



ARKANSAS STATE BOARD OF NURSING

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Sue A. Tedford, MNsc, APRN
Executive Director

W. Fred Knight
General Counsel

MEMORANDUM

DATE: October 17, 2018

TO: Office of the Arkansas Secretary of State
register@sos.arkansas.gov

FROM: Susan Lester
Executive Assistant to the Director

RE: Proposed Changes to the *ASBN Rules*:
Chapter One-General Provisions
Chapter Two- Licensure: RN, LPN, and LPTN
Chapter Three- Registered Nurse Practitioner
Chapter Four- Advanced Practice Registered Nurse
Chapter Six- Standards for Nursing Education Programs
Chapter Seven- Rules of Procedure

Our public comment period concerning this matter ends on November 16, 2018. A public hearing at our office is scheduled to take place on November 13, 2018 at 4:00 p.m.

Following is a summary of the proposed changes:

Chapter 1

The definition of “failed drug screen” was added for clarification purposes.

Chapter 2

The term “good moral character” was removed to reduce and/or eliminate unnecessary regulatory barriers. The Rules for the original compact are repealed and the Rules for the Enhanced Compact are included pursuant to Act 454 of 2017. Section addressing considerations for military members and their spouses were moved to Section XII to achieve a central location. In order to facilitate inactivation of licensure for participants to enter into the alternative to discipline program, the term “inactive status” was redefined. The fees for retired status of nursing licensure is being removed because we have changed our business process and will no longer accept fees and renew retired licenses in our new data base. A section was added to address considerations for military members and their spouses pursuant to Acts 248 and 204 of 2017.

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Chapter 3

For clarification purposes, we added the statement that renewal notices are sent to the last known address of record for the licensee. In order to facilitate inactivation of licensure for participants to enter into the alternative to discipline program, the term “inactive status” was redefined.

Chapter 4

We have waived the license renewal fee for active duty military pursuant to Act 204 of 2017. For clarification purposes, we added the statement that renewal notices are sent to the last known address of record for the licensee. In order to facilitate inactivation of licensure for participants to enter into the alternative to discipline program, the term “inactive status” was redefined. The fees for retired status of nursing licensure is being removed because we can no longer accept fees and renew retired licenses in our new data base. In compliance with Act 820 of 2017, we clarified prescribing for chronic nonmalignant pain. A section was added to address considerations for military members and their spouses pursuant to Acts 248 and 204 of 2017.

Chapter 6

Specifications were added regarding the use of simulation as a substitute for traditional clinical experience which will allow nursing students to receive training on simulated patients because clinical spots are not always available.

Chapter 7

For clarification purposes, supplemental definitions of unprofessional conduct to include refusing a drug screen, complying with Board actions, and establishing and maintaining a professional boundary were added.

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CHAPTER SIX STANDARDS FOR NURSING EDUCATION PROGRAMS

SECTION I APPROVAL OF PROGRAMS

This chapter presents the Standards established by the Arkansas State Board of Nursing for nursing education programs that offer courses and learning experiences preparing graduates who are competent to practice nursing safely and who are eligible to take the NCLEX-PN® or RN® examination. These programs are often referred to as a pre-licensure nursing program.

A. NEW PROGRAM LEADING TO LICENSURE

1. Institution Requirement

- a. A nursing education program whose parent institution is located in an Arkansas jurisdiction seeking to establish a new masters, baccalaureate, diploma, associate degree or practical nursing program shall meet the following requirements:
 - (1) Educational institutions or consortiums shall be approved by the Arkansas Department of Higher Education and be accredited by an accrediting body recognized by the United States Secretary of Education.
 - (2) Hospitals or hospital consortiums shall be approved by the Arkansas Department of Health and accredited by the Joint Commission on Accreditation of Health Care Organizations or equivalent accrediting organization.
 - (3) The parent institution shall meet the transfer or articulation requirements for courses in Arkansas education institutions.
- b. A nursing education program whose parent institution is located outside of Arkansas jurisdiction seeking to establish a new masters, baccalaureate, diploma, associate degree or practical nursing program shall meet the following requirements:
 - (1) Education institutions shall be approved by the Arkansas Department of Higher Education and be accredited by an accrediting body recognized by the United States Secretary of Education.
 - (2) Be approved/accredited by the Board of Nursing or equivalent agency in the state where the Parent institution originates.
 - (3) The parent institution shall meet the transfer or articulation requirements for courses in Arkansas education institutions.
 - (4) Maintain the Education Standards required of Arkansas based nursing education programs.

2. Prerequisite Approval

- a. An institution seeking to establish a new nursing education program leading to licensure shall submit a letter of intent to the Board at least one year prior to submission of a feasibility study.
- b. The institution must submit a current feasibility study, that is signed by the appropriate administrative officers, and includes the following:
 - (1) Purpose for establishing the program;
 - (2) Type of educational program to be established;
 - (3) Relationship to the parent institution, including an organizational chart;
 - (4) Mission, philosophy, purposes, and accreditation status of the parent institution;
 - (5) Financial statement of the parent institution for the past two fiscal years;
 - (6) A proposed budget for each year of the program's implementation;
 - (7) Documented need and readiness of the community to support the program, including surveys of potential students, employment availability, and potential employers;
 - (8) Source and numbers of potential students and faculty;
 - (9) Proposed employee positions including support staff;
 - (10) Proposed clinical facilities for student experiences, including letters of support from all major facilities expected to be used for full program implementation, including evidence of clinical space for additional students;
 - (11) Letters of support from approved nursing and health-related programs using the proposed clinical

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facilities; officers, and includes the following:

- (12) Proposed physical facilities including offices, classrooms, technology, library, and laboratories;
 - (13) Availability of the general education component of the curriculum or letter of agreement, if planned, from another institution; and
 - (14) A timetable for initiating the program, including required resources, and plans for attaining initial approval.
 - (15) Other information as requested by the Board.
 - c. The Board shall review all prerequisite documents and may determine the need for an on-site survey during a regularly scheduled Board meeting.
 - d. The Board may grant, defer, or deny Prerequisite Approval.
 - e. If the Board denies Prerequisite Approval the program must wait two years before submitting another proposal.
 - f. After receiving Prerequisite Approval status, the institution may:
 - (1) Advertise for students; and
 - (2) Proceed toward compliance by following the Education Standards for Initial Approval.
3. Initial Approval
- a. The institution shall secure a nurse administrator of the program.
 - b. The nurse administrator shall plan the program and
 - (1) Assure compliance with Board standards and recommendations;
 - (2) Address prerequisite recommendations;
 - (3) Prepare detailed budget;
 - (4) Employ qualified faculty and support staff;
 - (5) Prepare a program organizational chart showing lines of authority;
 - (6) Design the program's sequential curriculum plan;
 - (7) Develop student, faculty, and support staff policies and procedures;
 - (8) Attain agency affiliation agreements;
 - (9) Verify that proposed physical facilities are in place; and
 - (10) Submit documentation to the Board that Initial Approval Standards are met.
 - c. A Board representative shall validate readiness of the program to admit students and prepare a report.
 - d. The Board shall review all documents for Initial Approval during a regularly scheduled Board meeting.
 - e. The Board may grant, defer or deny Initial Approval.
 - f. After receiving Initial Approval, the program:
 - (1) May admit students;
 - (2) Shall proceed toward compliance by following the Education Standards for Full Approval; and
 - (3) Shall follow the same standards as those of established programs in terms of annual activities, projects, and reports.
4. Full Approval
- a. Before graduation of the first class, a Board representative shall validate compliance with the Standards and prepare a report.
 - b. The report and documentation shall be reviewed during a regularly scheduled Board meeting.
 - c. The Board may grant, defer, or deny Full Approval.

B. ESTABLISHED PROGRAM THAT PREPARES GRADUATES FOR PRACTICAL AND REGISTERED NURSING LICENSURE

- 1. Continued Full Approval
 - a. A survey shall be periodically conducted to review the program for continued compliance with the Standards. An on-site or paper survey for a program includes:
 - (1) A newly established program shall have an on-site survey three (3) years after receiving initial Full Approval.
 - (2) An established professional or practical nurse program that has continued accreditation status with a national nursing accreditation organization and has maintained a NCLEX-RN® or NCLEX-PN® pass rate of at least 75% shall have a paper survey every five (5) years thereafter.
 - (3) An established professional or practical nurse program that does not meet the criteria for accreditation with a national nursing education accreditation organization or has failed to maintain

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- at least a 75% pass rate on the NCLEX-RN® or NCLEX-PN® shall have an on-site survey visit every five (5) years thereafter.
- b. The survey report and documentation shall be submitted to the Board and reviewed during a regularly scheduled Board meeting.
- c. A program that is granted full approval shall maintain a NCLEX-RN® or NCLEX-PN® pass rate above 75% for two consecutive year prior to being considered for Continued Full Approval.
- d. The Board may grant, defer, or deny Continued Full Approval.
- 2. Conditional Approval
 - a. If areas of noncompliance with standards are not corrected in the timeframe established by the Board, the Board shall award Conditional Approval.
 - b. Information regarding a nursing program requested by the Board shall be provided by the parent institution.
 - c. A representative of the Board may conduct an on-site survey and complete a written report at the request of the Board.
 - d. Additional information available to the Board may be considered.
 - e. The Board shall review all documents during a regularly scheduled Board meeting.
 - f. The Conditional Approval status shall be in effect for a maximum of one (1) year to correct noncompliance deviations from the standards, unless otherwise determined by the Board.
 - g. The program and parent institution shall receive written notification of noncompliance deviations and the Board action.
 - h. The Board may grant continued Conditional Approval, Full Approval, or withdraw the program's approval.
- 3. Satellite Campus
 - a. Satellite campus programs shall be approved by the Board prior to implementation.
 - (1) Continued Full Approval program may submit a proposal for a satellite campus program.
 - (2) The proposal shall reflect requirements for prerequisite approval of a new program.
 - b. The Board may grant, defer, or deny approval.
 - c. All approved satellite campus programs shall maintain the same standards as the parent program.
 - d. Each satellite campus' data will be included in the program's annual report and five-year survey report.
- 4. Distant Learning Sites
 - a. Distant learning sites shall be approved by the Board prior to utilization.
 - b. Each distant learning site's data shall be included in the program's annual report and five-year survey report.

HISTORY: Amended: January 1, 2018

SECTION II PROGRAM REQUIREMENTS

A. ADMINISTRATION AND ORGANIZATION

- 1. Institutional Accreditation
 - The parent institution shall be approved by the appropriate state body.
- 2. Institutional Organization
 - a. The parent institution shall be a post-secondary educational institution, hospital, or consortium of such institutions.
 - b. The institutional organizational chart shall indicate lines of authority and relationships with administration, the program, and other departments.
 - c. The program shall have at least equal status with comparable departments of the parent institution.
- 3. Program Organization
 - a. The program shall have a current organizational chart.
 - b. The program shall have specific current job descriptions for all positions.

B. PHILOSOPHY AND GRADUATE COMPETENCIES

- 1. The philosophy of the program shall be in writing and consistent with the mission of the parent institution.
- 2. Graduate competencies shall be derived from the program's philosophy.

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3. The philosophy and graduate competencies shall serve as the framework for program development and maintenance.

C. RESOURCES

1. Financial Resources
 - a. There shall be adequate financial support to provide stability, development, and effective operation of the program.
 - b. The director of the program shall administer the budget according to parent institutional policies.
 - c. The director shall make budget recommendations with input from the faculty and staff.
2. Library and Learning Resource Center
 - a. Each program and each satellite campus shall have a library or learning resource center with the following:
 - (1) Current holdings to meet student educational needs, faculty instructional needs, and scholarly activities.
 - (2) Budget plan for acquisitions of printed and multi-media materials.
 - (3) Written process for identifying and deleting outdated holdings.
 - (4) Resources and services accessible and conveniently available.

HISTORY: Amended: January 1, 2018

D. FACILITIES

1. Classrooms and Laboratories
 - a. Each program and satellite campus shall have a clinical skills laboratory equipped with necessary educational resources.
 - b. Classrooms and laboratories shall be:
 - (1) Available at the scheduled time;
 - (2) Adequate in size for number of students;
 - (3) Climate controlled, ventilated, lighted; and
 - (4) Equipped with seating, furnishings and equipment conducive to learning and program goals.
 - c. Adequate storage space shall be available.
 - d. Facilities shall be in compliance with applicable local, state, and federal rules and regulations related to safety and the Americans with Disabilities Act.
2. Offices
 - a. The director of the program shall have a private office.
 - b. Faculty members shall have adequate office space to complete duties of their positions and provide for uninterrupted work and privacy for conferences with students.
 - c. There shall also be adequate:
 - (1) Office space for clerical staff;
 - (2) Secure space for records, files, equipment, and supplies; and
 - (3) Office equipment and supplies to meet the needs of faculty and clerical staff.
3. Clinical Facilities
 - a. Clinical facilities and sites shall provide adequate learning experiences to meet course objectives.
 - b. Clinical sites shall be adequately staffed with health professionals.
 - c. The program shall have a current and appropriate written agreement with each clinical site.
 - d. Written agreements shall include a termination clause and be reviewed annually.
 - e. Students shall receive orientation to each clinical site.

E. PERSONNEL

1. Program Director
 - a. The program director shall have a current unencumbered registered nurse license to practice in Arkansas and be employed full time.
 - b. The practical nursing program director shall have a minimum of a baccalaureate degree in nursing. Directors appointed prior to January 1, 2004, shall be exempt for the duration of their current position.
 - c. The baccalaureate, diploma or associate degree program director shall have a minimum of a master's degree in nursing.

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- d. The master's degree program director shall have a graduate degree with a major in nursing and is doctorally prepared
- e. The program director shall have previous experience in clinical nursing practice and/or education.
- f. The program director's primary responsibility and authority shall be to administer the nursing program.
 - (1) The program director shall be accountable for program administration, planning, implementation, and evaluation.
 - (2) Adequate time shall be allowed for relevant administrative duties and responsibilities.
- g. The program director shall verify the applicant has completed the program.
- 2. Faculty and Assistant Clinical Instructors
 - a. Faculty shall hold a current unencumbered registered nurse license to practice in Arkansas.
 - b. Faculty shall have had at least two years previous experience in clinical nursing at or above the education program level.
 - c. Faculty teaching in a masters, baccalaureate, diploma, associate degree, or practical nurse program shall have a degree or diploma above the type of education program offered.
 - d. Nurses serving as assistant clinical instructors in a masters, baccalaureate, diploma, associate degree, or practical nurse program shall have a degree or diploma at or above the type of education program offered.
 - e. Assistant clinical instructors shall:
 - (1) Be under the direction of faculty;
 - (2) Hold a current unencumbered license to practice in Arkansas; and
 - (3) Have a minimum of two years experience in the clinical area.
 - f. All faculty shall maintain education and clinical competencies in areas of instructional responsibilities.
 - g. Non-nurse faculty shall meet the requirements of the parent institution.
 - h. Faculty shall be organized with written policies, procedures, and, if appropriate, standing committees.
 - i. Nursing faculty policies shall be consistent with parent institutional policies.
 - j. Program specific policies shall be developed by nursing faculty.
 - k. A planned program specific orientation for new faculty shall be in writing and implemented.
 - l. Consideration shall be given to safety, patient acuity, and the clinical area in determining the necessary faculty to student ratio for clinical experiences. The faculty to student ratio in clinical experiences shall be:
 - (1) In the acute care setting where students are providing direct patient care the ratio is one faculty member to eight students (1:8).
 - (2) In the non-acute care setting where students are providing direct patient care the ratio is one faculty member to ten students (1:10).
 - (3) In the community setting where the students have indirect or direct patient care with a community partner the ratio is one faculty member to fifteen students (1:15).
 - m. The minimum number of faculty shall be one (1) full-time member in addition to the director.
 - n. Faculty meetings shall be regularly scheduled and held. Minutes shall be maintained in writing.
 - o. Faculty members shall participate in program activities as per policies and procedures.
- 3. Support Staff

There shall be secretarial designated support staff sufficient to meet the needs of the program.

F. PRECEPTORS

- 1. Preceptor Utilization
 - a. Preceptors shall not be utilized in foundation or introductory courses.
 - b. Preceptors shall not be considered in clinical faculty-student ratio. The ratio of preceptor to student shall not exceed 1:2.
 - c. There shall be written policies for the use of preceptors, that include:
 - (1) Communications between the program and preceptor concerning students;
 - (2) Duties, roles, and responsibilities of the program, preceptor, and student; and
 - (3) An evaluation process.
 - d. All preceptors shall be listed on the annual report by area, agency, and number of students precepted.
- 2. Preceptor Criteria
 - a. Masters, baccalaureate, diploma, associate degree, or practical nurse program student preceptors shall hold a current unencumbered license to practice as a registered nurse in Arkansas. Practical nurse

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student preceptors shall hold a current unencumbered license to practice as a registered nurse, licensed practical nurse, or licensed psychiatric technician nurse in Arkansas.

- b. Preceptors shall have a minimum of one-year experience in the area of clinical specialty for which the preceptor is utilized.
- c. Preceptors shall participate in evaluation of the student.
- 3. Student Criteria
 - a. Precepted students shall be enrolled in courses specific to the preceptor's expertise.
 - b. Precepted students shall have appropriate learning experiences prior to the preceptorship.
 - c. There shall be no reimbursement to students for the educational preceptorship.
- 4. Faculty Criteria
 - a. Program faculty shall be responsible for the learning activity.
 - b. Program faculty shall be available for consultation with student and preceptor.
 - c. Program faculty shall be responsible for the final evaluation of the experience.

G. STUDENTS

- 1. Admissions, Readmissions, and Transfers
 - a. There shall be written policies for admission, readmission, transfer, and advanced placement of students.
 - b. Admission criteria shall reflect consideration of potential to complete the program and meet standards to apply for licensure (See ACA §17-87-312).
 - c. Students who speak English as a second language shall meet the same admission criteria as other students and shall pass an English proficiency examination.
 - d. Documentation of high school graduation or an equivalent, as determined by the appropriate educational agency, shall be an admission requirement.
- 2. Progression and Graduation: There shall be written policies for progression and graduation of students.
- 3. Student Services
 - a. Academic and financial aid services shall be accessible to all students.
 - b. If health services are not available through the parent institution, a plan for emergency care shall be in writing.
 - c. There shall be provision for a counseling and guidance program separate from nursing faculty.
- 4. Appeal Policies: Appeal policies shall be in writing and provide for academic and non-academic grievances.
- 5. Program Governance: Students shall participate in program governance as appropriate.

H. STUDENT PUBLICATIONS

- 1. Publications shall be current, dated, and internally consistent with parent institution and program materials.
- 2. The following minimum information shall be available in writing for prospective and current students:
 - a. Approval status of the program granted by the Board;
 - b. Admission criteria;
 - c. Advanced placement policies;
 - d. Curriculum plan;
 - e. Program costs;
 - f. Refund policy;
 - g. Financial aid information; and
 - h. Information on meeting eligibility standards for licensure, including information on ACA §17-87-312 and that graduating from a nursing program does not assure ASBN's approval to take the licensure examination.
- 3. The student handbook shall include the following minimum information:
 - a. Philosophy and graduate competencies;
 - b. Policies related to substance abuse, processes for grievances and appeal, grading, progression, and graduation; and
 - c. Student rights and responsibilities.

I. EDUCATIONAL PROGRAM

- 1. The education program shall include curriculum and learning experiences essential for the expected entry level and scope of practice.

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- a. Curriculum development shall be the responsibility of the nursing faculty.
 - b. Curriculum plan shall be organized to reflect the philosophy and graduate competencies.
 - c. Courses shall be placed in a logical and sequential manner showing progression of knowledge and learning experiences.
 - d. Courses shall have written syllabi indicating learning experiences and requirements.
 - e. Theory content shall be taught concurrently or prior to related clinical experience.
 - f. Clinical experiences shall include expectations of professional conduct by students.
 - g. Curriculum plans for all programs shall include appropriate content in:
 - (1) Introduction to current federal and state patient care guidelines;
 - (2) Current and emerging infectious diseases;
 - (3) Emergency preparedness for natural and manmade disasters;
 - (4) Impact of genetic research;
 - (5) End of life care; and
 - (6) Legal and ethical aspects of nursing, including the *Arkansas Nurse Practice Act*.
2. The curriculum plan for practical nurse programs shall include:
- a. Theoretical content and clinical experiences that focus on:
 - (1) Care for persons throughout the life span including cultural sensitivity;
 - (2) Restoration, promotion, and maintenance of physical and mental health; and
 - (3) Prevention of illness for individuals and groups.
 - b. The length of the practical nurse curriculum shall be no less than ten (10) calendar months which includes a minimum of thirty-five (35) credit hours in nursing content.
 - c. Theory content may be in separate courses or integrated and shall include at least the following:
 - (1) Anatomy and physiology;
 - (2) Nutrition;
 - (3) Pharmacology and intravenous therapy;
 - (4) Growth and development throughout the life span;
 - (5) Fundamentals of nursing;
 - (6) Gerontological nursing;
 - (7) Nursing of adults;
 - (8) Pediatric nursing;
 - (9) Maternal/infant nursing;
 - (10) Mental health nursing; and
 - (11) Principles of management in long term care, including delegation.
 - d. Clinical experiences shall be in the areas of:
 - (1) Fundamentals of nursing;
 - (2) Nursing of adults;
 - (3) Pediatric nursing;
 - (4) Gerontological nursing;
 - (5) Maternal/infant nursing;
 - (6) Mental health;
 - (7) Administration of medications, including intravenous therapy; and
 - (8) Management in long term care, including delegation.
3. The curriculum plan for registered nurse programs; masters, baccalaureate, diploma, or associate degree shall include:
- a. Theoretical content and clinical experiences that focus upon:
 - (1) The prevention of illness and the restoration, promotion, and maintenance of physical and mental health;
 - (2) Nursing care based upon assessment, analysis, planning, implementing, and evaluating; and
 - (3) Care for persons throughout the life span, including cultural sensitivity.
 - b. Course content may be in separate courses or integrated and shall include at least the following:
 - (1) Biological and physical sciences content:
 - a. Chemistry;
 - b. Anatomy and physiology;
 - c. Microbiology;
 - d. Pharmacology;
 - e. Nutrition; and

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- f. Mathematics.
- (2) Behavioral science and humanities content:
 - a. Psychology;
 - b. Sociology;
 - c. Growth and development;
 - d. Interpersonal relationships;
 - e. Communication; and
 - f. English composition.
- (3) Nursing science content:
 - a. Medical surgical adult;
 - b. Pediatrics;
 - c. Maternal/infant;
 - d. Gerontology;
 - e. Mental health;
 - f. Leadership, including nursing management and delegation; and
 - g. Masters and baccalaureate programs shall include community health.
- (4) Clinical experiences shall be in the areas of:
 - a. Medical/surgical;
 - b. Pediatrics;
 - c. Maternal/infant;
 - d. Mental health;
 - e. Gerontology;
 - f. Leadership and management, including delegation;
 - g. Rehabilitation; and
 - h. Masters and baccalaureate programs shall include clinical experiences in community health.
- 4. The curriculum plan for registered nursing and practical nursing education programs may include the use of simulation as a substitute for traditional clinical experiences, not to exceed fifty percent (50%) of its clinical hours in each course. A program that uses simulation shall demonstrate the use of current standards of best practice for simulation and provide evidence of compliance that shall include:
 - a. An organizing framework that provides adequate fiscal, human, and material resources to support the simulation activities.
 - b. Management by an individual who is academically and experientially qualified. The individual shall demonstrate continued expertise and competence in the use of simulation while managing the program.
 - c. A budget that will sustain the simulation activities and training of the faculty.
 - d. Appropriate facilities for conducting simulation. This shall include educational and technological resources and equipment to meet the intended objectives of the simulation.
 - e. Training for faculty involved in the use of simulation, both didactic and clinical.
 - f. On-going professional development in the use of simulation, for faculty involved in simulations, both didactic and clinical.
 - g. Programmatic outcome that are linked to simulation activities.
 - h. Written policies and procedures on the following:
 - (1) short-term and long-term plans for integrating simulation into the curriculum;
 - (2) method of debriefing each simulated activity; and
 - (3) plan for orienting faculty to simulation.
 - i. Criteria to evaluate the simulation activities.
 - j. Student evaluations of simulation experiences on an ongoing basis.
 - k. Information about the use of simulation, as requested by the Board of Nursing, on the annual report.

J. PROGRAM EVALUATION

- 1. Faculty shall be responsible for program evaluation.
- 2. A systematic evaluation plan of all program aspects shall be in writing, implemented, and include: philosophy and graduate competencies, curriculum, policies, resources, facilities, faculty, students, graduates, and employer evaluation of graduates.
- 3. The outcomes of the systematic evaluations shall be used for ongoing maintenance and development of the program.
- 4. Appropriate records shall be maintained to assist in overall evaluation of the program after graduation.

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5. The systematic program evaluation plan shall be periodically reviewed.
6. Students shall evaluate the courses, instructors, preceptors, and clinical experiences throughout the program, and the overall program after graduation.

K. RECORDS

1. Transcripts of all students enrolled in the program shall be maintained according to policies of the parent institution.
 - a. Transcripts shall reflect courses taken.
 - b. The final transcript shall include:
 - (1) Dates of admission;
 - (2) Date of separation or graduation from the program;
 - (3) Hours/credits/units earned, degree, diploma, or certificate awarded;
 - (4) The signature of the program director, registrar, or official electronic signature; and
 - (5) The seal of the school or be printed on security paper or an official electronic document.
 - c. Current program records shall be safely stored in a secure area.
 - d. Permanent student records shall be safely stored to prevent loss by destruction and unauthorized use.

HISTORY: Amended: January 1, 2018

SECTION III

REPORTS, LICENSURE EXAMINATION PERFORMANCE AND CLOSURE

A. REPORTS

1. Annual report: An annual report shall be submitted in a format and date determined by the Board.
2. Special reports/requests: The Board shall be notified in writing of major changes affecting the program, including but not limited to:
 - a. School name;
 - b. Director of Program; and
 - c. Ownership or merger of parent institution.
3. Curriculum changes:
 - a. Masters, baccalaureate, diploma, or associate degree nurse program changes – Major changes of curriculum or standards shall be reported to the Board prior to implementation, including but not limited to:
 - (1) Philosophy, competencies, and objectives.
 - (2) Reorganization of curriculum.
 - (3) Increase or decrease in length of program.
 - b. Practical Programs – Major changes of curriculum and standards shall be approved prior to implementation, including but not limited to:
 - (1) Philosophy, competencies, and objectives;
 - (2) Reorganization of curriculum; and
 - (3) Increase or decrease in length of program.
4. Pilot programs/projects that differ from the current approved program shall be approved prior to implementation.

B. LICENSURE EXAMINATION PERFORMANCE

1. The student pass rate on the licensure examination shall be calculated on the ASBN fiscal year.
2. The program shall maintain a minimum pass rate of 75% for first-time examination candidates.
3. Any program with a pass rate below 75% shall:
 - a. First year:
 - (1) Receive a letter of concern; and
 - (2) Provide the Board with a report analyzing all aspects of the program. The report shall identify and analyze areas contributing to the low pass rate and include plans for resolution which shall be implemented.
 - b. Second consecutive year:
 - (1) Receive a letter of warning; and

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- (2) Program director and parent institution representative shall appear and present a report to the Board. The report shall identify and analyze the failure of first year corrections and additional plans for resolution of the low pass rate.
- c. Third consecutive year:
 - (1) Be placed on conditional approval; and
 - (2) Conditional approval will be granted until two consecutive years of an above 75% pass rate is achieved or until the Board withdraws approval status for noncompliance with the education standards.

C. PROGRAM CLOSURE

- 1. Voluntary
 - a. The parent institution shall submit a letter of intent for closure at least six (6) months prior to the closure. The letter shall include:
 - (1) Date of closure; and
 - (2) Plan for completion of currently enrolled students.
 - b. The Board must approve closure plan prior to implementation.
 - c. All classes and clinical experiences shall be provided until current students complete the program or parent institution provides for transfer to another acceptable program.
 - d. Records of a closed program shall be maintained by the parent institution and be in compliance with federal and state laws. The institution shall notify the Board of arrangements for the storage of permanent student and graduate records.
- 2. Mandatory
 - a. Upon Board determination that a program has failed to comply with educational standards and approval has been withdrawn, the parent institution shall receive written notification for closure of the program. The notification shall include:
 - (1) The reason for withdrawal of approval;
 - (2) The date of expected closure; and
 - (3) A requirement for a plan for completion of currently enrolled students or transfer of students to another acceptable program.
 - b. Records of a closed program shall be maintained by the parent institution and be in compliance with federal and state laws. The institution shall notify the Board of arrangements for the storage of permanent student and graduate records.
- 3. A program that has had withdrawal of their approval status may apply as a new program after one year from official closure date.

HISTORY: Amended: January 1, 2018