL Admin. Code Title 68 Section 1300.430]

Certified nurse practitioners, nurse midwives, and clinical nurse specialists can achieve full practice authority by submitting proof of an unrestricted license, 250 hours of continuing education, and 4,000 hours of post-certification clinical experience. Once granted, these professionals can practice independently without a written collaborative agreement. They possess the authority to prescribe legend drugs and Schedule II through V controlled substances. However, prescribing benzodiazepines or Schedule II oral and topical narcotics still requires a formal consultation relationship with a physician that must be recorded in the Prescription Monitoring Program and discussed monthly. [IL Admin. Code Title 68 Section 1300.465]

The scope of practice for all APRNs includes advanced patient assessment, diagnosing conditions, ordering and interpreting diagnostic tests, implementing therapeutic treatments, providing palliative care, and delegating nursing interventions to other licensed personnel. The scope of practice explicitly excludes operative surgery, and anesthesia administration is strictly limited to local numbing agents. [IL Admin. Code Title 68 Section 1300.440]

Iowa

To obtain licensure as an Advanced Registered Nurse Practitioner (ARNP) in Iowa, an applicant must maintain an active, unrestricted license as a registered nurse and have graduated from an accredited graduate or postgraduate advanced practice educational program. The applicant must also hold current certification from an approved national professional certifying organization within their specific role and population focus, which includes categories such as certified nurse-midwives, certified registered nurse anesthetists, certified nurse practitioners, and clinical nurse specialists across various lifespans. The expiration and renewal dates of the ARNP license are directly tied to the timeline of the practitioner's base registered nurse license.

Once licensed, Iowa ARNPs are authorized to practice to the full extent of their education, training, and experience within their designated population foci. Their scope of practice includes independently assessing patient health status, obtaining comprehensive health histories, performing physical examinations, ordering and interpreting preventive or diagnostic procedures, formulating differential diagnoses, and developing treatment and educational plans. ARNPs also retain the authority to maintain hospital privileges, receive third-party reimbursement, and provide direct supervision for the use of fluoroscopic equipment provided they complete specialized initial and annual radiological safety coursework.

Regarding prescriptive authority, Iowa ARNPs may independently prescribe, administer, and dispense prescription drugs, medical devices, and medical gases within their respective roles. To extend this authority to controlled substances under Schedules II through V, the ARNP must maintain active registrations with both the Federal Drug Enforcement Administration and the Iowa Board of Pharmacy. Prior to prescribing or dispensing any opioid, the ARNP or an authorized delegate must query and review the patient's information within the state's Prescription Monitoring Program database.

The standards of practice for treating patients with controlled substances require the ARNP to establish a proper practitioner-patient relationship and document a complete personal and family substance abuse risk assessment or provide a clear clinical rationale for omitting it. Furthermore, the medical record must explicitly justify the clinical indication for the controlled substance, and the ARNP must provide ongoing patient education regarding dependency, addiction, and tolerance risks.

[481 IAC Chapter 621]

Michigan

In Michigan, an Advanced Practice Registered Nurse (APRN) is a registered professional nurse who has achieved advanced training and demonstrated competency through examination or alternative evaluative processes to earn a specialty certification from the Michigan Board of Nursing. [MCL 333.17201]

Under Michigan law, the state board of nursing can issue specialty certifications to registered nurses who complete advanced training and pass a competency examination. This specialized status applies to four recognized fields: nurse practitioners, nurse midwives, clinical nurse specialists, and nurse anesthetists.

Certified nurse anesthetists may provide anesthesia and pain relief services without supervision if they fulfill specific qualifications. The practitioner must either hold a doctoral degree in nursing or nurse anesthesia, or document at least three years of specialty experience totaling 4,000 hours in a healthcare facility. Additionally, they must practice as part of a patient-centered care team alongside a qualified physician, dentist, or podiatrist.

The approved scope of practice for these nurse anesthetists includes developing care plans, performing patient assessments, monitoring procedures, and handling emergencies. They are authorized to select, order, prescribe, and administer necessary medications, including controlled substances, within the medical facility during a procedure. However, this authority applies only to direct patient administration inside the facility and does not allow them to prescribe medications for a patient to take home.

To utilize unsupervised nurse anesthetists, a healthcare facility must maintain an institutional policy permitting these services and ensure that a qualified physician, dentist, or podiatrist is immediately available in person or via telehealth for emergencies. If a nurse anesthetist is providing pain management services within a freestanding pain clinic, they must operate under the direct supervision of a physician. Furthermore, facilities using non-employee nurse anesthetists must verify that the practitioner carries malpractice insurance. This expansion of independent authority does not require insurance companies or worker's compensation to provide new or increased financial reimbursement. [MCL 333.17210]

Regarding prescriptive authority, Michigan APRNs may autonomously prescribe nonscheduled prescription drugs. However, prescribing controlled substances within Schedules 2 through 5 is restricted and can only be performed as a delegated act of a physician. When a controlled substance is prescribed under this delegation, both the APRN's and the delegating physician's names, along with their respective Drug Enforcement Administration registration numbers, must be legally recorded and indicated in connection with the prescription. For nurse anesthetists, this prescriptive authority is limited strictly to clinical administration within a facility during procedural windows. It does not extend to prescribing medications that allow patients to self-administer or obtain controlled substances outside of the designated care environment. [MCL 333.17211a]

Michigan Administrative Code establishes that a registered professional nurse seeking a specialty certification must hold a current, valid state nursing license, submit the appropriate departmental application form, and remit the required processing fee.

To qualify for a nurse anesthetist specialty certification, the applicant must possess valid certification from the National Board of Certification and Recertification of Nurse Anesthetists. Applicants for the nurse midwife specialty certification must maintain active credentials from the American Midwifery Certification Board.

To obtain a nurse practitioner specialty certification, the applicant must hold an advanced practice certification from an approved national organization, which includes the American Nurses Credentialing Center, the Pediatric Nursing Certification Board, the National Certification Corporation, the American Academy of Nurse Practitioners, the Oncology Nursing Certification Corporation, or the American Association of Critical Care Nurses Certification Corporation.

Finally, to qualify for a clinical nurse specialist specialty certification, the applicant must hold a valid advanced practice credential from either the American Nurses Credentialing Center or the American Association of Critical Care Nurses Certification Corporation. All specified rules extend

to any legally recognized successor organizations of these certifying bodies. [MI Admin. Code R 338.10401 to 338.10404c]

Minnesota

Under Minnesota law, an individual must be formally licensed by the state board of nursing to practice as an Advanced Practice Registered Nurse (APRN). To be eligible for this license, an applicant must hold a current Minnesota registered nurse license or prove eligibility for one, and they cannot hold an encumbered license in any other jurisdiction. The applicant must have completed an accredited graduate-level APRN program in one of four recognized roles: clinical nurse specialist, nurse anesthetist, nurse-midwife, or nurse practitioner. For educational programs completed on or after January 1, 2016, the curriculum must explicitly include graduate courses in advanced physiology and pathophysiology, advanced health assessment, and pharmacokinetics and pharmacotherapeutics. Applicants must submit a formal application, pay the designated fee, report any past criminal history or plea arrangements, and clear any disciplinary issues from other jurisdictions. Additionally, applicants must hold a valid credential from an approved national nurse certification organization. To be recognized by the state board, the certifying body must be independent in its decision-making, use psychometrically sound and legally defensible testing methods, follow national accreditation standards, and require periodic recertification. [MN Statutes Sections 148.171 Subd. 3 and 148.211 Subd. 1a]

Newly licensed nurse practitioners and clinical nurse specialists are subject to a postgraduate practice requirement. They must complete at least 2,080 hours of clinical practice under a written collaborative agreement. This collaborative agreement is a mutually designed plan that outlines how the professionals will work together to manage patient care. [MN Statutes Section 148.211 Subd. 1c]

Minnesota APRNs possess independent authority to diagnose conditions, prescribe therapies, and refer patients to other healthcare providers. Their prescriptive authority allows them to procure, sign for, administer, and dispense over-the-counter medications, legend drugs, and controlled substances, including sample medications. They are also authorized to order durable medical equipment, nutritional therapies, diagnostic services, and supportive care such as home health, hospice, physical therapy, and occupational therapy. To prescribe controlled substances, APRNs must comply with federal Drug Enforcement Administration (DEA) rules and file all DEA registration numbers directly with the state board of nursing, which maintains these records. [MN Statutes Section 148.235 Subd. 7a]

Summary of factual data and analytical methodologies:

The proposed rules were developed by reviewing the provisions of chapter N 1 and current nursing practice standards. The Board provided input and feedback to determine any changes or updates needed in addition to reviewing comments from subject matter experts from the Department of Safety and Professional Services.

Fiscal estimate and economic impact analysis:

The fiscal estimate and economic impact analysis are attached.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

The proposed rule will be posted for a period of 14 days to solicit public comment on economic impact, including how the proposed rules may affect businesses, local governmental units, and individuals.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department’s Regulatory Review Coordinator may be contacted by email at Jennifer.Garrett@wisconsin.gov, or by calling (608) 266-2112.

Agency contact person:

Sofia Anderson, Administrative Rules Coordinator, Department of Safety and Professional Services, Office of Chief Legal Counsel, P.O. Box 14497, Madison, Wisconsin 53708; email at DSPSAdminRules@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Sofia Anderson, Administrative Rules Coordinator, Department of Safety and Professional Services, Office of Chief Legal Counsel, P.O. Box 14497, Madison, Wisconsin 53708, or by email to DSPSAdminRules@wisconsin.gov. Comments must be submitted by the date and time at which the public hearing on these emergency rules is conducted. Information as to the place, date, and time of the public hearing will be published on the Legislature’s website and in the Wisconsin Administrative Register.

TEXT OF RULE

SECTION 1. Chapter N 2 (title) is amended to read:

Chapter N 2

LICENSURE OF REGISTERED NURSES AND LICENSED PRACTICAL NURSES

SECTION 2. Chapter N 4 is repealed.

SECTION 3. N 6.02 (1) is repealed and recreated to read:

N 6.02 (1) “Advanced practice registered nurse” means an individual licensed under s. 441.09, Stats., and practicing in one of the 4 recognized roles specified in s. 441.001 (5), Stats.

SECTION 4. N 6.02 (10m) is amended to read:

N 6.02 (10m) “Provider” means a physician, podiatrist, dentist, optometrist, advanced practice ~~nurse prescriber~~ registered nurse, pharmacist, physician assistant, or any licensed professional who is legally authorized to delegate acts within the scope of their practice.

SECTION 5. N 6.02 (12) is renumbered N 6.02 (7m).

SECTION 6. N 7.01 (2) is amended to read:

N 7.01 (2) (2) The intent of the board of nursing in adopting this chapter is to specify grounds for denying an initial license ~~or certificate~~ or limiting, suspending, revoking, or denying renewal of a license ~~or certificate~~ or for reprimanding a licensee ~~or certificate~~ holder.

SECTION 6. N 7.01 (2) (Note) is repealed.

SECTION 7. N 7.02 (1m) is repealed.

SECTION 8. N 7.02 (3) and (4) are amended to read:

N 7.02 (3) “License” means a license of ~~a~~ an advanced practice registered nurse, registered nurse, or licensed practical nurse ~~or nurse-midwife~~.

(4) “Licensee” means a person licensed as ~~a~~ an advanced practice registered nurse, registered nurse, or licensed practical nurse under s. 441.10, Stats., ~~or nurse-midwife~~.

SECTION 8. N 7.02 (5) (Note) is repealed.

SECTION 9. N 7.03 (1) (f) is amended to read:

N 7.03 (1) (f) Failing to inform the board of the advanced practice ~~nurse prescriber’s~~ registered nurse’s change in certification status with a national certifying body as a nurse anesthetist, nurse-midwife, nurse practitioner, or clinical nurse specialist.

SECTION 10. Chapter N 8 (title) is amended to read:

Chapter N 8

CERTIFICATION LICENSURE OF ADVANCED PRACTICE NURSE PRESCRIBERS **REGISTERED NURSES**

SECTION 11. N 8.01 (1) and (2) are amended to read:

N 8.01 (1) The rules in this chapter are adopted pursuant to authority of ss. 15.08 (5) (b), 227.11 (2), 441.09, and 441.16, Stats., and interpret ~~ss.~~ ss. 441.09 and 441.16, Stats.

(2) The intent of the board of nursing in adopting rules in this chapter is to specify education, training or experience that a registered nurse must satisfy to call himself or herself an advanced practice registered nurse; to establish appropriate education, training and examination requirements that an advanced practice registered nurse must satisfy to qualify for a certificate to issue prescription orders; to define the scope of practice within which an advanced practice registered nurse prescriber may issue prescription orders; to specify the classes of drugs, individual drugs or devices that may not be prescribed by an advanced practice registered nurse ~~prescriber~~;

to specify the conditions to be met for a registered nurse to administer a drug prescribed or directed by an advanced practice registered nurse ~~prescriber~~; to establish procedures for maintaining a certificate to issue prescription orders, including requirements for continuing education; and to establish the minimum amount of malpractice insurance required of an advanced practice registered nurse ~~prescriber~~.

SECTION 12. N 8.02 (1) is repealed.

SECTION 13. N 8.02 (1m) is created to read:

N 8.02 (1m) “APRN” means advanced practice registered nurse.

SECTION 14. N 8.02 (2) is repealed and recreated to read:

N 8.02 (2) “Advanced practice registered nurse” means an individual licensed under s. 441.09, Stats., and practices in one of the 4 recognized roles.

SECTION 15. N 8.02 (8) is created to read:

N 8.02 (8) “Recognized role” has the meaning given under s. 441.001 (5), Stats.

SECTION 16. N 8.03 is repealed and recreated to read:

N 8.03 Licensure as an advanced practice registered nurse.

(1) An applicant for initial licensure as an advanced practice registered nurse shall be granted a license by the board if the applicant does all of the following:

(a) Submits a complete application form.

Note: Instructions for applications are available from the department of safety and professional services’ website at <http://dsps.wi.gov>.

(b) Pays the fee specified in s. 440.05 (1), Stats.

(c) Submits one of the following:

1. Evidence of holding a current license to practice as a registered nurse in Wisconsin.

2. An application for a license as a registered nurse concurrently to the application for a license as an advanced practice registered nurse. The board will not grant an advanced practice registered nurse license until the registered nurses’ license is granted.

3. Evidence of holding a multistate license as a registered nurse, as defined in s. 441.51 (2) (h), Stats., issued by a jurisdiction, other than Wisconsin, that has adopted the nurse licensure compact.

(d) Provides evidence of completion of a master’s or doctoral degree in nursing granted by a college or university accredited by an organization approved by an accreditation agency

approved by the board and that prepared the applicant for the practice of advanced practice registered nursing in a recognized role. This paragraph does not apply to an applicant licensed as a registered nurse in Wisconsin and was practicing in a recognized role until January 1, 2026, provided the applicant meets all other requirements established in this subsection.

(e) Provides evidence of holding a current certification by a national certifying body approved by the board in a recognized role. Individuals applying to receive a certified nurse-midwife specialty designation shall provide evidence of current certification from the American Midwifery Certification Board, or another national certifying body approved by the board.

(f) Provides evidence of malpractice insurance coverage that satisfies the requirements under s. N 8.08, if applicable.

(g) Subject to ss. 111.321, 111.322, and 111.335, Stats., evidence satisfactory to the board that the applicant does not have an arrest or a conviction record.

(h) For individuals applying to have prescriptive authority, provide evidence of completion of 45 contact hours in clinical pharmacology or therapeutics within 5 years preceding the date of application for licensure.

(i) Passes the jurisprudence examination for advanced practice registered nurses.

(j) For individuals applying to practice in the certified nurse-midwife recognized role, file with the board a proactive plan that satisfies the criteria under s. N 8.047 if planning to deliver babies outside a hospital setting.

Note 1: The board will grant an advanced practice registered nurse license to each individual who held privileges to issue prescriptions before September 1, 2026, and grant one or more specialty designations corresponding to the recognized roles the board has determined the individual qualifies based on the individual's certification.

Note 2: The board will grant an advanced practice registered nurse license with a certified nurse-midwife specialty designation to each individual who held a license as a nurse-midwife before September 1, 2026.

SECTION 17. N 8.046 and N 8.047 are created to read:

N 8.046 Requirements for Independent Practice. An advanced practice registered nurse may practice in a recognized role without being supervised by, or in a collaborative relationship with, a licensed physician or dentist if the board verifies that the advanced practice registered nurse satisfies all of the following:

(1) Subject to pars. (a) and (b), the advanced practice registered nurse has completed 3,840 hours of professional nursing in a clinical setting, provided that at least 24 months have elapsed since the nurse first began completing the clinical hours required by a qualifying nursing program.

(a) Clinical hours completed as a requirement of a nursing program offered by a qualifying school of nursing under s. 441.06 (1) (c), Stats., may be used to satisfy the requirement under this subsection.

(b) Hours completed in a graduate-level or postgraduate-level education program in advanced practice registered nursing as described in s. 441.09 (1) (a) 2. a., Stats., may not be used to satisfy the requirement under this subsection.

(2) Subject to pars. (a), (b), and (c), the advanced practice registered nurse has completed 3,840 clinical hours of advanced practice registered nursing practice in a recognized role while working with a licensed physician or dentist who was immediately available for consultation and accepted responsibility for the actions of the advanced practice registered nurse, provided that at least 24 months have elapsed since the nurse first began practicing advanced practice registered nursing in that recognized role.

(a) The advanced practice registered nurse may substitute additional hours of advanced practice registered nursing working with a physician or dentist described under this subsection to count toward the requirement under sub. (1).

(b) Each such additional hour shall count toward one hour of the requirement under sub. (1).

(c) For purposes of this subsection, hours of advanced practice registered nursing practice may include the lawful practice of advanced practice registered nursing outside this state or the lawful practice of advanced practice registered nursing in this state prior to September 1, 2026.

(3) The applicant shall submit evidence of satisfying the requirements under subs. (1) and (2) on a form provided by the board. The form shall be completed and signed by a medical director in charge of the applicant's employment, the dean in charge of clinical hours at a qualifying school of nursing, or an authorized individual in charge of the clinical setting who can verify the applicant's clinical hours.

(4) An advanced practice registered nurse may provide pain management services through invasive techniques without a collaborative relationship with a licensed physician who specializes in pain management if one of the following applies:

(a) The advanced practice registered nurse is providing treatment in a hospital or in a clinic associated with a hospital and qualifies for independent practice by meeting the requirements in sub. (1).

(b) The advanced practice registered nurse has been granted privileges in a hospital or in a clinic associated with a hospital that allows the advanced practice registered nurse to do pain management through the use of invasive techniques without a collaborative relationship with a physician and qualifies for independent practice by meeting the requirements in sub. (1).

N 8.047 Certified Nurse-Midwife Proactive Plan. (1) An advanced practice registered nurse with a certified nurse-midwife specialty designation must file with the board a proactive plan if planning to deliver babies outside a hospital setting. This plan shall include:

- (a) Fields for the name of the hospital or clinical facility where the patient and newborn will be transferred in the event of an emergency.
- (b) The designated method and protocol for emergency medical transport.
- (c) The protocol for the transfer of prenatal and intrapartum medical records.

(2) The certified nurse-midwife shall utilize and execute the proactive plan based on their professional judgment, clinical experience, and training, ensuring the immediate safety of the patient and newborn.

SECTION 18. N 8.06 is repealed and recreated to read:

N 8.06 Prescribing limitations. (1) An individual who was granted an advanced practice registered nurse license may not issue prescription orders if a notation indicating that the individual may not issue prescription orders appear in the APRN license.

(2) An advanced practice registered nurse may issue only prescription orders appropriate to the APRN's areas of competence as established by the APRN's education, training, or experience.

(3) An advanced practice registered nurse may not prescribe, dispense, or administer the following:

(a) Any schedule I controlled substance.

(b) Any amphetamine, sympathomimetic amine drug or compound designated as a schedule II controlled substance pursuant to the provisions of s. 961.16 (5), Stats., to or for any person except for any of the following:

1. Use as an adjunct to opioid analgesic compounds for the treatment of cancer-related pain.
2. Treatment of narcolepsy.
3. Treatment of hyperkinesia, including attention deficit hyperactivity disorder.
4. Treatment of drug-induced brain dysfunction.
5. Treatment of epilepsy.
6. Treatment of depression shown to be refractory to other therapeutic modalities.

(c) Any anabolic steroid for the purpose of enhancing athletic performance or for other nonmedical purposes.

(4) An advanced practice registered nurse shall, upon request, present evidence to the administration of the facility where the prescription order is to be carried out that the APRN has prescriptive authority.

SECTION 19. N 8.07 (1) (intro), (c), (e), and (2) are amended to read:

N 8.07 (1) Prescription orders issued by an advanced practice registered nurse ~~prescribers~~ shall:

(c) Specify the name, address and business telephone number of the advanced practice registered nurse prescriber.

(e) Bear the signature of the advanced practice registered nurse prescriber.

(2) Prescription orders issued by advanced practice ~~nurse prescribers~~ registered nurses for a controlled substance ~~shall be written in ink or indelible pencil or shall be submitted electronically as permitted by state and federal law,~~ and shall contain the practitioner's drug enforcement agency number.

SECTION 20. N 8.08 (1), (b), (2), (3), and (4) are amended to read:

N 8.08 (1) Advanced practice ~~nurse prescribers~~ registered nurses who prescribe independently shall maintain in effect malpractice insurance evidenced by one of the following:

(b) Coverage under a group liability policy providing individual coverage for the nurse in the amounts set forth in s. 655.23 (4), Stats. An advanced practice registered nurse prescriber covered under one or more such group policies shall certify on forms provided by the board that the nurse will independently prescribe only within the limits of the policy's coverage, or shall obtain personal liability coverage for independent prescribing outside the scope of the group liability policy or policies.

(2) Notwithstanding sub. (1), an advanced practice registered nurse prescriber who practices as an employee of this state or a governmental subdivision, as defined under s. 180.0103, Stats., is not required to maintain in effect malpractice insurance coverage, but the nurse shall certify on forms provided by the board that the nurse will prescribe within employment policies.

(3) An advanced practice registered nurse prescriber who prescribes under the supervision and delegation of a physician ~~or CRNA~~ shall certify on forms provided by the board that the nurse complies with s. N 6.03 (2) and (3), regarding delegated acts.

(4) An advanced practice registered nurse prescriber who prescribes in more than one setting or capacity shall comply with the provisions of subs. (1), (2) and (3) applicable to each setting or capacity. An advanced practice registered nurse prescriber who is not an employee of this state or a governmental subdivision, and who prescribes independently in some situations and prescribes under the supervision and delegation of a physician ~~or CRNA~~ in other situations, shall meet the requirements of sub. (1) with respect to independent prescribing and the requirements of sub. (3) with respect to delegated prescribing.

SECTION 21. N 8.08 (5) is repealed.

SECTION 22. N 8.09 (1) and (2) are amended to read:

N 8.09 (1) Except as provided in sub. (2), advanced practice ~~nurse prescribers~~ registered nurses shall restrict their dispensing of prescription drugs to complimentary samples dispensed in original containers or packaging supplied by a pharmaceutical manufacturer or distributor.

(2) An advanced practice registered nurse prescriber may dispense drugs to a patient at the treatment facility at which the patient is treated.

SECTION 23. N 8.10 (1), (2), (3), (4), (5), (6), and (7) are amended to read:

N 8.10 (1) Advanced practice ~~nurse prescribers~~ registered nurses shall communicate with patients through the use of modern communication techniques.

(2) Advanced practice ~~nurse prescribers~~ registered nurses shall facilitate collaboration with other health care professionals, at least 1 of whom shall be a physician or dentist, through the use of modern communication techniques.

(3) Advanced practice ~~nurse prescribers~~ registered nurses shall facilitate referral of patient health care records to other health care professionals and shall notify patients of their right to have their health care records referred to other health care professionals.

(4) Advanced practice ~~nurse prescribers~~ registered nurses shall provide a summary of a patient's health care records, including diagnosis, surgeries, allergies and current medications to other health care providers as a means of facilitating care management and improved collaboration.

(5) The board shall promote communication and collaboration among advanced practice ~~nurse prescribers~~ registered nurses, physicians, dentists and other health care professionals.

(6) The advanced practice ~~nurse prescribers~~ registered nurses may order treatment, therapeutics, and testing, appropriate to his or her area of competence as established by his or her education, training, or experience, to provide care management.

(7) Advanced practice ~~nurse prescribers~~ registered nurses shall work in a collaborative relationship with a physician or dentist. The collaborative relationship is a process in which an advanced practice registered nurse prescriber is working with a physician or dentist, in each other's presence when necessary, to deliver health care services within the scope of the practitioner's training, education, and experience. The advanced practice registered nurse prescriber shall document this relationship.

SECTION 24. EFFECTIVE DATE. This emergency rule shall take effect upon publication in the official state newspaper, pursuant to s. 227.22 (2) (c), Stats., and shall remain in effect for 2 years or until permanent rules take effect, whichever is sooner, as provided in 2025 Wisconsin Act 17, section 172 (1).

(END OF TEXT OF RULE)

Dated _____

Agency _____

Chairperson
Board of Nursing

**Board of Nursing
Rule Projects (Updated 06/01/2026)**

Emergency and Permanent Rules


| Clearinghouse Rule Number | Scope # | Scope Expiration | Date Scope Requested by Board | Rules Affected | Relating Clause | Synopsis | Stage of Rule Process | Next step |
|----------------------------------|----------------|-------------------------|--------------------------------------|-----------------------|---------------------------------|--|------------------------------|---|
| | 064-25 | 03/22/2028 | 06/12/2025 | N 1 | Faculty Accreditation Standards | Expand criteria regarding who can teach in a clinical setting to include BSNs. | Drafting rule. | EIA comment period, Clearinghouse review, and public hearing. |
| | 082-25 | 06/22/2028 | 09/11/2025 | N 1 to 8 | APRNs and comprehensive review | The Board will implement the changes of 2025 WI Act 17 and conduct a comprehensive review to ensure the code is up to current standards of practice. | Drafting rule. | EIA comment period, Clearinghouse review, and public hearing. |

Scope Statements

| Clearinghouse Rule Number | Scope # | Scope Expiration | Date Scope Requested by Board | Rules Affected | Relating Clause | Synopsis | Stage of Rule Process | Next step |
|----------------------------------|----------------|-------------------------|--------------------------------------|-----------------------|------------------------|-----------------|------------------------------|------------------|
|----------------------------------|----------------|-------------------------|--------------------------------------|-----------------------|------------------------|-----------------|------------------------------|------------------|

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

AGENDA REQUEST FORM

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|--|---|---|--|
| 1) Name and title of person submitting the request: Brad Wojciechowski, Executive Director | | 2) Date when request submitted: 5/27/2026 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting | |
| 3) Name of Board, Committee, Council, Sections: Board of Nursing | | | |
| 4) Meeting Date: 6/11/2026 | 5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 6) How should the item be titled on the agenda page? Speaking Engagements, Travel, or Public Relation Requests, and Reports – Discussion and Consideration 1) Travel Report: NCSBN Executive Officers Summit, June 9-10, 2026, Nashville, TN - Wojciechowski | |
| 7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session | 8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <Appearance Name(s)> <input type="checkbox"/> No | 9) Name of Case Advisor(s), if applicable: <Click Here to Add Case Advisor Name or N/A> | |
| 10) Describe the issue and action that should be addressed: | | | |
| 11) Authorization | | | |
|  Signature of person making this request | | 5/27/2026 Date | |
| Supervisor (Only required for post agenda deadline items) | | Date | |
| Executive Director signature (Indicates approval for post agenda deadline items) | | Date | |