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**VIRTUAL/TELECONFERENCE**  
**BOARD OF NURSING**  
**Virtual, 4822 Madison Yards Way, Madison**  
**Contact: Brad Wojciechowski (608) 266-2112**  
**October 12, 2023**

*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**

**8:00 A.M.**

**OPEN SESSION – CALL TO ORDER – ROLL CALL**

- A. Adoption of Agenda (1-5)**
- B. Approval of Minutes of September 14, 2023 (6-13)**
- C. Reminders: Conflicts of Interests, Scheduling Concerns**
- D. Introductions, Announcements and Recognition – Discussion and Consideration**
  - 1. Introductions
    - A. Shelly R. Sabourin, Registered Nurse Representative (Succeeds: Zentz)
- E. Administrative Matters – Discussion and Consideration**
  - 1. Department, Staff and Board Updates
  - 2. Appointment of Liaisons and Alternates
  - 3. Board Members – Term Expiration Dates
    - a. Anderson, John G. – 7/1/2025
    - b. Edelstein, Janice A. – 7/1/2024
    - c. Guyton, Vera L. – 7/1/2025
    - d. Kane, Amanda K. – 7/1/2027
    - e. Malak, Jennifer L. – 7/1/2026
    - f. McFarland, Rosalyn L. – 7/1/2026
    - g. Sabourin, Shelly R. – 7/1/2027
    - h. Saldivar Frias, Christian – 7/1/2023
    - i. Weinman, Robert W. – 7/1/2027
- F. Education and Examination Matters – Discussion and Consideration (14-60)**
  - 1. Arizona College of Nursing – Request for Approval to Plan
- G. Legislative and Policy Matters – Discussion and Consideration**
- H. Administrative Rule Matters – Discussion and Consideration (61-83)**
  - 1. Discussion of N 6, Relating to Delegated Acts (62-80)

2. Pending and Possible Rulemaking Projects (81-83)

**I. Amending the Board of Nursing Best Practices for Prescribing Controlled Substances Guidelines Pursuant to 2022 CDC Clinical Practice Guidelines for Prescribing Opioids for Pain – Discussion and Consideration (84)**

**J. Speaking Engagements, Travel, or Public Relation Requests, and Reports – Discussion and Consideration**

**K. Newsletter Matters – Discussion and Consideration (85)**

**L. Nurse Licensure Compact (NLC) Update – Discussion and Consideration**

**M. Liaison Reports – Discussion and Consideration**

**N. 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
28. Speaking Engagements, Travel, Public Relation Requests, and Reports

**O. 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.).**

**P. Deliberation on Division of Legal Services and Compliance Matters**

1. **Administrative Warnings (86-100)**
  - a. 21 NUR 729 – J.C.F. (86-87)
  - b. 22 NUR 160 – L.M.E. (88-90)
  - c. 22 NUR 419 – J.L.S. (91-92)
  - d. 22 NUR 640 – F.A.Z. (93-94)
  - e. 23 NUR 071 – R.K.S. (95-96)
  - f. 23 NUR 109 – N.M.K. (97-98)
  - g. 23 NUR 473 – J.D.M. (99-100)
2. **Case Closings (101-178)**
  - a. 22 NUR 025 – Y.M.T.H. (101-109)
  - b. 22 NUR 042 – D.S. & M.H. (110-115)
  - c. 22 NUR 687 – L.M.S. (116-120)
  - d. 22 NUR 788 – C.B.T. (121-130)
  - e. 22 NUR 839 – M.K. (131-135)
  - f. 23 NUR 109 – A.J.D. (136-140)
  - g. 23 NUR 180 – L.J.G. (141-145)
  - h. 23 NUR 282 – H.A.M. (146-152)
  - i. 23 NUR 357 – M.V. (153-156)
  - j. 23 NUR 358 – M.N.M. (157-162)
  - k. 23 NUR 455 – F.O.O. (163-167)
  - l. 23 NUR 480 – C.L.M. (168-174)
  - m. 23 NUR 530 – P.E.K. (175-178)
3. **Proposed Stipulations, Final Decisions, and Orders (179-273)**
  - a. 20 NUR 003, 22 NUR 417, and 22 NUR 504 – Alyssa M. Gates, R.N. (179-185)
  - b. 22 NUR 212 – Judith L. Gongoll, R.N. (186-192)
  - c. 22 NUR 242 – Ashley M. Dietrich, R.N. (193-198)
  - d. 22 NUR 288 – Dawn M. Stogenson, R.N. (199-205)
  - e. 22 NUR 520 – Teresa L. DeGrave, R.N. (206-211)
  - f. 22 NUR 713 – Renae J. Tufte, R.N. (212-218)
  - g. 22 NUR 734 – Jamie M. Tuck, R.N. (219-225)
  - h. 22 NUR 754 – Amy J. DeFranco, R.N., A.P.N.P. (226-232)
  - i. 22 NUR 769 – Jerilyn A. Shooter, L.P.N. (233-239)
  - j. 22 NUR 827 – Danerys Rios, R.N. (240-247)
  - k. 23 NUR 047 – Paul M. Mose, R.N. (248-253)
  - l. 23 NUR 271 – Sarah E. Fish, R.N. (254-260)
  - m. 23 NUR 509 – Lisa O’Farrell, R.N. (261-267)
  - n. 23 NUR 512 – Shellie L. Richards, R.N. (268-273)
4. **Proposed Stipulations and Interim Orders (274-278)**
  - a. 23 NUR 174 – Samantha Buesing, R.N.
5. **Monitoring Matters (279-510)**
  - a. **Monitor Wagner (281-365)**
    1. Molly Fitzgerald, L.P.N. – Requesting Board review of monitoring materials (281-300)
    2. Annabelle Huntress-Christianson, R.N. – Requesting Full Licensure (301-318)
    3. Allyson Rossi, R.N. – Requesting modification of monitoring Order (319-365)
  - b. **Monitor Krogman (366-509)**
    1. Lisa Hawkins, R.N. – Requesting Termination of Direct Supervision (366-377)

2. Andrea Olson, R.N. – Requesting Modification of Monitoring Order (378-405)
3. Clayton Teimer, R.N. – Requesting Modification of Monitoring Order (406-435)
4. Peggy Sadowski, R.N. – Requesting Modification of Monitoring Order (436-485)
5. Lisa Tesch, R.N. – Requesting Modification of Monitoring Order (486-509)

**Q. Deliberation on Proposed Final Decision and Orders (510-533)**

1. Thomas L. Collins, R.N., Respondent – DHA Case Number SPS-23-0030/DLSC Case Number 22 NUR 455 **(510-521)**
2. David K. Schubert, R.N., Respondent – DHA Case Number SPS-23-0028/DLSC Case Number 22 NUR 856 **(521-533)**

**R. 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

**S. Consulting with Legal Counsel**

**RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION**

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

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

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

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

**ADJOURNMENT**

**NEXT MEETING: NOVEMBER 9, 2023**

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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://dps.wi.gov>. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Requests for interpreters for the hard of hearing, or other accommodations, are considered upon request by contacting the Affirmative Action Officer, or the Meeting Staff at 608-267-7213.

**VIRTUAL/TELECONFERENCE  
BOARD OF NURSING  
MEETING MINUTES  
SEPTEMBER 14, 2023**

**PRESENT:** John Anderson, Janice Edelstein, Vera Guyton, Amanda Kane, Jennifer Malak, Robert Weinman

**EXCUSED:** Shelly Sabourin, Christian Saldivar Frias,

**STAFF:** Brad Wojciechowski, Executive Director; Whitney DeVoe, Legal Counsel; Sofia Anderson, Administrative Rules Coordinator; Brenda Taylor, Board Services Supervisor; and other Department Staff

**CALL TO ORDER**

Robert Weinman, Chairperson, called the meeting to order at 8:02 a.m. A quorum was confirmed with six members present.

**ADOPTION OF THE AGENDA**

**Amendments to the Agenda**

*Item Q.1. update page number indicator to 48-59, and in Administrative Matters, remove McFarland.*

**MOTION:** Janice Edelstein moved, seconded by John Anderson, to adopt the Agenda as amended. Motion carried unanimously.

**APPROVAL OF MINUTES August 10, 2023**

**MOTION:** Robert Weinman moved, seconded by Vera Guyton, to approve the Minutes of August 10, 2023 as published. Motion carried unanimously.

**INTRODUCTIONS, ANNOUNCEMENTS, AND RECOGNITION**

**Election of Officers, Appointment of Liaisons and Alternates**

<b>ELECTION RESULTS</b>	
<b>Chairperson</b>	Robert Weinman
<b>Vice Chairperson</b>	Vera Guyton
<b>Secretary</b>	Janice Edelstein

*Vice Chairperson*

**NOMINATION:** Robert Weinman nominated Vera Guyton for the Office of Vice Chairperson. Vera Guyton accepted the nomination.

Brad Wojciechowski, Executive Director, called for nominations three (3) times.

Vera Guyton was elected as Vice Chairperson by unanimous voice vote.

**Appointments of Liaisons and Alternates**

<b>LIAISON APPOINTMENTS</b>	
<b>Credentialing</b>	Janice Edelstein, Vera Guyton ( <i>LPN Reviews</i> ), Robert Weinman Amanda Kane <i>Alternate:</i> Vera Guyton
<b>Monitoring</b>	John Anderson (6/8/2023) <i>Alternate:</i> Robert Weinman
<b>Professional Assistance Procedure (PAP)</b>	Robert Weinman (6/8/2023) Jennifer Malak
<b>Legislative Liaison</b>	John Anderson, Robert Weinman
<b>Newsletter Liaison</b>	Janice Edelstein, Jennifer Malak <i>Alternate:</i> Vera Guyton
<b>Board Practice Liaison</b>	Robert Weinman
<b>Board Education Liaison</b>	Janice Edelstein (6/8/2023) <i>Alternate:</i>
<b>Controlled Substances Board as per Wis. Stats. §15.405(5g)</b>	Amanda Kane <i>Alternate:</i> Robert Weinman (Primary)
<b>Wisconsin Coalition for Prescription Drug Abuse Reduction</b>	Amanda Kane
<b>Travel Authorization Liaison</b>	Robert Weinman (Chair) <i>Alternate:</i> Vera Guyton (Vice Chair)
<b>Military Medical Personnel</b>	Robert Weinman

	<i>Alternate:</i> Jennifer Malak
<b>COMMITTEE MEMBER APPOINTMENTS</b>	
<b>Legislation and Rules Committee</b>	Janice Edelstein, Robert Weinman (Chair), John Anderson
<b>BOARD APPOINTMENT TO THE INTERSTATE NURSE LICENSURE COMPACT COMMISSION</b>	
<b>Administrator of the Nurse Licensure Compact</b>	Robert Weinman <i>Alternate:</i> Janice Edelstein

<b>SCREENING PANEL APPOINTMENTS</b>	
<b>Alternates</b>	Robert Weinman
<b>2023 Screening Panel Rotation</b>	
<b>January – March</b>	Janice Edelstein (2024), Vera Guyton (2024 remove), Amanda Kane (2024)
<b>April – June</b>	Robert Weinman, John Anderson
<b>July – September</b>	Robert Weinman (6/8/2023) Christian Saldivar Frias
<b>October – December</b>	Robert Weinman, Jennifer Malak

**ADMINISTRATIVE RULE MATTERS**

**Discussion of N6, Relating to Delegated Acts**

**MOTION:** Janice Edelstein moved, seconded by John Anderson, to acknowledge and thank Otis Woods, Jerry Reiderer, and Doug Englebert, from the Department of Health Services for their appearance before the Board of Nursing. Motion carried unanimously.

**BOARD OPIOID ABUSE GOAL SETTING AND REPORT PURSUANT TO WIS. STAT § 440.035(2M)(C) – DISCUSSION AND CONSIDERATION**



**MOTION:** Jennifer Malak moved, seconded by John Anderson, to approve the 2023 Opioid Report for submission to the Legislature and Governor. Motion carried unanimously.

**AMENDING THE BOARD OF NURSING BEST PRACTICES FOR PRESCRIBING CONTROLLED SUBSTANCES GUIDELINES PURSUANT TO THE 2022 CDC CLINICAL PRACTICE GUIDELINES FOR PRESCRIBING OPIOIDS FOR PAIN – DISCUSSION AND CONSIDERATION**

**MOTION:** Robert Weinman moved, seconded by Janice Edelstein, to designate Amanda Kane to work with DSPS staff to update the Board of Nursing Best Practices for Prescribing Controlled Substances Guidelines. Motion carried unanimously.

**CLOSED SESSION**

**MOTION:** Robert Weinman moved, seconded by John Anderson, to 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 investigation with administrative warnings (ss. 19.85(1)(b), Stats. 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.). Robert Weinman, Chairperson, read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: John Anderson-yes; Janice Edelstein-yes; Vera Guyton-yes; Amanda Kane -yes; Jennifer Malak-yes; and Robert Weinman-yes. Motion carried unanimously.

The Board convened into Closed Session at 10:03 a.m.

**DIVISION OF LEGAL SERVICES AND COMPLIANCE MATTERS**

**Administrative Warnings**

**MOTION:** John Anderson moved, seconded by Robert Weinman, to issue an Administrative Warnings in the following DLSC Cases:  
21 NUR 679 – S.M.L.  
22 NUR 054 – A.M.G.  
22 NUR 271 – V.J.G.  
22 NUR 704 – J.S.  
22 NUR 720 – K.S.A.  
23 NUR 091 – L.J.S.  
Motion carried unanimously.

**Case Closings**

**MOTION:** Jennifer Malak moved, seconded by Amanda Kane, to close the following DLSC Cases for the reasons outlined below:

21 NUR 368 – A.H. & S.F. - Insufficient Evidence  
21 NUR 676 – A.E.W. - Insufficient Evidence  
21 NUR 772 – N.R.S. - No Violation  
21 NUR 773 – C.A.T. - Prosecutorial Discretion (P1)  
22 NUR 154 – G.V.K. - Lack of Jurisdiction (L2)  
22 NUR 283 – A.E. - Insufficient Evidence  
22 NUR 369 – A.E.W. - Insufficient Evidence  
22 NUR 535 – P.K.M. - Insufficient Evidence  
22 NUR 569 – L.M.D. - Insufficient Evidence  
22 NUR 600 – D.W. - Prosecutorial Discretion (P7)  
22 NUR 622 – S.F. No Violation & T.P. - Prosecutorial Discretion (P1)  
22 NUR 628 – V.C.M. - No Violation  
22 NUR 695 – C.L.K. - Prosecutorial Discretion (P1)  
23 NUR 089 – D.Q. - No Violation  
23 NUR 090 – J.I.J. - No Violation  
23 NUR 117 – D.E.E. - No Violation  
23 NUR 181 – S.E.R. - No Violation  
23 NUR 226 – C.M.B. - Insufficient Evidence  
23 NUR 236 – Unknown - Insufficient Evidence  
23 NUR 237 – P.M.C. & R.M.R. & S.N.W. - Insufficient Evidence  
23 NUR 241 – K.L.L. - No Violation  
23 NUR 260 – K.T. & J.W. - No Violation  
23 NUR 277 – L.A.K. - No Violation  
23 NUR 402 – L.L.Y. - Prosecutorial Discretion (P7)  
Motion carried unanimously.

### **Proposed Stipulations and Final Decisions and Orders**

**MOTION:** Amanda Kane moved, seconded by Robert Weinman, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of the following cases:

21 NUR 725 – Stella F. Fields, L.P.N.  
21 NUR 732 – Briana L. Owens, R.N.  
21 NUR 741 – Pamela J. Mansfield, R.N.  
22 NUR 090 – Nicole A. Martinez, R.N.  
22 NUR 119 – Tiffany L. Schenck, R.N.  
22 NUR 210 – Channell M. Jackson, R.N.  
22 NUR 246 – Theresa M. Lubich, L.P.N.  
22 NUR 317 & 22 NUR 574 – Tabitha D. Majors, R.N.  
22 NUR 396 – Joan M. Rengstorf, R.N.  
22 NUR 518 – Terra E. Green, R.N., A.P.N.P.  
22 NUR 563 – Rebecca M. Gosselin, R.N.  
22 NUR 577 – Jeryl A. Fehrman, L.P.N.  
22 NUR 583 – Kelly J. Hagman, R.N.  
23 NUR 010 – Tracy L. Dean, R.N.  
23 NUR 024 – Mark J. Braendle, R.N.  
23 NUR 051 & 23 NUR 427 – Heather R. Feld, R.N.

23 NUR 262 – Julie Barnharst, R.N.  
Motion carried unanimously.

### **Monitoring Matters**

#### ***Leah Morgan, R.N. – Requesting Modification of Monitoring Order***

**MOTION:** John Anderson moved, seconded by Jennifer Malak, to grant the request of Leah Morgan, R.N., for reduction in drug screens to 28 screens per year plus an annual hair test and termination of NA/AA Meetings. Motion carried unanimously.

#### ***Cody Severson, R.N. – Review of Monitoring Materials***

**MOTION:** Robert Weinman moved, seconded by Amanda Kane, to impose additional limitations on the license of Cody Severson, R.N., requiring participation in mental health treatment with a treater approved by the board, or its designee, and submission of quarterly treatment reports. The frequency of required individual mental health therapy shall be determined by the treater. Motion carried unanimously.

**MOTION:** Robert Weinman moved, seconded by Jennifer Malak, to suspend the license of Cody Severson, R.N. (246371-30), based information received of his noncompliance with the terms of Order 8539. The suspension will stay in place until Respondent provides evidence demonstrating compliance for a minimum of 60 days. Motion carried unanimously.

#### ***Lacie Borde, R.N. – Requesting Modification of Monitoring Order***

**MOTION:** Amanda Kane moved, seconded by John Anderson, to grant the request of Lacie Borde, R.N, for reduction of drug and alcohol screens to 36 screens per year and termination of AODA counseling (sec. 4.B.i – B.vi. of the Order). Motion carried unanimously.

#### ***Amanda Kaufman, R.N. – Requesting Modification of Monitoring Order***

**MOTION:** Jennifer Malak moved, seconded by Vera Guyton, to deny the request of Amanda Kaufman, R.N., for a reduction of drug and alcohol screens, and termination of direct supervision but to grant termination of AANA Meetings, and grant access to controlled substances in the workplace.  
**Reason for Denial:** Failure to demonstrate continuous and successful compliance under the terms of the Board Order (#7254). Motion carried unanimously.

#### ***Jonathan Berens – Requesting Full Licensure***

**MOTION:** Robert Weinman moved, seconded by John Anderson, to grant the request of Jonathan Berens, R.N., for Full Licensure. Motion carried unanimously.

***Erica Koerner, R.N. – Requesting Full Licensure***

**MOTION:** John Anderson moved, seconded by Jennifer Malak, to grant the request of Erica Koerner, R.N., for Full Licensure. Motion carried unanimously.

***Peter Lemons, R.N. – Requesting Full Licensure***

**MOTION:** Robert Weinman moved, seconded by Amanda Kane, to grant/ the request of Peter Lemons, R.N., for Full Licensure. Motion carried unanimously.

***Casey Carpenter, R.N. – Requesting Full Licensure, termination or reduction of AA/NA meetings, termination of drug testing requirement or reduction in drug screens, termination of practice limitations (outlined in petition), and termination of the treatment requirement per treater.***

**MOTION:** Jennifer Malak moved, seconded by John Anderson, to deny the request of Casey Carpenter, R.N., for full licensure and termination of practice limitations, but to grant the request for termination of AA/NA meetings, reduction in drug screens to 36 screens and one hair test per year and termination of the treatment requirement per treater. Reason for Denial: Insufficient time under the Board Order (#6887) to demonstrate adequate compliance. Motion carried unanimously.

*(Vera Guyton excused 11:31 am)*

***Michelle Chadwick, L.P.N. – Requesting Full Licensure***

**MOTION:** Jennifer Malak moved, seconded by Amanda Kane, to deny the request of Michelle Chadwick, L.P.N., for Full Licensure. Reason for Denial: Failure to demonstrate continuous and successful compliance under the terms of the Board Order (#7539). Motion carried unanimously.

***Karla Price, L.P.N. – Requesting Full Licensure***

**MOTION:** Amanda Kane moved, seconded by Janice Edelstein, to deny the request of Karla Price, L.P.N., for Full Licensure. Reason for Denial: Failure to demonstrate continuous and successful compliance under the terms of the Board Order (#7530). Motion carried unanimously.

***Jason Schuckert, R.N. – Requesting Full Licensure***

**MOTION:** Robert Weinman moved, seconded by John Anderson, to grant the request of Jason Schuckert, R.N., for Full Licensure. Motion carried unanimously.

***Macy Westphal, R.N. – Requesting Full Licensure***

**MOTION:** Amanda Kane moved, seconded by Jennifer Malak, to deny the request of Macy Westphal, R.N., for Full Licensure. Reason for Denial: Failure to

demonstrate continuous and successful compliance under the terms of the Board Order (#6435). Motion carried unanimously.

### **RECONVENE TO OPEN SESSION**

**MOTION:** Janice Edelstein moved, seconded by John Anderson, to reconvene into Open Session. Motion carried unanimously.

The Board reconvened into Open Session at 11:51 a.m.

### **VOTING ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION**

**MOTION:** Robert Weinman moved, seconded by John Anderson, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

### **ADJOURNMENT**

**MOTION:** Robert Weinman moved, seconded by Amanda Kane, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 11:53 a.m.

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8366  
Madison, WI 53705-8366  
**FAX #:** (608) 251-3018  
**Phone #:** (608) 266-2112

4822 Madison Yards Way  
Madison, WI 53705  
E-Mail: [dspsbon@Wisconsin.gov](mailto:dspsbon@Wisconsin.gov)  
Website: <http://dsps.wi.gov>

## BOARD OF NURSING

### APPLICATION FOR AUTHORIZATION TO PLAN A SCHOOL OF NURSING

Wis. Admin. Code Chapter N 1.03 requires an institution planning to establish and conduct a school of nursing for professional nursing or practical nursing to submit an application including all of the following to the Board:

- (1) Name and address of controlling institution and evidence of accreditation status of controlling institution.
- (2) Statement of intent to establish a school of nursing, including the academic and licensure levels of all programs to be offered and the primary method of instruction.
- (3) Evidence of the availability of sufficient clinical facilities and resources.
- (4) Plans to recruit and employ a qualified educational administrator and qualified faculty.
- (5) Proposed timeline for planning and implementing the school and intended date of entry of the first class.

The Board shall make a decision on the application within two months of receipt of the completed application and will notify the controlling institution of the action taken on the application.

To apply, please submit the following to [DSPSBON@Wisconsin.gov](mailto:DSPSBON@Wisconsin.gov):

- (1) This completed and signed application form.
- (2) A written proposal addressing the five items above.

### **Institution applying for authorization to plan a nursing school:**

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Nursing Program(s) (ADN, BSN, Other): \_\_\_\_\_

\_\_\_\_\_  
Name of School Representative Submitting Proposal

\_\_\_\_\_  
Title

*Judith McKenna*  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address



September 07, 2023

Joan Gage  
Program Manager  
Office of Education and Examinations  
WI Dept. of Safety and Professional Services  
Hill Farms State Office Building  
4822 Madison Yards Way  
Madison, WI 53705

Dear Ms. Gage,

Arizona College of Nursing (AZCN) respectfully submits this Bachelor of Science in Nursing (BSN) Program Letter of Intent to the Wisconsin Board of Nursing to obtain Authorization to Plan a School of Nursing in Madison, Wisconsin. This document's narrative, graphics, and appendices reflect AZCN's compliance with the Wisconsin Board of Nursing Standards in Chapter N1, Approval for Schools of Nursing.

If you have any questions, please get in touch with me at [jmckenna@arizonacollege.edu](mailto:jmckenna@arizonacollege.edu) or 810.278.4639.

Respectfully,

A handwritten signature in black ink that reads "Judith McKenna". The signature is written in a cursive, flowing style.

Judith A. McKenna, DNP, MSN, APRN-BC  
Director of Nursing Regulatory Affairs  
Arizona College of Nursing  
2510 West Dunlap Ave, Suite 300  
Phoenix, Arizona 85021

Attachments:

1. Form 3025 – Application for Authorization to Plan a School of Nursing
2. Phase 1- Application & Appendices



# ARIZONA COLLEGE<sup>SM</sup> of Nursing

Application for Authorization to Plan  
a School of Nursing in Madison, WI

Submitted to the  
Wisconsin Board of Nursing  
Date:  
September 07, 2023

Contact(s):  
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Arizona College of Nursing



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Arizona College of Nursing (AZCN) respectfully submits this pre-licensure Bachelor of Science (BSN) Program Letter of Intent (LOI) to the Wisconsin Board of Nursing (Board) to obtain initial Authorization to Plan a School of Nursing in Madison, Wisconsin (Madison). This document's narrative, graphics, and appendices reflect AZCN's compliance with the Board's Standards in Chapter N1, Approval for Schools of Nursing.

AZCN proposes to offer the pre-licensure BSN nursing program (also referred to as "the Program" in this document) at 2501 West Beltline Highway, Madison, Wisconsin. This LOI will show the purpose, and the sufficiency of resources to start and sustain the Program in compliance with all pertinent regulations of the Board.

**1. Name and address of the controlling institution and evidence of the accreditation status of the controlling institution.**

**Name and Address of Controlling Institution**

Arizona College of Nursing  
2510 West Dunlap Ave. Suite 300  
Phoenix, AZ 85021.

**Accreditation Status**

AZCN is institutionally accredited by the Accrediting Bureau of Health Education Schools (ABHES) and the Program holds active accreditation from the Commission on Collegiate Nursing Education (CCNE).

*ABHES Accreditation*

The Accrediting Bureau of Health Education Schools (ABHES) institutionally accredits AZCN and is listed by the United States Department of Education (DOE) as a nationally recognized accrediting agency. AZCN was initially accredited in 1994 and is awarded continuing accreditation through 2027. The address for ABHES is 6116 Executive BLVD, Suite 730, North Bethesda, MD 20852. The ABHES accreditation certificate is provided in *Appendix A. Accreditation and Approval Certificates or Letters*. Once approved by the Board, AZCN will submit a request to have its ABHES accreditation extended to the Madison campus.

*CCNE Accreditation*

The Program at AZCN is accredited by the Commission on Collegiate Nursing Education (CCNE), extending to June 30, 2032. The address for CCNE is 655 K Street NW, Suite 750, Washington, D.C. 20001. Phone: (202) 887-6791. The CCNE accreditation certificate is provided in *Appendix A. Accreditation and Approval Certificates or Letters*. Once approved by the Board, AZCN will submit a substantive change request to extend its CCNE accreditation to the Madison campus.

**Department of Education Approval**

The United States Department of Education (DOE) approval is provided in *Appendix A. Accreditation and Approval Certificates or Letters*. This expiration date is March 31, 2028, and the reapplication deadline is December 31, 2027.

**2. Statement of intent to establish a school of nursing, including the academic and licensure levels of all programs to be offered and the primary method of instruction.**

AZCN proposes to establish a new pre-licensure Bachelor of Science in Nursing Education Program in Madison. The year-round Program includes online didactic, face-to-face didactic, laboratory and clinical instruction. Clinical activities include the acute care setting, community-based patient care setting, and simulation-based training across the lifespan.

The curriculum is based on *The Essentials: Core Competencies for Professional Nursing Education* (American Association of Colleges of Nursing [AACN], 2021); the *Code of Ethics for Nursing with Interpretive Statements* (American Nurses Association [ANA], 2015); the *Scope and Standards of Practice* (ANA, 2021, 4<sup>th</sup> ed), *Nursing Social Policy Statement: Understanding the Profession from Social Contact to Social Covenant* (ANA, 2015). The Program has 120 semester credit hours (50 credits for general education (GE) and 70 credits for core nursing education). After completing the GE coursework, the student progresses to the core nursing curriculum, a full-time course of study divided into five 16-week semesters. The core nursing curriculum can be completed in 20 months (about 1 and a half years) of full-time study. Classroom, simulation, and skills laboratory instruction are scheduled at the campus. Additionally, direct patient care clinical instruction occurs on a variable schedule as coordinated with each off-site clinical agency.

The 120-credit hour curriculum is uniquely designed so that students graduate with a BSN degree and an Institute for Healthcare Improvement (IHI) certification. The IHI certification includes 13 modules related to quality improvement in health care, patient safety, health care leadership, and person/family-centered care. By completing the IHI modules, students can enhance their knowledge of strategies to mitigate practice errors, conduct a root cause analysis in the aftermath of an adverse event, and understand the critical components of a safety culture and the psychology of change. The IHI modules align with AZCN's *BSN Program Mission* by preparing professional nurses competent in delivering evidence-based patient and community-centered care as members and leaders of an interprofessional healthcare team, emphasizing the critical components of a culture of safety and the psychology of change as well as emphasizing quality improvement that drives desired patient, systems, and population outcomes.

**3. Evidence of the availability of sufficient clinical facilities and resources.**

**Clinical Facilities**

The leadership at AZCN understands that clinical sites are finite and finding clinical learning opportunities can be challenging. It is the goal of the Program not to strain the current demands on clinical resources in the Madison area. AZCN routinely uses evening and weekend clinical experiences to mitigate displacement risk. AZCN builds the theory/didactic schedule around clinical availability, which allows a more significant opportunity to secure clinical rotations that are not constricted by a set schedule for theory/didactic instruction. This flexibility will make it significantly easier for AZCN to use clinical times other institutions are not using or choose not to use. *Appendix B. Clinical Agency Support* includes a summary table of clinical placements. The *Supportive Clinical Agency Table* demonstrates that the Program has achieved between 120% and 312% clinical placement capacity for all specialties for the five-year enrollment goals.

*Table 1. Clinical Support* summarizes clinical partners who have provided Clinical Site Surveys (CSS). The current Madison area clinical partners will retain existing students. *Appendix B. Clinical Agency Support*

supplies detailed clinical placement availability, including current school affiliations, showing availability for AZCN students and clinical capacity.

**Table 1.**  
*Clinical Support*

Clinical Agency	Agency Type	Location
Beloit Health System	Acute	Beloit
Rock Haven	SNF/Rehab	Janesville
Edgerton Hospital & Health Services	Acute	Edgerton
Skaalen	SNF/Rehab/Assisted Living	Stoughton
Capitol Lakes	SNF/Rehab/Assisted Living	Madison
SSM Health WI (St. Mary's Hospital-Madison)	Acute	Madison
Upland Hills Health	Acute	Dodgeville
Stoughton Health	Acute	Stoughton
Capri Communities	Assisted Living	
Drumlin Reserve		Cottage Grove
Hyland Campus		Sun Prairie
Vista West		Madison
Randolph Health Services (North Shore Healthcare)	SNF/Rehab	Randolph
Reedsburg Area Medical Center	Acute	Reedsburg
Oakwood Village	SNF/Rehab/Memory Care/Assisted Living	Madison
Badger Prairie Health Care Center	SNF/Rehab	Verona
Sauk Prairie Healthcare	Acute	Prairie Du Sac
Agrace Adult Care Center	Adult Day Care	Madison
Maxim Healthcare Madison	Home Health	Madison
Memorial Hospital Lafayette County	Acute	Darlington
UnityPoint Health - Meriter	Acute	Madison
Jefferson County Health	Community	Jefferson
State of WI DOC	Acute/Community	Madison
Lafayette County Health Department	Community	Darlington
Cambria-Friesland School District Child Enhancement Center	Pediatrics	Cambria
School District of Beloit	Pediatrics	Beloit
Monona Grove School District	Pediatrics	Monona
Dodge County Public Health Department	Community	Juneau
Baraboo School District	Pediatrics/Community	Baraboo
Reach Dane	Pediatrics	Madison

Clinical facilities include acute care hospitals providing acute medical-surgical, psychiatric/mental health, pediatric, and maternal health opportunities, and community health service opportunities (refer to *Table 1. Clinical Support* and the *Supportive Clinical Agency Table* within *Appendix B. Clinical Agency Support* for further information on clinical sites). The students have many opportunities for clinical activities that promote their competency as BSN-prepared nurses across the curriculum. The Program includes clinical practice experiences that develop clinical judgment skills that promote safety and quality interprofessional care. The Program incorporates low- and high-fidelity simulations and computer-based virtual simulations. Simulation is used to enhance the direct patient care experience for the student. Direct student-to-patient care is used to meet the clinical objectives. Clinical practicum courses require high-fidelity human patient simulations appropriate to the clinical specialty and are mapped to the course content and clinical practicum course competencies.

AZCN has a growth enrollment plan to ensure the resources for student success are in place and maintained on new campuses. *Table 2. Three Year Enrollment Proposal* displays the proposed starting enrollment of core nursing students into the core nursing major courses for the first three years.

**Table 2.**  
*Three Year Enrollment Proposal*

<b>Year/Semester</b>	<b>Enrollment</b>
Year 1 - Fall	32
Year 1 - Spring	32
Year 1 - Summer	32
Year 2 - Fall	40
Year 2 - Spring	40
Year 2 - Summer	40
Year 3 - Fall	48
Year 3 - Spring	48
Year 3 - Summer	48

### **Resources**

The resources for AZCN’s nursing students include student services, educational facilities, and financial resources.

### **Student Services**

Student services focus on academic success through academic support and educational support services. During the annual budget planning, the support services are reviewed for effectiveness and any predicted increases in enrollment. Modifications of services are based on data and student, faculty, and staff feedback.

### **Academic Support Services**

Academic support services include admission and enrollment, financial aid, and registrar services.

#### *Admission and Enrollment Services*

Each campus has a team (advisors and a coordinator) that reports to the campus Executive Director of Enrollment Services (EDES). The department aims to efficiently recruit and enroll qualified students into

the Program by supplying counsel and support for all associated processes, including admissions testing and transcript submission. Advisors are also tasked with ensuring applicants are informed about the rigor and commitment of the Program. As the first touchpoint with AZCN, the admission team members are expected to be exemplary AZCN ambassadors and support students until new student orientation is complete. Additionally, there is a Financial Aid Counselor on the campus.

#### *Financial Aid Services*

Financial aid officers are available on all campuses. During the admissions process, applicants are given access to officers discussing financing options for the Program. AZCN is eligible to participate in various student financial aid programs as an accredited institution under agreement with the U.S. Department of Education. The student financial aid programs options include Federal student loans (payments can be deferred until after graduation; Federal PELL, and SEOG Grants (these grants do not require payback). Work-study opportunities (on-campus employment); Private educational loans; and Military veteran educational benefits (e.g., Post-9/11 G.I. Bill®).

#### *Registrar Services*

The Office of the Registrar is accountable for services related to the administration and management of student records. The Transfer of Credit evaluation team reviews all applicant transcripts for admission eligibility and transfer credit. The Registrar and the BSN Program Manager oversee the security and integrity of the grade reporting process to ensure the accuracy of grades. The BSN Program Manager monitors satisfactory academic progress and consistently ensures compliance with admission, progression, and graduation policies and procedures. The leadership team performs various audits to ensure that regulatory and accreditation standards remain compliant.

#### **Educational Support Services**

Educational support services include student assistance for informational technology, the Learning Resource Center (LRC), the College Counselor, and campus facilities. Each student enrolled in the Program must have access to a laptop computer (provided by the student) as part of their learning materials. The Program uses various electronic course materials, including interactive learning objects, customized self-assessment tools, onsite simulation, and enhanced virtual simulations.

#### *Information Technology (IT) Services*

A full complement of IT services is available to support the Program. Each campus is supported by a team of over 20 in-house IT support specialists and systems administrators. Each campus will have an IT specialist available during high-need times such as new start of class trained to support hardware and software needs, including those related to education technology and high-fidelity patient simulation. Various applications such as Canvas, Campus Nexus, Exam Soft, and Salesforce have centralized administrators supporting campus needs.

#### *Learning Resource Center/Library*

The LRC is a physical space at the campus. It includes a virtual library supplying specific academic references and resources, tutoring capabilities, and GE academic needs support. AZCN provides students and faculty with the Library & Information Resources Network (LIRN) for librarian and database subscriptions as part of its consortium membership within this organization. See the LIRN Overview in *Appendix C. Academics and Operations*. AZCN subscribes to five research databases to provide access to online books and content from journals, magazines, news publications, and other sources covering topics relevant to GE, nursing, and other content covering all disciplines. Students and faculty can access online library resources seven days a week, 24 hours a day. Research assistance and reference support hours are

provided Monday through Friday, 8 AM to 10 PM EST, and Saturday and Sunday, 12 PM to 7 PM EST. The library and learning resource system materials are under the direction of national college librarians, who are also available to students during campus operational hours. Faculty can suggest library holdings or deletions therein to the librarians. The LIRN resource supports student learning and is updated annually as determined by the librarians in collaboration with campuses.

The LRC is the campus hub of academic support, including tutoring plus group and individual study space, and will have desktop computers and printing capability for student use. AZCN students can access EBSCO CINAHL Complete, which includes full text for more than 1,200 journals, indexing for over 5,500 journals, searchable cited references for more than 1,500 journals and more than 6 million records. Students also have access to ProQuest Nursing and Allied Health Source TM with abstracts and indexing for more than 850 titles, over 715 in full text, and over 12,000 full-text dissertations. Students can also access PubMed, which has more than 21 million citations for biomedical literature from MEDLINE, life science journals, and online books. Campuses provide space optimized for student learning and engagement. Faculty and students can request hard copies of learning resources from the LRC. Ongoing reviews of resources are completed by faculty to ensure the relevancy and currency of texts and other physical learning resources. These requests are considered during the budgeting process to ensure prompt acquisition.

For research assistance, students and faculty may contact LIRN librarians by accessing AZCN's LIRN Portal, clicking the "Ask a Librarian" button on the right-hand side of the LIRN Portal, and completing a request for help from a librarian. Students and faculty can also contact a LIRN librarian directly at [ArizonaCollege@lirn.libanswers.com](mailto:ArizonaCollege@lirn.libanswers.com) for assistance. Depending on the inquiry/need, librarians may follow up with a student or faculty member via email, phone call, or screen share.

#### *College Counselor*

A College Counselor was added in 2019 as an academic service because research shows a correlation between psychosocial and economic issues contributing to attrition. Each campus has retained a College Counselor to assess and connect external social and support resources. The counselor provides a safe space for students to discuss issues affecting their academic performance and success. The counselor offers referrals to students that may include social and mental health workers, entitlement programs, social support groups, and healthcare services, as appropriate. The college counselor's role is to track student achievement, create a community through planned events, coordinate campus compliance and records, and track reports and investigations.

#### **Campus Facilities**

The campus facilities include the classroom/laboratory with technology, simulation, a student common space, office space, and restrooms.

#### *Classrooms/Laboratories/Simulation*

The campus will be standardized to all other AZCN campus locations to ensure the ability to implement the same teaching and learning practices across all campuses providing BSN education. The campus space will be built to accommodate up to 400 students. The campus location will include free parking available for students. Physical and learning resources promote the achievement of the Program goals and student learning outcomes. The fiscal resources are adequate to support student learning and staff and faculty development. The campus budget includes sufficient financial resources to provide appropriate salaries, personnel, physical resources, technological and education resources, and professional development to meet the needs of staff, faculty, and students.



There are classrooms to accommodate the student load, with extra classroom space in the skills lab. All classrooms include a computer and technology-installed smart boards. The science/wet laboratory classroom has an added sink, as this room is used for the GE science classes with a laboratory component. The skills area will include a nursing station area with patient care bays, a bed, a bedside table, an over-the-bed table, and a headwall unit with simulated oxygen and suction. Beds will be divided by curtains to simulate natural patient settings and reduce distractions as students practice skills. Four separate and fully equipped high-fidelity simulation rooms will be in the simulation area. There is planned space for each simulation room to have an instructor control area, each with a viewing window into the simulated patient room. The simulation/skills laboratory has a storage closet and a sink with hot and cold running water for mannequins and simulation clean-up. Built-in storage above and below the countertops supplies additional storage for frequently used supplies. Debriefing areas are available for each simulation suite.

High-fidelity human patient simulation laboratories provide a safe space for practicing clinical care and learning through peer feedback and self-reflection. The skills laboratory has task trainers, patient care devices, and clinical supplies. The science laboratory has microscopes, anatomical models, equipment for performing biology and chemistry experiments, and an eye wash area. The Program is supported by various web-based education applications that support the development of critical thinking and clinical judgment. Such applications include virtual clinical scenarios, laboratory simulations, interactive e-books, personalized learning platforms, and video case studies.

At complete enrollment, the simulation area features high-tech training equipment, including high-fidelity human simulators, patient-monitoring equipment, a birthing simulator, and physical assessment exam tables. Facilities closely replicate hospital and clinical settings, from scrub sinks to hospital beds. Utilizing the computer control center, our faculty can alter the simulated patient's vitals and produce varying symptoms to evaluate a student's response in real-time. As part of AZCN's commitment to academic excellence, simulation is supported by a resource center that helps develop complex skills, including a fully functional, HIPAA-compliant electronic health record (EHR) system that trains students to document assessment findings. SimCapture is real-time video patient monitoring and archiving of high-fidelity simulations for review during debriefing. Simulation resources are plentiful to support currently enrolled students. On-site practice labs are available when needed to accommodate students' needs. Finally, students have daily access to the LRC for remediation, enrichment, workshops, study groups, and other forms of assistance intended to meet student learning needs.

#### *Student Common Space*

Faculty, staff, and student government representatives can provide input for additional resources such as lab equipment and supplies, information technology, and library holdings. Resources include but are not limited to, the following: technology-enhanced classrooms of sufficient size and number to meet enrollment needs; a LRC to accommodate student needs for learning space; skills laboratories; computer labs; simulation center; student common areas with vending; faculty offices; meeting/conference rooms with teleconferencing capabilities; an admission services area with interview rooms; a quiet study room; and offices for staff providing services to students. Campus technology resources for the Program include computers for all faculty, staff, managers, and administration, and hardware and software available in classrooms for presentations, lectures, and conferences.

#### *Office Space*

There will be ample office space for faculty/staff and administration, with a large conference area for private student discussions and group study areas for additional student privacy. The LRC capacity is for 25 students at a time, and the Science Laboratory is designed to accommodate 24 students. Four



classrooms are intended for lectures, and their sizes provide accommodation dependent on enrollment volume. One classroom will hold 86 students at its maximum capacity. In addition, there are four 12-person conference rooms and clerical and custodial areas.

### *Restrooms*

Restrooms are available in the center of the campus. Other restroom locations are dispersed around the entire facility and at entryways. These facilities comply with the American Disabilities Act (ADA) requirements, and adjustments are made to accommodate wheelchair accessibility with door width and sink height, as well as selected handrail and convenient paper towel locations. The campus will have student and faculty/staff lounges and other group gathering spaces for student study areas. The student lounge will provide vending machines, tables, chairs, a sink, and a microwave oven. It will have wheelchair-accessible tables that can be moved to meet the individual's needs. Vending machines will be at the height of access. Wheelchair ramps are at the entrances of this office building campus. The student resource/computer room will hold computer stations and provide web-based library resources for student use. The entire campus will have secure wireless internet access so the students can use these learning tools using their laptops.

### **Financial Resources**

AZCN is strong financially and can provide the necessary funding through tuition revenue and debt and equity capital sources to support the operation of this new Program; this approach will help meet the growing demand of the Wisconsin nursing workforce without added burdens to state budgets. Funding for a new campus is incorporated into the operational budget for the initial campus development and startup costs. All costs for construction have been budgeted, and allocations have been made for instructional equipment expenditures once the Program is operational and as the student population grows according to the five-year plan (see *Madison Budget* in *Appendix D. Financial Resources*). AZCN has maintained a positive operating income since 2018. Total unrestricted cash balances of approximately \$38 million were available as of March 31, 2023, to fund existing operations, future expansion plans, and continuous improvements to educational services. In addition, AZCN has access to additional capital sources to fund growth, including a \$15 million credit facility and \$4 million of committed equity. Refer to *Appendix D. Financial Resources* for the *AZCN Letter of Support- Madison* and the *AZCN 2023 Financial Statement*.

AZCN estimates achieving monthly positive operating income by the 18<sup>th</sup> month from which the first students were admitted into the Program and thereafter. From then on, the campus is expected to be profitable and self-sustaining. The projected budget for the Program in Madison demonstrates provisions for the total enrollment of the initial cohort and the building of reserves to sustain the proposed Program for the first five years. See *Appendix D. Financial Resources* for the *Madison Budget*.

### *Budget for Proposed Program*

There are defined planning and evaluation processes for the determination of financial resources. These processes are guided by what is needed to accomplish the organization's mission, goals, Program effectiveness outcomes, and commitment to quality, innovation, and student-centeredness. In collaboration with leadership, the Dean of Nursing (DoN) performs monthly comprehensive financial performance and budget variance reviews. These reviews provide opportunities for need-based reallocation of financial resources and budget forecasting.

The annual budget management process at AZCN is an ongoing iterative process that occurs throughout the year, appearing at many levels of the organization (corporate/national, department, and campus

levels). Throughout the fiscal year, department and campus leaders are responsible for managing the day-to-day operations of their budgets. Once per month, finance facilitates a meeting of the leaders to discuss budget tracking and trending with a discussion on how best to minimize unfavorable variances.

During the fiscal year, department and campus leaders continually monitor their budgetary needs, and if additional expenses arise, the teams work directly with finance and AZCN leadership to determine how best to meet the requirements. Throughout the fiscal year, leaders work with their teams to gather input on budget requests for the following year's budget. A budget for the Program in Madison was referred to above and found in *Appendix D. Financial Resources*.

#### **4. Plans to recruit and employ a qualified educational administrator and qualified faculty.**

AZCN employs an area DoN early to guide campus development, ensure Program compliance with state nursing regulations, and allow time for faculty and staff recruitment. AZCN has yet to experience challenges recruiting qualified faculty to teach in their Programs. Faculty are attracted to AZCN because of the above-market salaries, new facilities, high NCLEX-RN pass rates, faculty-centric academic leaders, and a student-centric culture. These are the primary reasons faculty report high satisfaction levels.

AZCN has developed a series of faculty recruitment and training processes. Recruitment for faculty positions comes from traditional sources of advertisement, which include local health career-focused job fairs; print/online publications; online job sites (e.g., Indeed.com, Careerbuilder.com, Monster.com, Simplyhired.com, Bright.com, Ihirenursing.com, and Glassdoor.com); online professional organization sites (e.g., National League for Nursing, Career College Association, and Chronicle of Higher Education); and its website. AZCN has addressed faculty shortages by advertising nationally for faculty and offering relocation support for interested and qualified full-time candidates. This includes faculty from its existing campuses, allowing currently employed faculty to take advantage of relocation opportunities to teach at other campuses.

The success of the Program depends on the quality of the core nursing faculty (educational preparation, years of experience in nursing, clinical expertise, and dedication to nursing education). AZCN intends to recruit and hire faculty from diverse backgrounds who have attained at least a master's degree, preferably a doctoral degree, from a regionally accredited institution of higher learning. AZCN attempts to recruit and hire experienced faculty with clinical master's degrees or doctorates and those who are advanced practice nurses.

Current faculty shortages have made recruiting experienced faculty more creative. One strategy AZCN employs to alleviate the faculty shortage issues has been developing a faculty mentoring program, which focuses on transitioning expert clinicians into faculty roles. The New Faculty Orientation and Mentorship program fosters faculty career development, enhances the recruitment and retention of nurse educators, and provides a supporting structure in which these opportunities are available. An experienced and successful faculty member serves as a guide for a mentee. On a new campus, the DoN may serve as a mentor, or a faculty from another campus may also help. Investment in faculty development is a crucial strategy to ensure the achievement of expected learning outcomes, Program effectiveness, and faculty retention. Faculty are recruited and oriented well before the course starts. All full-time core nursing faculty members are full-time employees of AZCN and may be assigned a combination of didactic, clinical, and skills laboratory instruction appropriate to their expertise in nursing. AZCN employs both full-time and adjunct faculty.

**5. A proposed timeline for planning and implementing the program and intended entry date for the first class.**

The current timeline proposes a Start to Teach (STT) for students beginning on March 3, 2025. (Please see *Appendix E. Timeline* for a detailed timeline of the proposed Program).

Conclusion

AZCN appreciates the Board's acknowledgment of this LOI to establish a new Program in Madison. If you have any questions or need additional information, please do not hesitate to contact Dr. Judith McKenna by email at: [jmckenna@arizonacollege.edu](mailto:jmckenna@arizonacollege.edu) or by mobile phone (810.278.4639).

## References

- American Association of Colleges of Nurses. (2021). *The essentials: Core competencies for professional nursing education*. <https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf>
- American Nurse Association. (2015). *Nursing's social policy statement: Understanding the profession from social contract to social covenant*. American Nurses Association.
- American Nurses Association. (2015). *Code of ethics for nurses with interpretative statements*, (4<sup>th</sup> ed). American Nurses Association.
- American Nurses Association. (2021). *Scope and standards of practice* (4<sup>th</sup> ed). American Nurses Association.

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

**AGENDA REQUEST FORM**

1) Name and title of person submitting the request: Joan Gage, OEE Program Manager		2) Date when request submitted: 09/22/2023 <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: 10/12/2023	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Arizona College of Nursing Request for Approval to 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 <a href="#">Appearance Request</a> 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:  Arizona College of Nursing (AZCN) respectfully submits this Bachelor of Science in Nursing (BSN) Program Letter of Intent to the Wisconsin Board of Nursing to obtain Authorization to Plan a School of Nursing in Madison, Wisconsin.  Presenter information <b>Dr. Judith A. McKenna</b>   <i>Director of Nursing Regulatory Affairs</i> Arizona College of Nursing C 810-278-4639   E <a href="mailto:jmckenna@arizonacollege.edu">jmckenna@arizonacollege.edu</a> 2510 W. Dunlap Ave, Suite 300, Phoenix, AZ 85021   <a href="http://arizonacollege.edu">arizonacollege.edu</a>			
11) <b>Authorization</b>			
<NAME>		<Date: M/D/YYYY>	
Signature of person making this request		Date	
Joan R. Gage		9/22/2023	
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 <a href="#">Agenda Items</a> 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.			

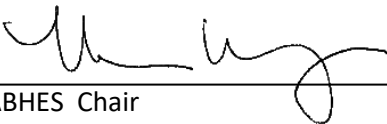
# CERTIFICATE OF ACCREDITATION

THIS CERTIFICATE IS AWARDED TO

**ARIZONA COLLEGE OF NURSING  
TEMPE, ARIZONA**

ABHES Institutional School

*This certifies that the institution named above was evaluated, based upon the accreditation standards of the Accrediting Bureau of Health Education Schools (ABHES) as reviewed by evaluators specializing in the health education fields offered, and found to comply.*

  
\_\_\_\_\_  
ABHES Chair

August 11, 2022  
Date



  
\_\_\_\_\_  
ABHES Executive Director

August 11, 2022

February 28, 2027

GRANT EXPIRATION



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CCNEACCREDITATION.ORG

May 27, 2022

Amber Kool, DNP, RN  
Associate Provost  
School of Nursing  
Arizona College of Nursing  
2510 W. Dunlap Ave, Suite 290  
Phoenix, AZ 85021

Dear Dr. Kool:

On behalf of the Commission on Collegiate Nursing Education (CCNE), I am pleased to advise you that the CCNE Board of Commissioners acted at its meeting on April 26-28, 2022, to grant accreditation to the **baccalaureate degree program in nursing** at Arizona College of Nursing for 10 years, extending to June 30, 2032. The accreditation action is effective as of October 18, 2021, which is the first day of the program's recent CCNE evaluation. You should plan for the next on-site evaluation to take place in the fall of 2031.

The program was considered by the Board using the *CCNE Standards for Accreditation of Baccalaureate and Graduate Nursing Programs* (2018).

At its meeting, the Board determined that the program met all four accreditation standards. The Board additionally determined that there is a compliance concern with respect to Key Element IV-B.

A compliance report must be submitted to demonstrate the program's compliance with the following key element:

Provide evidence that program completion rates demonstrate program effectiveness (Key Element IV-B). As a reminder, the institution may demonstrate compliance using any one of the options identified in Key Element IV-B, including the completion rate for the most recent calendar year; the completion rate over the three most recent calendar years; the completion rate for the most recent calendar year when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education; or the completion rate for the three most recent calendar year when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education.

The deadline for submitting the compliance report to CCNE is June 1, 2023. Please email the report, along with appendices, if any, as a PDF attachment to [ccnereports@ccneaccreditation.org](mailto:ccnereports@ccneaccreditation.org).

As is required for all accredited programs, a continuous improvement progress report (CIPR) must be submitted at the midpoint of the accreditation term. The deadline for submitting the CIPR to CCNE is June 1, 2027.

Please note that each aforementioned report needs to demonstrate the program's compliance with the CCNE standards that are in effect at the time of the report's submission. As a courtesy, CCNE will send a reminder letter to the chief nurse administrator informing the program of the specific standards and/or key elements to be addressed in the report and provide guidance for the preparation of the report. The

Report Review Committee, and then the Board of Commissioners, review each report. For more information about reports and the report review process, please refer to the CCNE procedures.

As you know, the team report and the program's response to the team report are available to the institution in the CCNE Online Community. We hope that the results of the self-study process and the team report will be useful to the continued growth and development of the nursing program. The certificate of accreditation will be mailed to you in the coming weeks.

As previously conveyed by CCNE and in accordance with U.S. Department of Education requirements, CCNE is required to conduct an in-person verification visit, within a reasonable period of time, to all programs that have hosted a comprehensive virtual evaluation. CCNE will share additional information about this follow-up visit requirement at a later date.

In accordance with CCNE policy, if a program or institution elects to make a public disclosure of a program's accreditation status with CCNE, the program or institution must disclose that status accurately. The program or institution disclosing the information must identify the nursing program and its affiliation with CCNE. Please refer to CCNE's disclosure policy and the statements CCNE has approved for use, as well as information on use of the CCNE accreditation seal, at <http://www.aacnnursing.org/CCNE/Seal-Policy/Baccalaureate-Graduate>. Please ensure that the institution's website and other materials are updated to reflect this language, as appropriate.

As a reminder, programs are expected to comply with the CCNE standards and procedures throughout the period of accreditation. These documents are available at <https://www.aacnnursing.org/CCNE-Accreditation/Accreditation-Resources/Standards-Procedures-Guidelines>. Information on advising CCNE in the event of a substantive change affecting the nursing program is available at <https://www.aacnnursing.org/CCNE-Accreditation/What-We-Do/Bacc-Graduate-Change-Notifications>. Substantive change notifications must be received by CCNE no earlier than 90 days prior to implementation or occurrence of the change, but no later than 90 days after implementation or occurrence of the change. These reporting requirements are described further in the CCNE procedures.

Thank you for your participation in the CCNE accreditation process. The Commissioners join me in expressing our very best wishes as you continue to promote excellence in nursing education.

Sincerely,




Elizabeth Ritt, EdD, MSN, RN, NEA-BC, CNE  
Chair, CCNE Board of Commissioners

cc: President & CEO Nick Mansour  
CCNE Board of Commissioners  
CCNE Accreditation Review Committee  
CCNE Evaluation Team





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**UNITED STATES DEPARTMENT OF EDUCATION**

**FEDERAL STUDENT AID**

**SCHOOL ELIGIBILITY AND OVERSIGHT SERVICE GROUP**

**PROGRAM PARTICIPATION AGREEMENT**

Effective Date of Approval: The date on which this Agreement is signed on behalf of the Secretary of Education

Approval Expiration Date: **March 31, 2028**

Reapplication Date: **December 31, 2027**

Name of Institution: **Arizona College**

dba: **Arizona College of Nursing**

Address of Institution: **1620 West Fountainhead Parkway  
Suite 110  
Tempe, AZ 85282-1840**

OPE ID Number: **03115000**

Taxpayer Identification Number (TIN): **431537880**

**The execution of this Agreement by the Institution and the Secretary is a prerequisite to the Institution's initial or continued participation in any Title IV, HEA Program.**

The postsecondary educational institution listed above, referred to hereafter as the "Institution," and the United States Secretary of Education, referred to hereafter as the "Secretary," agree that the Institution may participate in those student financial assistance programs authorized by Title IV of the Higher Education Act of 1965, as amended (Title IV, HEA Programs) indicated under this Agreement and further agrees that such participation is subject to the Institution's compliance with the terms and conditions set forth in this Agreement. As used in this Agreement, the term "Department" refers to the U.S. Department of Education.

**SCOPE OF COVERAGE**

This Agreement applies to all locations of the Institution as stated on the most current ELIGIBILITY AND CERTIFICATION APPROVAL REPORT issued by the Department. This

Agreement covers the Institution's eligibility to participate in each of the following listed Title IV, HEA programs, and incorporates by reference the regulations cited.

- **FEDERAL PELL GRANT PROGRAM**, 20 U.S.C. §§ 1070a *et seq.*; 34 C.F.R. Part 690.
- **FEDERAL FAMILY EDUCATION LOAN PROGRAM**, 20 U.S.C. §§ 1071 *et seq.*; 34 C.F.R. Part 682.
- **FEDERAL DIRECT STUDENT LOAN PROGRAM**, 20 U.S.C. §§ 1087a *et seq.*; 34 C.F.R. Part 685.
- **FEDERAL PERKINS LOAN PROGRAM**, 20 U.S.C. §§ 1087aa *et seq.*; 34 C.F.R. Part 674.
- **FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT PROGRAM**, 20 U.S.C. §§ 1070b *et seq.*; 34 C.F.R. Part 676.
- **FEDERAL WORK-STUDY PROGRAM**, 20 U.S.C. §§ 1087 *et seq.*; 34 C.F.R. Part 675.
- **IRAQ AND AFGHANISTAN SERVICE GRANT**, 20 U.S.C. §§ 1070h *et seq.*

## GENERAL TERMS AND CONDITIONS

1. The Institution understands and agrees that it is subject to and will comply with, as they become effective, the program statutes and implementing regulations for institutional eligibility as set forth in 34 C.F.R. Part 600 and for each Title IV, HEA program in which it participates, as well as the general provisions set forth in Part F and Part G of Title IV of the HEA, and the Student Assistance General Provisions regulations set forth in 34 C.F.R. Part 668.  
***The recitation of any portion of the statute or regulations in this Agreement does not limit the Institution's obligation to comply with other applicable statutes and regulations.***
2.
  - a. The Institution certifies that on the date it signs this Agreement, it has adopted and implemented the drug prevention program described in 34 C.F.R. § 86.100.
  - b. The Institution certifies that on the date it signs this Agreement, it is in compliance with the disclosure requirements of Section 485(f) of the HEA (Campus Security Policy and Campus Crime Statistics).
3. The Institution agrees to comply with --
  - a. Title VI of the Civil Rights Act of 1964, as amended, and the implementing regulations, 34 C.F.R. Parts 100 and 101 (nondiscrimination on the basis of race, color or national origin);
  - b. Title IX of the Education Amendments of 1972 and the implementing regulations, 34 C.F.R. Part 106 (nondiscrimination on the basis of sex);
  - c. The Family Educational Rights and Privacy Act of 1974 and the implementing regulations, 34 C.F.R. Part 99;
  - d. Section 504 of the Rehabilitation Act of 1973 and the implementing regulations, 34 C.F.R. Part 104 (nondiscrimination on the basis of disability); and
  - e. The Age Discrimination Act of 1975 and the implementing regulations, 34 C.F.R. Part 110.
  - f. The Standards for Safeguarding Customer Information, 16 C.F.R. Part 314, issued by the Federal Trade Commission (FTC), as required by the Gramm-Leach-Bliley (GLB) Act, P.L. 106-102. These Standards are intended to ensure the security and confidentiality of customer records and information. The Secretary considers any breach to the security of student records and information as a demonstration of a potential lack of administrative capability as stated in 34 C.F.R. § 668.16(c). Institutions are strongly encouraged to inform its students of any such breaches. Institutions are required, pursuant to the Student Aid

Internet Gateway (SAIG) Agreement, to notify the Department of any suspected data breaches.

4. The Institution acknowledges that 34 C.F.R. Parts 602 and 668 require accrediting agencies, State regulatory bodies, and the Secretary to share information about institutions. The Institution agrees that the Secretary, any accrediting agency recognized by the Secretary, and any State regulatory body may share or report information to one another about the Institution without limitation.
5. The Institution acknowledges that the HEA prohibits the Secretary from recognizing the accreditation of any institution of higher education unless that institution agrees to submit any dispute involving an adverse action, such as the final denial, withdrawal, or termination of accreditation to arbitration prior to initiating any other legal action.
6. The Institution acknowledges that the Department is obligated to take appropriate measures in order to safeguard its systems and information as well as borrowers' personally identifiable information (PII) as required under Federal law, including but not limited to the requirements in the Privacy Act (*see* 5 U.S.C. § 552a(e)), E-Government Act of 2002 (*see* 44 U.S.C. § 3544), the Family Educational Rights and Privacy Act of 1974 (FERPA) (20 U.S.C. § 1232g; 34 C.F.R. Part 99), Federal Information Security Modernization Act (FISMA) of 2014 (44 U.S.C. § 3551, *et seq.*), and OMB Circular No. A-130. If the Institution has a cyber security incident that may negatively affect the Department's systems, the Department may terminate the Institution's access to the Department's systems. Access will be reconnected when the Department determines that the Institution has resolved any cyber security concerns and vulnerabilities to the Department's satisfaction.
7. The Institution acknowledges that any person who knowingly and willfully commits, or attempts to commit, any criminal action described in 20 U.S.C. § 1097, shall be subject to the penalties described therein.

### **SELECTED PROVISIONS FROM GENERAL PROVISIONS REGULATIONS, 34 C.F.R. § 668.14**

An institution's program participation agreement applies to each branch campus and other location of the institution that meets the applicable requirements of this part unless otherwise specified by the Secretary.

(b) By entering into a program participation agreement, an institution agrees that--

(1) It will comply with all statutory provisions of or applicable to Title IV of the HEA, all applicable regulatory provisions prescribed under that statutory authority, and all applicable special arrangements, agreements, and limitations entered into under the authority of statutes applicable to Title IV of the HEA, including the requirement that the institution will use funds it receives under any Title IV, HEA program and any interest or other earnings thereon, solely for the purposes specified in and in accordance with that program;

(2) As a fiduciary responsible for administering Federal funds, if the institution is permitted to request funds under a Title IV, HEA program advance payment method, the institution will time its requests for funds under the program to meet the institution's immediate Title IV, HEA program needs;

(3) It will not request from or charge any student a fee for processing or handling any application, form, or data required to determine a student's eligibility for, and amount of, Title IV, HEA program assistance;

(4) It will establish and maintain such administrative and fiscal procedures and records as may be necessary to ensure proper and efficient administration of funds received from the Secretary or from

students under the Title IV, HEA programs, together with assurances that the institution will provide, upon request and in a timely manner, information relating to the administrative capability and financial responsibility of the institution to--

- (i) The Secretary;
  - (ii) A guaranty agency, as defined in 34 C.F.R. Part 682, that guarantees loans made under the Federal Stafford Loan and Federal PLUS programs for attendance at the institution or any of the institution's branch campuses or other locations;
  - (iii) The nationally recognized accrediting agency that accredits or preaccredits the institution or any of the institution's branch campuses, other locations, or educational programs;
  - (iv) The State agency that legally authorizes the institution and any branch campus or other location of the institution to provide postsecondary education; and
  - (v) In the case of a public postsecondary vocational educational institution that is approved by a State agency recognized for the approval of public postsecondary vocational education, that State agency;
- (5) It will comply with the provisions of 34 C.F.R. § 668.15 relating to factors of financial responsibility;
- (6) It will comply with the provisions of 34 C.F.R. § 668.16 relating to standards of administrative capability;
- (7) It will submit reports to the Secretary and, in the case of an institution participating in the Federal Stafford Loan, Federal PLUS, or the Federal Perkins Loan Program, to holders of loans made to the institution's students under that program at such times and containing such information as the Secretary may reasonably require to carry out the purpose of the Title IV, HEA programs;
- (8) It will not provide any statement to any student or certification to any lender in the case of an FFEL Program loan, or origination record to the Secretary in the case of a Direct Loan Program loan that qualifies the student or parent for a loan or loans in excess of the amount that the student or parent is eligible to borrow in accordance with sections 425(a), 428(a)(2), 428(b)(1)(A) and (B), 428B, 428H and 455(a) of the HEA;
- (9) It will comply with the requirements of Subpart D of this part concerning institutional and financial assistance information for students and prospective students;
- (10) In the case of an institution that advertises job placement rates as a means of attracting students to enroll in the institution, the institution will make available to prospective students, at or before the time that those students apply for enrollment--
- (i) The most recent available data concerning employment statistics, graduation statistics, and any other information necessary to substantiate the truthfulness of the advertisements; and
  - (ii) Relevant State licensing requirements of the State in which the institution is located for any job for which the course of instruction is designed to prepare such prospective students, as provided in 34 C.F.R. § 668.43(a)(5)(v);
- (11) In the case of an institution participating in the FFEL Program, the institution will inform all eligible borrowers, as defined in 34 C.F.R. Part 682, enrolled in the institution about the availability and eligibility of those borrowers for State grant assistance from the State in which the institution is located, and will inform borrowers from another State of the source of further information concerning State grant assistance from that State;
- (12) It will provide the certifications described in paragraph (c) of this section;
- (13) In the case of an institution whose students receive financial assistance pursuant to section 484(d) of the HEA, the institution will make available to those students a program proven successful in assisting students in obtaining the recognized equivalent of a high school diploma;
- (14) It will not deny any form of Federal financial aid to any eligible student solely on the grounds that the student is participating in a program of study abroad approved for credit by the institution;
- (15) (i) Except as provided under paragraph (b)(15)(ii) of this section, the institution will use a default management plan approved by the Secretary with regard to its administration of the FFEL or

Direct Loan programs, or both for at least the first two years of its participation in those programs, if the institution --

(A) Is participating in the FFEL or Direct Loan programs for the first time; or

(B) Is an institution that has undergone a change of ownership that results in a change in control and is participating in the FFEL or Direct Loan programs.

(ii) The institution does not have to use an approved default management plan if --

(A) The institution, including its main campus and any branch campus, does not have a cohort default rate in excess of 10 percent; and

(B) The owner of the institution does not own and has not owned any other institution that had a cohort default rate in excess of 10 percent while that owner owned the institution.

(16) For a proprietary institution, the institution will derive at least 10 percent of its revenues for each fiscal year from sources other than Title IV, HEA program funds, as provided in 34 C.F.R. § 668.28(a) and (b), or be subject to sanctions described in 34 C.F.R. § 668.28(c);

(17) The Secretary, guaranty agencies and lenders as defined in 34 C.F.R. Part 682, nationally recognized accrediting agencies, the Secretary of Veterans Affairs, State agencies recognized under 34 C.F.R. Part 603 for the approval of public postsecondary vocational education, and State agencies that legally authorize institutions and branch campuses or other locations of institutions to provide postsecondary education, have the authority to share with each other any information pertaining to the institution's eligibility for or participation in the Title IV, HEA programs or any information on fraud and abuse;

(18) It will not knowingly --

(i) Employ in a capacity that involves the administration of the Title IV, HEA programs or the receipt of funds under those programs, an individual who has been convicted of, or has pled *nolo contendere* or guilty to, a crime involving the acquisition, use, or expenditure of Federal, State, or local government funds, or has been administratively or judicially determined to have committed fraud or any other material violation of law involving Federal, State, or local government funds;

(ii) Contract with an institution or third-party servicer that has been terminated under section 432 of the HEA for a reason involving the acquisition, use, or expenditure of Federal, State, or local government funds, or that has been administratively or judicially determined to have committed fraud or any other material violation of law involving Federal, State, or local government funds; or

(iii) Contract with or employ any individual, agency, or organization that has been, or whose officers or employees have been--

(A) Convicted of, or pled *nolo contendere* or guilty to, a crime involving the acquisition, use, or expenditure of Federal, State, or local government funds; or

(B) Administratively or judicially determined to have committed fraud or any other material violation of law involving Federal, State, or local government funds;

(19) It will complete, in a timely manner and to the satisfaction of the Secretary, surveys conducted as a part of the Integrated Postsecondary Education Data System (IPEDS) or any other Federal collection effort, as designated by the Secretary, regarding data on postsecondary institutions;

(20) In the case of an institution that is co-educational and has an intercollegiate athletic program, it will comply with the provisions of 34 C.F.R. § 668.48;

(21) It will not impose any penalty, including, but not limited to, the assessment of late fees, the denial of access to classes, libraries, or other institutional facilities, or the requirement that the student borrow additional funds for which interest or other charges are assessed, on any student because of the student's inability to meet his or her financial obligations to the institution as a result of the delayed disbursement of the proceeds of a Title IV, HEA program loan due to compliance with statutory and regulatory requirements of or applicable to the Title IV, HEA programs, or delays attributable to the institution;

(22) (i) It will not provide any commission, bonus, or other incentive payment based in any part, directly or indirectly, upon success in securing enrollments or the award of financial aid, to any

person or entity who is engaged in any student recruitment or admission activity, or in making decisions regarding the award of Title IV, HEA program funds.

(A) The restrictions in paragraph (b)(22) of this section do not apply to the recruitment of foreign students residing in foreign countries who are not eligible to receive Federal student assistance.

(B) For the purpose of paragraph (b)(22) of this section, an employee who receives multiple adjustments to compensation in a calendar year and is engaged in any student enrollment or admission activity or in making decisions regarding the award of Title IV, HEA program funds is considered to have received such adjustments based upon success in securing enrollments or the award of financial aid if those adjustments create compensation that is based in any part, directly or indirectly, upon success in securing enrollments or the award of financial aid.

(ii) Notwithstanding paragraph (b)(22)(i) of this section, eligible institutions, organizations that are contractors to eligible institutions, and other entities may make--

(A) Merit-based adjustments to employee compensation provided that such adjustments are not based in any part, directly or indirectly, upon success in securing enrollments or the award of financial aid; and

(B) Profit-sharing payments so long as such payments are not provided to any person or entity engaged in student recruitment or admission activity or in making decisions regarding the award of Title IV, HEA program funds.

(iii) As used in paragraph (b)(22) of this section,

(A) *Commission, bonus, or other incentive payment* means a sum of money or something of value, other than a fixed salary or wages, paid to or given to a person or an entity for services rendered.

(B) *Securing enrollments or the award of financial aid* means activities that a person or entity engages in at any point in time through completion of an educational program for the purpose of the admission or matriculation of students for any period of time or the award of financial aid to students.

(1) These activities include contact in any form with a prospective student, such as, but not limited to--contact through preadmission or advising activities, scheduling an appointment to visit the enrollment office or any other office of the institution, attendance at such an appointment, or involvement in a prospective student's signing of an enrollment agreement or financial aid application.

(2) These activities do not include making a payment to a third party for the provision of student contact information for prospective students provided that such payment is not based on--

(i) Any additional conduct or action by the third party or the prospective students, such as participation in preadmission or advising activities, scheduling an appointment to visit the enrollment office or any other office of the institution or attendance at such an appointment, or the signing, or being involved in the signing, of a prospective student's enrollment agreement or financial aid application; or

(ii) The number of students (calculated at any point in time of an educational program) who apply for enrollment, are awarded financial aid, or are enrolled for any period of time, including through completion of an educational program.

(C) *Entity or person engaged in any student recruitment or admission activity or in making decisions about the award of financial aid* means--

(1) With respect to an entity engaged in any student recruitment or admission activity or in making decisions about the award of financial aid, any institution or organization that undertakes the recruiting or the admitting of students or that makes decisions about and awards Title IV, HEA program funds; and

(2) With respect to a person engaged in any student recruitment or admission activity or in making decisions about the award of financial aid, any employee who undertakes recruiting or admitting of students or who makes decisions about and awards Title IV, HEA program funds, and any higher level employee with responsibility for recruitment or admission of students, or making decisions about awarding Title IV, HEA program funds.

- (D) *Enrollment* means the admission or matriculation of a student into an eligible institution.
- (23) It will meet the requirements established pursuant to Part H of Title IV of the HEA by the Secretary and nationally recognized accrediting agencies;
- (24) It will comply with the requirements of 34 C.F.R. § 668.22;
- (25) It is liable for all--
- (i) Improperly spent or unspent funds received under the Title IV, HEA programs, including any funds administered by a third-party servicer; and
  - (ii) Returns of Title IV, HEA program funds that the institution or its servicer may be required to make;
- (26) If an educational program offered by the institution is required to prepare a student for gainful employment in a recognized occupation, the institution must--
- (i) Demonstrate a reasonable relationship between the length of the program and entry level requirements for the recognized occupation for which the program prepares the student. The Secretary considers the relationship to be reasonable if the number of clock hours provided in the program does not exceed the greater of -
    - (A) One hundred and fifty percent of the minimum number of clock hours required for training in the recognized occupation for which the program prepares the student, as established by the State in which the institution is located, if the State has established such a requirement, or as established by any Federal agency; or
    - (B) The minimum number of clock hours required for training in the recognized occupation for which the program prepares the student as established in a State adjacent to the State in which the institution is located; and
  - (ii) Establish the need for the training for the student to obtain employment in the recognized occupation for which the program prepares the student;
- (27) In the case of an institution participating in a Title IV, HEA loan program, the institution --
- (i) Will develop, publish, administer, and enforce a code of conduct with respect to loans made, insured or guaranteed under the Title IV, HEA loan programs in accordance with 34 C.F.R. § 601.21; and
  - (ii) Must inform its officers, employees, and agents with responsibilities with respect to loans made, insured or guaranteed under the Title IV, HEA loan programs annually of the provisions of the code required under paragraph (b)(27) of this section;
- (28) For any year in which the institution has a preferred lender arrangement (as defined in 34 C.F.R. § 601.2(b)), it will at least annually compile, maintain, and make available for students attending the institution, and the families of such students, a list in print or other medium, of the specific lenders for loans made, insured, or guaranteed under Title IV, of the HEA or private education loans that the institution recommends, promotes, or endorses in accordance with such preferred lender arrangement. In making such a list, the institution must comply with the requirements in 34 C.F.R. § 682.212(h) and 34 C.F.R. § 601.10;
- (29) (i) It will, upon the request of an enrolled or admitted student who is an applicant for a private education loan (as defined in 34 C.F.R. § 601.2(b)), provide to the applicant the self-certification form required under 34 C.F.R. § 601.11(d) and the information required to complete the form, to the extent the institution possesses such information, including --
- (A) The applicant's cost of attendance at the institution, as determined by the institution under Part F of Title IV, of the HEA;
  - (B) The applicant's estimated financial assistance, including amounts of financial assistance used to replace the expected family contribution as determined by the institution in accordance with Title IV, for students who have completed the Free Application for Federal Student Aid; and
  - (C) The difference between the amounts under paragraphs (b)(29)(i)(A) and (29)(i)(B) of this section, as applicable.
- (ii) It will, upon the request of the applicant, discuss with the applicant the availability of Federal,

State, and institutional student financial aid;

(30) The institution --

(i) Has developed and implemented written plans to effectively combat the unauthorized distribution of copyrighted material by users of the institution's network, without unduly interfering with educational and research use of the network, that include --

(A) The use of one or more technology-based deterrents;

(B) Mechanisms for educating and informing its community about appropriate versus inappropriate use of copyrighted material, including that described in 34 C.F.R. § 668.43(a)(10);

(C) Procedures for handling unauthorized distribution of copyrighted material, including disciplinary procedures; and

(D) Procedures for periodically reviewing the effectiveness of the plans to combat the unauthorized distribution of copyrighted materials by users of the institution's network using relevant assessment criteria. No particular technology measures are favored or required for inclusion in an institution's plans, and each institution retains the authority to determine what its particular plans for compliance with paragraph (b)(30) of this section will be, including those that prohibit content monitoring; and

(ii) Will, in consultation with the chief technology officer or other designated officer of the institution--

(A) Periodically review the legal alternatives for downloading or otherwise acquiring copyrighted material;

(B) Make available the results of the review in paragraph (b)(30)(ii)(A) of this section to its students through a Web site or other means; and

(C) To the extent practicable, offer legal alternatives for downloading or otherwise acquiring copyrighted material, as determined by the institution; and

(31) The institution will submit a teach-out plan to its accrediting agency in compliance with 34 C.F.R. § 602.24(c) and the standards of the institution's accrediting agency. The institution will update its teach-out plan upon the occurrence of any of the following events:

(i) The Secretary initiates the limitation, suspension, or termination of the participation of an institution in any Title IV, HEA program under 34 C.F.R. § 600.41 or Subpart G of this part or initiates an emergency action under 34 C.F.R. § 668.83.

(ii) The institution's accrediting agency acts to withdraw, terminate, or suspend the accreditation or preaccreditation of the institution.

(iii) The institution's State licensing or authorizing agency revokes the institution's license or legal authorization to provide an educational program.

(iv) The institution intends to close a location that provides 100 percent of at least one program.

(v) The institution otherwise intends to cease operations.

(c) In order to participate in any Title IV, HEA program (other than the LEAP and NEISP programs), the institution must certify that it--

(1) Has in operation a drug abuse prevention program that the institution has determined to be accessible to any officer, employee, or student at the institution; and

(2) (i) Has established a campus security policy in accordance with section 485(f) of the HEA; and

(ii) Has complied with the disclosure requirements of 34 C.F.R. § 668.47 as required by section 485(f) of the HEA.

(d) (1) The institution, if located in a State to which section 4(b) of the National Voter Registration Act (42 U.S.C. 1973gg-2(b)) does not apply, will make a good faith effort to distribute a mail voter registration form, requested and received from the State, to each student enrolled in a degree or certificate program and physically in attendance at the institution, and to make those forms widely available to students at the institution.

(2) The institution must request the forms from the State 120 days prior to the deadline for registering to vote within the State. If an institution has not received a sufficient quantity of forms to



fulfill this section from the State within 60 days prior to the deadline for registering to vote in the State, the institution is not liable for not meeting the requirements of this section during that election year.

(3) This paragraph applies to elections as defined in Section 301(1) of the Federal Election Campaign Act of 1971 (2 U.S.C. 431(1)), and includes the election for Governor or other chief executive within such State.

(e) (1) A program participation agreement becomes effective on the date that the Secretary signs the agreement.

(2) A new program participation agreement supersedes any prior program participation agreement between the Secretary and the institution.

(f) (1) Except as provided in paragraphs (g) and (h) of this section, the Secretary terminates a program participation agreement through the proceedings in Subpart G of this part.

(2) An institution may terminate a program participation agreement.

(3) If the Secretary or the institution terminates a program participation agreement under paragraph (f) of this section, the Secretary establishes the termination date.

(g) An institution's program participation agreement automatically expires on the date that--

(1) The institution changes ownership that results in a change in control as determined by the Secretary under 34 C.F.R. Part 600; or

(2) The institution's participation ends under the provisions of 34 C.F.R. § 668.26(a)(1), (2), (4), or (7).

(h) An institution's program participation agreement no longer applies to or covers a location of the institution as of the date on which that location ceases to be a part of the participating institution.

## **WILLIAM D. FORD FEDERAL DIRECT LOAN PROGRAM**

If an institution participates in the William D. Ford Federal Direct Loan (Direct Loan) Program, the institution and its representatives shall comply with, as they become effective, the statute, guidelines, and regulations governing the Title IV, Part D, William D. Ford Federal Direct Loan Program as required by 20 U.S.C. §§ 1087a *et seq.* (Part C) and 34 C.F.R. Part 685.

The institution will:

1. Provide for the establishment and maintenance of a Direct Loan Program at the institution under which the institution will:

Identify eligible students who seek student financial assistance in accordance with Section 484 of the HEA.

Estimate the need of students as required under Title IV, Part F of the HEA.

Provide a certification statement of eligibility for students to receive loans that will not exceed the annual or aggregate limits, except the institution may exercise its authority, under exceptional circumstances identified by the Secretary, to refuse to certify a statement that permits a student to receive a loan, or certify a loan amount that is less than the student's determination of need, if the reason for such action is documented and provided in written form to a student.

Establish a schedule for disbursement of loan proceeds to meet the requirements of Section 428G of the HEA.

Reconcile institutional records with receipt and disbursement records on at least a monthly basis.

Provide timely and accurate information to the Secretary concerning 1) the status of students while in attendance, 2) any new information pertaining to student or parent borrowers of which the institution becomes aware after the student leaves the institution, and 3) student eligibility and need for Federal funds under Title IV, Part D of the HEA at such times and in such manner as prescribed by the Secretary.

2. Comply with requirements established by the Secretary relating to student loan information with respect to the Direct Loan Program.
3. Implement a quality assurance system, as established by the Secretary and developed in consultation with institutions of higher education, to ensure that the institution is complying with program requirements and meeting program objectives.
4. Not charge any fees of any kind, regardless of how they are described, to student or parent borrowers for loan application, or origination activities (if applicable), or the provision and processing of any information necessary for a student or parent to receive a loan under Title IV, Part D of the HEA.
5. Originate loans to eligible students and parents in accordance with the requirements of Title IV, Part D of the HEA and use funds advanced to it solely for that purpose.
6. Provide that the note or evidence of obligation of the loan shall be the property of the Secretary.
7. Comply with other provisions as the Secretary determines are necessary to protect the interests of the United States and to promote the purposes of Title IV, Part D of the HEA.
8. Accept responsibility and financial liability stemming from its failure to perform its functions under this Program Participation Agreement.
9. Accept responsibility and financial liability stemming from losses incurred by the Secretary for repayment of amounts discharged by the Secretary pursuant to 34 C.F.R. §§ 685.206, 685.214, 685.215, 685.216, and 685.222.

## **CERTIFICATIONS REQUIRED FROM INSTITUTIONS**

The Institution should refer to the regulations cited below. Signature on this Agreement provides for compliance with, as they become effective, the certification requirements under 34 C.F.R. Part 82, "New Restrictions on Lobbying," 34 C.F.R. Part 84, "Governmentwide Requirements for Drug-Free Workplace (Financial Assistance)," 2 C.F.R. Part 180, Subpart C, "OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)," 2 C.F.R. Part 3485, "Nonprocurement Debarment and Suspension," and 34 C.F.R. Part 86, "Drug and Alcohol Abuse Prevention." Breach of any of these certifications constitutes a breach of this Agreement.

### **PART 1 CERTIFICATION REGARDING LOBBYING; DRUG-FREE WORKPLACE; DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; AND DRUG AND ALCOHOL ABUSE PREVENTION**

## ***1. Lobbying***

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 34 C.F.R. Part 82, for persons entering into a Federal contract, grant or cooperative agreement over \$100,000, as defined at 34 C.F.R. Part 82, §§ 82.105 and 82.110, the undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The Institution shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

### ***2a. Drug-Free Workplace (Grantees Other Than Individuals)***

As required by the Drug-Free Workplace Act of 1988, and implemented at 34 C.F.R. Part 84, Subpart B, for grantees, as defined at 34 C.F.R. Part 84, §§ 84.200 through 84.230 -

The Institution certifies that it will or will continue to provide a drug-free workplace by:

- (a) Publishing a drug-free workplace statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an on-going drug-free awareness program to inform employees about-
  - (1) The dangers of drug abuse in the workplace;
  - (2) The Institution's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will -
  - (1) Abide by the terms of the statement, and
  - (2) Notify the employer in writing if he or she is convicted for a violation of a criminal drug statute occurring in the workplace no more than five calendar days after such conviction;
- (e) Notifying the agency, in writing, within 10 calendar days after receiving notice under this subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: Director,

Grants and Contracts Service, U.S. Department of Education, 400 Maryland Avenue, S.W., Washington, DC 20202. Notice shall include the identification number(s) of each affected grant;

- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted -
  - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1972, as amended; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

### ***2b. Drug-Free Workplace (Grantees Who Are Individuals)***

As required by the Drug-Free Workplace Act of 1988, and implemented at 34 C.F.R. Part 84, Subpart C, for recipients who are individuals, as defined at 34 C.F.R. Part 84, § 84.300 -

- 1. As a condition of the grant, the Institution certifies that it will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity related to the award; and
- 2. If any officer or owner of the Institution is convicted of a criminal drug offense resulting from a violation occurring during the conduct of any award activity, the Institution will report the conviction, in writing, within 10 calendar days of the conviction, to: Director, Grants and Contracts Service, U.S. Department of Education, 400 Maryland Avenue, S.W., Washington, DC 20202. Notice shall include the identification number(s) of each affected grant.

### ***3. Debarment, Suspension, and Other Responsibility Matters***

As required by Executive Order 12549, Debarment and Suspension, and implemented at 2 C.F.R. Part 180, for prospective participants in primary covered transactions as defined at 2 C.F.R. Part 180, §§ 180.200 and 180.210, the Institution certifies that it and its principals (per 2 C.F.R. § 180.335):

- (a) Are not presently debarred, suspended, proposed for debarment, voluntarily excluded, or disqualified;
- (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public or private agreement or transaction; violation of Federal or State antitrust statutes, including those proscribing price fixing between competitors, allocation of customers between competitors, and bid rigging; commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice; or commission of any other offense indicating a lack of business integrity or business honesty that seriously and directly affects their present responsibility.
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.

#### ***4. Drug and Alcohol Abuse Prevention***

As required by the Drug-Free Schools and Communities Act Amendments of 1989, which added section 1213 to the Higher Education Act, and implemented at 34 C.F.R. Part 86, the undersigned Institution certifies that it has adopted and implemented a drug prevention program for its students and employees that, at a minimum, includes--

1. The annual distribution in writing to each employee, and to each student who is taking one or more classes for any kind of academic credit except for continuing education units, regardless of the length of the student's program of study, of:
  - Standards of conduct that clearly prohibit, at a minimum, the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees on its property or as part of any of its activities.
  - A description of the applicable legal sanctions under local, State or Federal law for the unlawful possession or distribution of illicit drugs and alcohol.
  - A description of the health risks associated with the use of illicit drugs and the abuse of alcohol.
  - A description of any drug or alcohol counseling, treatment, or rehabilitation or re-entry programs that are available to employees or students.
  - A clear statement that the Institution will impose disciplinary sanctions on students and employees (consistent with local, State and Federal law), and a description of those sanctions, up to and including expulsion or termination of employment and referral for prosecution, for violation of the standards of conduct. A disciplinary sanction may include the completion of an appropriate rehabilitation program.
  
2. A biennial review by the Institution of its program to:
  - Determine its effectiveness and implement changes to the program if they are needed.
  - Ensure that its disciplinary sanctions are consistently enforced.

**PART 2 CERTIFICATION REGARDING DEBARMENT, SUSPENSION, DISQUALIFICATION, AND VOLUNTARY EXCLUSION -- LOWER TIER COVERED TRANSACTIONS**

The Institution is to obtain the signatures of Lower Tier Contractors on reproduced copies of the certification below, and retain the signed certification(s) in the Institution's files.

<b>CERTIFICATION BY LOWER TIER CONTRACTOR</b> <b>(Before Completing Certification, Read Instructions for This Part, below)</b>	
<p>(1) The prospective lower tier participant certifies by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, voluntarily excluded, or disqualified from participation in this transaction by any Federal Department or Agency.</p> <p>(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.</p>	
<hr/> Name of Lower Tier Organization	<hr/> PR/Award Number or Project Name
<hr/> Name of Authorized Representative	<hr/> Title of Authorized Representative
<hr/> Signature of Authorized Representative	<hr/> Date

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "disqualified," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Disqualification, and

Voluntary Exclusion--Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, disqualified, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, disqualified, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**NOTE:** A completed copy of the "Certification Regarding Debarment, Suspension, Disqualification and Voluntary Exclusion--Lower Tier Covered Transactions" form must be retained by the Institution. The original blank certification must be returned with the PPA.

**IN WITNESS WHEREOF**

the parties hereto have caused this Agreement to be executed by their duly authorized representatives.

Signature of Institution's Chief Executive Officer:  Date: August 9, 2022

Print Name and Title: Nick J. Mansour III  
CHAIRMAN

For the Secretary  Martina Fernandez-Rosario, Division Chief Date: 8/16/2022  
U.S. Department of Education





## Arizona College Library

### Overview of Online Library Resources & Services

Compiled by the LIRN Librarian Service

<b>Overview Report Date</b>	May 2, 2023
<b>LIRN Librarian Service Subscription Term</b>	09/01/2022-08/31/2023
<b>LIRN Database Subscription Term</b>	09/01/2022-08/31/2023
<b>LIRN Products &amp; Services</b>	ProQuest Nursing & Allied Health Database, ProQuest Health & Medical Collection, Ebook Central: Academic Complete, LIRN Librarian Service , subscriptions directly from EBSCO: EBSCO CINAHL Complete, and EBSCO Academic Search Premier

### Summary

Arizona College provides students and faculty with the LIRN Librarian Service and database subscriptions as a consortium member of the Library & Information Resources Network (LIRN). Arizona College subscribes to 5 main research databases from ProQuest and EBSCO to provide access to online books, as well as content from journals, magazines, news publications, and other sources covering topics relevant to general education, allied health topics, nursing specialities, and numerous other content covering all disciplines. Students & faculty can access Arizona College’s online library resources seven days a week, 24 hours a day.



## Accessing the Online Library

- **Nursing Students:** Nursing students log into the Canvas LMS, select a course they are enrolled, and choose “LIRN Library” on the left-hand side of the online classroom.
- **Allied Health Students:** Allied Health students go to <https://proxy.lirn.net/ArizonaCollege> and log in with their Arizona College credentials. Allied Health students are currently being set up through Canvas to access LIRN.

## The LIRN Librarian Service

In addition to being a subscribing member of library research databases, Arizona College subscribes to the LIRN Librarian Service. LIRN Librarians have masters’ degrees in Library and Information Sciences from programs accredited by the American Library Association (ALA). Arizona College is supported by a team of highly engaged Librarians that stay abreast in emerging trends and traditions in higher-education. They participate in regular professional development activities and attend national, regional, and state conferences to stay current with the latest developments in the field. Please see the credentials document submitted in addition to this document.

## Research Assistance & Reference Support

Professional Librarians are staffed a total of **84 hours/week**. This coverage consist of a team of Master-degreed Librarians staffed for support 7 days per week, not including observed holidays.

Library personnel are made directly available to students and faculty, participating in all course delivery models, through instruction, interaction, and intervention in the provision of Library services and in facilitating successful use of Library resources, particularly electronic resources requiring computer and digital literacy, and information literacy skills.

For research assistance, students and faculty may contact helpful LIRN librarians by accessing Arizona College’s LIRNPortal, clicking the “Ask a Librarian” button on the right-hand side of the LIRNportal, and completing a request for help from our Librarians. Depending on the inquiry/ need, Librarians may follow-up with a student or faculty member via email, phone call, or screenshare.

Research assistance/reference support is available 7 days/week.

-Closed on observed LIRN Holidays

## Research Assistance and Reference Support Hours

Day	Time	Total Hours
Monday - Friday	7AM EST to 9PM EST	70 Hours
Saturday - Sunday	12PM EST to 7PM EST	14 Hours
Total Hours/Week		84 Hours



## Student & Faculty Training

LIRN Librarians provide a [Vimeo Playlist](#) of curated research training material to help students and faculty get started with their research needs in the library portal and research databases.

LIRN also offers LIRN Orientations, and other live and recorded webinars geared toward specific subject areas, courses, and projects per request.

## Faculty Support & Collaboration

LIRN Librarians are available to advise faculty on developing research assignments and incorporating library content into the curriculum. We can also assist faculty with their own research as they contribute to scholarship in their disciplines. The resources available to faculty and students through the online library support advanced research.

## Faculty Professional Development

LIRN Librarians are available to provide faculty training webinars upon request. Example topics include:

- Incorporating information literacy skills into courses;
- Locating resume and career resources in the online library;
- Discussing the importance of academic credibility; and
- Leveraging library resources into discussion requirements

## Collaboration on Developing Research Assignments

Many times, when a research assignment is created in a course, students need more direction and training to learn how to apply research strategies to refine and simplify their search in order to get the results they need. LIRN Librarians help faculty refine research assignments to align with the resources and search experience students will encounter in the online library. LIRN Librarians identify sources and suggest search strategies to share so that students encounter the right mix of challenge and support.

## Library Usage Analysis

LIRN provides quarterly usage reports to the institution's designated contacts. These reports include details about Arizona College's usage of the LIRN Librarian Service and subscription databases. This includes: research database usage, reference statistics, communications and collaboration involving effectiveness review and accreditation, data on student, faculty, and staff trainings, and other faculty and staff collaboration activities.



## Research Databases Supporting Arizona College's Programs of Study and Degree Levels

### **Ebook Central: Academic Complete**

Ebook Central's growing collection of over 202,000 scholarly ebooks from leading publishers with coverage in all academic subject areas, including coverage of nursing, health, and medicine as well as other content areas. Titles are selected by a team of librarians at ProQuest.

[Title List](#)

### **CINAHL Complete (EBSCO) (CINAHL Complete (EBSCO))**

CINAHL Complete provides full-text access to journals, evidence-based care sheets, quick lessons and more. Content includes full text for more than 1,400 journals indexed in CINAHL Database, indexing for more than 5,400 journals, searchable cited references for more than 1,500 journals, full text dating back to 1937, and nearly 5 million records. It also includes continuing education modules, evidence-based care sheets, quick lessons providing overviews of disease and conditions, research instruments.

[Title List](#)

### **Academic Search Premier (EBSCO) (Academic Source Premier (EBSCO))**

Academic Search Premier covers multiple academic disciplines with content from more than 6,000 full-text journals and magazines. It includes PDF backfiles to 1975 for more than 120 journals and searchable cited references for more than 1,000 titles. The database includes access to video content from the Associated Press with footage from 1930 to the present and updated monthly.

[Title List](#)

### **Health & Medical Collection (ProQuest) (Health & Medical Collection stand alone)**

Health & Medical Collection includes content from clinical, biomedical, and health journals, including many indexed in MEDLINE. It includes reports on research on both human and animal populations.

[Title List](#)

### **Nursing & Allied Health Database (ProQuest) (Nursing & Allied Health Database stand alone)**

Nursing & Allied Health Database includes scholarly literature, trade publications, dissertations, systematic reviews, and more. Ongoing full-text access to high impact nursing publications includes Journal of Nursing Scholarship, Journal of Emergency Nursing, and Nursing Standard. Core nursing journal coverage is augmented with elite medical publications such as The New England Journal of Medicine and The Lancet.

[Title List](#)



**EDUVISION, INC. dba ARIZONA COLLEGE AND SUBSIDIARIES**  
**CONSOLIDATED BALANCE SHEETS**  
**March 31, 2023 and 2022**

**ASSETS**

	2023	2022
<u>Current assets:</u>		
Cash and cash equivalents	\$ 17,351,965	\$ 13,498,923
Accounts receivable, net of allowance for doubtful accounts of \$9,687,671 and \$6,170,147, respectively	25,787,931	14,334,483
Other receivables	5,347	2,516
Due from related parties	23,644	36,983
Income tax refund receivable	-	217,540
Prepaid expenses and other current assets	4,367,391	2,959,069
	47,536,278	31,049,514
Total current assets		
Property and equipment, net	43,950,729	28,992,875
<u>Other assets:</u>		
Notes receivable, net of allowance for doubtful accounts of \$1,401,249 and \$802,778, respectively	2,723,895	3,194,847
Operating lease right-of-use assets, net	60,317,543	-
Financing lease right-of-use assets, net	163,878	-
Deposits	2,102,915	2,194,131
Deferred tax asset	567,008	1,178,566
Intangibles, net	302,585	580,668
Goodwill	3,279,114	3,279,114
	69,456,938	10,427,326
Total other assets		
Total assets	\$ 160,943,945	\$ 70,469,715

The accompanying notes are an integral part of these financial statements.

**EDUVISION, INC. dba ARIZONA COLLEGE AND SUBSIDIARIES**  
**CONSOLIDATED BALANCE SHEETS, Continued**  
**March 31, 2023 and 2022**

**LIABILITIES AND STOCKHOLDER'S EQUITY**

	2023	2022
<u>Current liabilities:</u>		
Accounts payable	\$ 4,643,748	\$ 3,813,137
Accrued expenses	5,632,059	4,270,637
Student deposits and refunds payable	2,658,676	1,860,282
Income taxes payable	163,372	404,689
Current portion of debt	-	1,380,683
Current portion of related party debt	2,000,000	-
Current portion of operating lease liabilities	8,080,678	-
Current portion of financing lease liabilities	151,817	-
Current portion of capital lease obligations	-	246,548
Deferred revenue	11,807,479	8,906,523
Total current liabilities	35,137,829	20,882,499
Debt, net of current portion	-	7,792,269
Related party debt, net of current portion	2,500,000	-
Operating lease liabilities, net of current portion	84,111,176	-
Financing lease liabilities, net of current portion	39,453	-
Capital lease obligations, net of current portion	-	191,270
Deferred rent	-	21,783,543
Total liabilities	121,788,458	50,649,581
<u>Equity:</u>		
Controlling interest in equity:		
Series A preferred stock, no par value, 1,000 shares authorized; no shares issued and outstanding	-	-
Common stock, \$1 par value, 100,000 shares authorized; 49,450 issued and outstanding	49,450	49,450
Additional paid-in capital	16,683,121	16,683,121
Retained earnings	2,683,950	643,350
Total controlling interest in equity	19,416,521	17,375,921
Noncontrolling interest in equity	19,738,966	2,444,213
Total equity	39,155,487	19,820,134
Total liabilities and equity	\$ 160,943,945	\$ 70,469,715

The accompanying notes are an integral part of these financial statements.

**EDUVISION, INC. dba ARIZONA COLLEGE AND SUBSIDIARIES**  
**CONSOLIDATED STATEMENTS OF INCOME**  
**for the years ended March 31, 2023 and 2022**

	2023	2022
<u>Revenue:</u>		
Tuition and related income, net	\$ 142,388,243	\$ 96,752,750
<u>Expenses:</u>		
Instructional	37,898,324	23,574,916
Selling and promotional	24,796,352	19,592,121
Rent and occupancy	12,895,815	9,197,140
Depreciation and amortization	7,575,034	5,130,566
General and administrative	53,586,869	37,474,979
Total expenses	136,752,394	94,969,722
Income from operations	5,635,849	1,783,028
<u>Other income (expense):</u>		
Interest income	472,530	152,075
Interest expense	(591,037)	(369,833)
Loss on disposal of assets	(250,000)	-
Total other income (expense)	(368,507)	(217,758)
Income before provision for income taxes and noncontrolling interest	5,267,342	1,565,270
<u>Provision for income taxes</u>	(931,989)	172,807
Net income before noncontrolling interest	4,335,353	1,738,077
Less: noncontrolling interest in net income	(2,294,753)	(324,213)
Net income	\$ 2,040,600	\$ 1,413,864

The accompanying notes are an integral part of these financial statements.

**EDUVISION, INC. dba ARIZONA COLLEGE AND SUBSIDIARIES**  
**CONSOLIDATED STATEMENTS OF STOCKHOLDER'S EQUITY**  
**for the years ended March 31, 2023 and 2022**

	Controlling Interest in Equity						
	Series A Preferred Stock	Common Stock	Additional Paid-in Capital	Retained Earnings (Accumulated Deficit)	Noncontrolling Interest in Equity		Total
Balance at March 31, 2021	\$ -	\$ 49,450	\$ 16,683,121	\$ (770,514)	\$ -		\$ 15,962,057
Contributions to subsidiaries, net	-	-	-	-	2,120,000		2,120,000
Net income	-	-	-	1,413,864	324,213		1,738,077
Balance at March 31, 2022	-	49,450	16,683,121	643,350	2,444,213		19,820,134
Contributions to subsidiaries, net	-	-	-	-	15,000,000		15,000,000
Net income	-	-	-	2,040,600	2,294,753		4,335,353
Balance at March 31, 2023	\$ -	\$ 49,450	\$ 16,683,121	\$ 2,683,950	\$ 19,738,966		\$ 39,155,487

The accompanying notes are an integral part of these financial statements.





Nick Mansour  
Chairman

August 3, 2023

To: Wisconsin Board of Nursing

Re: Letter of Support for Proposed Madison, WI Pre-licensure Bachelor of Science in Nursing Program

The Board of Directors at Arizona College of Nursing (College) decided in early 2022 to propose a new pre-licensure Bachelor of Science in Nursing (BSN) Degree Program in Madison, WI. The College chooses new campus location after considering several factors including anticipated population growth, workforce demand for BSN prepared registered nurses (RN), current employment rates of RNs, anticipated growth in the healthcare sector, volume of clinical agencies/facilities in the area, and the ability of existing schools to meet the prospective demand. The College has the full approval and support of its Board of Directors to establish a pre-licensure BSN Degree Program in Madison, WI.

The College recognizes that operating a nursing program is a costly endeavor, and initially, start-up costs will exceed revenue. However, the College recognizes that the start-up cost commitment is an essential element to the development of a new, high-quality program. The College has the resources available to meet the initial operating costs and to sustain the campus until it is self-sufficient. The College is strong financially and can provide the necessary funding through tuition revenue, and debt and equity capital sources to support the operation of the new nursing program. Since the College was established in 1991, profits have been invested in growth of the college system through the development of new campus locations and programs. The college has invested significantly in its nursing programs and has maintained positive operating income since 2018. Total unrestricted cash balances of approximately \$38 million were available as of the end of fiscal year 2023, to fund existing operations, future expansion plans, and continuous improvements to education services. In addition, the College has access to additional capital sources to fund growth including a \$15 million credit facility and \$4 million of committed equity. The financial stability of the College is documented in the audited financial statements dated June 16, 2023.

Respectfully,

DocuSigned by:

BFD7F718D4B445D...

Nick Mansour  
Phone (602) 759-2219  
nmansour@arizonacollege.edu

**Arizona College of Nursing**  
**Annual P&L Summary**  
**Campus: Madison, WI**

	<u>CY 2024</u>	<u>CY 2025</u>	<u>CY 2026</u>	<u>CY 2027</u>	<u>CY 2028</u>	<u>CY 2029</u>	<u>CAGR</u>
Gen Student Population (End)	0	103	155	185	223	267	19.8%
Core Student Population (End)	0	0	54	138	162	195	19.1%
Total Student Population (End)	0	103	209	323	384	462	30.3%
<b>Revenue</b>							
Tuition & Fees	\$0	\$1,518,562	\$4,888,030	\$8,216,199	\$10,578,593	\$12,642,416	37.3%
Other	0	0	0	0	0	0	
Scholarships	0	0	0	0	0	0	
<b>Net revenue</b>	\$0	\$1,518,562	\$4,888,030	\$8,216,199	\$10,578,593	\$12,642,416	
% Growth		-	221.9%	68.1%	28.8%	19.5%	
<b>Expenses</b>							
Educational costs & services							
Employee & related costs	\$25,901	\$289,621	\$823,883	\$1,642,215	\$2,110,301	\$2,427,596	
Books, supplies & other	0	78,124	303,448	661,718	895,118	1,071,953	
Subtotal	\$25,901	\$367,744	\$1,127,331	\$2,303,933	\$3,005,419	\$3,499,548	
Advertising & Promotion							
Marketing	\$85,000	\$1,037,766	\$1,106,777	\$1,073,011	\$982,181	\$956,633	
Employee & related	37,919	339,766	370,417	412,103	470,135	513,229	
Other admissions expenses	0	30,223	36,680	44,496	54,828	64,272	
Subtotal	\$122,919	\$1,407,755	\$1,513,874	\$1,529,609	\$1,507,144	\$1,534,134	
Student Support Services							
Employee & related	\$12,253	\$301,561	\$654,864	\$831,526	\$890,252	\$982,714	
Professional fees	0	0	0	0	0	0	
Other support expenses	0	66,925	102,242	127,564	151,077	169,002	
Subtotal	\$12,253	\$368,486	\$757,107	\$959,091	\$1,041,329	\$1,151,717	
Occupancy	\$220,433	\$624,229	\$655,053	\$676,352	\$698,139	\$720,425	
Bad Debt	0	106,299	350,429	609,275	788,476	942,321	
<b>Total Expenses</b>	\$381,507	\$2,874,513	\$4,403,793	\$6,078,260	\$7,040,507	\$7,848,146	
<b>EBITDA</b>	<b>(\$381,507)</b>	<b>(\$1,355,951)</b>	<b>\$484,237</b>	<b>\$2,137,939</b>	<b>\$3,538,086</b>	<b>\$4,794,269</b>	
<b>EBITDA Margin</b>	<b>0.0%</b>	<b>(89.3%)</b>	<b>9.9%</b>	<b>26.0%</b>	<b>33.4%</b>	<b>37.9%</b>	
Depreciation	\$93,360	\$447,509	\$443,276	\$441,335	\$467,525	\$259,643	
Interest Rate	0	0	0	0	0	0	
<b>EBT</b>	<b>(\$474,867)</b>	<b>(\$1,803,460)</b>	<b>\$40,961</b>	<b>\$1,696,605</b>	<b>\$3,070,561</b>	<b>\$4,534,626</b>	
<b>EBT Margin</b>	<b>0.0%</b>	<b>(118.8%)</b>	<b>0.8%</b>	<b>20.6%</b>	<b>29.0%</b>	<b>35.9%</b>	
Total CapEx	0	(1,195,890)	0	(300,000)	(200,000)	0	
<b>EBITDA - CapEx</b>	<b>(\$381,507)</b>	<b>(\$2,551,841)</b>	<b>\$484,237</b>	<b>\$1,837,939</b>	<b>\$3,338,086</b>	<b>\$4,794,269</b>	
<b>Expenses % of Revenue</b>							
Educational costs & services							
Employee & related costs	0.0%	19.1%	16.9%	20.0%	19.9%	19.2%	
Books, supplies & other	0.0%	5.1%	6.2%	8.1%	8.5%	8.5%	
Subtotal	0.0%	24.2%	23.1%	28.0%	28.4%	27.7%	
Advertising & Promotion							
Marketing	0.0%	68.3%	22.6%	13.1%	9.3%	7.6%	
Employee & related	0.0%	22.4%	7.6%	5.0%	4.4%	4.1%	
Other admissions expenses	0.0%	2.0%	0.8%	0.5%	0.5%	0.5%	
Subtotal	0.0%	92.7%	31.0%	18.6%	14.2%	12.1%	
Student Support Services							
Employee & related	0.0%	19.9%	13.4%	10.1%	8.4%	7.8%	
Professional fees	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Other support expenses	0.0%	4.4%	2.1%	1.6%	1.4%	1.3%	
Subtotal	0.0%	24.3%	15.5%	11.7%	9.8%	9.1%	
Occupancy	0.0%	41.1%	13.4%	8.2%	6.6%	5.7%	
Bad Debt	0.0%	7.0%	7.2%	7.4%	7.5%	7.5%	
<b>Total Expenses</b>	<b>0.0%</b>	<b>189.3%</b>	<b>90.1%</b>	<b>74.0%</b>	<b>66.6%</b>	<b>62.1%</b>	
Depreciation	-	29.5%	9.1%	5.4%	4.4%	2.1%	

Appendix E

Madison Wisconsin BON

AZCN Prelicensure BSN Program Development Timeline

Activity	May 2023	Jun 2023	July 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025
Clinical Partners Development	✓	✓	✓	✓																									
Signed Clinical Contracts								✓	✓	✓																			
Secure Real Estate	✓	✓	✓	✓	✓																								
Floor Plans Develop							✓	✓	✓																				
Phase I App Submitted					✓																								
Phase I App Approved						✓																							
Program Director Search															✓	✓	✓	✓											
Program Director Hire																		✓	✓										
Phase II App Submitted												✓																	
Phase II App Approved													✓																
Campus Construction Started																✓	✓	✓	✓	✓									
Skills Lab Complete																				✓									
Classroom Equip Purchase																				✓									

Appendix E

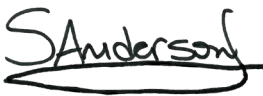
Madison Wisconsin BON

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Construction Substantially Completed																				✓	✓										
Equipment & Supplies Installed																					✓	✓									
HEB Submit				✓																											
HEB Approved																✓															
ABHES Submitted																✓															
ABHES Approved																	✓														
Begin Recruiting Staff and Faculty																	✓	✓	✓	✓	✓										
Hire Faculty																					✓	✓	✓	✓							
Hire Support Staff																							✓	✓							
Begin Recruiting Students																						✓									
Admit Students																						✓	✓	✓	✓	✓					
Start to Teach																								✓							

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

**AGENDA REQUEST FORM**

<b>1) Name and title of person submitting the request:</b> Sofia Anderson, Administrative Rules Coordinator		<b>2) Date when request submitted:</b> 10/02/2023 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
<b>3) Name of Board, Committee, Council, Sections:</b> Board of Nursing			
<b>4) Meeting Date:</b> October 12, 2023	<b>5) Attachments:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>6) How should the item be titled on the agenda page?</b> Administrative Rules Matters – Discussion and Consideration 1. Discussion of N 6, relating to delegated acts. 2. Pending and Possible rulemaking projects	
<b>7) Place Item in:</b> <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	<b>8) Is an appearance before the Board being scheduled?</b> <i>(If yes, please complete <a href="#">Appearance Request</a> for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>9) Name of Case Advisor(s), if required:</b> N/A	
<b>10) Describe the issue and action that should be addressed:</b> Attachments: 1. N 6 Implemented Scope Statement. 2. Chapter N 6 proposed amendment. 3. Subchapter IX of Chapter 448 (Physician Assistants Statutes). 4. Chapter N 6 prior to 9-1-2016. 5. Nursing rule projects chart.			
<b>11) Authorization</b>			
		10/02/2023	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
<b>Directions for including supporting documents:</b> 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.			

# STATEMENT OF SCOPE

## BOARD OF NURSING

Rule No.: N 6

Relating to: Delegated acts

Rule Type: Permanent

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

N/A

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

The objective of the proposed rule is to review and possibly update ch. N 6 in order to clarify and further define the delegated acts. The Board may also perform a comprehensive review of this chapter in order to ensure that the language is up to date with current standards of practice and compliant with current Statutes.

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

Section N 6 contains the standards of practice for registered nurses and licensed practical nurses, which includes delegated acts. The Board of Nursing will review these delegated acts to determine whether they need to be modified.

The alternative would be to not revise the code, which would create confusion and a lack of clarity for stakeholders.

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

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., “[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., provides “[t]he board may establish minimum standards for schools for professional nurses and schools for licensed practical nurses, including all related clinical units and facilities, and make and provide periodic surveys and consultations to such schools. It may also establish rules to prevent unauthorized persons from practicing professional nursing. It shall approve all rules for the administration of this chapter in accordance with ch. 227.”

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

80 hours

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

Registered Nurses, Licensed Practical Nurses, entities that hire or may hire non-licensed caregivers, and individuals accessing health care services.

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

None

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

The proposed rule will have minimal to no economic impact on small businesses and the state's economy as a whole.

**Contact Person:** Sofia Anderson, Administrative Rules Coordinator, [DSAdminRules@wisconsin.gov](mailto:DSAdminRules@wisconsin.gov), (608) 261-4463.

Approved for publication:



Authorized Signature

4/24/2023

Date Approved

Approved for implementation:



Authorized Signature

5/26/2023

Date Approved

**SUBCHAPTER IX**  
**PHYSICIAN ASSISTANT AFFILIATED**  
**CREDENTIALING BOARD**

**NOTE: Subch. IX (title) was renumbered from subch. VIII (title) by the legislative reference bureau under s. 13.92 (1) (bm) 2.**

**448.971 Definitions.** In this subchapter, unless the context requires otherwise:

- (1) "Board" means the physician assistant affiliated credentialing board.
- (2) "Physician assistant" means a person licensed under this subchapter.
- (3) "Podiatrist" has the meaning given in s. [448.60 \(3\)](#).
- (4) "Podiatry" has the meaning given in s. [448.60 \(4\)](#).

**448.972 License required; exceptions.**

(1) Except as provided in subs. [\(2\)](#) and [\(3\)](#), no person may represent himself or herself as a "PA" or "physician assistant," use or assume the title "PA" or "physician assistant," or append to the person's name the words or letters "physician assistant," "PA," "PA-C," or any other titles, letters, or designation that represents or may tend to represent the person as a physician assistant, unless he or she is licensed by the board under this subchapter.

(2) Subsection [\(1\)](#) does not apply with respect to any of the following:

(a) An individual employed and duly credentialed as a physician assistant or physician associate by the federal government while performing duties incident to that employment, unless a license under this subchapter is required by the federal government.

(b) A person who satisfies the requirement under s. [448.974 \(1\) \(a\) 3.](#) but who is not licensed under this subchapter. This paragraph does not allow such a person to practice medicine and surgery in violation of s. [448.03 \(1\) \(a\)](#) or to practice podiatry in violation of s. [448.61](#).

(3) A student who is enrolled in an accredited physician assistant educational program may use the title "physician assistant student," "PA student," or "PA-S."

**448.9725 Expedited partner therapy.**

(1) In this section:

(b) "Antimicrobial drug" has the meaning given in s. [448.035 \(1\) \(b\)](#).

(c) "Expedited partner therapy" has the meaning given in s. [448.035 \(1\) \(c\)](#).



**(2)** Notwithstanding the requirements of s. [448.9785](#), a physician assistant may provide expedited partner therapy if a patient is diagnosed as infected with a chlamydial infection, gonorrhea, or trichomoniasis and the patient has had sexual contact with a sexual partner during which the chlamydial infection, gonorrhea, or trichomoniasis may have been transmitted to or from the sexual partner. The physician assistant shall attempt to obtain the name of the patient's sexual partner. A prescription order for an antimicrobial drug prepared under this subsection shall include the name and address of the patient's sexual partner, if known. If the physician assistant is unable to obtain the name of the patient's sexual partner, the prescription order shall include, in ordinary, bold-faced capital letters, the words, "expedited partner therapy" or the letters "EPT."

**(3)** The physician assistant shall provide the patient with a copy of the information sheet prepared by the department of health services under s. [46.03 \(44\)](#) and shall request that the patient give the information sheet to the person with whom the patient had sexual contact.

**(4)**

**(a)** Except as provided in par. [\(b\)](#), a physician assistant is immune from civil liability for injury to or the death of a person who takes any antimicrobial drug if the antimicrobial drug is prescribed, dispensed, or furnished under this section and if expedited partner therapy is provided as specified under this section.

**(b)** The immunity under par. [\(a\)](#) does not extend to the donation, distribution, furnishing, or dispensing of an antimicrobial drug by a physician assistant whose act or omission involves reckless, wanton, or intentional misconduct.

#### **448.9727 Prescriptions for and delivery of opioid antagonists.**

**(1)** In this section:

**(a)** "Administer" has the meaning given in s. [450.01 \(1\)](#).

**(b)** "Deliver" has the meaning given in s. [450.01 \(5\)](#).

**(c)** "Dispense" has the meaning given in s. [450.01 \(7\)](#).

**(d)** "Opioid antagonist" has the meaning given in s. [450.01 \(13v\)](#).

**(e)** "Opioid-related drug overdose" has the meaning given in s. [256.40 \(1\) \(d\)](#).

**(f)** "Standing order" has the meaning given in s. [450.01 \(21p\)](#).

**(2)**

**(a)** A physician assistant may do any of the following:

1. Prescribe an opioid antagonist to a person in a position to assist an individual at risk of undergoing an opioid-related drug overdose and may deliver the opioid antagonist to that person. A prescription order under this subdivision need not specify the name and

address of the individual to whom the opioid antagonist will be administered, but shall instead specify the name of the person to whom the opioid antagonist is prescribed.

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

**(b)** A physician assistant who prescribes or delivers an opioid antagonist under par. [\(a\) 1.](#) shall ensure that the person to whom the opioid antagonist is prescribed has or has the capacity to provide the knowledge and training necessary to safely administer the opioid antagonist to an individual undergoing an opioid-related overdose and that the person demonstrates the capacity to ensure that any individual to whom the person further delivers the opioid antagonist has or receives that knowledge and training.

**(3)** A physician assistant who, acting in good faith, prescribes or delivers an opioid antagonist in accordance with sub. [\(2\)](#) or who, acting in good faith, otherwise lawfully prescribes or dispenses an opioid antagonist shall be immune from criminal or civil liability and may not be subject to professional discipline under s. [448.978](#) for any outcomes resulting from prescribing, delivering, or dispensing the opioid antagonist.

#### **448.973 Powers and duties of board.**

**(1)**

**(a)** The board shall promulgate rules implementing s. [448.9785](#).

**(b)** The board shall promulgate rules establishing continuing education requirements for physician assistants.

**(c)** The board may promulgate other rules to carry out the purposes of this subchapter, including any of the following:

**1.** Rules defining what constitutes unprofessional conduct for physician assistants for purposes of s. [448.978 \(2\) \(d\)](#).

**2.** Rules under s. [448.977 \(2\)](#).

**(2)** The board shall include in the register the board maintains under s. [440.035 \(1m\) \(d\)](#) the names of all persons whose licenses issued under this subchapter were suspended or revoked within the past 2 years. The register shall be available for purchase at cost.

#### **448.974 License; renewal.**

**(1)**

**(a)** Except as provided in par. [\(b\)](#), the board shall grant an initial license to practice as a physician assistant to any applicant who is found qualified by three-fourths of the members of the board and satisfies all of the following requirements, as determined by the board:

1. The applicant submits an application on a form provided by the department and pays the initial credential fee determined by the department under s. [440.03 \(9\) \(a\)](#).
2. The applicant is at least 18 years of age.
3. The applicant provides evidence of one of the following:
  - a. That the applicant has successfully completed an educational program for physician assistants or physician associates that is accredited by the Accreditation Review Commission on Education for the Physician Assistant or its successor or, prior to 2001, by the Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs.
  - b. If the applicant does not satisfy subd. [3. a.](#), that the applicant, prior to January 1, 1986, successfully passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants.
4. The applicant passes the National Commission on Certification of Physician Assistants examination or an equivalent national examination adopted by the board.
5. The applicant provides a listing with all employers, practice settings, internships, residencies, fellowships, and other employment for the past 7 years.
6. Subject to ss. [111.321](#), [111.322](#), and [111.335](#), the applicant does not have an arrest or conviction record.

**(b)** Paragraph [\(a\) 3.](#) does not apply to an applicant if the applicant provides evidence that he or she is licensed as a physician assistant or physician associate in another state, the District of Columbia, Puerto Rico, the United States Virgin Islands, or any territory or insular possession subject to the jurisdiction of the United States and the board determines that the requirements for obtaining the license in that state or territory are substantially equivalent to the requirements under par. [\(a\)](#).

**(2)**

**(a)** The renewal date for a license issued under this subchapter is specified under s. [440.08 \(2\) \(a\)](#), and the renewal fees for such licenses are determined by the department under s. [440.03 \(9\) \(a\)](#). Renewal of a license is subject to par. [\(b\)](#).

**(b)** An applicant for the renewal of a license under this subchapter shall submit with his or her application for renewal proof of having satisfied the continuing education requirements imposed by the board under s. [448.973 \(1\) \(b\)](#). This paragraph does not apply to an applicant for renewal of a license that expires on the first renewal date after the date on which the board initially granted the license.

**(3)** Notwithstanding sub. [\(1\)](#), an individual who, on April 1, 2022, was licensed by the medical examining board as a physician assistant under subch. [II of ch. 448](#), 2019 stats., shall be considered to have been licensed under sub. [\(1\)](#) for purposes of this subchapter.

**448.975 Practice and employment.**

**(1)**

**(a)** Subject to the limitations and requirements under sub. [\(2\)](#); the physician assistant's experience, education, and training; and any rules promulgated under sub. [\(5\)](#), a physician assistant may do any of the following:

1. Examine into the fact, condition, or cause of human health or disease, or treat, operate, prescribe, or advise for the same, by any means or instrumentality.
2. Apply principles or techniques of medical sciences in the diagnosis or prevention of any of the conditions described in subd. [1.](#) and in s. [448.971 \(2\)](#).
3. Penetrate, pierce, or sever the tissues of a human being.
4. Offer, undertake, attempt, or hold himself or herself out in any manner as able to do any of the acts described in this paragraph.

**(b)**

1. Subject to subd. [2.](#) and any rules promulgated by the board and consistent with his or her experience, education, and training, a physician assistant may order, prescribe, procure, dispense, and administer prescription drugs, medical devices, services, and supplies.
2. A physician assistant practicing under the supervision and direction of a podiatrist under sub. [\(2\) \(a\) 2m.](#) may issue a prescription order for a drug or device in accordance with guidelines established by the supervising podiatrist and the physician assistant and with rules promulgated by the board. If any conflict exists between the guidelines and the rules, the rules shall control.

**(c)** A physician assistant may practice in ambulatory care, acute care, long-term care, home care, or other settings as a primary, specialty, or surgical care provider who may serve as a patient's primary care provider or specialty care provider.

**(2)**

**(a)**

1. Except as provided in subds. [2m.](#) and [3.](#) and sub. [\(5\) \(a\) 1. a.](#) or [b.](#), a physician assistant who provides care to patients shall maintain and provide to the board upon request one of the following:

- a. Evidence that, pursuant to the physician assistant's employment, there is a physician who is primarily responsible for the overall direction and management of the physician assistant's professional activities and for assuring that the services provided by the physician assistant are medically appropriate. In this subd. [1. a.](#), "employment" includes an arrangement between the physician

assistant and a 3rd party in which the 3rd party receives payment for services provided by the physician assistant.

**b.** A written collaborative agreement with a physician that, subject to subd. [1m.](#), describes the physician assistant's individual scope of practice, that includes a protocol for identifying an alternative collaborating physician for situations in which the collaborating physician or the physician's designee is not available for consultation, and that includes other information as required by the board.

**1m.** All of the following apply to a written collaborative agreement between a physician and physician assistant under subd. [1. b.](#):

**a.** The agreement may be terminated by either party by providing written notice at least 30 days prior to the date of termination, or as otherwise agreed to by the physician and physician assistant.

**b.** The agreement shall specify that the collaborating physician shall remain reasonably available to the physician assistant through the use of telecommunications or other electronic means within a medically appropriate time frame and that the collaborating physician may designate an alternate collaborator during periods of unavailability.

**c.** The agreement shall specify an arrangement for physician consultation with the patient within a medically appropriate time frame for consultation, if requested by the patient or the physician assistant.

**d.** The agreement shall be signed by the physician assistant and the collaborating physician.

**2.** Subdivision [1.](#) does not require the physical presence of a physician at the time and place a physician assistant renders a service.

**2m.** A physician assistant may practice under the supervision and direction of a podiatrist. A physician assistant who is practicing under the supervision and direction of a podiatrist shall be limited to providing nonsurgical patient services. Subdivision [1.](#) does not apply to a physician assistant who is practicing under the supervision and direction of a podiatrist.

**3.** Subdivision [1.](#) does not apply with respect to a physician assistant who is employed by the federal government as a civilian or member of the uniformed services while performing duties incident to that employment or service.

**(b)** A physician assistant shall limit his or her practice to the scope of his or her experience, education, and training.

**(c)** No physician assistant may provide medical care, except routine screening and emergency care, in any of the following:

**1.** The practice of dentistry or dental hygiene within the meaning of ch. [447.](#)

2. The practice of optometry within the meaning of ch. [449](#).
3. The practice of chiropractic within the meaning of ch. [446](#).
4. The practice of acupuncture within the meaning of ch. [451](#).
5. The practice of podiatry, except when the physician assistant is acting under the supervision and direction of a podiatrist, subject to par. [\(a\) 2m](#). and the rules promulgated under s. [448.695 \(4\)](#).

**(3)**

**(a)** It shall be the obligation of a physician assistant to ensure all of the following:

1. That the scope of the practice of the physician assistant is identified and is appropriate with respect to his or her experience, education, and training.
2. For purposes of sub. [\(2\) \(a\) 1. b.](#), that the relationship with and access to a collaborating physician by the physician assistant is defined.
3. That the requirements and standards of licensure under this subchapter are complied with.
4. That consultation with or referral to other licensed health care providers with a scope of practice appropriate for a patient's care needs occurs when the patient's care needs exceed the physician assistant's experience, education, or training. A physician assistant shall ensure that he or she has awareness of options for the management of situations that are beyond the physician assistant's expertise.

**(b)** A physician assistant is individually and independently responsible for the quality of the care he or she renders.

**(4)** A physician assistant may delegate a care task or order to another clinically trained health care worker if the physician assistant is competent to perform the delegated task or order and has reasonable evidence that the clinically trained health care worker is minimally competent to perform the task or issue the order under the circumstances.

**(5)**

**(a)**

1. The board shall, subject to subd. [2.](#) and s. [448.695 \(4\)](#), promulgate any rules necessary to implement this section, including rules to do any of the following:
  - a. Allow for temporary practice, specifically defined and actively monitored by the board, in the event of an interruption of a collaborative relationship under sub. [\(2\) \(a\) 1. b.](#)
  - b. Allow a physician assistant, in the absence of an employment or collaborative relationship under sub. [\(2\) \(a\) 1.](#), to provide medical care at the scene of an

emergency, during a declared state of emergency or other disaster, or when volunteering at sporting events or at camps.

2. Rules promulgated by the board may not permit a broader scope of practice than that which may be exercised in accordance with subs. (1) and (2). Notwithstanding s. [15.085 \(5\) \(b\) 2.](#), if the Medical Examining Board reasonably determines that a rule submitted to it by the Physician Assistant Affiliated Credentialing Board under s. [15.085 \(5\) \(b\) 1.](#) permits a broader scope of practice than that which may be exercised in accordance with subs. (1) and (2), then the Physician Assistant Examining Board shall, prior to submitting the proposed rule to the legislative council staff under s. [227.15 \(1\)](#), revise the proposed rule so that it does not exceed or permit a broader scope of practice than that which may be exercised in accordance with subs. (1) and (2).

(b) The board shall develop and recommend to the podiatry affiliated credentialing board practice standards for physician assistants practicing under podiatrists under sub. [\(2\) \(a\) 2m.](#)

(6) The practice permissions provided in this section are permissions granted by the state authorizing the licensed practice of physician assistants. Nothing in this section prohibits an employer, hospital, health plan, or other similar entity employing or with a relationship with a physician assistant from establishing additional requirements for a physician assistant as a condition of employment or relationship.

**448.976 Civil liability.** No physician assistant shall be liable for any civil damages for either of the following:

(1) Reporting in good faith to the department of transportation under s. [146.82 \(3\)](#) a patient's name and other information relevant to a physical or mental condition of the patient that in the physician assistant's judgment impairs the patient's ability to exercise reasonable and ordinary control over a motor vehicle.

(2) In good faith, not reporting to the department of transportation under s. [146.82 \(3\)](#) a patient's name and other information relevant to a physical or mental condition of the patient that in the physician assistant's judgment does not impair the patient's ability to exercise reasonable and ordinary control over a motor vehicle.

**448.977 Malpractice liability insurance.**

(1) Except as provided in subs. (2) and (3), no physician assistant may practice as authorized under s. [448.975](#) unless he or she has in effect malpractice liability insurance coverage evidenced by one of the following:

(a) Personal liability coverage in the amounts specified for health care providers under s. [655.23 \(4\)](#).

(b) Coverage under a group liability policy providing individual coverage for the physician assistant in the amounts under s. [655.23 \(4\)](#).

(2) The board may promulgate rules requiring a practicing physician assistant to have in effect malpractice liability insurance coverage in amounts greater than those specified in sub. (1) (a) or (b) or (4). If the board promulgates rules under this subsection, no physician assistant may practice as authorized under s. [448.975](#) unless he or she has in effect malpractice liability insurance coverage as required under those rules, except as provided in sub. (3).

(3) A physician assistant who is a state, county, or municipal employee, or federal employee or contractor covered under the federal tort claims act, as amended, and who is acting within the scope of his or her employment or contractual duties is not required to maintain in effect malpractice insurance coverage.

(4) Except as provided in subs. (2) and (3), a physician assistant may comply with sub. (1) if the physician assistant's employer has in effect malpractice liability insurance that is at least the minimum amount specified under s. [655.23 \(4\)](#) and that provides coverage for claims against the physician assistant.

#### **448.978 Professional discipline.**

(1) Subject to the rules promulgated under s. [440.03 \(1\)](#), the board may conduct investigations and hearings to determine whether a person has violated this subchapter or a rule promulgated under this subchapter.

(2) Subject to the rules promulgated under s. [440.03 \(1\)](#), if a person who applies for or holds a license issued under s. [448.974](#) does any of the following, the board may reprimand the person or deny, limit, suspend, or revoke the person's license:

(a) Makes a material misstatement in an application for a license or an application for renewal of a license under s. [448.974](#).

(b) Violates any law of this state or federal law that substantially relates to the practice of a physician assistant, violates this subchapter, or violates a rule promulgated under this subchapter.

(c) Advertises, practices, or attempts to practice under another person's name.

(d) Engages in unprofessional conduct. In this paragraph, "unprofessional conduct" does not include any of the following:

1. Providing expedited partner therapy as described in s. [448.9725](#).

2. Prescribing or delivering an opioid antagonist in accordance with s. [448.9727 \(2\)](#).

(e) Subject to ss. [111.321](#), [111.322](#), and [111.335](#), is arrested for or convicted of a felony.

(f) Subject to ss. [111.321](#), [111.322](#), and [111.34](#), practices as a physician assistant while his or her ability is impaired by alcohol or other drugs.

(g) Engages in fraud or deceit in obtaining or using his or her license.

(h) Is adjudicated mentally incompetent by a court.



- (i) Demonstrates gross negligence, incompetence, or misconduct in practice.
- (j) Knowingly, recklessly, or negligently divulges a privileged communication or other confidential patient health care information except as required or permitted by state or federal law.
- (k) Fails to cooperate with the board, or fails to timely respond to a request for information by the board, in connection with an investigation under this section.
- (l) Prescribes, sells, administers, distributes, orders, or provides a controlled substance for a purpose other than a medical purpose.
- (m) Demonstrates a lack of physical or mental ability to safely practice as a physician assistant.
- (n) Engages in any practice that is outside the scope of his or her experience, education, or training.
- (o) Is disciplined or has been disciplined by another state or jurisdiction based upon acts or conduct similar to acts or conduct prohibited under pars. (a) to (n).

**448.9785 Informed consent.** Any physician assistant who treats a patient shall inform the patient about the availability of reasonable alternate medical modes of treatment and about the benefits and risks of these treatments. The reasonable physician assistant standard is the standard for informing a patient under this section. The reasonable physician assistant standard requires disclosure only of information that a reasonable physician assistant in the same or a similar medical specialty would know and disclose under the circumstances. The physician assistant's duty to inform the patient under this section does not require disclosure of any of the following:

- (1) Detailed technical information that in all probability a patient would not understand.
- (2) Risks apparent or known to the patient.
- (3) Extremely remote possibilities that might falsely or detrimentally alarm the patient.
- (4) Information in emergencies where failure to provide treatment would be more harmful to the patient than treatment.
- (5) Information in cases where the patient is incapable of consenting.
- (6) Information about alternate medical modes of treatment for any condition the physician assistant has not included in his or her diagnosis at the time the physician informs the patient.

**448.979 Penalties.** Any person who violates this subchapter is subject to a fine not to exceed \$10,000 or imprisonment not to exceed 9 months, or both.

**448.9793 Injunction.** If it appears upon complaint to the board by any person or if it is known to the board that any person is violating this subchapter, or rules adopted by the board under this subchapter,

the board or the attorney general may investigate and may, in addition to any other remedies, bring action in the name and on behalf of the state against any such person to enjoin such person from such violation. The attorney general shall represent the board in all proceedings.

**448.9795 Duty to report.**

**(1)** A physician assistant who has reason to believe any of the following about another physician assistant shall promptly submit a written report to the board that includes facts relating to the conduct of the other physician assistant:

- (a)** The other physician assistant is engaging or has engaged in acts that constitute a pattern of unprofessional conduct.
- (b)** The other physician assistant is engaging or has engaged in an act that creates an immediate or continuing danger to one or more patients or to the public.
- (c)** The other physician assistant is or may be medically incompetent.
- (d)** The other physician assistant is or may be mentally or physically unable safely to engage in the practice of a physician assistant.

**(2)** No physician assistant who reports to the board under sub. [\(1\)](#) may be held civilly or criminally liable or be found guilty of unprofessional conduct for reporting in good faith.

**Chapter N 6**  
**STANDARDS OF PRACTICE FOR REGISTERED NURSES AND**  
**LICENSED PRACTICAL NURSES**

[N 6.01](#) Authority and intent.

[N 6.02](#) Definitions.

[N 6.03](#) Standards of practice for registered nurses.

[N 6.04](#) Standards of practice for licensed practical nurses.

[N 6.05](#) Violations of standards.

**N 6.01 Authority and intent.**

(1) This chapter is adopted pursuant to authority of ss. [15.08 \(5\) \(b\)](#), [227.11](#) and [441.001 \(3\)](#) and (4), Stats., and interprets the statutory definitions of professional and practical nursing.

(2) The intent of the board of nursing in adopting this chapter is to specify minimum practice standards for which R.N.s and L.P.N.s are responsible, and to clarify the scope of practice for R.N.s and L.P.N.s.

**N 6.02 Definitions.** As used in this chapter,

(1) "Advanced practice nurse prescriber" means a registered nurse who holds an advance practice nurse prescriber certificate under s. [441.16](#), Stats.

(1m) "Basic nursing care" means care that can be performed following a defined nursing procedure with minimal modification in which the responses of the patient to the nursing care are predictable.

(2) "Basic patient situation" as determined by an R.N., physician, podiatrist, dentist or optometrist means the following 3 conditions prevail at the same time in a given situation:

- (a) The patient's clinical condition is predictable;
- (b) Medical or nursing orders are not changing frequently and do not contain complex modifications; and,
- (c) The patient's clinical condition requires only basic nursing care.

(3) "Complex patient situation" as determined by an R.N., physician, podiatrist, dentist or optometrist means any one or more of the following conditions exist in a given situation:

- (a) The patient's clinical condition is not predictable;
- (b) Medical or nursing orders are likely to involve frequent changes or complex modifications; or,
- (c) The patient's clinical condition indicates care that is likely to require modification of nursing procedures in which the responses of the patient to the nursing care are not predictable.

(5) "Delegated act" means acts delegated to a registered nurse or licensed practical nurse or acts delegated by registered nurse or licensed practical nurse to eligible staff of regulated entities who are at least 18 years old and have received the appropriate education and formal or informal training required to perform the delegated act.

**Commented [SA1]:** To be discussed at the October meeting. Potentially modifying LPN's scope of practice.

**Commented [SA2]:** Jan Edelsteing suggested "current" instead of "appropriate". At the September meeting, DHS representative Jerry Riederer suggested to leave "appropriate" but add "formal or informal training".

**Commented [SA3R2]:** Maybe we can use "necessary"?

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

(7) "General supervision" means regularly to coordinate, direct and inspect the practice of another.

(8) "Nursing diagnosis" means a judgment made by an R.N. following a nursing assessment of a patient's actual or potential health needs for the purpose of establishing a nursing care plan.

(9) "Patient" means a person receiving nursing care by an R.N. or L.P.N. performing nursing services for compensation.

(10) "Protocol" means a precise and detailed written plan for a regimen of therapy.

(10m) "Provider" means a physician, physician assistant, podiatrist, dentist, optometrist or advanced practice nurse provider.

**Commented [SA4]:** Discussion regarding the issue with Pas not being able to delegate after 2021 WI Act 23 was enacted.

**Note:** There was an inadvertent error in [CR 15-099](#). "Advanced practice nurse provider" should be "advanced practice nurse prescriber" consistent with sub. (1) and s. [441.16](#), Stats. The error will be corrected in future rulemaking.

(11) "R.N." means a registered nurse licensed under ch. [441](#), Stats., or a nurse who has a privilege to practice in Wisconsin under s. [441.51](#), Stats.

(12) "L.P.N." means a licensed practical nurse licensed under ch. [441](#), Stats., or a nurse who has a privilege to practice in Wisconsin under s. [441.51](#), Stats.

### N 6.03 Standards of practice for registered nurses.

(1) General nursing procedures. An R.N. shall utilize the nursing process in the execution of general nursing procedures in the maintenance of health, prevention of illness or care of the ill. The nursing process consists of the steps of assessment, planning, intervention and evaluation. This standard is met through performance of each of the following steps of the nursing process:

(a) *Assessment.* Assessment is the systematic and continual collection and analysis of data about the health status of a patient culminating in the formulation of a nursing diagnosis.

(b) *Planning.* Planning is developing a nursing plan of care for a patient which includes goals and priorities derived from the nursing diagnosis.

(c) *Intervention.* Intervention is the nursing action to implement the plan of care by directly administering care or by directing and supervising nursing acts delegated to L.P.N.'s or less skilled assistants.

(d) *Evaluation.* Evaluation is the determination of a patient's progress or lack of progress toward goal achievement which may lead to modification of the nursing diagnosis.

(2) Performance of delegated acts. In the performance of delegated acts an R.N. shall do all of the following:

- (a) Accept only those delegated acts for which there are protocols or written or verbal orders.
- (b) Accept only those delegated acts for which the R.N. is competent to perform based on his or her nursing education, training or experience.
- (c) Consult with a provider in cases where the R.N. knows or should know a delegated act may harm a patient.
- (d) Perform delegated acts under the general supervision or direction of provider.

(3) Supervision and direction of delegated acts. In the supervision and direction of delegated acts an R.N. shall do all of the following:

- (a) Delegate tasks commensurate with educational preparation and demonstrated abilities of the person supervised.
- (b) Provide direction and assistance to those supervised.
- (c) Observe and monitor the activities of those supervised.
- (d) Evaluate the effectiveness of acts performed under supervision.

**N 6.04 Standards of practice for licensed practical nurses.**

(1) Performance of acts in basic patient situations. In the performance of acts in basic patient situations, the L.P.N. shall, under the general supervision of an R.N. or the direction of a provider:

- (a) Accept only patient care assignments which the L.P.N. is competent to perform.
- (b) Provide basic nursing care.
- (c) Record nursing care given and report to the appropriate person changes in the condition of a patient.
- (d) Consult with a provider in cases where an L.P.N. knows or should know a delegated act may harm a patient.
- (e) Perform the following other acts when applicable:
  - 1. Assist with the collection of data.
  - 2. Assist with the development and revision of a nursing care plan.
  - 3. Reinforce the teaching provided by an R.N. provider and provide basic health care instruction.

**Commented [ASD5]:** Discussion about potential modifications of the LPN's scope of practice.

4. Participate with other health team members in meeting basic patient needs.

(2) Performance of acts in complex patient situations. In the performance of acts in complex patient situations the L.P.N. shall do all of the following:

(a) Meet standards under sub. (1) under the general supervision of an R.N., physician, podiatrist, dentist or optometrist.

(b) Perform delegated acts beyond basic nursing care under the direct supervision of an R.N. or provider. An L.P.N. shall, upon request of the board, provide documentation of his or her nursing education, training or experience which prepares the L.P.N. to competently perform these assignments.

(3) Assumption of charge nurse position in nursing homes. In assuming the position of charge nurse in a nursing home as defined in s. 50.04 (2) (b), Stats., an L.P.N. shall do all of the following:

(a) Follow written protocols and procedures developed and approved by an R.N.

(b) Manage and direct the nursing care and other activities of L.P.N.s and nursing support personnel under the general supervision of an R.N.

(c) Accept the charge nurse position only if prepared for the responsibilities of charge nurse based upon education, training and experience beyond the practical nurse curriculum. The L.P.N. shall, upon request of the board, provide documentation of the nursing education, training or experience which prepared the L.P.N. to competently assume the position of charge nurse.

**N 6.05 Violations of standards.** A violation of the standards of practice constitutes unprofessional conduct or misconduct and may result in the board limiting, suspending, revoking or denying renewal of the license or in the board reprimanding an R.N. or L.P.N.

## Chapter N 6

### STANDARDS OF PRACTICE FOR REGISTERED NURSES AND LICENSED PRACTICAL NURSES

N 6.01 Authority and intent.  
N 6.02 Definitions.  
N 6.03 Standards of practice for registered nurses.

N 6.04 Standards of practice for licensed practical nurses.  
N 6.05 Violations of standards.

**Note:** Chapter N 10 as it existed on September 30, 1985 was renumbered Chapter N 6, effective 10–1–85.

**N 6.01 Authority and intent.** (1) This chapter is adopted pursuant to authority of ss. 15.08 (5) (b), 227.11 and 441.001 (3) and (4), Stats., and interprets the statutory definitions of professional and practical nursing.

(2) The intent of the board of nursing in adopting this chapter is to specify minimum practice standards for which R.N.s and L.P.N.s are responsible, and to clarify the scope of practice for R.N.s and L.P.N.s.

**History:** Cr. Register, May, 1983, No. 329, eff. 6–1–83; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1990, No. 413; **correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register June 2006 No. 606.**

**N 6.02 Definitions.** As used in this chapter,

(1) “Basic nursing care” means care that can be performed following a defined nursing procedure with minimal modification in which the responses of the patient to the nursing care are predictable.

(2) “Basic patient situation” as determined by an R.N., physician, podiatrist, dentist or optometrist means the following 3 conditions prevail at the same time in a given situation:

- (a) The patient’s clinical condition is predictable;
- (b) Medical or nursing orders are not changing frequently and do not contain complex modifications; and,
- (c) The patient’s clinical condition requires only basic nursing care.

(3) “Complex patient situation” as determined by an R.N., physician, podiatrist, dentist or optometrist means any one or more of the following conditions exist in a given situation:

- (a) The patient’s clinical condition is not predictable;
- (b) Medical or nursing orders are likely to involve frequent changes or complex modifications; or,
- (c) The patient’s clinical condition indicates care that is likely to require modification of nursing procedures in which the responses of the patient to the nursing care are not predictable.

(4) “Delegated medical act” means acts delegated to an R.N. or L.P.N. by a physician, podiatrist, dentist or optometrist.

(5) “Delegated nursing act” means acts delegated to an L.P.N. or less-skilled assistant by an R.N.

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

(7) “General supervision” means regularly to coordinate, direct and inspect the practice of another.

(8) “Nursing diagnosis” means a judgment made by an R.N. following a nursing assessment of a patient’s actual or potential health needs for the purpose of establishing a nursing care plan.

(9) “Patient” means a person receiving nursing care by an R.N. or L.P.N. performing nursing services for compensation.

(10) “Protocol” means a precise and detailed written plan for a regimen of therapy.

(11) “R.N.” means a registered nurse licensed under ch. 441, Stats.

(12) “L.P.N.” means a licensed practical nurse licensed under ch. 441, Stats.

**History:** Cr. Register, May, 1983, No. 329, eff. 6–1–83; reprinted to correct error in (7), Register, July, 1983, No. 331; am. (5) and (12), Register, May, 1990, No. 413, eff. 6–1–90; CR 00–167: am. (2) (intro.), (3) (intro.) and (4), Register August 2001 No. 548, eff. 9–1–01.

**N 6.03 Standards of practice for registered nurses.**

(1) **GENERAL NURSING PROCEDURES.** An R.N. shall utilize the nursing process in the execution of general nursing procedures in the maintenance of health, prevention of illness or care of the ill. The nursing process consists of the steps of assessment, planning, intervention and evaluation. This standard is met through performance of each of the following steps of the nursing process:

(a) *Assessment.* Assessment is the systematic and continual collection and analysis of data about the health status of a patient culminating in the formulation of a nursing diagnosis.

(b) *Planning.* Planning is developing a nursing plan of care for a patient which includes goals and priorities derived from the nursing diagnosis.

(c) *Intervention.* Intervention is the nursing action to implement the plan of care by directly administering care or by directing and supervising nursing acts delegated to L.P.N.’s or less skilled assistants.

(d) *Evaluation.* Evaluation is the determination of a patient’s progress or lack of progress toward goal achievement which may lead to modification of the nursing diagnosis.

(2) **PERFORMANCE OF DELEGATED MEDICAL ACTS.** In the performance of delegated medical acts an R.N. shall:

(a) Accept only those delegated medical acts for which there are protocols or written or verbal orders;

(b) Accept only those delegated medical acts for which the R.N. is competent to perform based on his or her nursing education, training or experience;

(c) Consult with a physician, podiatrist, dentist or optometrist in cases where the R.N. knows or should know a delegated medical act may harm a patient; and,

(d) Perform delegated medical acts under the general supervision or direction of a physician, podiatrist, dentist or optometrist.

(3) **SUPERVISION AND DIRECTION OF DELEGATED NURSING ACTS.** In the supervision and direction of delegated nursing acts an R.N. shall:

(a) Delegate tasks commensurate with educational preparation and demonstrated abilities of the person supervised;

(b) Provide direction and assistance to those supervised;

(c) Observe and monitor the activities of those supervised; and,

(d) Evaluate the effectiveness of acts performed under supervision.

**History:** Cr. Register, May, 1983, No. 329, eff. 6–1–83; am. (1) (c) and (2) (intro.), Register, May, 1990, No. 413, eff. 6–1–90; CR 00–167: am. (2) (c) and (d), Register August 2001 No. 548, eff. 9–1–01.

**N 6.04 Standards of practice for licensed practical nurses.** (1) **PERFORMANCE OF ACTS IN BASIC PATIENT SITUATIONS.** In the performance of acts in basic patient situations, the L.P.N.

shall, under the general supervision of an R.N. or the direction of a physician, podiatrist, dentist or optometrist:

- (a) Accept only patient care assignments which the L.P.N. is competent to perform;
- (b) Provide basic nursing care;
- (c) Record nursing care given and report to the appropriate person changes in the condition of a patient;
- (d) Consult with an R.N., physician, podiatrist, dentist or optometrist in cases where an L.P.N. knows or should know a delegated nursing or medical act may harm a patient; and,
- (e) Perform the following other acts when applicable:
  - 1. Assist with the collection of data;
  - 2. Assist with the development and revision of a nursing care plan;
  - 3. Reinforce the teaching provided by an R.N., physician, podiatrist, dentist or optometrist and provide basic health care instruction; or,
  - 4. Participate with other health team members in meeting basic patient needs.

**(2) PERFORMANCE OF ACTS IN COMPLEX PATIENT SITUATIONS.** In the performance of acts in complex patient situations the L.P.N. shall:

- (a) Meet standards under sub. (1) under the general supervision of an R.N., physician, podiatrist, dentist or optometrist.
- (b) Perform delegated nursing or medical acts beyond basic nursing care under the direct supervision of an R.N., physician,

podiatrist, dentist or optometrist. An L.P.N. shall, upon request of the board, provide documentation of his or her nursing education, training or experience which prepare the L.P.N. to competently perform these assignments.

**(3) ASSUMPTION OF CHARGE NURSE POSITION IN NURSING HOMES.** In assuming the position of charge nurse in a nursing home as defined in s. 50.04 (2) (b), Stats., an L.P.N. shall:

- (a) Follow written protocols and procedures developed and approved by an R.N.;
- (b) Manage and direct the nursing care and other activities of L.P.N.s and nursing support personnel under the general supervision of an R.N.; and,
- (c) Accept the charge nurse position only if prepared to competently perform this assignment based on his or her nursing education, including education, training or experience or active involvement in education or training for responsibilities not included in the basic L.P.N. curriculum.

**History:** Cr. Register, May, 1983, No. 329, eff. 6-1-83; CR 00-167: am. (1) (intro.), (d), (e) 3., (2) (a) and (b), Register August 2001 No. 548, eff. 9-1-01.

**N 6.05 Violations of standards.** A violation of the standards of practice constitutes unprofessional conduct or misconduct and may result in the board limiting, suspending, revoking or denying renewal of the license or in the board reprimanding an R.N. or L.P.N.

**History:** Cr. Register, May, 1983, No. 329, eff. 6-1-83; am. Register, May, 1990, No. 413, eff. 6-1-90.



**Board of Nursing  
Rule Projects (Updated 10/02/2023)**

<b>Clearinghouse Rule Number</b>	<b>Scope #</b>	<b>Scope Expiration</b>	<b>Date Scope Requested by Board</b>	<b>Rules Affected</b>	<b>Relating Clause</b>	<b>Synopsis</b>	<b>Stage of Rule Process</b>	<b>Next step</b>
	044-22	11/23/2024	N/A	Med 26	Military Medical Personnel (permanent rule)	The Medical Board rule project would create provisions in order to implement 2021 WI Act 158.	Final rule draft and Legislative Report submitted to Legislature	Legislative Review
	049-22	12/20/2024	N/A	SPS 11	Military Medical Personnel (permanent rule)	Rule project would create provisions in SPS code relating to the operation and administration of the military medical personnel program.	Final rule draft and Legislative Report submitted to Legislature	Legislative Review

**Emergency Rules**

<b>EMR Number</b>	<b>Scope #</b>	<b>Scope Expiration</b>	<b>Date Scope Requested by Board</b>	<b>Rules Affected</b>	<b>Relating Clause</b>	<b>Synopsis</b>	<b>Stage of Rule Process</b>	<b>Next step</b>
EmR 2215	084-22	4/24/2025	8/11/2022	N 2	Modification of Board review process to take the NCLEX	The Board would like to revise the requirement that the Board needs to make applicants for licensure eligible to take the NCLEX in order to speed up the application process.	Extended until August 27, 2023	N/A

**Board of Nursing  
Permanent Rules**

Clearinghouse Rule Number	Scope #	Scope Expiration	Date Scope Requested by Board	Rules Affected	Relating Clause	Synopsis	Stage of Rule Process	Next step
	084-22	4/24/2025	8/11/2022	N 2	Modification of Board review process to take the NCLEX	The Board would like to revise the requirement that the Board needs to make applicants for licensure eligible to take the NCLEX in order to speed up the application process.	Legislative Review	If there are no objections, board can draft adoption order and submit it for publication after approval.

**Scope Statements**


Clearinghouse Rule Number	Scope #	Scope Expiration	Date Scope Requested by Board	Rules Affected	Relating Clause	Synopsis	Stage of Rule Process	Next step
	030-23	11/15/2025	2/9/2023	N 6	Delegated Acts	Review and update chapter N 6 to clarify and further define delegated acts.	Drafting rule	EIA comment period
			10/8/2020	N 8	APNP prescribing limitations	Review of limitations in N8 regarding APNPs prescribing certain drugs.	Scope submitted to Governor's Office, 11/24/20.	
			7/30/2020	N 8	Collaboration with other health care providers	Review of the collaboration requirements in N8 and other changes throughout the chapter.	Scope submitted to Governor's Office, 10/15/20.	

**Board of Nursing**

			6/11/2020	N 2	Temporary permits	Requirements for temporary permits to respond to a future emergency and may promulgate a permanent rule to allow the Board to grant a waiver of or variance to the requirements in emergency situations.	Scope submitted to Governor's Office on 10/15/20	
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**State of Wisconsin  
Department of Safety & Professional Services**

**AGENDA REQUEST FORM**

1) Name and title of person submitting the request: Brad Wojciechowski		2) Date when request submitted: 10/5/2023 <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: 10/12/2023	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Amending the Board of Nursing Best Practices for Prescribing Controlled Substances Guidelines Pursuant to 2022 CDC Clinical Practice Guidelines for Prescribing Opioids for Pain – Discussion and Consideration	
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 <a href="#">Appearance Request</a> 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: <Click Here to Add Description>			
11) Authorization			
 Signature of person making this request		10/5/2023 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 <a href="#">Agenda Items</a> 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.			

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

**AGENDA REQUEST FORM**

1) Name and title of person submitting the request: Brenda Taylor, Board Services Supervisor		2) Date when request submitted: 9/25/2023 <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: 10/12/2023	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Newsletter Matters	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if applicable: N/A	
10) Describe the issue and action that should be addressed: <u>Newsletter Future Planning:</u> Based on the typical schedule of the Board, the next newsletter will be due out in January 2024 with a deadline for article submission on December 4, 2023. A newsletter deadline reminder will be sent to article authors on November 15, 2023 [also a meeting date]. The Board should discuss topics for the next newsletter and consider the topic list as outlined below. <b>Articles/Ideas:</b> <ul style="list-style-type: none"> <li>• Chair’s Corner – Robert Weinman</li> <li>• Rotating Articles on Professional Nursing Roles</li> <li>• Rotating Articles on Nurse Administrative Code</li> <li>• New member Intro articles with photos /Headshots</li> <li>• Possibilities in the Nursing Field/Reasons to Become a Nurse – Robert Weinman</li> <li>• New Member Introduction Articles/Photos <i>(As needed for new appointments, subject to new member appointments and oath receipts)</i></li> <li>• Reminder to Update Contact Information – DSPS Staff</li> <li>• Board Orders since 7/21/2023</li> <li>• Archive: <a href="https://dps.wi.gov/Pages/BoardsCouncils/Nursing/Newsletter.aspx">https://dps.wi.gov/Pages/BoardsCouncils/Nursing/Newsletter.aspx</a></li> </ul>			
11) <span style="float: right;">Authorization</span> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;"> <i>Brenda Taylor</i>  <hr/>           Signature of person making this request         </div> <div style="width: 35%; text-align: right;">           9/25/2023  <hr/>           Date         </div> </div> <hr/> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;">           Supervisor (Only required for post agenda deadline items)         </div> <div style="width: 35%; text-align: right;">           Date         </div> </div> <hr/> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;">           Executive Director signature (Indicates approval for post agenda deadline items)         </div> <div style="width: 35%; text-align: right;">           Date         </div> </div>			
Directions for including supporting documents: 1. This form should be saved with any other documents submitted to the <a href="#">Agenda Items</a> 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.			