

4th Agenda

EDUCATION COMMITTEE – BOARD OF NURSING

August 7, 2014 - 8:30 a.m.

Room 210 – 2nd Floor
Heber M. Wells Building
160 E. 300 S. Salt Lake City, Utah

This agenda is subject to change up to 24 hours prior to the meeting.

ADMINISTRATIVE BUSINESS:

1. Call Meeting to Order
2. Administer Oath of Office to Sharon Dingman, new Committee member
3. Review and approval of the March 6, 2014 minutes

DISCUSSION ITEMS:

- 9:00 a.m.** - Clinical rotation update: Dee Jones, Susan Watson
 - 9:30 a.m.** - Discussion regarding Snow College – ADN program
 - 10:30 a.m.** - Provo College – discussion regarding denial of ACEN accreditation
 - 11:00 a.m.** - Stevens-Henager College – discussion regarding denial of ACEN accreditation
- Discussion regarding proposed Rule changes
Discussion regarding Out-of-State nursing programs
NCSBN Distance Education requirements
NCLEX Results
Review online refresher program offered by Sigma Theta Tau International
- Environmental Scan:
- Notification that Corinthian has decided to close the Everest SLC campus and teach out the BSN program.
 - Western Governors University received CCNE re-Accreditation for 10 years
 - CCNE Call for Third-Party Comments (VA Hospital SLC nurse residency program will be reviewed)
 - ACEN granted Candidacy status to Eagle Gate College for two years with the condition that they implement the necessary strategies and changes to address the identified areas of non-compliance.
- Gigi Marshall report on NCSBN:
- Scientific Symposium meeting
 - Education Call, July 8, 2014 conference call

NEXT SCHEDULED MEETING: September 4, 2014

2014 Meeting schedule: October 2, 2014; November 6, 2014; December 4, 2014

Note: In compliance with the Americans with Disabilities Act, individuals needing special accommodations (including auxiliary communicative aids and services) during this meeting should notify Dave Taylor, ADA Coordinator, at least three working days prior to the meeting. Division of Occupational & Professional Licensing, 160 East 300 South, Salt Lake City, Utah 84115, 801-530-6628 or toll-free in Utah only 866-275-3675.

REVISED CHECKLIST FOR PUBLIC MEETINGS

(Fill in the blanks to correspond to each respective board, commission, or committee.)

___ I am Debra Mills, chair-elect of the Education Committee/State Board of Nursing.

___ I would like to call this meeting of the Education Committee to order.

___ It is now (time) _____ : _____ am on August 7, 2014.

___ This meeting is being held in room 210 of the Heber Wells Building in Salt Lake City, Utah.

___ Notice of this meeting was provided as required under Utah's Open Meeting laws.

___ In compliance with Utah's Open Meetings laws, this meeting is being recorded in its entirety. The recording will be posted to the Utah Public Notice Website no later than three business days following the meeting.

___ In compliance with Utah's Open Meeting laws, written minutes will also be prepared of this meeting. "Approved" minutes will be posted to the Utah Public Notice Website no later than three business days after approval.

___ The following Committee members are in attendance:

	YES	NO
<u>Jodi Morstein</u> , Chairperson	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Debra Mills</u> , Chair Elect	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Sharon Dingman</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Gigi Marshall</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Donna Lister</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

___ The following Committee members are absent: (Refer to the above list.)

___ The following individuals representing DOPL and the Department of Commerce are in attendance:

	YES	NO
<u>Mark B. Steinagel</u> , Division Director	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Debra Hobbins</u> , Bureau Manager	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Shirlene Kimball</u> , Board Secretary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

___ We welcome any visitors and interested persons at this time. Please be sure to sign the attendance report for the meeting and identify yourself before speaking.

___ As a courtesy to everyone participating in this meeting, at this time we ask for all cell phones, pagers, and other electronic devices to be turned off or changed to silent mode.

___ Board motions and votes will be recorded in the minutes.

___ Let us now proceed with the agenda.

___ (End of the Meeting) It is now (time) 12:08 (am / pm), and this meeting is adjourned.

Guests - Please sign

Date: 8-7-2014

EDUCATION COMMITTEE BOARD OF NURSING

NAME: (Please Print)

REPRESENTING

Julie Aiken	Ameritech College
Steven Litteral	Ameritech College
SUSAN JERO	Northern Nevada
Marguerite Boon	BONP
Delos Jones	Roseman University
Sharon Watson	Roseman University
BRAD OWEN	FOOTIS COLLEGE
JEANNE WILLIAMS	ILC
LANA KAMERAK	ILC
MIKHAIL SNEYDER	Nightingale College
Linda Petersen	Ameritech College
TRACY KAUF	Intermountain Health Care
Chuck Erison	Pravo College
Lois Hine	Pravo College
Todd Smith	Pravo College
FRANK PEGRAM	JAPSCU
Amber Epling	Snow College
Debi Sampson	Snow College
Eric Thelin	Stevens-Henager
Chicki Shwartz	Stevens-Henager
Stacy Aiken	Ameritech



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Miami Children's Hospital
Miami, Florida

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American Farm Bureau Federation
Washington, District of Columbia

HOWARD S. SMITH, EDD
Education Leadership Consultant
Harris Beach, PLLC
Buffalo, New York

July 25, 2014

Amber Epling, MSN, RN
Director/Associate Professor
Allied Health Department - BAT Division
Snow College
800 West 200 South
Richfield, UT 84701

Dear Ms. Epling:

I am writing in regards to the Candidacy presentation you submitted for the associate nursing program at Snow College in Richfield, Utah. The ACEN's goal is to promote quality nursing education and to support you and your faculty in the accreditation process. Two (2) comprehensive independent reviews of your program's Candidacy presentation by professional staff have been completed. Both reviews have indicated non-compliance with the ACEN Accreditation Standards.

After much review and numerous discussions, your application for Candidacy has been granted for the associate nursing program; however, please note that the nursing program does not meet the ACEN Accreditation Standards reviewed at this time. Your Candidate status is valid for two years expiring in July 2016. Therefore, it is highly recommended that you apply for your initial accreditation visit by July 31, 2015. In accordance with ACEN policy, your program will be added to our listing of Candidates (website and directory).

While the program has been granted Candidacy status, please remember that the decision is based on the opportunity to implement the necessary strategies and changes to address the identified areas of non-compliance during the two-year Candidacy timeframe. It is essential that changes be made in accordance with best practices and the ACEN Accreditation Standards.

ACEN

Amber Epling, MSN, RN
PAGE 2

If these changes are not implemented, the program will not be successful in the achievement of initial accreditation as compliance must be demonstrated with all ACEN Standards and Criteria at the time of the site visit. To assist you in your continued development toward the initial accreditation review, please see the attached staff comments.

I encourage you to continue working with your mentor, Dr. Nell Ard, and affirm the planned date for review for Initial Accreditation. If you have any questions, please do not hesitate to contact me.

Sincerely,

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

Sharon Tanner, EdD, MSN, RN
Chief Executive Officer

Enclosures (2)



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Miami, Florida

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Director of Membership and Program Development
American Farm Bureau Federation
Washington, District of Columbia

HOWARD S. SMITH, EDD
Education Leadership Consultant
Harris Beach, PLLC
Buffalo, New York

August 1, 2014

Debra Hobbins, DNP, APRN, LSAC, CARN-AP
Bureau Manager
Utah State Board of Nursing
Herber M. Wells Building, 4th Floor
160 East 300 South
Salt Lake City, UT 84111

Dear Dr. Hobbins:

In accordance with the regulations of the U.S. Department of Education, attached is a summary of actions taken by the ACEN Board of Commissioners during its meeting on July 10-11, 2014. The list of Commission actions is published on the ACEN website.

Initial accreditation is granted for five years when a program meets all ACEN Accreditation Standards. **Continuing accreditation** is granted for eight years when a program meets all Accreditation Standards. **Continuing accreditation with condition(s)** is granted when a program does not meet one or two Accreditation Standards. The program will submit a Follow-Up Report in two years (18 months for practical nursing programs) addressing the Standard(s) not in compliance. If the Follow-Up Report is accepted by the Commission, the condition is removed and the program receives accreditation for the remaining years of the eight-year accreditation cycle. **Continuing accreditation with warning** is granted when a program is in non-compliance with more than two Accreditation Standards. The program undergoes a full accreditation visit in two years (18 months for practical nursing programs). **Denial of continuing accreditation** is given when a program with conditions or warning status is reviewed and found to be in continued non-compliance with any Accreditation Standard. The program is removed from the list of accredited programs. It may reinitiate the application process for initial accreditation at any time.

Please contact me if you have any questions.

Sincerely,

Sharon J. Tanner, EdD, MSN, RN
Chief Executive Officer

Enc.

ACEN
ACCREDITATION COMMISSION FOR EDUCATION IN NURSING, INC.
3343 Peachtree Road NE, Suite 850, Atlanta, GA 30326
SPRING 2014 ACCREDITATION DECISIONS

Utah

Provo College

1450 West 820 North

Provo, UT 84601

Associate

Date of Initial Accreditation: October 2006

Program Review for Continuing Accreditation

Commission Decision: Denial of Continuing Accreditation for continued non-compliance with at least one Accreditation Standard

Stevens-Henager College

1890 South 1350 West, PO Box 9428

Ogden, UT 84401

Associate

Date of Initial Accreditation: March 2009

Program Review for Continuing Accreditation

Commission Decision: Denial of Continuing Accreditation for continued non-compliance with at least one Accreditation Standard



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Buffalo, New York

August 1, 2014

Mikhail Shneyder, MBA, BSN, RN
President and CEO
Nightingale College
4155 Harrison Boulevard, Suite 100
Ogden, UT 84403

Dear Mr. Shneyder:

This letter is formal notification of the action taken by the Accreditation Commission for Education in Nursing (ACEN) at its meeting on July 10-11, 2014. The Board of Commissioners granted initial accreditation to the associate nursing program and scheduled the next evaluation visit for Spring 2019. The details of the accreditation visit and the decision put forth by the Board of Commissioners have been sent to the program's nurse administrator.

Congratulations on this outstanding achievement! We look forward to continued successes for your nursing program. If you have questions about this action or about ACEN policies and procedures, please contact me.

Sincerely,

Sharon J. Tanner, EdD, MSN, RN
Chief Executive Officer

2014 Florida Statutes

Title XXXIIREGULATION OF PROFESSIONS AND OCCUPATIONS

Chapter 464NURSINGEntire Chapter

SECTION 019

Approval of nursing education programs.

464.019Approval of nursing education programs.—

(1)PROGRAM APPLICATION.—An educational institution that wishes to conduct a program in this state for the prelicensure education of professional or practical nurses must submit to the department a program application and review fee of \$1,000 for each prelicensure nursing education program to be offered at the institution's main campus, branch campus, or other instructional site. The program application must include the legal name of the educational institution, the legal name of the nursing education program, and, if such institution is accredited, the name of the accrediting agency. The application must also document that:

(a)1.For a professional nursing education program, the program director and at least 50 percent of the program's faculty members are registered nurses who have a master's or higher degree in nursing or a bachelor's degree in nursing and a master's or higher degree in a field related to nursing.

2.For a practical nursing education program, the program director and at least 50 percent of the program's faculty members are registered nurses who have a bachelor's or higher degree in nursing.

The educational degree requirements of this paragraph may be documented by an official transcript or by a written statement from the educational institution verifying that the institution conferred the degree.

(b)The program's nursing major curriculum consists of at least:

1.Fifty percent clinical training in the United States, the District of Columbia, or a possession or territory of the United States for a practical nursing education program, an associate degree professional nursing education program, or a professional diploma nursing education program.

2.Forty percent clinical training in the United States, the District of Columbia, or a possession or territory of the United States for a bachelor's degree professional nursing education program.

(c)No more than 50 percent of the program's clinical training consists of clinical simulation.

(d)The program has signed agreements with each agency, facility, and organization included in the curriculum plan as clinical training sites and community-based clinical experience sites.

(e)The program has written policies for faculty which include provisions for direct or indirect supervision by program faculty or clinical preceptors for students in clinical training consistent with the following standards:

1.The number of program faculty members equals at least one faculty member directly supervising every 12 students unless the written agreement between the program and the agency, facility, or organization providing clinical training sites allows more students, not to exceed 18 students, to be directly supervised by one program faculty member.

2.For a hospital setting, indirect supervision may occur only if there is direct supervision by an assigned clinical preceptor, a supervising program faculty member is available by telephone, and such arrangement is approved by the clinical facility.

3. For community-based clinical experiences that involve student participation in invasive or complex nursing activities, students must be directly supervised by a program faculty member or clinical preceptor and such arrangement must be approved by the community-based clinical facility.

4. For community-based clinical experiences not subject to subparagraph 3., indirect supervision may occur only when a supervising program faculty member is available to the student by telephone.

A program's policies established under this paragraph must require that a clinical preceptor who is supervising students in a professional nursing education program be a registered nurse or, if supervising students in a practical nursing education program, be a registered nurse or licensed practical nurse.

(f) The professional or practical nursing curriculum plan documents clinical experience and theoretical instruction in medical, surgical, obstetric, pediatric, and geriatric nursing. A professional nursing curriculum plan shall also document clinical experience and theoretical instruction in psychiatric nursing. Each curriculum plan must document clinical training experience in appropriate settings that include, but are not limited to, acute care, long-term care, and community settings.

(g) The professional or practical nursing education program provides theoretical instruction and clinical application in personal, family, and community health concepts; nutrition; human growth and development throughout the life span; body structure and function; interpersonal relationship skills; mental health concepts; pharmacology and administration of medications; and legal aspects of practice. A professional nursing education program must also provide theoretical instruction and clinical application in interpersonal relationships and leadership skills; professional role and function; and health teaching and counseling skills.

(2) PROGRAM APPROVAL. –

(a) Upon receipt of a program application and review fee, the department shall examine the application to determine if it is complete. If the application is not complete, the department shall notify the educational institution in writing of any errors or omissions within 30 days after the department's receipt of the application. A program application is deemed complete upon the department's receipt of:

1. The initial application, if the department does not notify the educational institution of any errors or omissions within the 30-day period; or

2. A revised application that corrects each error and omission of which the department notifies the educational institution within the 30-day period.

(b) Within 90 days after the department's receipt of a complete program application, the board shall:

1. Approve the application if it documents compliance with subsection (1); or

2. Provide the educational institution with a notice of intent to deny the application if it does not document compliance with subsection (1). The notice must specify written reasons for the board's denial of the application. The board may not deny a program application because of an educational institution's failure to correct an error or omission that the department failed to provide notice of to the institution within the 30-day notice period under paragraph (a). The educational institution may request a hearing on the notice of intent to deny the program application pursuant to chapter 120.

(c) A program application is deemed approved if the board does not act within the 90-day review period provided under paragraph (b).

(d) Upon the board's approval of a program application, the program becomes an approved program.

(3)ANNUAL REPORT.—By November 1 of each year, each approved program shall submit to the board an annual report comprised of an affidavit certifying continued compliance with subsection (1), a summary description of the program’s compliance with subsection (1), and documentation for the previous academic year that, to the extent applicable, describes:

(a)The number of student applications received, qualified applicants, applicants accepted, accepted applicants who enroll in the program, students enrolled in the program, and program graduates.

(b)The program’s retention rates for students tracked from program entry to graduation.

(c)The program’s accreditation status, including identification of the accrediting agency.

(4)INTERNET WEBSITE.— The board shall publish the following information on its Internet website:

(a)A list of each accredited program conducted in the state and the program’s graduate passage rates for the most recent 2 calendar years, which the department shall determine through the following sources:

1.For a program’s accreditation status, the specialized accrediting agencies that are nationally recognized by the United States Secretary of Education to accredit nursing education programs.

2.For a program’s graduate passage rates, the contract testing service of the National Council of State Boards of Nursing.

(b)The following data for each approved program, which includes, to the extent applicable:

1.All documentation provided by the program in its program application if submitted on or after July 1, 2009.

2.The summary description of the program’s compliance submitted under subsection (3).

3.The program’s accreditation status, including identification of the accrediting agency.

4.The program’s probationary status.

5.The program’s graduate passage rates for the most recent 2 calendar years.

6.Each program’s retention rates for students tracked from program entry to graduation.

(c)The average passage rates for United States educated, first-time test takers on the National Council of State Boards of Nursing Licensing Examination for the most recent 2 calendar years, as calculated by the contract testing service of the National Council of State Boards of Nursing. The average passage rates shall be published separately for each type of comparable degree program listed in subparagraph (5)(a)1.

The information required to be published under this subsection shall be made available in a manner that allows interactive searches and comparisons of individual programs selected by the website user. The board shall update the Internet website at least quarterly with the available information.

(5)ACCOUNTABILITY.—

(a)1.An approved program must achieve a graduate passage rate for first-time test takers who take the licensure examination within 6 months after graduation from the program that is not more than 10 percentage points lower than the average passage rate during the same calendar year for graduates of comparable degree programs who are United States educated, first-time test takers on the National Council of State Boards of Nursing Licensing Examination, as calculated by the contract testing service of the National Council of State Boards of Nursing. An approved program shall require a graduate from the program who does not take the licensure examination within 6 months after graduation to enroll in and successfully complete a licensure examination preparatory course pursuant to s. 464.008. For purposes of this subparagraph, an approved program is comparable to all degree programs of the same program type from among the following program types:

- a. Professional nursing education programs that terminate in a bachelor's degree.
- b. Professional nursing education programs that terminate in an associate degree.
- c. Professional nursing education programs that terminate in a diploma.
- d. Practical nursing education programs.

2. Beginning with graduate passage rates for calendar year 2010, if an approved program's graduate passage rates do not equal or exceed the required passage rates for 2 consecutive calendar years, the board shall place the program on probationary status pursuant to chapter 120 and the program director shall appear before the board to present a plan for remediation, which shall include specific benchmarks to identify progress toward a graduate passage rate goal. The program must remain on probationary status until it achieves a graduate passage rate that equals or exceeds the required passage rate for any 1 calendar year. The board shall deny a program application for a new prelicensure nursing education program submitted by an educational institution if the institution has an existing program that is already on probationary status.

3. Upon the program's achievement of a graduate passage rate that equals or exceeds the required passage rate, the board, at its next regularly scheduled meeting following release of the program's graduate passage rate by the National Council of State Boards of Nursing, shall remove the program's probationary status. If the program, during the 2 calendar years following its placement on probationary status, does not achieve the required passage rate for any 1 calendar year, the board shall terminate the program pursuant to chapter 120. However, the board may extend the program's probationary status for 1 additional year if the program demonstrates adequate progress toward the graduate passage rate goal by meeting a majority of the benchmarks established in the remediation plan.

(b) If an approved program fails to submit the annual report required in subsection (3), the board shall notify the program director and president or chief executive officer of the educational institution in writing within 15 days after the due date of the annual report. The program director shall appear before the board at the board's next regularly scheduled meeting to explain the reason for the delay. The board shall terminate the program pursuant to chapter 120 if it does not submit the annual report within 6 months after the due date.

(c) An approved program on probationary status shall disclose its probationary status in writing to the program's students and applicants.

(d) If students from a program that is terminated pursuant to this subsection transfer to an approved or an accredited program under the direction of the Commission for Independent Education, the board shall recalculate the passage rates of the programs receiving the transferring students, excluding the test scores of those students transferring more than 12 credits.

(6) DISCLOSURE OF GRADUATE PASSAGE RATE DATA. —

(a) For each graduate of the program included in the calculation of the program's graduate passage rate, the department shall disclose to the program director, upon his or her written request, the name, examination date, and determination of whether each graduate passed or failed the National Council of State Boards of Nursing Licensing Examination, if such information is provided to the department by the contract testing service of the National Council of State Boards of Nursing. The written request must specify the calendar years for which the information is requested.

(b) A program director to whom confidential information exempt from public disclosure pursuant to s. 456.014 is disclosed under this subsection must maintain the confidentiality of the information and is subject to the same penalties provided in s. 456.082 for department employees who unlawfully disclose confidential information.

(7) PROGRAM CLOSURE. —

(b) provide or require not less than a two academic year program of study that awards a minimum of an associate degree.

(6) In addition to the standards established in Subsections (1), (2), and (3) above, a parent education institution offering a nursing education program leading toward licensure as an APRN or APRN-CRNA shall:

(a) be accredited or preaccredited by a regional or national professional accrediting body approved by the U.S. Department of Education and recognized by the nurse accrediting body from which the nursing program will seek nurse accreditation;

(b) admit as students, only persons having completed at least an associate degree in nursing or baccalaureate degree in a related discipline; and

(c) provide or require not less than a two academic year program of study that awards a minimum of a master's degree.

R156-31b-602. Categories of Nursing Education Programs Approval Status.

(1) Full approval status of a nursing program shall be granted and maintained by adherence to the following:

(a) current accreditation by the NLNAC, CCNE, or COA; and

(b) compliance with the standards of the nurse accrediting body under Subsection (1)(a), and the standards established in Sections R156-31b-601 and R156-31b-603, and R156-31b-607 if the program has been approved to conduct an innovative approach to education.

(2) The Division may place on probationary approval status a nursing education program for a period not to exceed three years provided the program:

(a) is located or available within the state;

(b) is found to be out of compliance with the established standards for approval or with an approved innovative approach to education to the extent that the ability of the program to competently educate nursing students is impaired; and

(c) provides a plan of correction which is reasonable and includes an adequate safeguard of the student and public.

(3) The Division may grant provisional approval status to a nursing education program for a period not to exceed two years after the date of the first graduating class, provided the program:

(a) is located or available within the state;

(b) is newly organized;

(c) meets all standards established in Sections R156-31b-601 and R156-31b-603, and R156-31b-607 if the program has been approved to conduct an innovative approach to education; and

(d) is progressing in a timely manner to qualify for full approval status by obtaining accreditation from a nurse accrediting body.

(4)(a) A nursing education program seeking accreditation from NLNAC shall demonstrate progression toward accreditation and qualifying for full approval status by becoming a Candidate for Accreditation by the NLNAC no later than six months from the date of the first day a nursing course is offered.

(b) A program that fails to obtain NLNAC Candidacy Status as required in this Subsection shall:

(i) immediately cease accepting any new students;

(ii) the approval status of the program shall be changed to "Probationary" and if the program fails to become a Candidate for NLNAC accreditation within one year from the date of the first day a nursing course is offered, the program shall cease operation at the end of the current academic term such as at the end of the current semester or quarter; and

(iii) a nursing education program that ceases operation under this Subsection, is eligible to submit a new application for approval status of a nursing education program to the Division for review and action no sooner than one calendar year from the date the program ceased operation.

(5) A nursing education program that has been granted provisional approval status and fails to become accredited by a nurse accrediting body within two years of the first

graduating class, shall cease operation at the end of the two year period of time and the academic term, such as a semester or quarter, of that time period.

(6) After receiving notification from a nurse accrediting body of a failed site visit or denied application for accreditation by the nurse accrediting body, a nursing education program on provisional approval status shall:

- (i) notify the Division and Board within 10 days of being notified of the failed site visit or denied application for accreditation;
- (ii) cease operation at the end of the current academic term; and
- (iii) be eligible to submit a new application for approval status of a nursing education program to the Division for review and action no sooner than one calendar year from the date the program ceased operation.

(7)(a) A nursing education program on provisional approval status shall schedule a nurse accreditation site visit no later than one calendar year from the graduation date of the first graduating class.

(b) A program that fails to schedule a site visit within one year of the first graduating class shall:

- (i) cease to accept any new students;
- (ii) no later than two years after the first graduating class, cease operation; and
- (iii) if ceasing operation under this Subsection, be eligible to submit a new application for approval status of a nursing education program to the Division for review and action no sooner than one calendar year from the date the program ceased operation.

R156-31b-603. Nursing Education Program Standards.

In accordance with Subsection 58-31b-601(2), the minimum standards that a nursing education program must meet to qualify graduates for licensure under this chapter are set forth as follows.

(1) A nursing education program shall meet the following standards:

- (a) purposes and outcomes shall be consistent with the Nurse Practice Act and Rule and other relevant state statutes;
- (b) purposes and outcomes shall be consistent with generally accepted standards of nursing practice appropriate for graduates of the type of nursing program offered;
- (c) consumer input shall be considered in developing and evaluating the purpose and outcomes of the program;
- (d) the program shall implement a comprehensive, systematic plan for ongoing evaluation that is based on program outcomes and incorporates continuous improvement;
- (e) the curriculum shall provide diverse, integrated didactic and clinical learning experiences across the lifespan, consistent with program outcomes;
- (f) the faculty and students shall participate in program planning, implementation, evaluation, and continuous improvement;
- (g) the nursing program administrator shall be professionally and academically qualified as a registered nurse with institutional authority and administrative responsibility for the program;
- (h) professionally and academically qualified nurse faculty shall be sufficient in number and expertise to accomplish program outcomes and quality improvement;
- (i) fiscal, human, physical, clinical and technical learning resources shall be adequate to support program processes, security and outcomes;
- (j) program information communicated by the nursing program shall be fair, accurate, complete, consistent, and readily available;
- (k) the program shall meet all the criteria established in this rule;
- (l) the program shall be an integral part of a parent academic institution which is accredited by an accrediting body that is recognized by the U.S. Secretary of Education; and
- (m) the program shall require students to obtain general education, pre-requisite, and co-requisites courses from a regionally accredited institution of higher education, or have in place an articulation agreement with a regionally accredited institution of

higher education; a current approved program has until January 1, 2010 to come into compliance with this standard.

(2) A comprehensive nursing education program evaluation shall be performed annually for quality improvement and shall include but not be limited to:

- (a) students' achievement of program outcomes;
- (b) evidence of adequate program resources including fiscal, physical, human, clinical and technical learning resources, and the availability of clinical sites and the viability of those sites to meet the objectives of the program;
- (c) multiple measures of program outcomes for graduates such as NCLEX pass rate, student and employer survey, and successful completion of national certification programs;
- (d) evidence that accurate program information for consumers is readily available;
- (e) evidence that the head of the academic institution and the administration support program outcomes;
- (f) evidence that the program administrator and program faculty meet board qualifications and are sufficient to achieve program outcomes; and
- (g) evidence that the academic institution assures security of student information.

(3) The curriculum of the nursing education program shall enable the student to develop the nursing knowledge, skills and competencies necessary for the level, scope and standards of nursing practice consistent with the level of licensure. The curriculum shall include:

- (a) content regarding legal and ethical issues, history and trends in nursing and health care, and professional responsibilities;
- (b) experiences that promote the development of leadership and management skills and professional socialization consistent with the level of licensure, including the demonstration of the ability to supervise others and provide leadership of the profession;
- (c) learning experiences and methods of instruction, including distance education methods, consistent with the written curriculum plan;
- (d) coursework including, but not limited to:
 - (i) content in the biological, physical, social and behavioral sciences to provide a foundation for safe and effective nursing practice;
 - (ii) didactic content integrated with supervised clinical experience in the prevention of illness and the promotion, restoration, and maintenance of health in patients across the life span and in a variety of clinical settings, to include:
 - (A) using informatics to communicate, manage knowledge, mitigate error and support decision making;
 - (B) employing evidence-based practice to integrate best research with clinical expertise and patient values for optimal care, including skills to identify and apply best practices to nursing care;
 - (C) providing patient-centered, culturally competent care:
 - (1) respecting patient differences, values, preferences and expressed needs;
 - (2) involving patients in decision-making and care management;
 - (3) coordinating and managing continuous patient care; and
 - (4) promoting healthy lifestyles for patients and populations;
 - (D) working in interdisciplinary teams to cooperate, collaborate, communicate and integrate patient care and health promotion; and
 - (E) participating in quality improvement processes to measure patient outcomes, identify hazards and errors, and develop changes in processes of patient care;
- (e) supervised clinical practice which includes development of skill in making clinical judgments, management and care of groups of patients, experience with interdisciplinary teamwork, working with families in the provision of care, managing crisis situations, and delegation to and supervision of other health care providers:
 - (i) clinical experience shall be comprised of sufficient hours, shifts, variety of populations, and hands-on practice to meet these standards, and ensure students' ability to practice at an entry level;

(a) An educational institution conducting an approved program or accredited program in this state, at least 30 days before voluntarily closing the program, shall notify the board in writing of the institution's reason for closing the program, the intended closure date, the institution's plan to provide for or assist in the completion of training by the program's students, and the arrangements for storage of the program's permanent records.

(b) An educational institution conducting a nursing education program that is terminated under subsection (5) or closed under subparagraph (9)(b)3.:

1. May not accept or enroll new students.

2. Shall submit to the board within 30 days after the program is terminated or closed a written description of how the institution will assist in completing the training of the program's students and the institution's arrangements for storage of the program's permanent records.

(c) If an educational institution does not comply with paragraph (a) or paragraph (b), the board shall provide a written notice explaining the institution's noncompliance to the following persons and entities:

1. The president or chief executive officer of the educational institution.

2. The Board of Governors, if the program is conducted by a state university.

3. The district school board, if the program is conducted by an educational institution operated by a school district.

4. The Commission for Independent Education, if the program is conducted by an educational institution licensed under chapter 1005.

5. The State Board of Education, if the program is conducted by an educational institution in the Florida College System or by an educational institution that is not subject to subparagraphs 2.-4.

(8) RULEMAKING.—The board does not have rulemaking authority to administer this section, except that the board shall adopt rules that prescribe the format for submitting program applications under subsection (1) and annual reports under subsection (3), and to administer the documentation of the accreditation of nursing education programs under subsection (11). The board may not impose any condition or requirement on an educational institution submitting a program application, an approved program, or an accredited program, except as expressly provided in this section.

(9) APPLICABILITY TO ACCREDITED PROGRAMS.—

(a) Subsections (1)-(3), paragraph (4)(b), and subsection (5) do not apply to an accredited program.

(b) If an accredited program ceases to be accredited, the educational institution conducting the program:

1. Within 10 business days after the program ceases to be accredited, must provide written notice of the date that the program ceased to be accredited to the board, the program's students and applicants, and each entity providing clinical training sites or community-based clinical experience sites for the program. The educational institution must continue to provide the written notice to new students, applicants, and entities providing clinical training sites or community-based clinical experience sites for the program until the program becomes an approved program or is closed under subparagraph 3.

2. Within 30 days after the program ceases to be accredited, must submit an affidavit to the board, signed by the educational institution's president or chief executive officer, which certifies the institution's compliance with subparagraph 1. The board shall notify the persons and applicable entities listed in paragraph (7)(c) if an educational institution does not submit the affidavit required by this subparagraph.

3. May apply to become an approved program under this section. If the educational institution:

a. Within 30 days after the program ceases to be accredited, submits a program application and review fee to the department under subsection (1) and the affidavit required under subparagraph 2., the program shall be deemed an approved program from the date that the program ceased to be accredited until the date that the board approves or denies the program application. The program application must be denied by the board pursuant to chapter 120 if it does not contain the affidavit. If the board denies the program application under subsection (2) or if the program application does not contain the affidavit, the program shall be closed and the educational institution conducting the program must comply with paragraph (7)(b).

b. Does not apply to become an approved program pursuant to sub-subparagraph a., the program shall be deemed an approved program from the date the program ceased to be accredited until the 31st day after that date. On the 31st day after the program ceased to be accredited, the program shall be closed and the educational institution conducting the program must comply with paragraph (7)(b).

(10)IMPLEMENTATION STUDY.—The Florida Center for Nursing and the education policy area of the Office of Program Policy Analysis and Government Accountability shall study the administration of this section and submit reports to the Governor, the President of the Senate, and the Speaker of the House of Representatives annually by January 30, through January 30, 2020. The annual reports shall address the previous academic year; provide data on the measures specified in paragraphs (a) and (b), as such data becomes available; and include an evaluation of such data for purposes of determining whether this section is increasing the availability of nursing education programs and the production of quality nurses. The department and each approved program or accredited program shall comply with requests for data from the Florida Center for Nursing and the education policy area of the Office of Program Policy Analysis and Government Accountability.

(a)The education policy area of the Office of Program Policy Analysis and Government Accountability shall evaluate program-specific data for each approved program and accredited program conducted in the state, including, but not limited to:

1. The number of programs and student slots available.
2. The number of student applications submitted, the number of qualified applicants, and the number of students accepted.
3. The number of program graduates.
4. Program retention rates of students tracked from program entry to graduation.
5. Graduate passage rates on the National Council of State Boards of Nursing Licensing Examination.
6. The number of graduates who become employed as practical or professional nurses in the state.

(b)The Florida Center for Nursing shall evaluate the board's implementation of the:

1. Program application approval process, including, but not limited to, the number of program applications submitted under subsection (1); the number of program applications approved and denied by the board under subsection (2); the number of denials of program applications reviewed under chapter 120; and a description of the outcomes of those reviews.

2. Accountability processes, including, but not limited to, the number of programs on probationary status, the number of approved programs for which the program director is required to appear before the board under subsection (5), the number of approved programs terminated by the board, the number of terminations reviewed under chapter 120, and a description of the outcomes of those reviews.

(c) For any state fiscal year in which the Florida Center for Nursing does not receive legislative appropriations, the education policy area of the Office of Program Policy Analysis and Government Accountability shall perform the duties assigned by this subsection to the Florida Center for Nursing.

(11) ACCREDITATION REQUIRED.—

(a) A nursing education program that prepares students for the practice of professional nursing, that was approved under this section before July 1, 2014, and that enrolled students before July 1, 2014, must become an accredited program by July 1, 2019.

(b) A nursing education program that prepares students for the practice of professional nursing and that was approved under this section before July 1, 2014, but did not enroll students before that date, must become an accredited program within 5 years after the date of enrolling the program's first students.

(c) A nursing education program that prepares students for the practice of professional nursing and that is approved under this section after June 30, 2014, must become an accredited program within 5 years after the date of enrolling the program's first students.

(d) This subsection does not apply to a nursing education program provided by an institution that is exempt from licensure by the Commission for Independent Education under s. 1005.06(1)(e).

History.—ss. 1, 6, ch. 79-225; ss. 2, 3, ch. 81-318; ss. 17, 18, ch. 86-284; s. 58, ch. 91-137; s. 5, ch. 91-156; s. 4, ch. 91-429; s. 11, ch. 96-274; s. 84, ch. 97-264; s. 126, ch. 2000-318; s. 7, ch. 2002-230; s. 2, ch. 2009-168; s. 5, ch. 2010-37; s. 98, ch. 2012-184; s. 4, ch. 2014-92.

Proposed Rule

R156-31b-602. Requirements for Limited-time Approval of Non-accredited Nursing Education Programs.

(1)(a) Pursuant to Subsection 58-31b-601(2), a nursing education program may, prior to obtaining an accreditation described in Subsection 58-31b-601(1), qualify for a limited time as an approved education program if the program provider demonstrates that application for accreditation has been made.

(b) If the program provider is seeking accreditation from the ACEN or CCNE, the limited-time approval shall expire after 12 months unless Subsection (2) applies.

(c) If the program provider is seeking accreditation from the COA, the limited-time approval shall expire at the end of the COA initial review process unless this Subsection (2) applies.

(2)(a) A program that is granted limited-time approval pursuant to this Subsection (1) shall retain that approval if, during the applicable time period outlined in Subsection (1):

(i) it achieves candidate status with the ACEN;

(ii) it achieves applicant status with the CCNE; or

(iii) it successfully completes the COA initial review process.

(b) A program that meets the qualifications described in this Subsection (2)(a) shall retain its limited-time approval until such time as the accrediting body makes a final determination on the program's application for accreditation.

(3) The provider of a program that receives limited-time approval pursuant to this Subsection (1) and (2) shall, pursuant to this Subsection (4), disclose to each student who enrolls:

(a) that program accreditation is pending;

(b) that any education completed prior to the accrediting body's final determination will satisfy, at least in part, state requirements for prelicensing education; and

(c) that, if the program fails to achieve accreditation, any student who has not yet graduated will be unable to complete a nurse prelicensing education program through the provider.

(4) The disclosure required by this Subsection (3) shall:

(a) be signed by each student who enrolls with the provider; and

(b) at a minimum, state the following: "The nursing program in which you are enrolling has not yet been accredited. The program is being reviewed by the (accrediting body).

Any education you complete prior to a final determination by the (accrediting body) will satisfy associated state requirements for licensure. However, if the (accrediting body) ultimately determines that the program does not qualify for accreditation, you will need to transfer into a different program in order to complete your nurse prelicensing education. There is no guarantee that another institution will accept you as a transfer student. If you are accepted, there is no guarantee that the institution you attend will accept the education you have completed at (name of institution providing disclosure) for credit toward graduation."

(5)(a) If an accredited program receives notice that its accreditation is in jeopardy, the institution offering the program shall immediately notify all enrolled students:

(i) of the date on which the accrediting body anticipates making a final determination as to the program's approval;

(ii) that, should the accreditation be terminated, the institution will be prohibited from providing any further pre-licensing education for a period of at least one year; and

(iii) that a student's ability to transfer to a different institution is not guaranteed.

(b)(i) If a program loses its accreditation, the institution offering the program shall:

(A) cease operation:

(I) from the end of the academic term in which the accreditation is lost; and

(II) for a period of at least one calendar year from the date on which the institution ceases operations pursuant to this Subsection (5)(a)(i)(A); and

(B) arrange for enrolled students to articulate into a comparable program.

(ii) Following the one-year period described in this Subsection (5)(a)(i)(B), the institution may submit an application for limited-time approval pursuant to this Subsection (1).

(6)(a) If a program that has received limited-time approval is denied initial accreditation, the institution offering the program may retain its limited-time approval if it achieves a status described in this Subsection (2)(a) within the six-month period following the date of denial.

(b) An institution that is unable to achieve a status described in this Subsection (2)(a) within six months of its date of denial shall:

(i) immediately cease accepting new students; and

(ii) arrange for enrolled students to articulate into a comparable program.

Proposed Rule

R156-31b-703b. Scope of Nursing Practice Implementation.

- (1) LPN. An LPN shall be expected to:
- (a) conduct a focused nursing assessment;
 - (b) plan for and implement nursing care within limits of competency;
 - (c) conduct patient surveillance and monitoring;
 - (d) assist in identifying patient needs;
 - (e) assist in evaluating nursing care;
 - (f) participate in nursing management by:
 - (i) assigning appropriate nursing activities to other LPNs;
 - (ii) delegating care for stable patients to unlicensed assistive personnel in accordance with these rules and applicable statutes;
 - (iii) observing nursing measures and providing feedback to nursing managers; and
 - (iv) observing and communicating outcomes of delegated and assigned tasks; and
 - (g) serve as faculty in area(s) of competence.
- (2) RN. An RN shall be expected to:
- (a) interpret patient data, whether obtained through a focused nursing assessment or otherwise, to:
 - (i) complete a comprehensive nursing assessment; and
 - (ii) determine whether, and according to what timeframe, another medical professional, a patient's family member, or any other person should be apprised of a patient's nursing needs;
 - (b) detect faulty or missing patient information;
 - (c) apply nursing knowledge effectively in the synthesis of the biological, psychological, spiritual, and social aspects of the patient's condition;
 - (d) utilize broad and complete analyses to plan strategies of nursing care and nursing interventions that are integrated within each patient's overall health care plan or IHP;
 - (e) demonstrate appropriate decision making, critical thinking, and clinical judgment to make independent nursing decisions and to identify health care needs;
 - (f) correctly identify changes in each patient's health status;
 - (g) comprehend clinical implications of patient signs, symptoms, and changes as part of ongoing or emergent situations;
 - (h) critically evaluate the impact of nursing care, the patient's response to therapy, and the need for alternative interventions;
 - (i) intervene on behalf of a patient when problems are identified so as to revise a care plan as needed;
 - (j) appropriately advocate for patients by:
 - (i) respecting patients' rights, concerns, decisions, and dignity;
 - (ii) identifying patient needs;
 - (iii) attending to patient concerns or requests; and
 - (iv) promoting a safe and therapeutic environment by:
 - (A) providing appropriate monitoring and surveillance of the care environment;
 - (B) identifying unsafe care situations; and
 - (C) correcting problems or referring problems to appropriate management level when needed;
 - (k) communicate with other health team members regarding patient choices, concerns, and special needs, including:
 - (i) patient status and progress;
 - (ii) patient response or lack of response to therapies; and
 - (iii) significant changes in patient condition;
 - (l) demonstrate the ability to responsibly organize, manage, and supervise the practice of nursing by:
 - (i) delegating tasks in accordance with these rules and applicable statutes; and
 - (ii) matching patient needs with personnel qualifications, available resources, and appropriate supervision;
 - (m) teach and counsel patient families regarding an applicable health care regimen, including general information about health and medical conditions, specific procedures, wellness, and prevention;
 - (n) if acting as a chief administrative nurse:
 - (i) ensure that organizational policies, procedures, and standards of nursing practice are developed, kept current, and implemented to promote safe and effective nursing care;
 - (ii)(A) assess the knowledge, skills, and abilities of nursing staff and assistive personnel; and
 - (B) ensure all personnel are assigned to nursing positions appropriate to their determined competence and licensure/certification/registration level; and

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- (iii) ensure that thorough and accurate documentation of personnel records, staff development, quality assurance, and other aspects of the nursing organization are maintained;
- (o) if employed by a department of health:
- (i) implement standing orders and protocols; and
- (ii) complete and provide to a patient prescriptions that have been prepared and signed by a physician in accordance with the provisions of Section 58-17b-620;
- (p) serve as faculty in area(s) of competence; and
- (q) perform any task within the scope of practice of an LPN.
- (3) APRN.
- (a) The scope of practice for an APRN is delineated in the American Association of Nurse Practitioners (AANP) document, "Scope of Practice for Nurse Practitioners," revised 2013, which is hereby incorporated by reference.
- (b) The standards of practice for an APRN are delineated in the American Association of Nurse Practitioners document, "Standards of Practice for Nurse Practitioners," revised 2013, which is hereby incorporated by reference.
- (c) An APRN who chooses to change or expand from a primary focus of practice shall, at the request of the Division, document competency within that expanded practice based on education, experience, and certification. The burden to demonstrate competency rests upon the licensee.
- ([b]d) An individual licensed as an APRN may practice within the scope of practice of an RN and an LPN.
- ([e]e) An individual licensed in good standing in Utah as an APRN and residing in this state may practice as an RN in any Compact state.

Scope of Practice for Nurse Practitioners

Professional Role

Nurse practitioners (NPs) are licensed, independent practitioners who practice in ambulatory, acute and long-term care as primary and/or specialty care providers. They provide nursing and medical services to individuals, families and groups accordant with their practice specialties. In addition to diagnosing and managing acute episodic and chronic illnesses, NPs emphasize health promotion and disease prevention. Services include ordering, conducting, supervising, and interpreting diagnostic and laboratory tests, prescribing pharmacological agents and non-pharmacologic therapies, and teaching and counseling patients, among others.

As licensed, independent clinicians, NPs practice autonomously and in collaboration with health care professionals and other individuals. They serve as health care researchers, interdisciplinary consultants and patient advocates.

Education

NPs are advanced practice nurses - health care professionals who have achieved licensure and credentialing well beyond their roles as registered nurses (RNs). All NPs obtain graduate degrees and many go on to earn additional post-master's certificates and doctoral degrees. Didactic and clinical courses provide NPs with specialized knowledge and clinical competency which enable them to practice in primary care, acute care and long-term care settings. Self-directed continued learning and professional development are hallmarks of NP education.

Accountability

The autonomous nature of NP practice requires accountability for health care outcomes and thus national certification, periodic peer review, clinical outcome evaluations, a code for ethical practice, evidence of continued professional development and maintenance of clinical skills. NPs are committed to seeking and sharing information that promotes quality health care and improves clinical outcomes. This is accomplished by leading and participating in both professional and lay health care forums, conducting research and applying findings to clinical practice.

Responsibility

The role of the NP continues to evolve in response to changing societal and health care needs. As leaders in primary and acute health care, NPs combine the roles of providers, mentors, educator, researchers and administrators. They also take responsibility for advancing the work of NPs through involvement in professional organizations and participation in health policy activities at the local, state, national and international levels.

Standards of Practice for Nurse Practitioners

I. Qualifications

Nurse practitioners are licensed, independent practitioners who provide primary and/or specialty nursing and medical care in ambulatory, acute and long-term care settings. They are registered nurses with specialized, advanced education and clinical competency to provide health and medical care for diverse populations in a variety of primary care, acute and long-term care settings. Master's, post-master's or doctoral preparation is required for entry-level practice (AANP 2006).

II. Process of Care

The nurse practitioner utilizes the scientific process and national standards of care as a framework for managing patient care. This process includes the following components.

A. Assessment of health status

The nurse practitioner assesses health status by:

- Obtaining a relevant health and medical history
- Performing a physical examination based on age and history
- Performing or ordering preventative and diagnostic procedures based on the patient's age and history
- Identifying health and medical risk factors

B. Diagnosis

The nurse practitioner makes a diagnosis by:

- Utilizing critical thinking in the diagnostic process
- Synthesizing and analyzing the collected data
- Formulating a differential diagnosis based on the history, physical examination and diagnostic test results
- Establishing priorities to meet the health and medical needs of the individual, family, or community

C. Development of a treatment plan

The nurse practitioner, together with the patient and family, establishes an evidence-based, mutually acceptable, cost-awareness plan of care that maximizes health potential. Formulation of the treatment plan includes:

- Ordering and interpreting additional diagnostic tests
- Prescribing or ordering appropriate pharmacologic and non-pharmacologic interventions
- Developing a patient education plan
- Recommending consultations or referrals as appropriate

D. Implementation of the plan

Interventions are based upon established priorities. Actions by the nurse practitioners are:

- Individualized
- Consistent with the appropriate plan for care
- Based on scientific principles, theoretical knowledge and clinical expertise
- Consistent with teaching and learning opportunities

E. Follow-up and evaluation of the patient status

The nurse practitioner maintains a process for systematic follow-up by:

- Determining the effectiveness of the treatment plan with documentation of patient care outcomes
- Reassessing and modifying the plan with the patient and family as necessary to achieve health and medical goals



III. Care Priorities

The nurse practitioner's practice model emphasizes:

- A. Patient and family education
The nurse practitioner provides health education and utilizes community resource opportunities for the individual and/or family

- B. Facilitation of patient participation in self care.
The nurse practitioner facilitates patient participation in health and medical care by providing information needed to make decisions and choices about:
 - Promotion, maintenance and restoration of health
 - Consultation with other appropriate health care personnel
 - Appropriate utilization of health care resources

- C. Promotion of optimal health

- D. Provision of continually competent care

- E. Facilitation of entry into the health care system

- F. The promotion of a safe environment

IV. Interdisciplinary and Collaborative Responsibilities

As a licensed, independent practitioner, the nurse practitioner participates as a team leader and member in the provision of health and medical care, interacting with professional colleagues to provide comprehensive care.

V. Accurate Documentation of Patient Status and Care

The nurse practitioner maintains accurate, legible and confidential records.

VI. Responsibility as Patient Advocate

Ethical and legal standards provide the basis of patient advocacy. As an advocate, the nurse practitioner participates in health policy activities at the local, state, national and international levels.

VII. Quality Assurance and Continued Competence

Nurse practitioners recognize the importance of continued learning through:

- A. Participation in quality assurance review, including the systematic, periodic review of records and treatment plans
- B. Maintenance of current knowledge by attending continuing education programs
- C. Maintenance of certification in compliance with current state law
- D. Application of standardized care guidelines in clinical practice

VIII. Adjunct Roles of Nurse Practitioners

Nurse practitioners combine the roles of provider, mentor, educator, researcher, manager and consultant. The nurse practitioner interprets the role of the nurse practitioner to individuals, families and other professionals.

IX. Research as Basis for Practice

Nurse practitioners support research by developing clinical research questions, conducting or participating in studies, and disseminating and incorporating findings into practice.

Proposed Rule

R156-31b-309. APRN Intern License.

- (1) An individual who has completed all requirements outlined in Subsection R156-31b-301c(1) except the certification examination requirement may apply for an APRN intern license.
- (2) In accordance with Section 58-31b-306, and unless this Subsection (3) or (4) applies, an intern license expires the earlier of:
 - (a) 180 days from the date of issuance;
 - (b) 30 days after the Division receives notice pursuant to this Subsection (4) that the applicant has failed the specialty certification examination; or
 - (c) upon issuance of an APRN license.
- (3) If an intern is applying for licensure as an APRN specializing in psychiatric mental health nursing, the intern license expires three years from the date of issuance. In accordance with 58-31b-306(1)(a)(iii), the level of APRN Intern supervision exercised by an advanced practice registered nurse or physician shall be general supervision.
- (4) The Division in collaboration with the Board may extend the term of any intern license upon a showing of extraordinary circumstances beyond the control of the applicant.
- (5) It is the professional responsibility of an APRN intern:
 - (a) to inform the Division of examination results within ten calendar days of receipt; and
 - (b) to cause the examination agency to send the examination results directly to the Division.

Proposed Rule

R156-31b-301a. LPN License – Education, Examination, and Experience Requirements.

- (1) An applicant who has never obtained a license in any state or country shall:
 - (a) demonstrate that the applicant:
 - (i) has successfully completed an LPN prelicensing education program that meets the requirements of Section 58-31b-601;
 - (ii) has successfully completed an LPN prelicensing education program that is equivalent to an approved program under Section 58-31b-601; or
 - (iii)(A) is enrolled in an RN prelicensing education program that meets the requirements of Section 58-31b-601; and
 - (B) has completed coursework that is equivalent to the coursework of an ACEN-accredited practical nurse program;
 - (b) pass the LPN NCLEX examination pursuant to Section R156-31b-301e; and
 - (c) submit to a criminal background check pursuant to Subsection 58-31b-302(5) and Section R156-31b-301g.
- (2) An applicant who holds a current LPN license issued by another country or by a state that does not participate in the interstate compact shall:
 - (a) demonstrate that the license issued by the other jurisdiction is active and in good standing as of the date of application;
 - (b) demonstrate that the LPN prelicensing education completed by the applicant:
 - (i) is equivalent to LPN prelicensing education approved in Utah as of the date of the applicant's graduation; and
 - (ii) if a foreign education program, meets all requirements outlined in Section R156-31b-301d;
 - (c) pass the LPN NCLEX examination pursuant to Section R156-31b-301e; and
 - (d) submit to a criminal background check pursuant to Subsection 58-31b-302(5) and Section R156-31b-301g.
- (3) An applicant who holds a current LPN license in an interstate compact state shall apply for a license within 90 days of establishing residency in Utah.
- (4) An applicant who has been licensed previously (~~in Utah~~), but whose license has expired or lapsed, shall:
 - (a) if the applicant has not practiced as a nurse for up to five years, document current compliance with the continuing competency requirements as established in Subsection R156-31b-303(3);
 - (b) if the applicant has not practiced as a nurse for more than five years but less than eight years:
 - (i) pass the LPN NCLEX examination within 60 days following the date of application; or
 - (ii) successfully complete an approved re-entry program;
 - (c) if the applicant has not practiced as a nurse for more than eight years but less than 10 years:
 - (i) successfully complete an approved re-entry program; and
 - (ii) pass the LPN NCLEX examination within 60 days following the date of application; or
 - (d) if the applicant has not practiced as a nurse for 10 years or more, comply with this Subsection (1).
- (5) An applicant who has been licensed in another state or country, but whose license has expired or lapsed, shall:
 - (a) comply with this Subsection (2)(b); and
 - (b) comply with this Subsection (4) as applicable; and
 - (c) submit to a criminal background check pursuant to Subsection 58-31b-302(5) and Section R156-31b-301g.

R156-31b-301b. RN License – Education, Examination, and Experience Requirements.

- (1) An applicant who has never obtained a license in any state or country shall:
 - (a) demonstrate that the applicant has successfully completed an RN prelicensing education program that:
 - (i) meets the requirements of Section 58-31b-601; or
 - (ii) is equivalent to an approved program under Section 58-31b-601;
 - (b) pass the RN NCLEX examination pursuant to Section R156-31b-301e; and
 - (c) submit to a criminal background check pursuant to Subsection 58-31b-302(5) and Section R156-31b-301g.
- (2) An applicant who holds a current RN license issued by another country or by a state that does not participate in the interstate compact shall:
 - (a) demonstrate that the license issued by the other jurisdiction is current, active, and in good standing as of the date of application;

(b)(i) demonstrate that the applicant has graduated from an RN prelicensing education program; and
(ii) if a foreign education program, demonstrate that the program meets all requirements outlined in Section R156-31b-301d;

(c) pass the RN NCLEX examination pursuant to Section R156-31b-301e; and

(d) submit to a criminal background check pursuant to Subsection 58-31b-302(5) and Section R156-31b-301g.

(3) An applicant who holds a current RN license in an interstate compact state shall apply for a license within 90 days of establishing residency in Utah.

(4) An applicant who has been licensed previously (~~in Utah~~), but whose license has expired or lapsed, shall:

(a) if the applicant has not practiced as a nurse for up to five years, document current compliance with the continuing competency requirements as established in Subsection R156-31b-303(3);

(b) if the applicant has not practiced as a nurse for more than five years but less than eight years:

(i) pass the RN NCLEX examination within 60 days following the date of application; or

(ii) successfully complete an approved re-entry program;

(c) if the applicant has not practiced as a nurse for more than eight years but less than 10 years:

(i) successfully complete an approved re-entry program; and

(ii) pass the RN NCLEX examination within 60 days following the date of application; or

(d) if the applicant has not practiced as a nurse for 10 years or more, comply with this Subsection (1).

(5) An applicant who has been licensed in another state or country, but whose license has expired or lapsed, shall:

(a) comply with this Subsection (2)(b);

(b) comply with this Subsection (4) as applicable; and

(c) submit to a criminal background check pursuant to Subsection 58-31b-302(5) and Section R156-31b-301g.

R156-31b-301c. APRN License – Education, Examination, and Experience Requirements.

(1) An applicant who is not currently and validly licensed as an APRN in any state or country shall:

(a) demonstrate that the applicant holds a current, active RN license in good standing;

(b) demonstrate that the applicant has successfully completed an APRN prelicensing education program that meets the requirements of Subsection 58-31b-601(1) and Subsection 58-31b-302(4)(e);

(c) pass a national certification examination consistent with the applicant's educational specialty, pursuant to Section R156-31b-301e, and administered by one of the following credentialing bodies:

(i) the American Nurses Credentialing Center Certification;

(ii) the Pediatric Nursing Certification Board;

(iii) the American Association of Nurse Practitioners;

(iv) the National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties;

(v) the American Midwifery Certification Board, Inc.; or

(vi) the Council on Certification of Nurse Anesthetists;

(d) if the applicant specializes in psychiatric mental health nursing, demonstrate that the requirements outlined in this Subsection

(2) are met; and

(e) submit to a criminal background check pursuant to Subsection 58-31b-302(5) and Section R156-31b-301g.

(2) Requirements for APRN Specializing in Psychiatric Mental Health Nursing:

(a) In accordance with Subsection 58-31b-302(4)(g), the supervised clinical practice in mental health therapy and psychiatric and mental health nursing shall consist of a minimum of 4,000 hours of psychiatric mental health nursing education and clinical practice, including mental health therapy, as follows.

(i) 1,000 hours shall be credited for completion of clinical experience in an approved education program in psychiatric mental health nursing.

(ii) The remaining 3,000 hours shall:

(A) be completed after passing the applicable national certification examination and within five years of graduation from an accredited master's or doctoral level educational program;

(B) include a minimum of 1,000 hours of mental health therapy practice; and

(C) include at least 2,000 clinical practice hours that are completed under the supervision of:

(I) an APRN specializing in psychiatric mental health nursing; or

- (II) a licensed mental health therapist who is delegated by the supervising APRN to supervise selected clinical experiences under the general supervision of the supervising APRN; and
- (D) unless otherwise approved by the Board and Division, be completed while the individual seeking licensure is under the supervision of an individual who meets the requirements of this Subsection (2)(c).
- (b) An applicant who obtains all or part of the clinical practice hours outside of Utah may receive credit for that experience by demonstrating that the training completed is equivalent in all respects to the training required under this Subsection (2)(a)(c)(i) An approved supervisor shall verify practice as a licensee engaged in the practice of mental health therapy for not less than 4,000 hours in a period of not less than two years.
- (ii) Duties and responsibilities of a supervisor include:
- (A) being independent from control by the supervisee such that the ability of the supervisor to supervise and direct the practice of the supervisee is not compromised;
- (B) supervising not more than three supervisees unless otherwise approved by the Division in collaboration with the Board; and
- (C) submitting appropriate documentation to the Division with respect to all work completed by the supervisee, including the supervisor's evaluation of the supervisee's competence to practice.
- (3) An applicant who holds a current APRN license issued by another state or country shall:
- (a) demonstrate that the license issued by the other state or country is current, active, and in good standing as of the date of application;
- (b) demonstrate that the APRN prelicensing education completed by the applicant:
- (i) if completed on or after January 1, 1987:
- (A) is equivalent to APRN prelicensing education approved in Utah as of the date of the applicant's graduation; or
- (B) constitutes a bachelor degree in nursing; and
- (ii) if a foreign education program, meets all requirements outlined in Section R156-31b-301d;
- (c) if the applicant specializes in psychiatric mental health nursing, demonstrate that the applicant has successfully engaged in active practice in psychiatric mental health nursing for not less than 4,000 hours in the three-year period immediately preceding the date of application; and
- (d) submit to a criminal background check pursuant to Subsection 58-31b-302(5) and Section R156-31b-301g.
- (4) An applicant who has been licensed previously (~~in Utah~~), but whose license has expired, lapsed, or been on inactive status, shall:
- (a) demonstrate current certification in the individual's specialty area; and
- (b) submit to a criminal background check pursuant to Subsection 58-31b-302(5) and Section R156-31b-301g.
- (5) An applicant who has been licensed previously in another state or country, but whose license has expired or lapsed, shall:
- (a) comply with this Subsection (3)(b);
- (b) demonstrate that the applicant is currently certified in the individual's specialty area; and
- (c) submit to a criminal background check pursuant to Subsection 58-31b-302(5) and Section R156-31b-301g.

Out-of-State Programs Placing Students in Utah Clinical Sites

Recently, we have discovered that there are nursing students in Utah, attending out-of-state pre-licensure programs (RN, APRN), who are either arranging their own clinical sites or who have been placed in clinical sites by their programs. Almost without exception, these schools have not been approved by the Board of Nursing.

The new Nurse Practice Act Rule that became effective on June 23, 2014 states:

R156-31b-609. Standards for Out-of-State Programs Providing Clinical Experiences in Utah.

A nursing education program provider located in another state that desires to use Utah health care facilities for pre-licensure clinical experiences for one or more students **shall, prior to placing a student, meet with the Board and demonstrate to the satisfaction of the Board that the program:**

- (1) has been approved by the home state Board of Nursing;
- (2) has been fully accredited by the ACEN, CCNE, or COA;
- (3) has clinical faculty who:
 - (a) are employed by the nursing education program;
 - (b) meet the requirements to be a faculty member as established by the accrediting body and the home state's Board of Nursing; and
 - (c) are licensed in good standing in Utah or a Compact state;
- (4) is affiliated with an institution of higher education;
- (5) has a plan for selection and supervision of:
 - (a) faculty or preceptor; and
 - (b) the clinical activity, including:
 - (i) location, and
 - (ii) date range; and
- (6) has current clinical placement agreements, executed within the prior 12 months, in place at Utah facilities.

There are several reasons that this is an issue:

1. liability for the facility;
2. liability for the nursing student;
3. potential public safety issues related to a non-approved school; and
4. reduction in clinical site availability for students in Utah programs.

The Division of Occupational and Professional Licensing Act states:

58-1-307. Exemptions from licensure.

(1) Except as otherwise provided by statute or rule, the following individuals may engage in the practice of their occupation or profession, subject to the stated circumstances and limitations, without being licensed under this title:

(a) an individual serving in the armed forces of the United States, the United States Public Health Service, the United States Department of Veterans Affairs, or other federal agencies while engaged in activities regulated under this chapter as a part of employment with that federal agency if the individual holds a valid license to practice a regulated occupation or profession issued by any other state or jurisdiction recognized by the division;

(b) a student engaged in activities constituting the practice of a regulated occupation or profession while in training in a recognized school approved by the division to the extent the activities are supervised by qualified faculty, staff, or designee and the activities are a defined part of the training program;

(c) an individual engaged in an internship, residency, preceptorship, postceptorship, fellowship, apprenticeship, or on-the-job training program approved by the division while under the supervision of qualified individuals;

There are penalties for practicing without a license or being exempt from licensure. The Nurse Practice Act Rule states:

R156-31b-402. Administrative Penalties.

(1)(d) Practicing or engaging in, representing oneself to be practicing or engaging in, or attempting to practice or engage in the practice of nursing, if the person is not licensed to do so or exempted from licensure under Utah Code 58-31b et seq or restricted from doing so by a suspended, revoked, restricted, temporary, probationary, or inactive license, or in violation of restrictions that have been placed on a license, in violation of Subsection 58-1-501(1)(a):
initial offense: \$500 - \$5,000
second offense: \$5,000 - \$10,000

...

(f) Knowingly employing a person to practice or engage in or attempt to practice or engage in the practice of nursing if the employee is not licensed to do so, in violation of Subsection 58-1-501(1)(c):

initial offense: \$500 - \$5,000
second offense: \$5,000 - \$10,000

...

(i) Issuing, or aiding and abetting in the issuance of, an order or prescription for a drug or device to a person located in this state without prescriptive authority conferred by a license, or by an exception to licensure; or with prescriptive authority conferred by an exception or a multistate practice privilege, if the prescription was issued without first obtaining information, in the usual course of professional practice, that is sufficient to establish a diagnosis, to identify underlying conditions and to identify contraindications to the proposed treatment, in violation of Subsection 58-1-501(1)(f)(i):

initial offense: \$500 - \$5,000
second offense: \$5,000 - \$10,000

(j) Violating or aiding or abetting any other person to violate any statute, rule, or order regulating the practice of nursing, in violation of Subsection 58-1-501(2)(a):

initial offense: \$500 - \$5,000

second offense: \$5,000 - \$10,000

...

(gg) Employing or aiding and abetting the employment of unqualified or unlicensed person to practice as a nurse or MAC, in violation of Subsection 58-31b-502(11):

initial offense: \$500 - \$5,000

second offense: \$5,000 - \$10,000

...

(2) Subsequent offenses. Sanctions for an offense subsequent to the second offense, shall be \$10,000 or \$2,000 per day.

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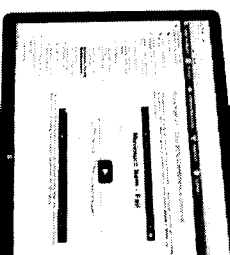


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Bridging the Online Divide: The Distance Learning Education Committee

All of NCSBN's committees tackle complex and sometimes difficult issues, but for the last two years the Distance Learning Education Committee (DLEC) has grappled with a particularly modern issue that didn't even exist before the advent of the Internet. It is the thorny problem of addressing nursing educators' perception that boards of nursing (BONs) are arbitrarily throwing up regulatory roadblocks and on the other side of the coin, addressing the challenges BONs face in ensuring the education that online students receive is on par with students in traditional classroom and clinical settings that the DLEC has been tasked with since its formation in 2012.

Today, an unprecedented 6.7 million students are taking at least one online course; 32 percent of all students in higher education are taking at least one online course and nursing students are no exception to using this technology to receive college credit (Allen & Seaman, 2013).

It is these issues coupled with the exponential growth in the number of nursing students using distance education that the committee, composed of a diverse group of nursing professionals, has tackled with good humor, mutual respect, a deep dive into available research and futuristic solutions to existing obstacles. The committee members, most of whom are new to serving on an NCSBN committee, are not new to sharing their expertise and providing expert guidance on issues regarding nursing and nursing education. Reflecting on his tenure as DLEC Chair, Bobby Lowery, PhD, RN, FNP-BC, FAANP, assistant professor, East Carolina University, College of Nursing, and board member, North Carolina Board of Nursing, observed, "We came together as leaders in our respective areas and brought a wide range of thoughts and ideas to the table. Our differing opinions on the issues involved could have pulled us apart but instead the overarching goal of trying to find the best way to ensure public protection pulled us together and made us stronger."

Today, an unprecedented
6.7 million students
are taking at least one online course...



Trying to find solutions that would work for all jurisdictions found committee members having to put aside notions of "we do it this way in my state" in order to find solutions that would best fit the demands of nursing distance learning education in the 21st century and into the future. "I am proud of the fact that we were able to work cooperatively through occasional frustrations to come up with innovative

continued on page 23

The Superdome in New Orleans is huge. For a football game, it can hold more than 75,000 fans. Since it opened in 1975, it has hosted baseball games, gymnastics events and even a Republican National Convention. Today, it's the home of the New Orleans Saints football team. Believe it or not, if you were a nurse taking the NCLEX® before 1994, the Superdome was your test center. Before computers changed the way we pretty much do everything, the NCLEX was a paper-and-pencil test administered twice a year in locations like the Superdome that could accommodate hundreds, if not thousands of nursing students. Not only were you limited to when and where you took NCLEX, it took weeks, if not months, to get your results.

It wasn't easy for the boards of nursing (BONs) that had to proctor the NCLEX either: testing materials had to be ordered up to six months beforehand, teams of retired nurses had to be hired to administer the exam, and once it was over, the test booklets had to be returned to the test vendor (shipped in a very very specific way! See page 13 for a diagram) for grading. No wonder the NCLEX was only offered twice a year – it was a lot of work! But in 1994, that all changed. Computerized adaptive testing (CAT) was a breakthrough in licensure assessment and nursing was among the field's pioneers.

In the Beginning

Remember taking a test in high school with your No. 2 pencil? Everyone had the same exam and was tested on the same exact things. Afterward, you'd meet with your friends to discuss the questions and figure out who got #3 wrong and if anyone else put "c" for #20. You compared notes the best you could remember to determine which you got right and which you got wrong. When it came to grading, the teacher had one answer key that he/she would use to grade everyone's test. This type of exam is called a conventional test: all examinees are administered and graded on the same set of items (Weiss, 1985). Was this the best way to measure one's scope of knowledge though? Psychologist Alfred Binet didn't think so. In the early 1900s, he developed a scale that indicated intelligence by requiring the examinee to adapt the administration of the exam to the characteristics of the examinee (Weiss & Betz, 1973). This type of testing was determined to be a better mechanism for measuring knowledge as the difficulty of the questions changed based on the responder's answers. Binet's IQ test was the first application of adaptive testing.

With adaptive testing, instead of everyone having the same test, different sets of test questions (also known as items) are administered to different examinees. Each

item is automatically selected from an item pool based on the examinee's correct or incorrect response to the previous item (Weiss, 1985). Get the item correct and your next question will be a little harder. Get the item wrong and your next question will be easier. The exam is adapted to the examinee's performance in order to properly estimate his or her ability (Weiss, 2004). It sounds like a simple enough concept, but in reality, adaptive testing is incredibly challenging to implement. Because of this, further development in the field waited during World War I, while conventional tests in the form of paper-and-pencil dominated the testing field as a quick and inexpensive way to screen a large number of individuals. For more than 50 years, adaptive testing survived only in Binet's IQ tests (Weiss, 2004). That is, until computers changed the game all together.

In the 1960s, the idea of removing a human proctor and replacing him/her with a machine as the administrator of the exam was beginning to take flight. Researchers realized early on that it was difficult to administer an adaptive test via paper-and-pencil, so they turned to technology: testing machines were developed, but had too many issues that compromised the reliability of the results (Weiss & Betz, 1973). Not the computer though. The computer had numerous advantages: it

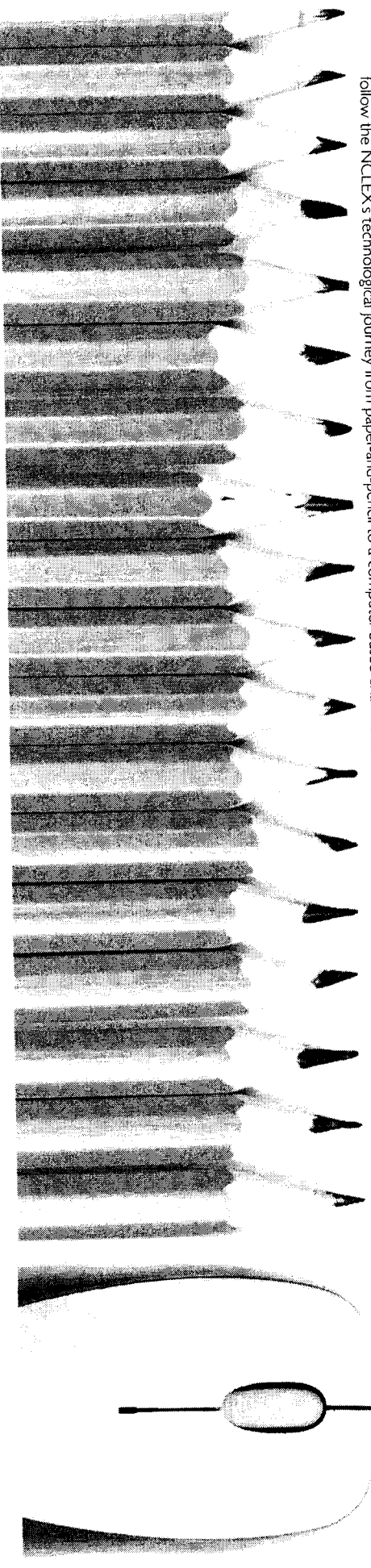
could determine how to begin a test, select an item based on the response and knew when to terminate the test once a pass or fail decision was reached (Weiss, 2004). This was the breakthrough testing researchers were waiting for and by the 1970s, it was clear that computers were going to be a game changer.

Nurse Licensure Exams Before CAT

Before the NCLEX, there was what nurses used to call the "boards." The "boards" was the unofficial term for the SBTPE, or State Board Test Pool Examinations, which was the national nurse licensure exam from 1941 to 1982. By 1950, nursing, being the trailblazing field that it is, was the first profession (and only one at the time) where all BONs in the U.S. used one uniform exam for the purpose of domestic nurse licensure (Dorsey & Schowalter, 2008). The SBTPE was first

Pencils Down, Booklets Closed

April 1, 2014 marked the 20th anniversary of the first NCLEX® examination to be administered via computerized adaptive testing (CAT). To celebrate this milestone, we look at the evolution of CAT and follow the NCLEX's technological journey from paper-and-pencil to a computer-based examination.





Left: Tony Zera, NCSBN staff member demonstrates CAT at the 1997 NCSBN Annual Meeting. Center: Beta testing was underway in 1991. Right: On Feb. 2, 1994, the last NCLEX-RN was administered via paper and pencil. More than 1,500 nursing students gathered at the Illinois Hotel Chicago for the exam.



developed by the National League for Nursing and then the American Nurses Association. When NCSBN was established in 1978, it took ownership of the SBTPE and renamed the exam the NCLEX (National Council Licensure Examination) in 1982.

While there was a new name for the licensure exam, the administration of the test was exactly the same as it always was. Candidates applied for licensure from the BON in the state where they would practice (just as they do today). They were mailed an admission card, similar to that of today's Authorization to Test email, and were required to bring it with them on testing day. Instead of applying to take the NCLEX immediately after graduation, however, the exam was only offered twice a year. For the NCLEX-RN®, it was offered in February and November over the course of two days; for the NCLEX-PN®, it was a one-day exam in April and October. It wasn't uncommon for candidates to graduate in May and then have to wait five or six months to take their exam. Based on how many candidates registered for the NCLEX, BONs would order the appropriate amount of booklets and hire proctors: one proctor for every 35 students. Once the exam was completed, the test booklets were sent to the test vendor to be scored. Eight to 12 weeks later, nervous candidates received their results in the mail (48 hours for unofficial results doesn't sound so bad now does it). For years, this was the way it was done. It was a daunting process, not just for candidates, but for BONs too. There had to be a better way.

Implementing CAT for Nurse Licensure
While it was still a paper-and-pencil exam, NCSBN recognized the evolution of testing technology and in 1982, started developing a proposal to test a new electronic system that would be used to administer the NCLEX (Dorsey & Schowalter, 2008). During the 1980s, testing researchers found that CAT built upon

and improved Binet's adaptive theory scale by replacing human proctors with a computer program. Instead of a person, the computer would select items based on the examinee's responses and thus determine if the examinee passed or failed (Weiss, 2004). Not only was the technology available, but it was also a reliable way to test a student's entry-level knowledge as a nurse. There were also several other advantages to implementing CAT: examination by appointment, instead of twice a year; immediate scoring instead of waiting months; and a reduction in the time nurse candidates could legally practice (at the time, nurse candidates worked on temporary permits until they passed the licensure exam). For BONs, the responsibility of administering the exam would shift to an external testing vendor. Doing so would enhance public protection by allowing BONs to quickly identify candidates who were not ready to enter practice (Zera, 1999).

In 1991, the NCSBN Delegate Assembly voted for CAT to be the examination method for the NCLEX. Former NCSBN Board of Directors President Carolyn Hutcherson, who was then the executive officer of the Georgia Board of Nursing, said, "Consistent with the organizational goal adopted by the membership, to develop, promote, and produce relevant and innovative services, the National Council is demonstrating initiative in creating an environment to make nursing regulation the best it can be" (Dorsey & Schowalter, 2008, p. 213). Joyce Showalter, one of the founding members of NCSBN and then the executive director of the Minnesota Board of Nursing, realized the importance of the vote when she asked the Delegate Assembly "... to take a moment to reflect on the momentousness of the decision to move from a paper-and-pencil testing modality to CAT" (Dorsey & Schowalter, 2008, p. 213). It was a bold step forward that would forever change the way nurses' entry-level knowledge was measured.

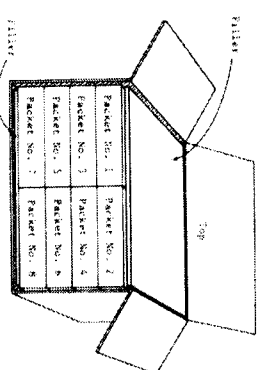
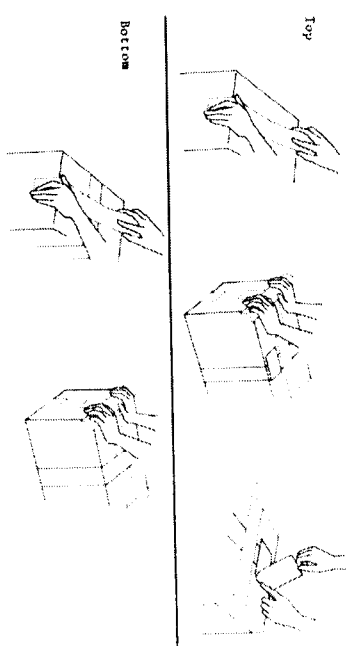
Licensure Exams After CAT
Between 1986 and 1994 NCSBN conducted numerous pilot studies, field tests and legal analyses to make sure the NCLEX was psychometrically sound and legal. The first NCLEX administered via CAT took place on April 1, 1994. By the end of that year, more than 155,000 nurse candidates took the NCLEX via CAT, and that number has risen steadily ever since.

Gone were the Superdome-sized testing centers. Retired nurse educators could stay retired. No. 2 pencils were put away. CAT ushered in a new way for candidates to test: on their own time, at their own pace and with cutting-edge technology. For BONs, CAT offered enhanced security. A computerized NCLEX was difficult to cheat on, candidates not ready to practice were identified sooner and the mechanism for determining entry-level knowledge was improved. CAT helped BONs continue their mission of public protection.

In 2011, NCSBN announced that the NCLEX-RN would be used as a licensure requirement in Canada starting in 2015. Canadian RN regulators were looking for a new exam that employed the latest advances in testing technology, offered enhanced test security, increased accessibility, provided timely results and allowed for precise assessment of a candidate's performance. Just like NCSBN did in the 1980s, Canadian regulators were looking for a better way to measure entry-level nursing knowledge. And just like NCSBN found, the NCLEX via CAT was the answer they were looking for.

NCSBN was a pioneer in utilizing CAT for its licensure exam: in 1994, no other health care organization was using such a progressive method to test entry-level knowledge. Today, several professions across a variety of fields utilize the technology. From paramedics studying for the National Registry of Emergency Medical Technicians to business students taking the GMAT to get into graduate school, CAT has become the norm. We've come a long way from No. 2 pencils and booklets haven't we?

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**Booklets Closed...
Now What?**

Once the exam was complete, proctors had to return the booklets to the testing vendor for grading. For security reasons, proctors followed a very precise and specific 12-step process to ensure the booklets were properly packed, sealed and delivered to the testing vendor.



NCLEX

The National Council Licensure Examination
for Registered Nurses

Series 783 - A

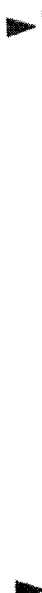
Book I

Last Name _____
First Name _____
Middle Name _____

Birth Date
MONTH / DAY / YEAR

Signature _____

Place your admission card here. Align arrows. Copy your candidate number in the boxes below exactly as it appears on your admission card. Carefully fill in the appropriate circle below each digit.



Your Candidate Number

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
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I Remember...

I Remember as a nurse educator writing my test questions by hand

When I first became a faculty member at Loyola University in Chicago in 1990, I vividly remember the enormous amount of time I'd spend developing my exams. I taught undergraduate lecture courses in pharmacology, research and junior and senior medical-surgical nursing. My undergraduate exams were developed using, for the most part, multiple choice questions. During a seven-week course, I'd generally have four exams, three with 50 questions, and the final with 100 questions. Developing these exams was a nightmare. While I had a computer, most of us didn't use the word processing program to develop our exams. We wrote them out by hand, on legal paper, and using pencil for the many changes. Then someone in the secretary pool would type them, give them back to us, we'd make corrections, give them back to them, and on and on it would go. Of course you had to get the drafts prepared much in advance of the exam because of all the back and forth. By the mid-1990s I was doing my own exams, using Word Perfect, and what a difference!

Nancy Spector, PhD, RN, FAAN
Director, Regulatory Innovations, NCSBN

I Remember taking the NCLEX as a paper-and-pencil exam

In every class there are those who want to compare the answer they put on a test question with what everyone else answered. If their answers are different then their anxiety becomes everyone else's anxiety. To avoid the drama of the well-known classmates whose drama regarding test taking has plagued us for two years, four of us went in June 1984 to Ft. Worth, Texas instead of taking the NCLEX with our classmates in Austin. 2 days, an auditorium filled with several hundred candidates, proctors and pencils. The experience bonded the four of us into lifetime friendships and given the feedback from those who did go to Austin, we did not judge our anxiety riddled classmates incorrectly.

Ruby Jason, MSN, RN, NEA-BC
Executive Director, Oregon State Board of Nursing

I remember when the NCLEX exam was administered as a paper-and-pencil test. We went for two whole days and sat in a huge room at the University of Delaware. There were six separate sections to the overall exam that were each timed. Five of the six exams were actually scored and you had to pass each exam separately. The five sections were Medical, Surgical, Pediatric, Maternity and Psychiatric. Back then the exams were only given twice a year - in February and July - and you waited about six weeks for your results that arrived by mail.

Pamela C. Zickatoose, EDD, MSN, RN
Executive Director, Delaware Board of Nursing

To relive my days of the paper-and-pencil nursing exam, we must roll back time to 1969, 45 years! Prior to taking the exam, our nursing instructors had instructed one last time what our demeanor should be during the exam: "Keep your head down, only look straight up or straight ahead, neither to the right nor the left." During the exam I followed the instructions to the letter: I was returning to my seat after a break (we did the five exams in two days) and one of the proctors tapped my shoulder. I was mortified! I knew I had followed the instructions to the letter: my mind was racing as to what I could have possibly done. She politely complimented my handmade sweater and sent me on into the room! With weak knees I returned to my table to finish my exam.

Francine Kirby-Chittum, MSN, RN
Board President, West Virginia Board of Examiners for Licensed Practical Nurses

**Utah State Board of Nursing
Registered Nursing Programs
NCLEX-RN Licensure Examination Results**

EDUCATION PROGRAM:	2nd QTR 2014			1st QTR 2014			2013			2012			2011			2010			2009			
	1st Time Candidates	Number Passing	Passing Percent	1st Time Candidates	Number Passing	Passing Percent	1st Time Candidates	Number Passing	Passing Percent	1st Time Candidates	Number Passing	Passing Percent	1st Time Candidates	Number Passing	Passing Percent	1st Time Candidates	Number Passing	Passing Percent	1st Time Candidates	Number Passing	Passing Percent	
Ameritech College	51	43	84.3%	23	18	78.3%	154	132	85.7%	127	123	96.9%	134	112	83.6%	136	123	90.4%	113	97	85.8%	
Brigham Young University	60	59	98.3%	56	55	98.2%	116	112	96.5%	118	115	97.5%	77	74	96.1%	107	104	97.2%	128	123	95.1%	
Broadview University (Closed)				1	0	0.0%	9	8	88.9%	67	56	83.6%	83	59	71.0%	47	36	76.6%	63	57	90.5%	
College of Eastern Utah	See Utah State University			See Utah State University			See Utah State University			See Utah State University			See Utah State University			49	32	65.3%	53	35	66.0%	
Dixie State College	28	25	89.3%	29	20	69.0%	63	58	92.1%	80	69	86.3%	85	74	87.1%	90	79	87.8%	79	67	84.8%	
Eagle Gate College	23	20	87.0%	No Test Takers			32	21	65.6%	31	24	77.4%										
Everest College	No Test Takers			8	8	100.0%																
Fortis College	12	10	83.3%	12	9	75.0%	64	44	68.8%	34	27	79.4%										
Midnightgate College	18	15	83.3%	9	6	66.7%	28	24	85.7%	27	21	77.8%	58	48	82.8%	44	34	77.3%	38	36	94.7%	
Provo College	19	13	68.4%	1	1	100.0%	56	46	82.1%	53	49	92.5%	14	14	100.0%							
Roseman University	No Test Takers			No Test Takers			31	28	90.3%	17	17	100.0%	14	14	100.0%	277	227	81.9%	209	198	94.7%	
Salt Lake Community College	81	67	82.7%	89	86	96.6%	204	151	74.0%	218	197	90.4%	247	220	89.1%							
Snow College	24	16	66.7%																			
Southern Utah University	16	16	100.0%	20	19	95.0%	34	32	94.1%	42	42	100.0%	36	32	88.9%	49	48	98.0%	66	59	89.4%	
Stevens-Henager College	5	5	100.0%	6	4	66.7%	38	29	76.3%	47	42	89.4%	42	33	78.6%	49	45	91.8%	59	38	64.4%	
University of Utah	59	56	94.9%	No Test Takers			128	113	88.3%	125	122	97.6%	135	126	93.3%	137	132	96.4%	133	120	90.2%	
Utah State University	38	29	76.3%	1	1	100.0%	40	30	75.0%	39	32	82.1%	103	91	88.4%	81	74	91.4%	125	90	72.0%	
Utah Valley University	37	34	91.9%	41	39	95.1%	73	69	94.5%	103	97	94.2%	328	291	88.7%	321	290	90.3%	307	256	83.4%	
Weber State University	212	164	77.4%	112	92	82.1%	389	308	79.2%	342	311	90.9%										
Western Governors University	3	2	66.7%	No Test Takers			4	4	100.0%													
Westminster College	77	69	89.6%	No Test Takers			75	67	89.3%	85	83	97.7%	85	82	96.5%	73	69	94.5%	83	66	79.5%	
Other, Reentry or Educated in Utah seeking licensure in another Jurisdiction										1		0.0%	3	3	100.0%					1	0	0.0%
Total Candidates Educated in Utah	763	643	84.3%	418	358	85.7%	1,538	1,276	83.0%	1,556	1,427	91.7%	1,469	1,292	88.0%	1,460	1,293	88.6%	1,457	1,242	85.2%	
Total National Candidates - Member Boards	50,758	43,747	86.2%	38,276	32,417	84.7%	155,095	128,792	83.0%	150,281	135,743	90.3%	144,565	127,074	87.9%	140,883	123,158	87.4%	134,728	119,131	88.4%	

Source: NCSBN Jurisdiction Program Summary Report of First-Time Candidates.

**Utah State Board of Nursing
Practical Nursing Programs
NCLEX-PN Licensure Examination Results**

EDUCATION PROGRAM:	2nd QTR 2014		1st QTR 2014		2013		2012		2011		2010		2009					
	1st Time Candidates	Passing Percent	1st Time Candidates	Passing Percent	1st Time Candidates	Number Passing	Passing Percent	1st Time Candidates	Number Passing	Passing Percent	1st Time Candidates	Number Passing	Passing Percent	1st Time Candidates	Number Passing	Passing Percent		
Bridgerland ATC	3	66.7%	14	100.0%	42	42	100.0%	2	2	100.0%	7	6	85.7%	16	13	81.3%		
College of Eastern Utah	See Utah State University		See Utah State University		See Utah State University	See Utah State University		See Utah State University	See Utah State University		See Utah State University	See Utah State University		See Utah State University	See Utah State University			
Davis ATC	38	100.0%	23	23	100.0%	85	85	100.0%	68	68	100.0%	65	65	100.0%	83	83	100.0%	
Mountainland ATC	23	100.0%	22	20	90.9%	37	34	91.9%	51	51	100.0%	38	37	97.4%	41	41	100.0%	
Ogden-Weber ATC	26	100.0%	No Test Takers		39	38	97.4%	33	33	100.0%	32	32	100.0%	31	31	100.0%		
Salt Lake Community College	4	50.0%	2	2	100.0%	18	16	88.9%	34	30	88.2%	35	35	100.0%	43	42	97.7%	
Snow College	17	100.0%	No Test Takers		33	33	100.0%	37	37	100.0%	37	35	94.6%	37	36	97.3%		
Utah State University	22	19	86.4%	No Test Takers	23	22	95.7%	22	21	95.5%	21	19	90.5%	15	14	93.3%		
Utah State University	21	20	95.2%	No Test Takers	30	28	93.3%	34	31	91.2%								
Weber State University	43	42	97.7%	32	32	100.0%	111	110	99.1%	101	101	100.0%	97	96	99.0%	115	114	99.1%
Other - Seeking licensure by Equivalency or in another Jurisdiction	9	9	100.0%	12	12	100.0%	51	34	66.7%	59	59	100.0%	71	71	100.0%	107	107	100.0%
Total Candidates Educated in Utah	216	208	96.3%	105	103	98.1%	469	457	97.4%	489	481	98.4%	492	482	98.2%	585	585	100.0%
Total National Candidates - Member Boards	11,190	9,071	81.1%	14,095	11,813	83.8%	58,575	49,574	84.6%	63,348	53,356	84.2%	65,329	55,424	84.8%	66,818	58,172	87.1%

Source: NCBSN Jurisdiction Program Summary Report of First-Time Candidates

Good Morning Members,

Sigma Theta Tau International (STTI) Introduces New Online Refresher Program

STTI's new online program, "Return to Nursing: A Refresher Program" is designed for nurses who have been out of the workforce for several years. Three skilled nurse educators authored this course, which includes information on quality initiatives, national patient safety goals, and evidence-based practice guidelines and tools. The program includes written courses and video presentations which, upon completion of all review questions and quizzes and passage of the final test, provide 26 hours of continuing education

- **Details**

Return to Nursing: A Refresher Program is designed for nurses who have been out of the nursing workforce for several years and would like to review necessary information in order to return to work in a clinical setting. This program consists of six written courses and 10 review of systems video presentations.

Objectives:

- Describe current quality initiatives in health care settings
- Identify the three top National Patient Safety Goals
- Describe the influence of the Institute of Medicine Report (IOM) on current nursing practice
- Analyze the advantages/disadvantages of Magnet designation for a hospital
- Describe evidence-based practice guidelines and tools utilized in nursing practice



ONE DUPONT CIRCLE NW
SUITE 530
WASHINGTON DC 20036-1120

202-887-6791

[www.aacn.nche.edu/
CCNE-ACCREDITATION](http://www.aacn.nche.edu/ccne-accreditation)

May 19, 2014

Jan Jones-Schenk, DHSc, RN, NE-BC
Director
Department of Nursing
Western Governors University
4001 South 700 East, Suite 700
Salt Lake City, UT 84107-2533

Dear Dr. Jones-Schenk:

The Commission on Collegiate Nursing Education's (CCNE) Board of Commissioners acted at its meeting on April 22-25, 2014, to grant accreditation to the baccalaureate degree program in nursing and master's degree program in nursing at Western Governors University for 10 years, extending to June 30, 2024. These accreditation actions are effective as of December 4, 2013, which is the first day of the programs' recent CCNE on-site evaluation. You should plan for the next on-site evaluation to take place in the fall of 2023.

At its meeting, the Board determined that the programs met all four accreditation standards. The Board additionally determined that there are no compliance concerns with respect to the key elements.

As is required for all accredited programs, a Continuous Improvement Progress Report (CIPR) must be submitted at the mid-point of the accreditation term. The CIPR must address the nursing programs' continued compliance with all accreditation standards. The deadline for submitting the progress report to CCNE is June 1, 2019. The Report Review Committee, and then the Board of Commissioners, will review the progress report. For more information about CIPRs, please refer to the CCNE procedures.

Please note that the aforementioned CIPR needs to address the CCNE standards that are in effect at the time of submission. In the reminder letter sent approximately five months prior to the CIPR due date, CCNE will inform the program of the specific standards to be used and will provide guidance for the preparation of the report.

A copy of the accreditation report that was sent to you earlier, along with your response to it, is being transmitted to the institution's chief executive officer as the Commission's official report to Western Governors University. We hope that both the results of the self-study process and the accreditation report will be useful to the continued growth and development of the nursing programs. Certificates of accreditation are enclosed.

If an institution elects to make public disclosure of a program's CCNE accreditation status, the institution must disclose that status accurately. Either of the following statements may be used for disclosure of the accreditation status to the public:

The (baccalaureate/master's/DNP program) at (institution) is accredited by the Commission on Collegiate Nursing Education, One Dupont Circle, NW, Suite 530, Washington, DC 20036, 202- 887-6791.

The (baccalaureate/master's/DNP program) at (institution) is accredited by the Commission on Collegiate Nursing Education (<http://www.aacn.nche.edu/ccne-accreditation>).

For more information on CCNE's disclosure policy, as well as information on use of the CCNE accreditation seal, please visit <http://www.aacn.nche.edu/ccne-accreditation/seal-policy/baccalaureate-graduate>.

As a reminder, programs are expected to continue to comply with the current CCNE standards and procedures throughout the period of accreditation. These documents are available at <http://www.aacn.nche.edu/ccne-accreditation/standards-procedures-resources/baccalaureate-graduate>. This includes advising CCNE in the event of any substantive change in the nursing programs. Substantive change notifications must be submitted to 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 discussed further in the CCNE *Procedures*.

We appreciate the many courtesies and the helpfulness extended to the CCNE evaluation team in the fall of 2013. The Commissioners join me in expressing our best wishes as you proceed with tasks important to the future of your nursing programs. The Commissioners also congratulate you on earning a doctoral degree.

Sincerely,



Judith F. Karshmer, PhD, PMHCNS-BC
Chair, Board of Commissioners

cc: President Robert W. Mendenhall
CCNE Board of Commissioners
CCNE Accreditation Review Committee
CCNE Evaluation Team

COMMISSION ON COLLEGIATE NURSING EDUCATION

In accordance with its accreditation standards and procedures
COMMISSION ON COLLEGIATE NURSING EDUCATION
has accredited


Baccalaureate Degree Program in Nursing
Western Governors University

*The Commission on Collegiate Nursing Education is listed by the U.S. Secretary of Education
as a nationally recognized accrediting agency.*

John Butk.
EXECUTIVE DIRECTOR

December 4, 2013

EFFECTIVE DATE OF ACCREDITATION

 **CCNE**
COMMISSION ON
COLLEGIATE NURSING
EDUCATION

ONE DUPONT CIRCLE NW
SUITE 530
WASHINGTON DC 20036


THIS CERTIFICATE IS VALID FOR THE DURATION OF THE PERIOD OF ACCREDITATION

CERTIFICATE OF ACCREDITATION

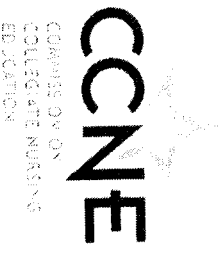
In accordance with its accreditation standards and procedures
COMMISSION ON COLLEGIATE NURSING EDUCATION
has accredited

Master's Degree Program in Nursing
Western Governors University

*The Commission on Collegiate Nursing Education is listed by the U.S. Secretary of Education
as a nationally recognized accrediting agency.*

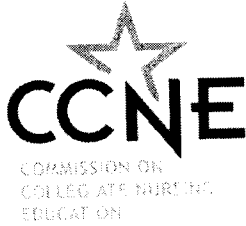
EXECUTIVE DIRECTOR


December 4, 2013
EFFECTIVE DATE OF ACCREDITATION



ONE DUPONT CIRCLE NW
SUITE 538
WASHINGTON DC 20036

THIS CERTIFICATE IS VALID FOR THE DURATION OF THE PERIOD OF ACCREDITATION



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WWW.AACN.NCHE.EDU
CCNE ACCREDITATION

June 24, 2014

MEMORANDUM

To: Accrediting Agencies
State Boards of Nursing
Nursing Organizations
Other Interested Parties

From: Dr. Jennifer Butlin, CCNE Executive Director

Re: CCNE Call for Third-Party Comments

The Commission on Collegiate Nursing Education (CCNE) - a nationally recognized accrediting agency for baccalaureate and graduate degree programs in nursing and post-baccalaureate nurse residency programs - is reviewing seven nurse residency programs during the Fall 2014 term (please see below).

In accordance with the CCNE *Procedures for Accreditation of Post-Baccalaureate Nurse Residency Programs* (2009), the Commission provides the opportunity for program and CCNE constituencies to submit, in writing, third-party comments concerning a program's qualifications for accreditation status. Third-party comments must be received at the CCNE offices by August 11, 2014. Third-party comments must be signed and must relate to the *CCNE Standards for Accreditation of Post-Baccalaureate Nurse Residency Programs* (2008). Comments are shared only with the CCNE evaluation team appointed to review the noted nurse residency program.

Please submit comments to thirdpartycomments@aacn.nche.edu.

Or, if you prefer, mail comments to:

Commission on Collegiate Nursing Education
Attn: Third-Party Comments
One Dupont Circle, NW, Suite 530
Washington, DC 20036

We also ask that you include CCNE (if you have not already) on your list of organizations in order to notify us of any actions or other relevant information that might affect the nursing programs affiliated with CCNE.

If you have any questions about this process, please contact Benjamin Murray, Director of Accreditation Services, at bmurray@aacn.nche.edu or 202-887-6791, ext. 275.

**Commission on Collegiate Nursing Education
Fall 2014 Residency On-Site Evaluations**

Institution	State	Program(s) Under Review	On-Site Evaluation Dates
Oklahoma City Veterans Administration Medical Center	OK	Residency	12/3/2014 - 12/5/2014
Ralph H. Johnson Veterans Administration Medical Center	SC	Residency	9/10/2014 - 9/12/2014
University of Colorado Hospital	CO	Residency	10/13/2014 - 10/15/2014
University of Kansas Hospital, The	KS	Residency	9/29/2014 - 10/1/2014
University of New Mexico Hospitals	NM	Residency	10/29/2014 - 10/31/2014
VA Salt Lake City Health Care System	UT	Residency	11/5/2014 - 11/7/2014
Virginia Commonwealth University Medical Center	VA	Residency	11/17/2014 - 11/19/2014

Total Number Nurse Residency Programs to be Reviewed (Fall 2014) : 7



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June 16, 2014

Sally Russell, MA (Nursing), CMSRN
Nursing Program Director
Eagle Gate College
405 S. Main Street, Suite 130
Salt Lake City, UT 84111

Dear Ms. Russell:

I am writing in regards to the Candidacy presentation you submitted for the associate nursing program at Eagle Gate College in Salt Lake City, Utah. ACEN's goal is to promote quality nursing education and to support you and your faculty in the accreditation process. Two (2) comprehensive independent reviews of your program's Candidacy presentation by professional staff have been completed. Both reviews have indicated non-compliance with the ACEN Accreditation Standards.

After much review and numerous discussions, your application for Candidacy has been granted for the associate nursing program; however, please note that the nursing program does not meet the ACEN Accreditation Standards reviewed at this time. Your Candidate status is valid for two years expiring in June 2016. Therefore, it is highly recommended that you apply for your initial accreditation visit by June 30, 2015. In accordance with ACEN policy, your program will be added to our listing of Candidates (website and directory).

While the program has been granted Candidacy status, please remember that the decision is based on the opportunity to implement the necessary strategies and changes to address the identified areas of non-compliance during the two-year Candidacy timeframe. It is essential that changes be made in accordance with best practices and the ACEN Accreditation Standards.

ACEN

Sally Russell, MA (Nursing), CMSRN
PAGE 2

If these changes are not implemented, the program will not be successful in the achievement of initial accreditation as compliance must be demonstrated with all ACEN Standards and Criteria at the time of the site visit. To assist you in your continued development toward the initial accreditation review, please see the attached staff comments.

I encourage you to continue working with your mentor, Dr. Nell Ard, and affirm the planned date for review for Initial Accreditation. If you have any questions, please do not hesitate to contact me.

Sincerely,



Sharon Tanner, EdD, MSN, RN
Chief Executive Officer

Enclosures (2)