

2nd Agenda

EDUCATION COMMITTEE – BOARD OF NURSING

December 4, 2014 - 8:30 a.m.

Room 402 - 4th 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. Review and approval of the November 6, 2014 minutes

APPOINTMENTS:

9:00 a.m. – Becky Flinders, Mountainland Applied Technology College - Medication Aide Program application.

9:30 a.m. – Sandra Nadelson, USU

DISCUSSION ITEMS:

- Discussion regarding possible Rule changes/additions:
 - R156-31b-602. Requirements for Limited-time Approval on Non-accredited Nursing Programs
 - R156-31b-603. Education Providers-Requirements for Ongoing Communication with the Board
 - R156-31b-301c. APRN License-Education, Examination, and Experience Requirements
- Update on the MACE examination
- Review and approve Annual Report to the Utah State Board of Nursing
- NLN posted proposed accreditation standards
- Update on nominations for new Committee members

NEXT SCHEDULED MEETING: February 5, 2014

Meetings scheduled for the first quarter 2015: January meeting canceled; March 5, 2015; April 2, 2015 and May 7, 2015

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.

Guests - Please sign

Date: 12-4-2014

EDUCATION COMMITTEE
BOARD OF NURSING

NAME: (Please Print)

REPRESENTING

Sandra Nadelson

USU

Julie Aiken

AmeriTech College

Carol Bell MATC

MATC,

Becky Flinders

MATC

Susan Rasmussen US

USU - UBasin

Chuck Ericson

Eagle Gate / Provo College

Travis Peterson

USU

REVISED CHECKLIST FOR PUBLIC MEETINGS

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

I am Jodi Morstein, chair 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) 8:30 am on December 4, 2014.

This meeting is being held in Room 402 of the Heber Wells Building, 160 E 300 S, 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Donna Lister</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Suzette Farmer</u> , Bureau Manager	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Shirlene Kimball</u> , Board Secretary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Ray Walker</u> , Compliance Officer	<input checked="" 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) _____: _____ (am / pm), and this meeting is adjourned.

New Program Approval Process:

1. Requesting program submits a letter of intent for the new program which must include:
 - a. Name and physical address of the governing body, including:
 - i. Website;
 - ii. Fax number; and
 - iii. General email.
 - b. Verification of the accreditation status of the governing body;
 - c. Name, title, and contact information for the Chief Executive Officer for the governing body;
 - d. Name, title, and contact information for the Nurse Administrator;
 - e. Type of nursing program to be offered (e.g., pre-licensure baccalaureate degree);
 - f. Summary justification for program implementation (e.g., needs assessment);
 - g. Planned date of program implementation:
 - i. Anticipated date of inaugural graduating class; and
 - ii. Anticipated date of initial accreditation site visit.
 - h. An explicit request for a “Program Code” from the NCSBN in order for graduates to sit for the NCLEX-RN or PN.
 - i. Plans for student enrollment (e.g., frequency of admissions, projected enrollment numbers);
 - j. Plans for faculty hiring and/or requirements for faculty appointment;
 - k. Plans for initial accreditation, including:
 - i. Selected accrediting agency;
 - ii. Proposed time-line for seeking applicant or candidacy status for accreditation;
 - iii. Planned time-frame for initial accreditation site visit; and
 - iv. Example of documentation to be provided to enrolling students regarding the accreditation status of the nursing program.
 - l. Overview of program of study, including:
 - i. Program length;
 - ii. Required credit hours; and
 - iii. Delivery format (e.g., online, hybrid).
2. Requesting program submits application fee of \$500.00 along with the letter of intent.

Annual Report to the Utah State Board of Nursing
Utah Nursing Programs: Limited Time Approval

1. Program information:

- a. Governing body:
 - i. Name and title of chief administrator;
 - ii. Contact information for the chief administrator;
 - iii. Physical address of the governing body; and
 - iv. Accrediting body and accreditation status.
- b. Nursing program:
 - i. Name and title of program administrator;
 - ii. Academic degrees and credentials for the program administrator;
 - iii. Contact information for the program administrator;
 - iv. Physical address for the nursing program;
 - v. Program type (e.g., associate or baccalaureate pre-licensure);
 - vi. Program options (e.g., direct-entry or advanced placement); and
 - vii. Program delivery (e.g., face-to-face or online).
- c. Nursing faculty:
 - i. Names and titles of all nursing faculty;
 - ii. Academic degrees and credentials for each faculty member;
 - iii. Contact information for each faculty member;
 - iv. Academic rank and/or status within the governing body for each faculty member;
 - v. Areas of teaching and/or administrative responsibilities for each faculty member; and
 - vi. Overview of any faculty changes occurring during the last calendar year, including:
 1. Terminations;
 2. New hires; and/or
 3. Promotions.
- d. Program overview:
 - i. Overview of program of study (e.g., credit hours and course titles);
 - ii. Entry-options and frequency of admissions;
 - iii. Current enrollment totals, including:
 1. Anticipated graduation dates for each student cohort; and
 - iv. Overview of program outcomes for the last calendar year, including (as applicable):
 1. Program completion rates;
 2. NCLEX pass rates;
 3. Post-graduation employment rates (in the profession); and
 4. Any other significant outcome as defined by the program.
 - v. Overview of any programmatic changes occurring during the last calendar year, including:
 1. Curriculum changes;
 2. Prerequisite changes; and/or
 3. Graduation requirements.

2. Progress toward accreditation:

- a. Overview summary of communications with the accrediting body during the last calendar year;
- b. Overview summary of activities completed during the last calendar year in preparation for accreditation;
- c. Brief narrative describing program's readiness for accreditation visit; and
- d. Planned (or scheduled) timeframe for accreditation visit.

R156-31b. Nurse Practice Act 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.

(c) A program must achieve full accreditation within five years of receiving candidate, applicant, or review status with the approved accrediting body.

(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 prior to enrollment:

(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) If an accredited program receives notice or determines that its accreditation status is in jeopardy, the institution offering the program shall:

(a) immediately notify the Board of its accreditation status;

(b) immediately and verifiably notify all enrolled students in writing of the programs accreditation status, including:

(i) the estimated date on which the accrediting body will make its final determination as to the program's accreditation; and

(ii) the potential impact of a program's accreditation status on the graduate's ability to secure licensure and employment or transfer academic credits to another institution in the future;

(c) consider negotiations with other academic institutions to establish a transfer articulation agreement.

(6) If a program fails to achieve accreditation or loses its accreditation, the institution offering the program shall:

(a) submit a written report to the Board within ten days of receiving formal notification from the accrediting body;

(b) meet with the Board as soon as practicable after receiving formal notification from the accrediting body to discuss programmatic options including:

(i) an appeal of the accrediting body's action;

(ii) a one-time reapplication with an approved accrediting body for applicant or candidate status with an onsite evaluation by the accrediting body to be completed within three years of the date the accreditation was lost;

(iii) a one-time reapplication for limited-time program approval pursuant to R156-31b-602, subsections (1) through (4); or

(iv) submit written plans to close the program and cease operations.

(7) A program that has exhausted all limited time approval options must submit written plans to cease enrollment and close the program.

R156-31b-603. Education Providers – Requirements for Ongoing Communication with the Board.

An education program that has achieved limited-time approval of its program(s) shall provide to the Board:

- (1) by December 31 of each calendar year, the program must submit a Board approved annual report; and
- (2) copies of any correspondence between the program provider and the accrediting body within 30 days of receipt or submission.

Education Committee: Proposed clarifications 11/6/14

R156-31b. Nurse Practice Act Rule.

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 a new graduate seeking licensure as an 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~~ as 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.



Date: 11/05/2014

Receipt Number: 5773048

Amount Paid: \$500.00

State of Utah

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
Telephone (801) 530-6628
www.dopl.utah.gov

(Note: Microsoft Word users can fill in the blanks, print the form and save it for their records)

Medication Aide-Certified – Institution/Facility/Association

Please check one:

- Educational Institution
 A Health Care Facility
 A Health Care Association

Name of /Institution/Facility/Association: <u>Mountainland Applied Technology College</u>		
Physical Location: <u>2301 Ashton Blvd</u>		
City: <u>Lehi</u>	State: <u>UT</u>	ZIP: <u>84043</u>
Phone #: <u>801-753-6282</u>	FAX: <u>801-753-4121</u>	E-Mail: <u>info@miatc.edu</u>

Contact Person for Approval Purposes: Name: <u>Becky Flinders</u>		Title: <u>Director, Programs</u>
Mailing Address: <u>2301 Ashton Blvd</u>		
City: <u>Lehi</u>	State: <u>UT</u>	ZIP: <u>84043</u>
Contact Persons Direct Phone #: <u>801-753-4129</u>	FAX: <u>801-753-4121</u>	E-Mail: <u>bflinders@miatc.edu</u>

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

Date Approved/Denied: 12/4/14 by Advisory Peer Education Committee - Nursing
Reason for Denial/Other Comments: _____

Bureau Manager Review: Approve Deny Date 12/4/14

Comments: Program plan accepted - initial enrollment planned for January 2015.
[Signature]

RECEIVED
NOV 05 2014

DIVISION OF OCCUPATIONAL
& PROFESSIONAL LICENSING