001. SCOPE AND AUTHORITY. This chapter sets forth the standards for approval of registered
and practical programs of nursing in Nebraska pursuant to Nebraska Revised Statute (Neb. Rev.
Stat.) §§ 38-2232 to 38-2234 of the Nurse Practice Act.

002. DEFINITIONS. Definitions are set out in the Nurse Practice Act, the Uniform Credentialing
Act, 172 Nebraska Administrative Code (NAC) 10, and this chapter.

002.01 ACCREDITATION. A status bestowed by a national nursing accrediting agency
recognized by the United States Department of Education.

002.02 ADJUNCT FACULTY. Persons who are employed by a program, but not on a full-
time basis, or who are not employed by a program, who supervise and instruct students in a
specific area of expertise. Adjunct faculty work under the supervision and guidance of faculty.
Adjunct faculty must meet the educational qualifications of faculty. Adjunct faculty are to
supplement and complement the nursing faculty. Staff Nurse Clinical Instructors working on
Dedicated Education Units (DEUs) are exempt from faculty qualifications as outlined in 172
NAC 97-003.

002.03 ANNUAL REPORT. A document that each nursing program is to submit at the end of
each calendar year to maintain ongoing program approval and to keep the Board informed of
the status of the program’s administration and organization, clinical resources, curriculum,
faculty and preceptors, program evaluation, students, and student services.

002.04 APPROVED. A program has been approved by the Board after it has met the
requirements of Nebraska Revised Statute (Neb. Rev. Stat.) §§ 38-2232 to 38-2234 and the
requirements of the Board as set out in this chapter.

002.05 ASSISTANT DIRECTOR. The registered nurse who is assistant to the director in
administration of the educational program in nursing regardless of the official title in any
specific institution. The assistant director has the administrative responsibility for a specific
program or site and must meet the same qualifications as those specified in this chapter for
the director.

002.06 CLINICAL EXPERIENCE. Faculty-planned and guided learning activities designed to
assist students to meet the stated program and course outcomes. Learning activities should
be designed to assist students to safely apply knowledge and skills to clients across the
lifespan and must be appropriate to the expectations of the graduates according to the program type.

002.07 CONTROLLING INSTITUTION. An established organization or institution which applies for approval and actually administers and controls the program of registered or practical nursing in its entirety after approval is received from the Board.

002.08 COURSE. An instructional unit of the curriculum with defined objectives and methods of evaluation.

002.09 CURRICULUM. The total learning experiences of the program organized in a systematic manner.

002.10 DEBRIEFING. An activity that follows a clinical lab, classroom or simulation experience, is led by a facilitator, encourages participants' reflective thinking, and provides feedback regarding participants' performance.

002.11 DEDICATED EDUCATION UNIT (DEU). Nursing units in which designated staff nurses become the clinical instructors to the students. Staff nurse clinical instructors work closely with nursing faculty and have received education about teaching, learning and evaluation in clinical nursing education.

002.12 DIPLOMA, DEGREE OR CERTIFICATE. The formal document showing that the student has completed the prescribed program.

002.13 DIRECTOR. The registered nurse administratively in charge of an educational program in nursing regardless of the official title in any specific institution.

002.14 DISTANCE LEARNING. A mode of delivering education and instruction to students who are not physically present in the same location.

002.15 GOVERNING BODY. The body of a controlling institution that sets the policies for the institution.

002.16 INNOVATIVE APPROACH. A creative nursing education strategy that departs from the current rule structure and requires Board approval for implementation.

002.17 NURSING FACULTY. Individuals employed full- or part-time by an academic institution who drive nursing education based on national standards, reflect the parent institution’s mission, and facilitate the development of clinical judgment necessary for safe and effective practice.

002.18 OBSERVATIONAL EXPERIENCE. An assignment to a facility or unit where students observe the role of the facility and the role of nursing within the facility, but where students do not participate in direct patient or client care. Direct faculty or preceptor supervision is not
required for an observational experience outside the clinical facility. Observational experiences may be used to supplement, but not replace direct patient care experiences.

002.19 PRECEPTOR. An experienced registered nurse who provides direct supervision of a formal student clinical learning experience at a clinical agency where the preceptor is employed. A preceptor acts as a facilitator of student learning and serves as a teacher, mentor, role model or supervisor who is immediately available in a clinical setting. Preceptors are employed by the agency where the student is placed for clinical experience.

002.20 PRELICENSURE NURSING EDUCATION PROGRAM. An educational program approved by the Board which prepares the registered or practical nursing graduates to qualify for the license of registered nurse or licensed practical nurse upon passing the required licensing examination, and meeting other licensure requirements.

002.21 PROGRAM STATUS. A designation assigned to a nursing education program by the Board which may include approval, warning, suspension or revocation.

002.22 PURPOSE. A statement which identifies the reason for the existence of a program.

002.23 RECOMMENDATIONS. Advice of what must be done to ensure that the entire program or program components have met the requirements of the law and the requirements of the Board as set out in this rule. All recommendations must be considered and implemented by the program and the program must keep the Board informed of the implementation of the recommendations.

002.24 SIMULATION. A technique to replace and amplify patient care experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner.

002.25 STAFF NURSE SUPPORTED EXPERIENCE. A clinical experience, which is 3 days or less, where a student is assigned 1:1 to a staff nurse in a specialty setting for a hands on clinical experience at the direction of the staff nurse. Faculty should provide indirect supervision for the experience as defined in 172 NAC 99.

002.26 STAFF NURSE CLINICAL INSTRUCTOR. A registered nurse with 12 months or more experience who receives orientation and training from nursing programs and is employed in a clinical setting at sites using the Dedicated Education Unit (DEU) model of clinical instruction. A staff nurse instructor will supervise no more than 2 students at 1 time and is exempt from faculty qualifications as outlined in 172 NAC 97-007.03.

002.27 SUGGESTIONS. Proposals for the program to consider that may enhance the program or program components. Suggestions are to be considered by the program, but may be accepted and implemented, modified and implemented, or rejected and not implemented. No follow-up communication with the Board is required.
002.28 SUPPORT COURSE. A non-nursing course in the areas of the biological, physical, or behavioral sciences, for which the content is essential to the application of nursing knowledge.

002.29 WAIVER. A provisional document that allows temporary suspension of 1 element of this chapter, such as faculty education or preceptor education.

003. CLASSIFICATION OF PRELICENSURE PROGRAMS IN NURSING EDUCATION. The nursing education program shall be an integral part of a governing academic institution that is accredited by an accrediting agency that is recognized by the United States Department of Education. There are 2 types of prelicensure programs for registered nurses and one type for licensed practical nurses.

003.01 BACCALAUREATE DEGREE PROGRAM. A prelicensure program for registered nurses conducted by a university or college and leads to a baccalaureate degree in nursing;

003.02 ASSOCIATE DEGREE PROGRAM. A prelicensure program for registered nurses conducted by a community college, college or university and leads to an associate degree in nursing; and

003.03 PRACTICAL DIPLOMA PROGRAM. A prelicensure educational program for practical nurses of at least 1 academic year conducted by a community college or educational agency.

004. PRELICENSURE NURSING EDUCATION PROGRAM STANDARDS. Prelicensure nursing education programs must meet the following program standards. A program shall provide evidence to the Board that these standards have been met on an annual basis.

(A) Obtain national or specialized nursing program accreditation within 10 years of adoption of these regulations;

(B) Maintain national or specialized nursing program accreditation;

(C) Implement and maintain a comprehensive, systematic plan for ongoing evaluation based on program outcomes and incorporates continuous improvement;

(D) National Council Licensure Exam pass rates at 80% per year or a 3 year average consistent with the national average;

(E) At a minimum, 35% of the total faculty (including all clinical adjunct, part-time, or other faculty) are employed at the institution as full-time faculty;

(F) Retention of faculty and administration above the state average;

(G) No significant change in completion or attrition rates;

(H) Student faculty ratio that does not exceed ratios defined in 172 NAC 97-007.02;

(I) No significant loss of clinical contracts or lack of meeting requirements for clinical experiences;

(J) Provides annual report data and complies with curriculum revision or review or site visit requirements;

(K) Track and share complaints to Board of Nursing or other Nursing Regulatory Body from students, faculty, clinical sites or the public;
(L) Have less than three program directors in a five year period; and
(M) Frequent faculty reductions or frequent turnover in number of faculty.

005. ADMINISTRATION AND ORGANIZATION. The administrative control for the program must be vested in the governing body of the controlling institution. The governing body of the controlling institution must:

(A) Provide an organizational chart showing the relationship of the nursing program to the controlling institution, to other departments, institutions, and agencies and the channels of authority and communication;
(B) Provide an organizational chart showing relationships of individuals or groups within the nursing program;
(C) Appoint a qualified person to administer the nursing program or programs as set forth in 172 NAC 97-007.01;
(D) Provide for an adequate number of qualified faculty as set forth in 172 NAC 97-007-03;
(E) Provide for adequate educational facilities and clinical resources as set forth in 172 NAC 97-010 and 011;
(F) Provide for written agreements with all cooperating agencies that delineate the methods of communication and areas of responsibilities of each party;
(G) Provide for a financial base that is sufficient to ensure adequate financial resources to maintain a qualified faculty, adequate facilities including classrooms and laboratories, and simulation, to be able to provide students with adequate education from admission to completion;
(H) Provide in writing the conditions of employment and the policies for faculty; and
(I) Provide in writing the educational philosophy of the controlling institution.

006. PHILOSOPHY AND OUTCOMES. The program must have in writing a clearly defined statement of philosophy, organizing framework and program outcomes which serve as a basis for the development of the total nursing education program.

(A) The statement of philosophy must include the beliefs of the faculty about:
   (i) Human beings;
   (ii) Nursing;
   (iii) Education;
   (iv) Nursing education;
   (v) Health; and
   (vi) Must be in accord with those of the controlling institution.

(B) The organizing framework must reflect the concepts or theories that serve as the foundation of the curriculum.

(C) Program outcomes must reflect the stated philosophy and must be based on the concept of preparing a practitioner who gives safe and competent care and who functions within the legally defined scope of practice of a registered or licensed practical nurse.

(D) The program outcomes must be measurable and attainable within the timeframe of the program of instruction.

(E) The philosophy and program outcomes must be defined and approved by the faculty and shared with the students.
007. FACULTY. The program must hire and retain a qualified program director and faculty.

007.01 DIRECTOR. The director of the nursing education program must be a registered nurse, hold an unencumbered license to practice in Nebraska, and is academically and experientially qualified to direct the program preparing graduates for the safe and effective practice of nursing. The director is accountable for the administration, planning, implementation and evaluation of the nursing education program.

007.01(A) PRELICENSURE PRACTICAL NURSING PROGRAM. Any person appointed director of a prelicensure practical nursing program must have:
   (i) A minimum of a graduate degree in nursing;
   (ii) 3 years of clinical experience; and
   (iii) 3 years of nursing education experience.

007.01(B) PRELICENSURE REGISTERED NURSING PROGRAM. Any person appointed director of a prelicensure registered nursing program must have:
   (i) A minimum of a graduate degree in nursing;
   (ii) 3 years of clinical experience; and
   (iii) 3 years of nursing education experience.

007.02 FACULTY RATIOS. There must be sufficient faculty with educational preparation and nursing expertise to meet the objectives and purposes of the nursing education program. Factors which determine the number and qualifications of faculty include the type and length of program, number of students enrolled, number of students assigned to a clinical area, frequency of admissions, total responsibilities of the faculty, and number and location of clinical facilities.

   (A) There must be a sufficient core of full-time faculty as set forth in 172 NAC 97-004(E), to assure consistent presentation of the curriculum, consistent application of policies, and consistent supervision of the clinical experiences;
   (B) There must be no more than 10 students per faculty member, a 1:10 faculty-to-student ratio, in the clinical area. The clinical facility may require a lower number of students per faculty. A 1:8 faculty-to-student ratio is preferred; and
   (C) For Dedicated Education Units (DEU’s), 1 nursing faculty member may supervise up to 16 students in the clinical setting. Staff nurse clinical instructors must supervise no more than 2 students at a time.

007.03 FACULTY QUALIFICATIONS. There must be written position descriptions of all faculty members, their qualifications, and their responsibility in the educational program.

007.03(A) TYPE OF NURSING PROGRAM. Qualifications for nursing faculty are outlined by program.

007.03(A)(i) PRACTICAL NURSING PROGRAM. Nursing faculty who teach in a program leading to licensure as a practical nurse must:
   (1) Have an unencumbered registered nursing license to practice in Nebraska;
007.03(A)(ii) REGISTERED NURSING PROGRAM. Nursing faculty who teach in programs leading to licensure as a registered nurse must:

(1) Have an unencumbered registered nurse license to practice nursing in Nebraska;
(2) Have a minimum of a graduate degree in nursing or make annual progress toward a graduate degree in nursing and complete a degree within 6 years of faculty appointment; and
(3) Have 2 years of clinical experience.

007.03(B) OTHER FACULTY REQUIREMENTS. Other requirements for faculty in nursing programs include the following:

(i) All nursing faculty including clinical, full-time and adjunct, must complete a planned orientation;
(ii) Faculty teaching non-clinical nursing courses shall have advanced preparation and experience appropriate for the content being taught; and
(iii) If for any emergency reason a program employs a faculty member on a temporary basis who does not meet the requirements, the program must request a waiver of faculty qualifications for that specific situation. The waiver request must include the reason for the request, the time frame for the request, and what steps were taken to prevent the need for the waiver.

007.04 DIRECTOR AND FACULTY RESPONSIBILITIES. Responsibilities and functions of the director and faculty of a nursing program include the following:

(A) Develop, implement, evaluate, and update the purpose, philosophy, organizational framework and program outcomes;
(B) Design, implement and evaluate the curriculum using a written plan;
(C) Develop, evaluate, and revise student admission, progression, retention, and graduation policies within the policies of the institution;
(D) Participate in academic advising and guidance of students;
(E) Provide theoretical instruction and clinical or practicum experiences;
(F) Supervise the instruction provided by preceptors;
(G) Assure that observational experiences comprise no more than 20% of the clinical experiences of any course;
(H) Evaluate student achievement of curricular outcomes related to nursing knowledge and practice;
(I) Provide for student evaluation of teaching effectiveness;
(J) Provide an orientation for new faculty; and
(K) Participate in activities which facilitate maintaining the faculty members’ own nursing competence and professional expertise in the area of teaching responsibility and
maintaining clinical competence through clinical experience, workshops, and in-service education.

007.05 POLICIES AND PROCEDURES. Faculty policies and procedures must be available in writing and must include qualifications, rights and responsibilities of faculty members, the criteria for evaluation of performance, and promotion and tenure policies.

007.06 RECORDS AND REPORTS. Written records of faculty decisions and committee reports must be maintained and available to all faculty.

007.07 RESOURCES. The program must have clerical staff and other resources sufficient to meet the needs of the faculty and administration.

008. PRECEPTORS. The program may use preceptors in direct supervision of student learning experiences in the clinical agency where the preceptor is employed.

008.01 PRECEPTOR GUIDELINES. These guidelines apply when a faculty member has assigned responsibility for direct supervision of student clinical learning experiences to a preceptor, at the preceptor's employing agency, and when the faculty member may not be physically present within the clinical agency or clinical setting.

(A) Preceptor supervision is not appropriate for the beginning student. Clinical preceptors may be used to enhance clinical learning experiences, after a student has received clinical and didactic instruction in all basic areas of nursing or within a course after students have received clinical and didactic instruction in all basic areas for that course or specific learning experience.

(B) While learning with the preceptor, the student role expectations must not exceed the level of practice for which the student is being prepared.

(C) Direct supervision by a preceptor means that the preceptor is present in the clinical setting and available to the student at all times.

(D) Preceptors may be responsible for no more than one student at a time.

(E) The responsibility for student learning rests with the faculty member, preceptor and student.

(i) The faculty member primarily coordinates the learning experience of the student, provides direction for the preceptor and student, and evaluates the student's achievement of the course objectives.

(ii) The preceptor retains his or her nursing staff responsibility for client care while considering the individual student's capabilities in making assignments.

(iii) The student must be directed to accept only those responsibilities which the preceptor believes can be safely managed. Students are expected to maintain practice within the safe limits which have previously been taught. Recognizing their own strengths and limitations, students are required to request help and supervision as needed.

008.02 PRECEPTOR QUALIFICATIONS. Qualifications for a clinical preceptor include:
(A) An unencumbered license to practice nursing in the jurisdiction where students are precepted;
(B) The educational level of the preceptor must be at or above the level for which the student is being prepared;
(C) A minimum 12 months experience in the practice of registered nursing;
(D) Competence related to the area of assigned clinical teaching responsibilities; and
(E) Designated by manager and peers as a collaborator and leader among nurses.

009. CURRICULUM – CORE EDUCATIONAL REQUIREMENTS. The program must have a curriculum that enables students to develop the nursing knowledge, skills and abilities necessary for the level of licensure. An organized pattern, developed by the nurse faculty for the continuity and sequence of courses and related concurrent clinical instruction, must provide for progression of knowledge, skills, abilities, and attitudes of nursing students. Curricula will be revised as necessary to maintain a program that reflects advances in health care and its delivery.

009.01 STANDARDS. The curriculum, as defined by nursing education, professional and practice standards, must include:
(A) Experiences that promote the development and subsequent demonstration of evidence-based clinical judgment, skill in clinical management, and the professional commitment to collaborate in continuously improving the quality and safety of the healthcare system for patients.
(B) Evidence–based learning experiences and methods of instruction, including distance education methods, consistent with the written curriculum plan.
(C) 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) Content regarding professional responsibilities, scope of practice, legal and ethical issues, history and trends in nursing and health care; and
   (iii) Didactic content and supervised clinical experience in the prevention of illness and the promotion, restoration, and maintenance of health in patients across the lifespan and from diverse cultural, ethnic, social and economic backgrounds. Patient experiences must occur in a variety of clinical settings and must include:
      (1) Integrating patient safety principles throughout the didactic and clinical coursework;
      (2) Using information technology to communicate and manage knowledge, mitigate error, and support decision making;
      (3) Employing evidence-based practice to integrate best research with clinical expertise and client values for optimal care, including skills to identify and apply best practices to nursing care;
      (4) Providing client-centered, culturally competent care by:
         (a) Respecting client differences, values, preferences and expressed needs;
         (b) Involving clients in decision-making and care management;
         (c) Coordinating and managing care transitions or continuous care; and
(d) Explaining appropriate and accessible interventions to patients and populations that may positively affect their ability to achieve healthy lifestyles;

(5) Collaborating with interdisciplinary teams to foster open communication, mutual respect, and shared decision making in order to achieve quality patient care; and

(6) Participating in quality improvement processes to measure client outcomes, identify hazards and errors, and develop changes in processes of client care.

009.02 ADDITIONAL CURRICULUM REQUIREMENTS. All nursing programs must meet the following additional curriculum requirements:

(A) Experiences which promote the development of leadership and management skills and professional socialization consistent with the level of licensure; and

(B) Delivery of instruction by distance education methods must be consistent with the program curriculum plan and enable students to meet the goals, competencies and objectives of the educational program and standards of the Board.

009.03 LEARNING EXPERIENCES. The curriculum must provide for learning experiences that prepare the student to identify and intervene in actual or potential health problems of individuals, families, or groups. Nursing actions must be directed toward maintaining or improving health status, based on the nursing assessment and through the execution of nursing care or therapeutic regimens prescribed by any person lawfully authorized to prescribe. Learning experiences, methods of instruction, and evaluation of student accomplishment will:

(A) Be planned, implemented and evaluated by the faculty with provisions for student input;

(B) Reflect the organizing framework and objectives of the nursing education program;

(C) Be organized logically and sequenced appropriately;

(D) Provide supervised clinical experience to prepare the student for the safe practice of nursing and will include development of skills in direct patient care; making clinical judgments; care and management of both individuals and groups of patients across the lifespan and delegation to and supervision of, as appropriate to level of education, other healthcare providers;

(E) Provide clinical hours comparable to those provided by an approved program of equivalent size and program type or, in the case of no equivalent program, clinical hours scaled relative to an approved program;

(F) Provide clinical experiences such as observation, simulation, staff nurse supported, dedicated education unit, adjunct or preceptor, that are supervised by qualified faculty;

(G) Measure the students’ competencies based on the students’ demonstration of care management and decision making skills when providing patient care in a variety of clinical situations and care settings; and

(H) Be comprised of sufficient hours to meet these standards, be supervised by educationally and clinically qualified faculty, and ensure students’ ability to practice at an entry level.
009.04 SYLLABI. Current syllabi must be available at the educational institution.

009.05 CHALLENGE PROCEDURE. Programs permitting students to challenge selected courses for credit must have written policies governing the challenge procedure.

009.06 CURRICULUM REVISIONS. Consultation from the Board is available when curriculum revisions are being considered. Plans for major curriculum revisions must be submitted to the Board for approval 3 months before they are implemented and must include the rationale and indicate the present plan as well as the proposed change and expected outcome. Major curriculum changes include:

(A) Changes in program outcomes which alter the present curriculum;
(B) Changes in the length of the program;
(C) Changes in the number of hours of didactic instruction or clinical instruction;
(D) Reorganization of the entire curriculum; and
(E) Additions, deletions, and substitutions of support courses or nursing electives.

010. CLINICAL RESOURCES. There must be clinical resources available and adequate for the number of students and faculty and the outcomes of the program.

010.01 CLINICAL FACILITIES. Clinical facilities must be available with a sufficient number and variety of clients to provide learning experiences essential to achievement of the stated objectives of the curriculum and for the number of students enrolled.

010.02 APPROVAL. The program must identify on the annual report all clinical facilities utilized by the program.

011. EDUCATIONAL FACILITIES. Adequate classrooms, offices, laboratories, conference rooms, and a library to meet the objectives of the program and to provide the needs of the students and faculty must be available.

012. STUDENTS. Students must be provided the opportunity to acquire and demonstrate the knowledge, skills and abilities for safe and effective nursing practice in theory and clinical experience through faculty supervision. The following requirements related to students will be in place:

(A) All institutional policies relevant to applicants and students are available in writing.
(B) Written policies will be developed by faculty for selection, admission, readmission, progression, graduation, transfer, dismissal or withdrawal of nursing students.
(C) Student responsibilities and due process rights will be available in writing.
(D) Requirements for graduation are stated in the program brochure or catalog.
(E) The date of completion of the nursing program is specified on the transcript.
(F) Students are required to meet the health standards and criminal background checks as required by the clinical agencies and the nursing program.
(G) Students are to be accountable for the integrity of their work.
(H) The program will hold students accountable for professional behavior, including honesty and integrity, while enrolled in their program of study.
013. RECORDS. The controlling institution must maintain a record system with provision for the protection of records against loss, destruction, and unauthorized use. Such record system will meet the following requirements:

(A) Student records are to be available to the faculty;
(B) No part of the student's record may be released without the written consent of the student;
(C) Official records will be maintained for current students enrolled, including admission data, transcripts, and evaluations;
(D) Transcripts for students who have withdrawn or graduated will be kept on file;
(E) Records for transfer students, at the time of admission into a nursing program, will include a transcript of the previous nursing or college program and a written program of studies required to be completed by the transfer student prior to graduation; and
(F) Faculty records demonstrating educational and experiential qualifications will be maintained, including official educational transcripts.

014. REPORTS TO THE BOARD. An annual report, accreditation reports, and accreditation updates or reports must be submitted to the Board by the program, and the program will:

(A) Notify the Board in writing of administrative changes relating to and affecting the program; and
(B) Cooperate in submitting data to the Board for purposes of research and planning activities.

015. PROMOTIONAL MATERIALS. The program brochure, catalog, website, or other materials must be current and give an accurate description of the program.

016. EVALUATION. The faculty must develop a systematic evaluation plan for the total program and provide for periodic evaluation of all aspects of the program including: philosophy and outcomes, organization and administration, faculty, curriculum, students, facilities, follow-up study of graduates, records, and reports, and demonstrate how the evaluation data are used for program improvement.

017. SURVEY VISITS TO NURSING PROGRAMS. The Board will conduct survey visits to each of the nursing programs to verify compliance with all of the preceding regulations.

017.01 FREQUENCY. The frequency of survey visits will be based on an annual evaluation of the following criteria:

(A) The stability of the nursing administrative structure and personnel;
(B) The stability and retention of the faculty;
(C) The program maintaining accreditation by a national nursing program accreditation entity approved by the Board;
(D) The annual reports for the last 4 years; and
(E) The graduates from the program having demonstrated a pass rate on the National Council Licensure Examination each year for the last 4 years that meets or exceeds the national pass rate.
017.02 BOARD DIRECTED SURVEY. The Board may direct that a survey visit be conducted more frequently if it determines that a survey is indicated based on, but not limited to, the following:

(A) Frequent nursing department administrative changes or faculty turnover;
(B) Complaints received from faculty, students, parents, or the general public;
(C) A pass rate of the graduates lower than the national pass rate for 2 consecutive years; or
(D) Student retention and attrition.

018. INNOVATIVE APPROACHES TO PRE-LICENSURE PROGRAMS. A nursing education program may apply to implement an innovative approach by complying with provisions of this section. Nursing education programs approved to implement innovative approaches will continue to provide quality nursing education that prepares graduates to practice safely, competently and ethically within the scope of practice as defined in the Nurse Practice Act.

018.01 PURPOSE. A nursing program applying to implement an innovative approach must explain the purpose for creating innovation in curriculum or educational design, which must include:

(A) To foster innovative models of nursing education to address the changing needs in health care;
(B) To assure that innovative approaches are conducted in a manner consistent with the Board’s role in protection of the public; and
(C) To assure that innovative approaches conform to the quality outcome standards and core education criteria established by the Board.

018.02 ELIGIBILITY. In order for a nursing program to be eligible to submit an innovative approach to nursing education, the nursing program must:

(A) Hold full Board approval without conditions;
(B) Have no substantiated complaints in the past 2 years; and
(C) Have committed no rule violations in the past 2 years.

018.03 APPLICATION. The following information must be provided by the nursing program to the Board at least 90 days prior to a Board meeting:

(A) Executive summary of the project;
(B) Identifying information including name of nursing program, address, responsible party, and contact information;
(C) A brief description of the current program, including accreditation and Board approval status;
(D) Identification of the regulation or regulations affected by the proposed innovative approach;
(E) Length of time for which the innovative approach is requested;
(F) Description of the innovative approach, including objectives;
(G) Brief explanation of why the program wants to implement an innovative approach at this time;
(H) Explanation of how the proposed innovation differs from approaches in the current program;
(I) Rationale with available evidence supporting the innovative approach;
(J) Identification of resources that support the proposed innovative approach;
(K) Expected impact innovative approach will have on the program, including administration, students, faculty, and other program resources;
(L) Plan for implementation, including timeline;
(M) Plan for evaluation of the proposed innovation, including measurable criteria and outcomes, method of evaluation, and frequency of evaluation; and
(N) Additional application information as requested by the Board.

018.04 STANDARDS FOR APPROVAL. Approval is based on the following criteria:
(A) Eligibility and application criteria in 172 NAC 97-018.02 and 172 NAC 97-018.03 met;
(B) The innovative approach will not compromise the quality of education or safe practice of students;
(C) Resources are sufficient to support the innovative approach;
(D) Rationale with available evidence supports the implementation of the innovative approach;
(E) Implementation plan is reasonable to achieve the desired outcomes of the innovative approach;
(F) Timeline provides for sufficient period to implement and evaluate the innovative approach; and
(G) Plan for periodic evaluation is comprehensive and supported by appropriate methodology.

018.05 BOARD REVIEW OF APPLICATION. Annually, the Board may establish the number of innovative approach applications it will accept, based on available Board resources. The Board will evaluate innovative approach applications to determine if eligibility criteria in 172 NAC 97-018.02 are met and if the standards from 172 NAC 97-018.04 are established.

018.05(A) APPROVAL. If the application meets the eligibility criteria and standards, the Board will:
(i) Approve the application; or
(ii) Approve the application with modifications as agreed between the Board and the nursing education program.

018.05(B) DENIAL. If the application does not meet the eligibility criteria and standards, the Board will deny approval of the innovative approach or may request additional information.

018.05(C) RESCIND APPROVAL. The Board may rescind the approval or require the program to make modifications in the innovative approach if:
(i) The Board receives substantiated evidence indicating adverse impact; or
(ii) The nursing education program fails to implement the innovative approach as presented and approved.
018.06 PERIODIC EVALUATION. Periodic evaluation of the innovative approach to nursing education requires the following:

(A) The educational program must submit progress reports conforming to the evaluation plan annually or as requested by the Board;

(B) The final evaluation report must conform to the evaluation plan, detailing and analyzing the outcomes data;

(C) If any report indicates that students were adversely impacted by the innovation, the nursing program must provide documentation of corrective measures and their effectiveness; and

(D) The educational program must maintain eligibility criteria in 172 NAC 97-018.02.

018.07 CONTINUATION. Requests for the innovative approach to continue and become an ongoing part of the education program must be submitted 30 days prior to a regularly scheduled Board meeting. Continuation of the innovative approach to nursing education may be granted by the Board if:

(A) The final evaluation has been submitted;

(B) The innovative approach has achieved the desired outcomes;

(C) The innovative approach has not compromised public protection; and

(D) The innovative approach is consistent with core nursing education criteria.

019. APPROVAL OF NEW PRELICENSURE EDUCATION PROGRAMS. An institution seeking Board approval to conduct a new prelicensure program in registered or practical nursing must submit an application provided by the Department at least 1 year prior to the anticipated opening of the new program. The application must include the following:

(A) Results of a needs assessment, including identification of potential and available students and employment opportunities for program graduates;

(B) Identification of sufficient financial and other resources;

(C) Governing institution approval and support;

(D) A description of the readiness that has been identified of the community to support the proposed program;

(E) Type of educational program proposed;

(F) Evidence of the institution meeting state requirements, and regional or national accreditation by an accredited agency recognized by the U.S. Department of Education;

(G) Evidence of the nursing program actively seeking accreditation from a U.S. Department of Education recognized national nursing accrediting agency;

(H) A description of the provision for educational facilities including classroom, laboratories, library, conference rooms and offices;

(I) A description of the provision for clinical opportunities and available resources;

(J) A description of the availability of qualified faculty;

(K) A description of the general education and nursing content of the curriculum including proposed course descriptions;

(L) Proposed timeline for initiating and expanding the program;

(M) If the controlling institution is a private organization, a copy of its articles of incorporation and of the resolution of its governing body authorizing it to establish a program of registered or practical nursing must be attached;
(N) If the controlling institution is a public body, a copy of its statutory authority to establish a program of registered or practical nursing must be attached, along with a copy of the resolution of its governing body authorizing it to establish a program of registered or practical nursing must be attached; and

(O) The application must be signed by the head of the governing body of the controlling institution making the application.

019.01 EMPLOYMENT OF DIRECTOR AND FACULTY. The applying institution must employ a director at least 12 months prior to the anticipated opening of the program. Sufficient, qualified faculty must be in place 6 months prior to the beginning of any course for the purpose of course development.

019.02 INITIAL APPROVAL FOR ADMISSION OF STUDENTS. The proposed program must provide the Board with verification that the following program components and processes have been completed:

1. Overview of the total curriculum;
2. Content;
3. Schedule, including course sequence;
4. Course descriptions;
5. Contracts for clinical sites;
6. Program evaluation plan;
7. Course syllabi for first year with identified timeline for submission of syllabi for subsequent years; and
8. Establishment of student policies for admission, progression, retention and graduation.

019.02(A) INITIAL APPROVAL. When the Board determines that all components and processes are complete and in place, the Board will authorize the program to admit students. The Board may or may not require a site visit to make this determination.

019.02(B) DENIAL. The Board will deny initial approval if it determines that a proposed nursing education program is unable to meet the standards for nursing education.

019.03 FULL PROGRAM APPROVAL. The Board may request periodic reports from a new program regarding initial program operations before granting full program approval. The Board will fully approve the program upon:

(A) Successful completion of a Board survey visit of the program concurrent with graduation of first class eligibility for the National Council Licensure Examination;
(B) Submission of the nursing program’s ongoing systematic evaluation plan;
(C) Satisfactory completion of survey report that verifies that the program is in compliance with the Board’s Nursing Education Standards in 172 NAC 97-004; and
(D) Accreditation approval or application status update.

019.04 CONTINUING APPROVAL. Approval is continued for those programs which continue to meet the requirements of the Board as determined by survey visits, annual reports, and
such reports as may be required by the Board. Approval may be continued with or without Board recommendations or suggestions.

019.04(A) ONGOING EVALUATION. Nursing education programs will be reevaluated every 4 to 5 years with a site visit, upon request of the nursing education program, or at the discretion of the Board, to ensure continuing compliance with the regulations.

019.04(B) ANNUAL REPORT. Programs must submit an annual report.

020. BOARD ACTIONS. Failure to meet the standards put forward in this chapter may result in disciplinary action by the Board. The Board may recommend one of the following actions:
(A) Warning;
(B) Suspension; or
(C) Revocation.

020.01 WARNING. If the Board determines that any controlling institution having a program in registered or practical nursing approved by the Board is not maintaining the standards required by the statutes and by this chapter, the controlling institution will be warned. Notice will be given in writing to the controlling institution, specifying the deficiency or deficiencies.

020.01(A) CORRECTION OF DEFICIENCIES. The controlling institution will be given 12 months in which to correct the deficiency or deficiencies in its program.

020.01(B) POSSIBLE WITHDRAWAL OF APPROVAL. If the requirements for approval have not been met within 12 months after receipt of a warning, the controlling institution will be given 6 months' notice of possible withdrawal of approval.

020.01(C) FAILURE TO CORRECT DEFICIENCIES. If the deficiency or deficiencies have not been corrected within 6 months after the controlling institution has been given notice of possible withdrawal of approval, a hearing before the Department will be scheduled to determine whether the approval from the Board will be suspended or revoked.

021. TRANSFERRING A PROGRAM. In the event that the transfer of the controlling institutional ownership or control of a program in registered or practical nursing is to take place, the new ownership or new controlling institution must comply with the same requirements as for the establishment of a new program in Section 019 of this chapter.

022. CLOSING A PROGRAM. A nursing education program anticipating closure of its program is subject to the following requirements:
(A) A controlling institution terminating its program must notify the Board at least 1 year in advance of such intended termination, and must submit to the Board the plan for completion of students currently enrolled and the disposition of records. All Board requirements for approval must be maintained until the program is closed.
(B) The program must be officially closed on the date the last nursing student completes the program or is transferred to another approved program under the plan for termination of
the program or voluntarily withdraws from the program. The controlling institution which has operated the program is responsible for the permanent preservation of records and issuance of transcripts of graduates, and must notify the Board of the custody of the records.