

**COMPARISON CROSSWALK
PRE-LICENSURE NURSING PROGRAMS
CABRN-CCNE**

CABRN	Indicators/Evidence	CCNE	Indicators/Evidence
I. 1423. Approval Requirements.	Indicators/Evidence	Purpose	Indicators/Evidence
<p>(a) In order for a program to be approved by the board or to retain its approval, it shall comply with all requirements set forth in this article and in sections 2786 through 2788 of the code.</p> <p>(b) A material misrepresentation of fact by a program applicant or an approved nursing program in any information required to be submitted to the board is grounds for denial of approval or revocation of the program's approval.</p>		<p>Accreditation is intended to accomplish:</p> <ol style="list-style-type: none"> 1. hold programs accountable to the community of interest and to one another 2. evaluate the success of a nursing program in achieving their mission, goals and outcomes 3. assess the extent to which a nursing program meets accred. standards 4. to inform the public of the purposes and values of accred. and to identify nursing programs that meet these standards. 5. Foster CQI in nursing programs 	
II. 1424 Administration And Organization Of The Nursing Program	Indicators/Evidence	Purpose	Indicators/Evidence
<p>SECTION 1424(a) There shall be a written statement of philosophy and objectives that serves as a basis for curriculum structure. Such statement shall take into consideration the individual difference of students, including their cultural and ethnic background, learning styles, goals, and support systems. It shall also take into consideration the concepts of nursing and man in terms of nursing activities, the environment, the health-illness continuum, and relevant knowledge from related disciplines.</p>	<p>Indicators</p> <ul style="list-style-type: none"> • <i>Phil./obj. of program consistent and a basis for curriculum</i> • <i>Phil statement available I writing for all to see</i> • <i>Obj clear, behavioral and in syllabus</i> • <i>Phil in Self Study</i> <p>Evidence</p> <p>A. Students use program phil. in their experiences in the program.</p> <p>B. Phil includes faculty's beliefs about:</p> <ol style="list-style-type: none"> 1. Person (humanity) 2. Art and science of nursing. 3. Nursing education, including the following individual differences among students, <ol style="list-style-type: none"> a. Cultural milieu, b. Ethnic background, c. Learning styles, and d. Support systems. <p>C. Program objectives reflect philosophy.</p>	<p>1-A.</p> <p>The mission, goals and expected program outcomes are:</p> <ul style="list-style-type: none"> • Congruent with those of the parent institution • Consistent with relevant professional nursing standards and guidelines for preparation of nursing professionals 	<p>Elaboration:</p> <p><i>The program's mission statement, goals and expected outcomes are written and accessible to current and prospective students, faculty and other constituents. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. A mission statement may relate to all nursing programs offered by the nursing unit or specific programs may have separate mission statements. Program goals are clearly differentiated by level when multiple degree/certificate programs exist. Student outcomes may be expressed as competencies, objectives, benchmarks or other terminology congruent with institutional and program norms</i></p> <p><i>Professional standards and guidelines required by CCNE include:</i></p> <ul style="list-style-type: none"> • <i>Essentials of Baccalaureate Education for Professional (AACN 2008)</i> • <i>Essentials of Master's Education in Nursing (AACN 2011)</i> • <i>Essentials of Doctoral Education for advanced Practice (AACN 2006)</i> • <i>Criteria for Evaluation of NP programs (NTF)</i> <p><i>And additional standards and guidelines and role appropriate/area education selected by the program</i></p>

		<p>I-B. The mission, goals and expected student outcomes are reviewed periodically and revised as appropriate to reflect:</p> <ul style="list-style-type: none"> Professional nursing standards and guidelines The needs and expectations of the community of interest 	<p>Elaboration: <i>There is a defined process for periodic review and revision of program mission, goals and expected student outcomes. The review process has been implemented and resultant action reflects professional nursing standards and guidelines. The community of interest is defined by the nursing unit. The needs and expectations of the community of interest are reflected in the mission, goals and expected student outcomes. Input from the community of interest is used to foster program improvement.</i></p> <p>DOCUMENTS TO BE INCLUDED: Mission, goals and expected program outcomes Copies of all professional standards and guidelines</p>
<p>SECTION 1424(b) The policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy and objectives of the program, and shall be available to all students.</p>	<p>Indicators</p> <ul style="list-style-type: none"> All policies /procedures reflect its philosophy and objectives. Documents where information is available to students are included in the Self-Study; Nursing Student Handbook with each Self-Study. <p>Evidence</p> <p>A. Written policies and procedures are available to student on the following activities: Admissions’ Promotion; Retention; Graduation; Dismissal; Grievance policies’ Transfer and Challenge policies.</p> <p>B. Students state they are aware of policies and procedures of the program; apply to all</p>	<p>I-E. Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.</p> <p>I-F Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals and expected student outcomes. These policies are:</p> <ul style="list-style-type: none"> Fair and equitable Published and accessible Reviewed and revised s 	<p>Elaboration: <i>References to the program’s offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree/certificate completion requirements, tuition, and fees are accurate. Information regarding licensure and/or certification examinations for which graduates will be eligible is accurate. For APRN education programs, transcripts or other official documentation specify the APRN role and population focus of the graduate. If a program chooses to publicly disclose its CCNE accreditation status, the program uses either of the following statements:</i></p> <p><i>“The (baccalaureate degree in nursing/master’s degree in nursing/Doctor of Nursing Practice and/or post-graduate APRN certificate) at (institution) is accredited by the Commission on Collegiate Nursing Education, One Dupont Circle, NW, Suite 530, Washington, DC 20036, 202-887-6791.”</i></p> <p><i>“The (baccalaureate degree in nursing/master’s degree in nursing/Doctor of Nursing Practice and/or post-graduate APRN certificate) at (institution) is accredited by the Commission on Collegiate Nursing Education (http://www.aacn.nche.edu/ccneaccreditation).”</i></p> <p>Elaboration <i>Academic policies include but are not limited to those related to student recruitment, admission, retention and progression. Policies are written and communicated to relevant constituencies. Policies are implemented consistently. Differences between nursing program policies and those of the patent institution are identified and support achievement f the program’s mission, goals and expected student outcomes. A defined process exists by which policies are regularly reviewed. Policy review occurs and revisions are made as needed.</i></p>

		<p>IV-D. Employment rates demonstrate program effectiveness.</p> <p>IV-E. Program outcomes demonstrate program effectiveness.</p>	<p>and a plan to meet the 80% NCLEX-RN pass rate for first time test takers. The explanation may include trend data, information about the numbers of test takers, data relevant to specific campuses/sites tracks and, data on repeat takers.</p> <p>Elaboration: The program demonstrates achievement of required outcomes regarding employment rates.</p> <ul style="list-style-type: none"> • The employment rate is collected separately for each degree program (baccalaureate, master's, and DNP) and post-graduate APRN certificate program. • Data are collected within 12 months of program completion. For example, employment data may be collected at the time of program completion or at any time within 12 months of program completion. • The employment rate is 70% or higher. However, if the employment rate is less than 70%, the employment rate is 70% or higher when excluding graduates who have elected not to be employed. <p>Any program with an employment rate less than 70% provides a written explanation/analysis with documentation for the variance. This key element is not applicable to a new degree or certificate program that does not yet have individuals who have completed the program.</p> <p>Elaboration: The program demonstrates achievement of outcomes other than those related to completion rates (Key Element IV-B), licensure and certification pass rates (Key Element IV-C), and employment rates (Key Element IV-D); and those related to faculty (Key Element IV-F). Program outcomes are defined by the program and incorporate expected levels of achievement. Program outcomes are appropriate and relevant to the degree and certificate programs offered and may include (but are not limited to) student learning outcomes; student and alumni achievement; and student, alumni, and employer satisfaction data. Analysis of the data demonstrates that, in the aggregate, the program is achieving its outcomes. Any program with outcomes lower than expected provides a written explanation/analysis for the variance..</p>
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<p>Section 1424(b)(2) The program shall have procedure for resolving student grievances</p>	<p>Indicators</p> <ul style="list-style-type: none"> • Policy for resolution of grievances for SONHP and Univ should be consistent • Identify location of written grievance policy in Self Study <p>Evidence</p> <p>A. Written SONHP grievance process printed in at least one official document.</p> <p>B. Grievance process available to students, objective and universally applied.</p>	<p>IV-G</p> <p>The program defines and reviews formal complaints according to established policies</p>	<p>Elaboration: The program defines what constitutes a formal complaint and maintains a record of formal complaints received. The program's definition of formal complaints includes, at a minimum student complaints. The program's definition of formal complaints and the procedure for filing a complaint are communicated to relevant constituencies.</p>
<p>SECTION 1424(c) There shall be an organizational chart, which identifies the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.</p>	<p>Indicators</p> <ul style="list-style-type: none"> • There is an organizational plan that shows lines of authority and channels of communication between the program, the institution and all clinical agencies. • Director has responsibility and authority to supervise and evaluate all program faculty and staff. 	<p>II-C</p> <p>The Chief nurse administrator:</p> <ul style="list-style-type: none"> • Is a registered nurse (RN) • Holds a graduate degree in nursing • Holds a doctoral degree if the nursing unit offers graduate program in nursing • Is academically and 	<p>Elaboration</p> <p>Academic support services (e.g. library, technology, distance education support, research support, admission, and advising services) are adequate for students and faculty to meet program requirements and to achieve the mission, goals and expected program outcomes. There is a defined process for regular review of the adequacy of the programs academic support services. Review of academic services occurs and improvements are made as appropriate</p>

	<ul style="list-style-type: none"> • <i>All faculty responsible for a nursing course, i.e., lead faculty, are approved as an Instructor and an Instructor, Assistant Director or the Director supervises all Assistant Instructors and Clinical Teaching Assistants.</i> <p>Evidence A. Nursing Department organizational chart to include clinical agencies and relation to administration. B. Administrators, faculty and students verify authority and communication lines as indicated on organizational chart. C. Summary of minutes reflect identified relationships and communications: 1. faculty meetings 2. interdepartmental meetings 3. interagency meetings</p>	<p>experientially qualified to accomplish the mission, goals and expected program outcomes; and</p> <ul style="list-style-type: none"> • Provides effective leadership to the nursing unit in achieving its mission, goals and expected program outcomes <p>1-D Faculty and students participate in program governance</p>	<p>Elaboration: <i>Roles of the faculty and students in the governance of the program, including those involved in distance education, are clearly defined and promote participation. Nursing faculty are involved in the development, review, and revision of academic program policies.</i></p>
<p>SECTION 1424(d) The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment, including technology, to achieve the program’s objectives</p>	<p>Indicators</p> <ul style="list-style-type: none"> • <i>There are adequate resources, including use of technology, to assist the students to achieve the program objectives.</i> • <i>Faculty have identified and sought to mitigate any limitations in resources or any barriers students’ experience in accessing resources.</i> <p>Evidence A. Written evaluation of resources, to include: Faculty; Library; Staff services; Support services; Learning/skills laboratory; Laboratory resources; Physical space; Equipment, include technology, such as equipment for simulation; and hardware/software B. Students and faculty verify adequacy of resources. C. Written report demonstrates tracking of any resource concerns or access problems.</p>	<p>II-A. Fiscal and physical resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of resources is reviewed periodically and resources are modified as needed.</p> <p>II-B Academic support services are sufficient to ensure quality and are evaluated on a regular basis to meet program and student needs.</p>	<p>Elaboration: The budget enables achievement of the program’s mission, goals, and expected outcomes. The budget also supports the development, implementation, and evaluation of the program. Compensation of nursing unit personnel supports recruitment and retention of qualified faculty and staff. Physical space is sufficient and configured in ways that enable the program to achieve its mission, goals, and expected outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning) are sufficient to achieve the program’s mission, goals, and expected outcomes. A defined process is used for regular review of the adequacy of the program’s fiscal and physical resources. Review of fiscal and physical resources occurs and improvements are made as appropriate.</p> <p>Elaboration <i>Academic support services (e.g. library, technology, distance education support, research support, admission, and advising services) are adequate for students and faculty to meet program requirements and to achieve the mission, goals and expected program outcomes. There is a defined process for regular review of the adequacy of the programs academic support services. Review of academic services occurs and improvements are made as appropriate.</i></p>

		<p>II-F. The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.</p>	<p>Elaboration: Institutional support is available to promote faculty outcomes congruent with defined expectations of the faculty role and in support of the mission, goals, and expected faculty outcomes. For example:</p> <ul style="list-style-type: none"> • Faculty have opportunities for ongoing development in the scholarship of teaching. • If scholarship is an expected faculty outcome, the institution provides resources to support faculty scholarship. • If practice is an expected faculty outcome, opportunities are provided for faculty to maintain practice competence, and institutional support ensures that currency in clinical practice is maintained for faculty in roles that require it. • If service is an expected faculty outcome, expected service is clearly defined and supported.
<p>SECTION 1424(e) The director and the assistant director shall dedicate sufficient time for the administration of the program.</p>	<p>Indicator</p> <ul style="list-style-type: none"> • <i>Director and assistant director have specified time set aside for the administration of the program.</i> • <i>Dedicated time for administration of the program is sufficient time for the director to perform the functions described in CCR section 1420(h). Director functions include the responsibility and authority to:</i> <ol style="list-style-type: none"> 1. <i>Develop and implement the program budget,</i> 2. <i>Plan, manage and evaluate all aspects of the program including, but not limited to:</i> <ol style="list-style-type: none"> a. <i>Faculty and staff,</i> b. <i>Curriculum development and implementation,</i> c. <i>Compliance with Board rules and regulations, and</i> 3. <i>Act as a student advocate.</i> <p>Evidence</p> <p>A. Job description for:</p> <ol style="list-style-type: none"> 1. Director 2. Assistant director <p>B. Semester/quarter schedule for:</p> <ol style="list-style-type: none"> 1. Director 2. Assistant director 	<p>II-C The Chief nurse administrator:</p> <ul style="list-style-type: none"> • Is a registered nurse (RN) • Holds a graduate degree in nursing • Holds a doctoral degree if the nursing unit offers graduate program in nursing • Is academically and experientially qualified to accomplish the mission, goals and expected program outcomes; and • Provides effective leadership to the nursing unit in achieving its mission, goals and expected program outcomes 	<p><i>(see above)</i></p>
<p>SECTION 1424(f) The program shall have a board-approved assistant director who is knowledgeable and current regarding the program and the policies and procedures by which it is administered, and who is</p>	<p>Indicators</p> <ul style="list-style-type: none"> • <i>There will be at least one Assistant Director, with a defined duty statement, who meets the qualifications for Assistant Director</i> 	<p>NOTHING FROM CCNE REGARDING THIS</p>	

<p>delegated the authority to perform the director's duties in the director's absence.</p>	<p><i>as stated in Section 1425(b).</i></p> <ul style="list-style-type: none"> <i>The amount of release time and responsibilities of the Assistant Director are specified.</i> <p>Evidence</p> <p>A. Credentials of Assistant Director:</p> <ol style="list-style-type: none"> Assistant Director Approval form Job descriptions of Assistant Director that defines administrative functions performed. <p>B. Nursing Department organizational chart reflecting Assistant Director's role.</p> <p>C. Sufficient dedicated time to perform administrative functions.</p>		
<p>SECTION 1424(g) Faculty members shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.</p>	<p>Indicators</p> <ul style="list-style-type: none"> <i>Faculty minutes reflects faculty participation by all faculty with regard to:</i> <ol style="list-style-type: none"> <i>Input into program policy development,</i> <i>Responsibility for program implementation and outcomes, and</i> <i>Evaluation of all aspects of program.</i> <p>Evidence</p> <p>A. A summary report of minutes demonstrating faculty's participation on their:</p> <ol style="list-style-type: none"> Development of policies and procedures Planning, organization, implementing and evaluating all aspects of the program. <p>B. Organizational chart reflecting the manner by which the faculty functions</p> <p>C. Faculty handbook</p> <p>D. Validation from students, faculty and director.</p>	<p>III A</p> <p>The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that are congruent with the program's mission and goals, and with the roles for which the program is preparing its graduates</p>	<p>See above</p>
<p>SECTION 1424(h) The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing listed in section 1426(d) who will be the content expert in that area. Nursing faculty members whose teaching</p>	<p>Indicator</p> <ul style="list-style-type: none"> <i>Faculty members teaching in the nursing program will meet qualification listed in CCR 1425(c), (d) or (e).</i> <i>Information shall be available on each faculty's current education and experience in teaching theory and</i> 	<p>II-D.</p> <p>Faculty are:</p> <ul style="list-style-type: none"> sufficient in number to accomplish the mission, goals, and expected program outcomes; academically prepared for the areas in which they teach; and experientially prepared for the 	<p>Elaboration:</p> <p><i>The full-time equivalency (FTE) of faculty involved in each program is clearly delineated, and the program provides to CCNE its formula for calculating FTEs. The overall faculty (whether full-time or part-time) is sufficient in number and qualifications to achieve the mission, goals, and expected program outcomes. Faculty-to-student ratios ensure adequate supervision and evaluation and meet or exceed the requirements</i></p>

<p>responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned</p>	<p><i>clinical.</i></p> <ul style="list-style-type: none"> • <i>Faculty numbers, including the ratio of full-time to part-time faculty, will be sufficient to safely implement the curriculum.</i> <p>Evidence</p> <p>A. Faculty profiles that include the last five years of activities related to their teaching assignment(s) and their approved clinical area(s). CE hours &/or clinical work experiences sufficient to demonstrate faculty expertise and continued clinical competency.</p> <p>B. Identify education and clinical experience that qualifies each content expert for that role.</p> <p>C. List class schedule and faculty assignments and include in Self-Study.</p> <p>D. Faculty Approval/Resignation Notification forms (EDP-P-02)*</p> <p>E. Compliance with policy on content experts.</p>	<ul style="list-style-type: none"> • areas in which they teach. 	<p><i>of regulatory agencies and professional nursing standards and guidelines. Faculty are academically prepared for the areas in which they teach. Academic preparation of faculty includes degree specialization, specialty coursework, or other preparation sufficient to address the major concepts included in courses they teach. Faculty teaching in the nursing programs have a graduate degree. The program provides a rationale for the use of any faculty who do not have a graduate degree. Faculty who are nurses hold current RN licensure. Faculty teaching in clinical/practicum courses are experienced in the clinical area of the course and maintain clinical expertise. Clinical expertise may be maintained through clinical practice or other avenues. Faculty teaching in advanced practice clinical courses meet certification and practice requirements as specified by the relevant regulatory and specialty bodies. Advanced practice nursing tracks are directly overseen by faculty who are nationally certified in that same population-focused area of practice in roles for which national certification is available.</i></p>
<p>SECTION 1424(i) When a non-faculty individual participates in the instruction and supervision of students obtaining clinical experience, his or her responsibilities shall be described in writing and kept on file by the nursing program.</p>	<p>Indicators</p> <p><i>Non-faculty individuals shall have expertise in the area in which they are responsible for the clinical supervision of students.</i></p> <p>Evidence</p> <p>A. Identification of all non-faculty individuals and their responsibilities written and on file.</p>	<p>II D</p> <p>Faculty are:</p> <ul style="list-style-type: none"> • sufficient in number to accomplish the mission, goals, and expected program outcomes; • academically prepared for the areas in which they teach; and • experientially prepared for the areas in which they teach. 	<p>(see above)</p>
<p>SECTION 1424(j) The assistant director shall function under the supervision of the director. Instructors shall function under the supervision of the director or the assistant director. Assistant instructors and clinical teaching assistants shall function under the supervision of an instructor.</p>	<p>Indicator</p> <p><i>Describe the hierarchy of the faculty in relation to implementing the curriculum</i></p> <p>Evidence</p> <p>A. List relationships from Director through all faculty and non-faculty members and responsibility for curriculum.</p> <p>B. Supervision is consistent with program organizational chart.</p>	<p>NOTHING FROM CCNE REGARDING THIS</p>	
<p>SECTION 1424(k) The student/teacher ratio in the clinical setting shall be based on the following criteria: (1) Acuity of patient needs; (2) Objectives of the learning experience;</p>	<p>Indicator</p> <ul style="list-style-type: none"> • <i>Plan to show rationale for student/teacher ratio based on criteria, Section 1424(k).</i> • <i>Faculty evaluate initial and ongoing</i> 	<p>II D</p> <p>Faculty are:</p> <ul style="list-style-type: none"> • sufficient in number to accomplish the mission, goals, and expected program outcomes; 	<p>(see above)</p>

<p>(3) Class level of the students; (4) Geographic placement of students; (5) Teaching methods; and (6) Requirements established by the clinical agency</p>	<p><i>clinical placement of students.</i> Evidence A. Written process for determining student/teacher ratio in all clinical sites. B. Minutes of meetings between faculty and clinical agency personnel. C. A written summary report on student evaluations of clinical settings. D. Students report clinical settings are adequate for them to meet course objectives.</p>	<ul style="list-style-type: none"> academically prepared for the areas in which they teach; and experientially prepared for the areas in which they teach. <p>III-A The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that are congruent with the program’s mission.</p> <p>III-B. Curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).</p> <ul style="list-style-type: none"> Baccalaureate program curricula incorporate The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008). Master’s program curricula incorporate professional standards and guidelines as appropriate. <ol style="list-style-type: none"> All master’s degree programs incorporate The Essentials of Master’s Education in Nursing (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program. All master’s degree programs that prepare nurse practitioners incorporate Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2012). Graduate-entry program curricula incorporate The 	<p>Elaboration: <i>Curricular objectives (e.g., course, unit, and/or level objectives or competencies as identified by the program) provide clear statements of expected learning that relate to student outcomes. Expected outcomes relate to the roles for which students are being prepared.</i></p> <p>Elaboration: <i>Each degree/certificate program incorporates professional nursing standards and guidelines relevant to that program, area, role, population focus, or specialty. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum. APRN education programs (degree and certificate) (i.e., Clinical Nurse Specialist, Nurse Anesthesia, Nurse Midwife, and Nurse Practitioner) incorporate separate comprehensive graduate level courses to address the APRN core, defined as follows:</i></p> <ul style="list-style-type: none"> <i>Advanced physiology/pathophysiology, including general principles that apply across the lifespan;</i> <i>Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and</i> <i>Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and Pharmaco-therapeutics of all broad categories of agents.</i> <p><i>Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.</i></p> <p><i>Separate courses in advanced physiology /pathophysiology, advanced health assessment, and advanced pharmacology are not required for students enrolled in post-master’s DNP programs who hold current national certification as advanced practice nurses, unless the program has deemed this necessary.</i></p> <p><i>Master’s programs that have a direct care focus but are not APRN education programs (e.g. nursing education and Clinical Nurse Leader), incorporate graduate level content addressing the APRN core. They are not required to offer this content as three</i></p>
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<p>III. 1425 Faculty Qualifications & Changes</p>			
<p>SECTION 1425 All faculty, the director, and the assistant director shall be approved by the board pursuant to the document, "Faculty Qualifications and Changes Explanation of CCR Section 1425 (EDP-R-02 Rev 09/2012), which is incorporated herein by reference. A program shall report to the board all changes in faculty, including changes in teaching areas, prior to employment of, or within 30 days after, termination of employment of a faculty member. Such changes shall be reported on forms provided by the board. Faculty Approval/Resignation Notification form (EDP-P-02, Rev 09/2012) and Director or Assistant Director Approval form (EDP-P-03, Rev 09/2012) which are herein</p>	<p>Indicator</p> <ul style="list-style-type: none"> • Director, Assistant Director, and all faculty must have on file in the program and with the Board an approval form, signed by Board staff, approving all administrative or teaching functions performed in the program. • All nurse faculty members, Director, and Assistant Director will have a clear and active RN licensed by the board at all times <p>Evidence</p> <p>A. Faculty, Assistant Director, and Director forms on file with Board are consistent with assignments and positions held in the program.</p>	<p>II-D Faculty are:</p> <ul style="list-style-type: none"> • sufficient in number to accomplish the mission, goals, and expected program outcomes; • academically prepared for the areas in which they teach; and • experientially prepared for the areas in which they teach. 	<p>(see above)</p>

<p>incorporated by reference. Each faculty member, director, and assistant director shall hold a clear and active license issued by the board and shall possess the following qualifications:</p>	<p>B. List all faculty and administrators of the program showing current, active California RN licensure.</p>		
<p>SECTION 1425(a) The director of the program shall meet the following minimum qualifications: (1) A master's or higher degree from an accredited college or university which includes course work in nursing, education or administration; (2) One (1) year's experience as an administrator with validated performance of administrative responsibilities consistent with section 1420(h); (3) Two (2) years' experience teaching in pre- or post-licensure registered nursing programs; and (4) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse; or (5) Equivalent experience and/or education as determined by the board.</p>	<p>Indicator <i>•RN Director shall meet all requirements of 1425(a).</i> Evidence A. Narrative showing how position is filled: 1. Appointed or elected (process), 2. Term of office, and 3. Amount of time for administrative functions. B. Duty statement that includes functions listed under Indicators for section 1424(e). Also refer to definition of director in CCR 1420(h). C. Copy of approved Director or Assistant Director Approval (EDP-P-03) Note: It is the program's responsibility to demonstrate that a non-nursing degree and/or non-academic administrative experience meets the requirements of 1425(a).</p>	<p>II-D Faculty are: <ul style="list-style-type: none"> • sufficient in number to accomplish the mission, goals, and expected program outcomes; • academically prepared for the areas in which they teach; and • experientially prepared for the areas in which they teach. </p>	<p>(see above)</p>
<p>SECTION 1425 (b) The assistant director shall meet the education requirements set forth in subsections (a)(1) above and the experience requirements set forth in subsections (a)(3) and (a)(4) above, or such experience as the board determines to be equivalent.</p>	<p>Indicator <i>The registered nurse Assistant Director shall meet minimum requirements of section 1425(b).</i> Evidence A. Narrative showing how position is filled: 1. Appointed or elected position 2. Term of office, and 3. Amount of time for administrative functions. B. Duty statement that includes administrative functions assigned or shared. See definition, CCR section 1420(c) and 1420(e). C. Copy of approved Director or Assistant Director Approval (EDP-P-03).</p>	<p>II-D Faculty are: <ul style="list-style-type: none"> • sufficient in number to accomplish the mission, goals, and expected program outcomes; • academically prepared for the areas in which they teach; and • experientially prepared for the areas in which they teach. </p>	<p>(see above)</p>

<p>SECTION 1425(c) An instructor shall meet the following minimum qualifications: (1) The education requirements set forth in subsection (a)(1); (2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by: (A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or (B) One (1) academic year or of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrate clinical competency; and (3) Completion of at least one (1) year's experience teaching courses related to registered nursing or completion of a post-baccalaureate course, which includes practice in teaching, registered nursing.</p>	<p>Indicator • <i>Instructors in the nursing programs shall meet minimum requirements of section 1425(c).</i> Evidence A. Faculty Approval/Resignation Notification (EDP-P-02). B. Description of clinical experience in approved content area within the previous five years.</p>	<p>II-D Faculty are: <ul style="list-style-type: none"> • sufficient in number to accomplish the mission, goals, and expected program outcomes; • academically prepared for the areas in which they teach; and • experientially prepared for the areas in which they teach. </p>	<p>(see above)</p>
<p>SECTION 1425(d) An assistant instructor shall meet the following minimum qualifications: (1) A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice; (2) Direct patient care experience within the previous five (5) years in the content area to which he or she will be assigned, which can be met by: (A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or (B) One (1) academic year or of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency.</p>	<p>Indicator • <i>An Assistant Instructor shall meet minimum requirements of section 1425(d).</i> Evidence A. Faculty Approval/Resignation Notification (EDP-P-02). B. Description of clinical experience in approved content area within the previous five years.</p>	<p>II-D Faculty are: <ul style="list-style-type: none"> • sufficient in number to accomplish the mission, goals, and expected program outcomes; • academically prepared for the areas in which they teach; and • experientially prepared for the areas in which they teach. </p>	<p>(see above)</p>
<p>SECTION 1425(e) A clinical teaching assistant shall have at least one (1) year continuous, full-time or its equivalent experience in the designated nursing area within the previous five years (5) as a registered nurse providing direct patient</p>	<p>Indicator <i>The clinical teaching assistant shall meet the minimum requirements for section 1425(e).</i> Evidence A. Faculty Approval/Resignation</p>	<p>II-D Faculty are: <ul style="list-style-type: none"> • sufficient in number to accomplish the mission, goals, and expected program outcomes; </p>	<p>(see above)</p>

<p>care.</p>	<p>Notification (EDP-P-02). B. Description of clinical experience in approved content area within the previous five years</p>	<ul style="list-style-type: none"> academically prepared for the areas in which they teach; and experientially prepared for the areas in which they teach. 	
<p>SECTION 1425(f) A content expert shall be an instructor and shall possess the following minimum qualifications: (1) A master’s degree in the designated nursing area; or (2) A master’s degree that is not in the designated nursing area and shall: (A) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and (B) Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years.</p>	<p>Indicator</p> <ul style="list-style-type: none"> At least one content expert in the area of geriatrics, medical-surgical, mental-health/psychiatric nursing, obstetrics, and pediatrics with each expert’s qualifying credentials listed in the Self-Study. Refer to CCR 1420(f) for the role of a content expert. Identification of content expert role in the curriculum implementation. <p>Evidence</p> <p>A. Faculty profiles that include the last five years of activities related to their teaching assignment(s) and their approved nursing area(s). CE hours and/or clinical work experiences are sufficient to demonstrate faculty expertise and continued clinical competency.</p> <p>B. Identify education and clinical experience that qualifies each content expert for that role</p> <p>C. Description on how content expert role is accomplished in program is included in the Self-Study</p>	<p>II-D Faculty are:</p> <ul style="list-style-type: none"> sufficient in number to accomplish the mission, goals, and expected program outcomes; academically prepared for the areas in which they teach; and experientially prepared for the areas in which they teach. 	<p>(see above)</p>
<p>IV. 1425.1 Faculty Responsibilities Section</p>			
<p>1425.1(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.</p>	<p>Indicator</p> <p><i>There shall be a record showing all activities and responsibilities of each faculty member.</i></p> <ul style="list-style-type: none"> The Board considers each faculty member responsible for the consistent implementation of the program philosophy, objectives, policies and curriculum. The Board considers part time faculty share the same responsibility as full time faculty. <p>Evidence Including, but not limited to A.</p>	<p>III-A The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that are congruent with the program’s mission and goals, and with the roles for which the program is preparing its graduates</p>	<p>(see above)</p>

	<p>Schedule of faculty/student rotations. B. Faculty job description C. Program’s full-time/part-time policy. D. Students report consistent implementation of philosophy and framework across the curriculum. E. Meeting minutes, such as faculty, curriculum, etc</p>		
<p>SECTION 1425.1(b) Each faculty member shall participate in an orientation program, including, but not limited to, the program’s curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation</p>	<p>Indicator</p> <ul style="list-style-type: none"> • <i>Policy on orientation of a new faculty member.</i> • <i>Faculty handbook</i> <p>Evidence</p> <p>A. Policy on faculty orientation; B. Verification by faculty members.</p>	<p>II F</p> <p>The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.</p>	<p>(see above)</p>
<p>SECTION 1425.1(c) A registered nurse faculty member shall be responsible for clinical supervision only of those students enrolled in the registered nursing program.</p>	<p>Indicator</p> <ul style="list-style-type: none"> • <i>Registered nurse faculty members are responsible exclusively for clinical supervision of students in the registered nursing program.</i> • <i>List names of any faculty with a dual appointment between the institution and service and how position is funded.</i> <p>Evidence</p> <p>A. Schedule of faculty/student rotations. B. Clinical agency contracts reflect faculty responsibility for student supervision.</p>	<p>II D</p> <p>Faculty are:</p> <ul style="list-style-type: none"> • sufficient in number to accomplish the mission, goals, and expected program outcomes; • academically prepared for the areas in which they teach; and • experientially prepared for the areas in which they teach. 	<p>(see above)</p>
<p>SECTION 1425.1(d) Each faculty member shall be clinically competent in the nursing area in which he or she teaches. The board document, “Faculty Remediation Guidelines” (EDP-R-08 Rev. 02/09), provides guidelines for attaining and documenting clinical competence, and is herein incorporated by reference.</p>	<p>Indicator</p> <p><i>Policy on faculty remediation.</i></p> <p>Evidence</p> <p>A. Faculty profiles that include the last five years of activities related to their teaching assignment(s) and their approved clinical area(s). CE hours &/or clinical work experiences sufficient to demonstrate faculty expertise and continued clinical competency. B. Completed faculty remediation plans.</p>	<p>II D</p> <p>Faculty are:</p> <ul style="list-style-type: none"> • sufficient in number to accomplish the mission, goals, and expected program outcomes; • academically prepared for the areas in which they teach; and • experientially prepared for the areas in which they teach. 	<p>(see above)</p>
<p>V. 1426 Required Curriculum</p>			
<p>SECTION 1426(a) The curriculum of a nursing program shall be that set forth in this section and shall be approved by the board. Any revised curriculum shall be approved</p>	<p>Indicator</p> <ul style="list-style-type: none"> • <i>The Board of Registered Nursing shall approve the current curriculum of a nursing program prior to its</i> 		

<p>by the board prior to its implementation.</p>	<p>implementation. Evidence A. Program curriculum forms are <u>signed</u> and consistent with Board files. 1. Total Curriculum Plan form (EDP-P-05). 2. Course of Instruction form (EDP-P-06). B. Hours & units implemented are consistent with Program and Board files.</p>		
<p>SECTION 1426(b) The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a student who completes the program will have the knowledge, skills, and abilities necessary to meet minimum competency standards of a registered nurse.</p>	<p>Indicator</p> <ul style="list-style-type: none"> • <i>Curriculum shall have a unifying theme that includes the nursing process and is a plan that provides the necessary knowledge, skills, and abilities necessary for the student to function and meet minimum competency standard for a RN and to meet standards of competence in CCR section 1443.5.</i> • <i>Narrative and/or a diagram showing how curriculum model includes nursing process and embodies program philosophy.</i> • <i>Each faculty implements curriculum according to agreed upon philosophy, objectives and theoretical framework/unifying theme.</i> <p>Evidence A. Consistency of curriculum will be reflected in: 1. Course syllabi, 2. Student and faculty evaluations, and 3. Pattern of attrition across the curriculum. B. Curriculum is relevant to current nursing practice and reflects standards of competence performance (CCR 1443.5). This is demonstrated by: 1. NCLEX pass rates and trends, 2. Evaluations of graduate and employer surveys and program reviews</p>	<p>III B Curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). (See above for more of the element)</p> <p>III-C. The curriculum is logically structured to achieve expected student outcomes.</p> <ul style="list-style-type: none"> • Baccalaureate curricula build upon a foundation of the arts, sciences, and humanities. • Master’s curricula build on a foundation comparable to baccalaureate level nursing knowledge. • DNP curricula build on a baccalaureate and/or master’s foundation, depending on the level of entry of the student. • Post-graduate APRN certificate programs build on graduate level nursing competencies and knowledge base. 	<p>(see above)</p> <p>Elaboration: <i>Baccalaureate program faculty and students articulate how knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice. Post-baccalaureate entry programs in nursing incorporate the generalist knowledge common to baccalaureate nursing education as delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008) as well as advanced course work. Graduate curricula are clearly based on a foundation comparable to a baccalaureate degree in nursing. Graduate programs delineate how students who do not have a baccalaureate degree in nursing acquire the knowledge and competencies comparable to baccalaureate education in nursing as a foundation for advanced nursing education. Accelerated programs that move students from basic nursing preparation (e.g., associate degree or diploma education) to a graduate degree demonstrate how these students acquire baccalaureate level knowledge and competencies delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008), even if they do not award a baccalaureate degree in nursing in addition to the graduate degree. DNP programs, whether post-baccalaureate or post-master’s, demonstrate how students acquire doctoral-level competencies delineated in The Essentials of</i></p>

			<p>Doctoral Education for Advanced Nursing Practice (AACN, 2006). The program provides a rationale for the sequence of the curriculum for each program.</p>
<p>SECTION 1426(c) The curriculum shall consist of not less than fifty-eight (58) semester units, or eighty-seven (87) quarter units, which shall include at least the following number of units in the specified course areas:</p>	<p>Indicator</p> <ul style="list-style-type: none"> • The curriculum shall reflect the minimum requirements as stated in section 1426(c). • Curriculum forms signed and dated by Board staff on file match program files. <p>Evidence</p> <ul style="list-style-type: none"> A. Total Curriculum Plan for (EDP-P-05). B. Required Curriculum/Content Required for Licensure (EDP-P-06R) C. Approved units and hours consistent: 		
<p>(1) Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice</p>	<p>Indicator</p> <p>Course syllabi reflect units and hours documented on curriculum forms.</p> <p>Evidence</p> <ul style="list-style-type: none"> A. Board forms, B. College catalog, C. Course syllabi, D. Class schedule, E. Nursing Student Handbook, F. Verification from students and faculty 	<p>III B</p> <p>Curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).</p> <ul style="list-style-type: none"> • Baccalaureate program curricula incorporate The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008). • Master’s program curricula incorporate professional standards and guidelines as appropriate. <ul style="list-style-type: none"> a) All master’s degree programs incorporate The Essentials of Master’s Education in Nursing (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program. b) All master’s degree programs that prepare nurse practitioners incorporate Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2012). • Graduate-entry program curricula 	<p>Essentials for Baccalaureate Education, Essentials for Masters’ Education</p>

		<p>incorporate The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008) and appropriate graduate program standards and guidelines.</p> <ul style="list-style-type: none"> • DNP program curricula incorporate professional standards and guidelines as appropriate. <ol style="list-style-type: none"> a) All DNP programs incorporate The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006) and additional relevant professional standards and guidelines if identified by the program. b) All DNP programs that prepare nurse practitioners incorporate Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2012). <p>Post-graduate APRN certificate programs that prepare nurse practitioners incorporate Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2012).</p>	
<p>(2) Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of oral, written and group communication.</p>	<p>Indicator</p> <ul style="list-style-type: none"> • <i>College courses that emphasize interpersonal communication skills, oral, written, group.</i> • <i>Separate communication courses and may also be included in nursing courses, identify where met.</i> <p>Evidence EDP-P-06</p>	<p>III B</p> <p>Curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). (see above for complete element)</p>	<p>Essentials for Baccalaureate Education,</p>
<p>(3) Related natural sciences (anatomy, physiology, and microbiology courses with labs), behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units.</p>	<p>Indicator</p> <ul style="list-style-type: none"> • A minimum of 16 (semester) /24 (quarter) units of sciences required, e.g., anatomy, physiology, microbiology, psychology, sociology, or cultural anthropology. • Other science units may be included or be apart of other degree requirements. <p>Evidence</p>	<p>III B</p> <p>Curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). (see above for complete element)</p>	<p>Essentials for Baccalaureate Education,</p>

	<p>Appropriate Board forms and program sources confirm compliance. *</p>		
<p>SECTION 1426(d) Theory and clinical practice shall be concurrent in the following nursing areas: geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics, and pediatrics. Instructional outcomes will focus on delivering safe, therapeutic, effective patient-centered care; practicing evidence-based practice; working as part of the Interdisciplinary teams; focusing on quality improvement; and using information technology. Instructional contents shall include, but is not limited to, the following: critical thinking, personal hygiene, patient protection and safety, pain management, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, patient advocacy, legal, social and ethical aspects of nursing, and nursing leadership and management.</p>	<p>Indicators</p> <ul style="list-style-type: none"> • The curriculum shall reflect all subsections of Section 1426(e). • Include in Self Study the approved (signed by NEC) curriculum forms: • Total Curriculum Plan (EDP-P-05 or EDP-P-05A) • Required Curriculum/Content Required for Licensure (EDP-P-06 or EDP-P-06 Rev 09/01) <p>Evidence</p> <p>A. Course syllabi will contain appropriate:</p> <ol style="list-style-type: none"> 1. Course objectives, 2. Curriculum content, and 3. Clinical experiences, including nursing skills and clinical conference. <p>B. Communication skills and related sciences provided by:</p> <ol style="list-style-type: none"> 1. Support courses provided on campus and/or accepted as transfer credit 2. Integration into nursing courses <p>C. Narrative summary evaluating relevance and effectiveness of above content.</p>	<p>III-D. Teaching-learning practices and environments support the achievement of expected student outcomes.</p> <p>III-E. The curriculum includes planned clinical practice experiences that:</p> <ul style="list-style-type: none"> • enable students to integrate new knowledge and demonstrate attainment of program outcomes; and • are evaluated by faculty. 	<p>Elaboration: <i>Teaching-learning practices and environments (classroom, clinical, laboratory, simulation, distance education) support achievement of expected individual student outcomes identified in course, unit, and/or level objectives</i></p> <p>Elaboration: <i>To prepare students for a practice profession, each track in each degree program and post-graduate APRN certificate program affords students the opportunity to develop professional competencies in practice settings aligned to the educational preparation. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. Clinical practice experiences involve activities that are designed to ensure students are competent to enter nursing practice at the level indicated by the degree /certificate program. The design, implementation, and evaluation of clinical practice experiences are aligned to student and program outcomes.</i></p>
<p>SECTION 1426(e) The following shall be integrated throughout the entire nursing curriculum.</p> <ol style="list-style-type: none"> (1) The nursing process; (2) Basic intervention skills in preventive, remedial, supportive, and rehabilitative nursing; (3) Physical, behavioral, and social aspects of human development from birth through all age levels; (4) Knowledge and skills required to develop collegial relationships with health care providers from other disciplines; (5) Communication skills including principles of oral, written and group communications; (6) Natural science, including human anatomy, physiology, and microbiology; and (7) Related behavioral and social sciences 	<p>Indicator</p> <ul style="list-style-type: none"> • The curriculum shall reflect all subsections of Section 1426(e). • Include in Self Study the approved (signed by NEC) curriculum forms: <ol style="list-style-type: none"> 1. Total Curriculum Plan (EDP-P-05 or EDP-P-05A) 2. Required Curriculum/Content Required for Licensure (EDP-P-06 or EDP-P-06 Rev 09/01) <p>Evidence</p> <p>Course syllabi will contain appropriate:</p> <ol style="list-style-type: none"> 1. Course objectives, 2. Curriculum content, and 3. Clinical experiences, including nursing skills and clinical conference. <p>B. Communication skills and related</p>	<p>III A The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that are congruent with the program’s mission and goals, and with the roles for which the program is preparing its graduates</p> <p>III B Curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). (see above for complete element)</p>	<p>(see above)</p> <p>Essentials for Baccalaureate Education,</p>

<p>with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness.</p>	<p>sciences provided by: 1. Support courses provided on campus and/or accepted as transfer credit 2. Integration into nursing courses C. Narrative summary evaluating relevance and effectiveness of above content.</p>	<p>III-F. The curriculum and teaching-learning practices consider the needs and expectations of the identified community of interest</p>	<p>Elaboration: <i>The curriculum and teaching-learning practices (e.g., use of distance technology, didactic activities, and simulation) are appropriate to the student population (e.g., adult learners, second language students, students in a post-graduate APRN certificate program) and consider the needs of the program-identified community of interest.</i></p>
<p>SECTION 1426(f) The program shall have tools to evaluate a student’s academic progress, performance, and clinical learning experiences that are directly related to course objectives.</p>	<p>Indicators</p> <ul style="list-style-type: none"> • <i>There is a formal plan for evaluation of students’ achievements that is based upon clinical objectives that are measurable and related to course outcome objectives.</i> • <i>The student evaluation plan is consistently implemented across the curriculum.</i> <p>Evidence</p> <p>A. Clinical evaluation tools related to clinical/course objectives that are stated in measurable terms.</p> <p>B. Documentation of student conferences.</p> <p>C. Report by students of consistent implementation of evaluation of students’ academic progress based on clearly stated objectives.</p>	<p>III-G. Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.</p> <p>III-H. Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals to foster ongoing improvement.</p>	<p>Elaboration: <i>Evaluation of student performance is consistent with expected student outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. Processes exist by which the evaluation of individual student performance is communicated to students. In instances where preceptors facilitate students’ clinical learning experiences, faculty may seek input from preceptors regarding student performance, but ultimately faculty are responsible for evaluation of individual student outcomes. The requirement for evaluation of student clinical performance by qualified faculty applies to all students in all programs. Faculty evaluation of student clinical performance may be accomplished through a variety of mechanisms</i></p> <p>Elaboration: <i>Faculty use data from faculty and student evaluation of teaching-learning practices to inform decisions that facilitate the achievement of student outcomes. Such evaluation activities may be formal or informal, formative or summative. Curriculum is regularly evaluated by faculty and other communities of interest as appropriate. Data from the evaluation of curriculum and teaching-learning practices are used to foster program improvement</i></p>
<p>SECTION 1426(g) The course of instruction shall be presented in semester or quarter units under the following formula: 1. One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit. 2. Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. 3. With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in</p>	<p>Indicators</p> <ul style="list-style-type: none"> • <i>Nursing program must utilize semester or quarter units as designated by college policy. Indicate if using a compressed calendar</i> • <i>Total hour for theory is based on the number of weeks times one hour/week/unit.</i> • <i>Total hour for clinical is based on the number of weeks times 3 hrs/week/unit.</i> <p><i>Note: Courses may be compressed as</i></p>	<p>NOTHING FROM CCNE REGARDING THIS</p>	

<p>section 1426(d) in a board-approved clinical setting.</p>	<p><i>long as total number of hours/unit equals the total for the base number of weeks in the semester or quarter</i></p> <p>Evidence A. Hours per unit accurately reflected in: 1. Total Curriculum Plan Form (EDP-P-05 or EDP-P-05A) Form 05A will calculate total hours if opened in Excel. 2. College/university catalogue 3. Course outlines/syllabi 4. Student handbook 5. Credit granted</p>		
<p>SECTION 1426.1 Preceptorship. A preceptorship is a course, or component of a course, presented at the end of a board-approved curriculum, that provides students with a faculty-planned and supervised experience comparable to that of an entry-level registered nurse position. A program may choose to include a preceptorship in its curriculum. The following shall apply: SECTION 1426.1(a) The course shall be approved by the board prior to its implementation.</p>	<p>Indicator</p> <ul style="list-style-type: none"> • Preceptorship, if implemented is approved by the Board; • Faculty is assigned to a course that has the supervisory responsibilities for the course; • Policies and procedures for the preceptorship course are clear; • Preceptor orientation is provided to preceptors. <p>Evidence Preceptorship course policies. Verified by faculty, preceptor, students.</p>	<p>II-E. Preceptors, when used by the program as an extension of faculty, are academically and experientially qualified for their role in assisting in the achievement of the mission, goals, and expected student outcomes.</p>	<p>Elaboration: <i>The roles of preceptors with respect to teaching, supervision, and student evaluation are:</i></p> <ul style="list-style-type: none"> • <i>clearly defined;</i> • <i>congruent with the mission, goals, and expected student outcomes; and</i> • <i>congruent with relevant professional nursing standards and guidelines.</i> <p><i>Preceptors have the expertise to support student achievement of expected outcomes. Preceptor performance expectations are clearly communicated to preceptors and are reviewed periodically.</i> <i>The program ensures preceptor performance meets expectations</i></p>
<p>SECTION 1426.1(b) The program shall have written policies and shall keep policies on file for conducting the preceptorship that include all of the following: (1) Identification of criteria used for preceptor selection;</p>	<p>Evidence Preceptor policy</p>	<p>II E Preceptors, when used by the program as an extension of faculty, are academically and experientially qualified for their role in assisting in the achievement of the mission, goals, and expected student outcomes.</p>	<p>(See above)</p>
<p>SECTION 1426.1(b)(2) Provision for a preceptor orientation program that covers the policies of the preceptorship and preceptor, student, and faculty responsibilities;</p>	<p>Indicator</p> <ul style="list-style-type: none"> • <i>Formalized orientation program is available for preceptors;</i> • <i>All Preceptors complete an orientation that covers policies and procedures of the preceptorship and responsibilities of the preceptor, student, and faculty prior to being assigned students;</i> <p>Evidence Preceptor policy and records.</p>	<p>II E Preceptors, when used by the program as an extension of faculty, are academically and experientially qualified for their role in assisting in the achievement of the mission, goals, and expected student outcomes.</p>	<p>(See above)</p>

<p>SECTION 1426.1(b)(3) Identification of preceptor qualifications for both the primary and the relief preceptor that include the following requirements: (A) An active, clear license issued by the board; and (B) Clinically competent, and meet the minimum requirements specified in section 1425(e); (C) Employed by the health care agency for a minimum of one (1) year; and (D) Completed a preceptor orientation program prior to serving as a preceptor; (E) A relief preceptor, who is similarly qualified to be the preceptor and present and available on the primary preceptor's days off.</p>	<p>Indicator</p> <ul style="list-style-type: none"> Preceptors meet the requirements per 1426.1;(b)(3); Required records for preceptors are maintained; 	<p>II E</p> <p>Preceptors, when used by the program as an extension of faculty, are academically and experientially qualified for their role in assisting in the achievement of the mission, goals, and expected student outcomes.</p>	<p>(See above)</p>
<p>SECTION 1426.1(b)(4) Communication plan for faculty, preceptor, and student to follow during the preceptorship, that addresses: (A) The frequency and method of faculty/preceptor/student contact; (B) Availability of faculty and preceptor to the student during his or her preceptorship experience.</p> <ol style="list-style-type: none"> Preceptor is present and available on the patient care unit during the entire time the student is in his or her preceptorship rendering nursing services. Faculty is available to the preceptor and student during the entire time the student is involved in the preceptorship learning activity. 	<p>Indicator</p> <ul style="list-style-type: none"> <i>Communication plan during preceptorship is clear to all parties involved.</i> <i>Preceptor and faculty are available to the student during his or her preceptorship experience.</i> <p>Evidence</p> <p>Preceptor course files and responses from student/preceptor interview</p>	<p>II E</p> <p>Preceptors, when used by the program as an extension of faculty, are academically and experientially qualified for their role in assisting in the achievement of the mission, goals, and expected student outcomes.</p>	<p>(See above)</p>
<p>SECTION 1426.1(b)(5) Description of responsibilities of the faculty, preceptor, and student for the learning experiences and evaluation during preceptorship, including following activities: (A) Faculty member conducts periodic on-site meetings/conferences with the preceptor and the student; (B) Faculty member completes the final evaluation of the student with input from the preceptor;</p>	<p>Indicator</p> <ul style="list-style-type: none"> <i>Onsite meetings are held at regular intervals;</i> <i>Conduct ongoing monitoring and evaluation</i> <p>Evidence</p> <p>Interview with students/preceptors</p>	<p>II E</p> <p>Preceptors, when used by the program as an extension of faculty, are academically and experientially qualified for their role in assisting in the achievement of the mission, goals, and expected student outcomes.</p>	<p>(See above)</p>
<p>SECTION 1426.1(b)(6) Maintenance of preceptor records that includes names of all current preceptors, registered nurse</p>	<p>Indicator</p> <p>Preceptor files kept on file.</p> <p>Evidence</p>	<p>II E</p> <p>Preceptors, when used by the program as an extension of faculty,</p>	<p>(See above)</p>

licenses, and dates of preceptorships; and	Preceptor files contain required information.	are academically and experientially qualified for their role in assisting in the achievement of the mission, goals, and expected student outcomes.	
SECTION 1426.1(b)(7) Plan for an ongoing evaluation regarding the continued use of preceptors.		II E Preceptors, when used by the program as an extension of faculty, are academically and experientially qualified for their role in assisting in the achievement of the mission, goals, and expected student outcomes.	(See above)
SECTION 1426.1(c) Faculty/student ratio for preceptorship shall be based on the following criteria: (1) Student/preceptor needs; (2) Faculty’s ability to effectively supervise; (3) Students’ assigned nursing area; and (4) Agency/facility requirements.	Indicator <i>Criteria on faculty/student ratio for preceptorship are used.</i> Evidence Effectiveness of supervision using the given ratio. Responses from faculty, preceptors, students.	II E Preceptors, when used by the program as an extension of faculty, are academically and experientially qualified for their role in assisting in the achievement of the mission, goals, and expected student outcomes.	(See above)
VI. 1427 Clinical Facilities			
Section 1427(a) A nursing program shall not utilize any agency and/or facility for clinical experience without prior approval by the board. Each program must submit evidence that it has complied with the requirements of subdivisions (b), (c), and (d) of this section and the policies outlined by the board.	Indicator <ul style="list-style-type: none"> List of clinical facilities used by the nursing program is kept. Program will have a Clinical Site Approval form (EDP-P-08) for each facility the program uses for clinical learning experience. Verification that selected clinical sites meet requirements of subdivision (b)(c) below. Evidence A. The following documents verify compliance: <ol style="list-style-type: none"> Clinical Site Approval form (EDP-P-08),* Curriculum/Faculty form (EDP-P-11) Clinical contracts, Minutes of interagency meetings, and Written evaluation/verification of clinical sites. (May use Verification Form EDP-P-14.) 	III D Teaching-learning practices and environments support the achievement of expected student outcomes.	(see above)
<ul style="list-style-type: none"> Section 1427(b) A program that utilizes an agency or facility for clinical experience shall maintain written 	<ul style="list-style-type: none"> Indicator Clinical agencies shall be utilized only when they can provide the 	III D Teaching-learning practices and environments support the	(see above)

<p>objectives for student learning in such facilities, and shall assign students only to facilities that can provide the experience necessary to meet those objectives</p>	<p><i>experiences necessary to meet course objectives.</i></p> <ul style="list-style-type: none"> <i>Written objectives shall be posted and available on each unit or area when students are present</i> <p>Evidence. A. The following demonstrates compliance: 1. Consultants are readily able to obtain current written objectives at each site visited. 2. Students report ability to meet clinical objectives and that faculty and RN staff support the students' learning. 3. Written report that summarizes student and faculty evaluations of clinical sites and changes made when indicated.</p>	<p>achievement of expected student outcomes.</p>	
<p>SECTION 1427(c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following: (1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives; (2) Provisions for orientation of faculty and students; (3) A specification of the responsibilities and authority of the facility's staff as related to the program and to the educational experience of the students; (4) Assurance that staff is adequate in number and quality to insure safe and continuous health care services to the patients. (5) Provisions for continuing communication between the facility and the program; and (6) A description of the responsibilities of faculty assigned to the facility utilized by the program.</p>	<p>Indicator <i>Clinical contracts shall meet the requirements stated in section 1427(c)(1)-(6). (Include in the Self Study as a sample of contract form(s) used.)</i> <i>A process that faculty use for discussing the program's philosophy, curricular framework and specific course objectives with clinical agencies. (Include in Self Study.)</i> <i>A statement of adequate staffing must be included in the contract with the clinical agency.</i> <i>Job responsibilities of the faculty should be delineated in the agency contracts.</i> <i>How orientation of faculty occurs and who is responsible to orient students.</i></p> <p>Evidence A. All clinical agencies used by program will have a signed, current contract that includes all the requirements of 1427(c)(1) – (6). B. Written summary of interagency meetings including resolution of any problems. C. Written plan for the following if not detailed in contract:</p>	<p>III E The curriculum includes planned clinical practice experiences that: <ul style="list-style-type: none"> enable students to integrate new knowledge and demonstrate attainment of program outcomes; and are evaluated by faculty </p>	<p>(see above)</p>

	<ol style="list-style-type: none"> 1. Communication between agency and college or university. 2. Orientation of faculty and students. 3. Preceptor Program if applicable. 4. Work-Study Program if applicable. 		
<p>SECTION 1427(d) In selecting a new clinical agency or facility for student placement, the program shall take into consideration the impact that an additional group of students would have on students of other nursing programs already assigned to the agency or facility.</p>	<p>Indicator <i>Interagency meeting minutes shall reflect considerations of impact being given on placement of a new clinical group at the agency.</i></p>		
<p>VII. 1428 Student Participation</p>			
<p>Section 1428(a) students shall be provided the opportunity to participate with the faculty in the identification of policies and procedures related to students including but not limited to:</p> <ol style="list-style-type: none"> (a) Philosophy and objectives; (b) Learning experiences; and (c) Curriculum, instruction and evaluation of the various aspects of the program, including clinical facilities. 	<p>Indicator</p> <ul style="list-style-type: none"> • <i>There is active student participation formally or informally with the faculty in the identification of policies and procedures relating to the students in the nursing program.</i> • <i>Avenues for student input listed in Self Study, such as:</i> • <i>Committee membership(s) and whether students have voting privileges,</i> • <i>Student representatives by name and level,</i> • <i>Method used to collect written student course evaluations, and</i> • <i>Utilization of student nurses organization if applicable.</i> • <i>5. Any other avenues open to students to have input into program activities.</i> <p>Evidence</p> <ol style="list-style-type: none"> A. Written report tracking student issues and complaints and program responses. (Identify location of verifying documentation.) B. Verification from students and faculty concerning student participation. C. Faculty analysis of student evaluations of courses, faculty, clinical sites and program, including changes made as appropriate. 	<p>I-D. Faculty and students participate in program governance.</p>	<p>Elaboration: <i>Roles of the faculty and students in the governance of the program, including those involved in distance education, are clearly defined and promote participation. Nursing faculty are involved in the development, review, and revision of academic program policies.</i></p>

	D. Description of student representative's responsibilities, how selected and process for student to student communication		
VIII. 1428.6 Policies Relating To Establishing Eligibility For Examination			
SECTION 1428.6(a) At least four (4) weeks prior to its established graduation date, the nursing program shall submit to the board a roster of names of those students and their expected date to successfully complete required course work. Except as provided below such a student shall be deemed eligible to take the examination after the date on which the student successfully completed the required course work.	<p>Indicator <i>Procedure is in place for submission of Board required forms for graduates of the program.</i></p> <p>Including, but not limited to: Evidence Policies and procedures used by the program</p>	NOTHING FROM CCNE REGARDING THIS	
SECTION 1428.6(b) The nursing program shall notify the board immediately by telephone, facsimile, or e-mail of any student who fails to maintain eligibility and such individual shall be deemed ineligible to take the examination.		NOTHING FROM CCNE REGARDING THIS	
IX. 1429 Licensed Vocational Nurses, Thirty (30) Semester Or Forty-Five (45) Quarter Unit Option		NOTHING FROM CCNE REGARDING THIS	
SECTION 1429(a) An applicant who is licensed in California as a vocational nurse is eligible to apply for licensure as a registered nurse if such applicant has successfully completed the courses prescribed below and meets all the other requirements set forth in Section 2736 of the Code. Such applicant shall submit evidence to the Board, including a transcript, of successful completion of the requirements set forth in sub-section (c) and of courses in physiology and microbiology comparable to such courses required for licensure as a registered nurse.	<p>Indicators <i>Note: This section refers to the California Licensed Vocational Nurse applying for licensure in California as a Registered Nurse through the 30 unit/45 unit Option. The process for program applicants who are applying for advanced placement due to prior education and experience should be addressed under Transfer and Challenge section 2786.6.</i></p> <p>Evidence Transcripts will reflect eligibility to sit for the licensure examination in California.</p>		
SECTION 1429(b) The school shall offer objective counseling of this option and evaluate each licensed vocational nurse applicant for admission to its registered nursing program on an individual basis. A school's determination of the prerequisite	<p>Indicator</p> <ul style="list-style-type: none"> <i>Counseling is provided to all LVN applicants to the program and shall include the following:</i> <ol style="list-style-type: none"> <i>Minimum requirements for licensure shall be explained</i> 		

<p>courses required of a licensed vocational nurse applicant shall be based on an analysis of each applicant's academic deficiencies, irrespective of the time such courses were taken.</p>	<p><i>objectively to each applicant.</i></p> <p><i>2. Previous courses shall be analyzed on an individual basis.</i></p> <p><i>3. No recency requirements shall be applied to prerequisite courses for this option.</i></p> <ul style="list-style-type: none"> <i>• There is at least one officially published document describing this option.</i> <p>Evidence</p> <p>A. The official school document that indicates all options available to LVNs interested in RN licensure and that each applicant will be individually evaluated.</p> <p>B. Program Director, college/university counselors and students verify option is made available and that counseling is offered.</p> <p>C. Written narrative of program's experience with 30 (45) unit Option students including:</p> <ol style="list-style-type: none"> 1. Number of graduates, 2. Evaluation of attrition rates, and 3. Licensing exam (NCLEX) pass rates. 		
<p>SECTION 1429(c) The additional education required of licensed vocational nurse applicants shall not exceed a maximum of thirty (30) semester or forty-five (45) quarter units. Courses required for vocational nurse licensure do not count toward fulfillment of the additional education requirement. However, other courses comparable to those required for licensure as a registered nurse, as specified in Section 1426, may be counted toward fulfillment of the additional education requirement.</p>	<p>Indicator</p> <ul style="list-style-type: none"> <i>• Curriculum requirements for 30/45 unit Option included in Self Study is consistent with Board approved curriculum requirements for this option. (EDP-P-06 or EDP-P-06 Rev.)</i> <i>• The program will specify no more than 30 semester or 45 quarter units for completion of minimum requirements for a California LVN to be eligible for the NCLEX-RN.</i> <i>• Course work will be beyond the licensed vocational nursing level.</i> <p>Evidence</p> <p>A. Transcripts shall reflect designated courses required by section 1429(c).</p> <p>B. Course syllabi for this option reflect the minimum units/hours as listed on approved curriculum form.</p> <p>C. Implementation of this option verified by students and faculty.</p>		
<p>Nursing courses shall be taken in an</p>	<p>Indicator</p>		

<p>approved program and shall be beyond courses equivalent to the first year of professional nursing courses. The nursing content shall include nursing intervention in acute, preventive, remedial, supportive, rehabilitative and teaching aspects of nursing. Theory and courses with concurrent clinical practice shall include advanced medical-surgical, mental health, psychiatric nursing, and geriatric nursing. The nursing content shall include the basic standards for competent performance prescribed in Section 1443.5 of these regulations.</p>	<p><i>Note: Students who complete this option (30/45 unit) will take NCLEX-RN as a non-graduate. This status will not change even if student goes on to obtain a degree. There is no restriction to practice within California. The student may have difficulty in transferring to another state or territory. The student may also have difficulty applying to a college/university for an advanced degree.</i></p>		
<p>X. 1430 Previous Education CREDIT</p>		<p>NOTHING FROM CCNE REGARDING THIS</p>	
<p>SECTION 1430 An approved nursing program shall have a process for a student to obtain credit for previous education or for other acquired knowledge in the field of nursing through equivalence, challenge examinations, or other methods of evaluation. The program shall make information available in published documents, such as the college catalog or student handbook, and online.</p>	<p>Indicator</p> <ul style="list-style-type: none"> • <i>Process for providing alternative entry and completion options for applicants will be described in Self Study and includes:</i> <ol style="list-style-type: none"> 1. <i>Challenge examination for theory and clinical practice, if required,</i> 2. <i>Type and percent of students entered into advanced placement, and</i> 3. <i>How eligibility for advanced placement is determined.</i> <p>Evidence</p> <p>A. All policies, including alternative entry and completion options are readily available to applicants, and the policies are universally applied</p> <p>B. Written policy for challenge and transfer options.</p> <p>C. The challenge/transfer policy is known by students.</p> <p>D. Students eligible for alternative options were offered the opportunity for challenge and/or transfer of previous education for credit</p>		
	<p>Indicators</p> <ul style="list-style-type: none"> • <i>Program has a process to grant credit for previous education for all nursing courses and other acquired knowledge.</i> • <i>Policy for challenge and transfer is written and is available to students.</i> 		

	<p><i>Note: The Board will accept the college or university's evaluation on granting credit as reflected in the applicants transcript</i></p> <p>Evidence A. College catalog B. Student handbook C. Written materials for admission</p>		
XI. 1431 Licensing Examination Pass Rate Standard		NOTHING FROM CCNE REGARDING THIS	
<p>SECTION 1431 The nursing program shall maintain a minimum pass rate of seventy-five percent (75%) for first time licensing examination candidates.</p> <p>SECTION 1431(a) A program exhibiting a pass rate below seventy-five percent (75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate and shall submit a written report to the board. The report shall include the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe.</p>	<p>Indicators Systematic evaluation plan shall include monitoring of licensing exam pass rates;</p> <ul style="list-style-type: none"> • First substandard performance (first academic year) <ol style="list-style-type: none"> a. Discuss with the program director b. Ask the director to submit a report outlining the program's action plan. • Second substandard performance (second academic year) <ol style="list-style-type: none"> a. Schedule an interim visit with specific objectives which include: <ol style="list-style-type: none"> b. Meeting with director <ol style="list-style-type: none"> 1. Meeting with administrator 2. Meeting with faculty 3. Establish whether program's action plan is still current, and whether being met. 4. Document on interim visit form. 5. NEC presents finding in a written report to ELC with director present. <p>Evidence Systematic evaluation - Data collection and annual evaluation data on pass rates. Faculty/committee meeting minutes ATI and/or other measurement tools being used.</p>	<p>IV C Licensure and certification pass rates demonstrate program effectiveness.</p>	<p>(see above)</p>
<p>SECTION 1431(b) A board-approval visit will be conducted if a program exhibits a pass rate below seventy-five percent (75%) for first time candidates for two (2) consecutive academic years.</p>	<p>Indicator <i>NEC schedules a visit if there is no improvement and pass remains substandard for two consecutive years, within the next six months, per BPC section 2788.</i></p>		
<p>SECTION 1431(c) The board may place a</p>	<p>Indicator</p>		

<p>program on warning status with intent to revoke the program's approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to section 2788 of the Code.</p>	<p><i>ELC makes recommendation to the board when indicated.</i></p>		
<p>XII. 1432. Changes To An Approved Program.</p>			
<p>(a) Each nursing program holding a certificate of approval shall:</p> <p>(1) File its legal name and current mailing address with the board at its principal office and shall notify the board at said office of any change of name or mailing address within thirty (30) days prior to such change. It shall give both the old and the new name or address.</p> <p>(2) Notify the board within ten (10) days of any:</p> <p>(A) Change in fiscal condition that will or may potentially adversely affect applicants or students enrolled in the nursing program.</p> <p>(B) Substantive change in the organizational structure, administrative responsibility, or accountability in the nursing program, the institution of higher education in which the nursing program is located or with which it is affiliated that will affect the nursing program.</p> <p>(b) An approved nursing program shall not make a substantive change without prior board authorization. These changes include:</p> <p>(1) Change in location.</p> <p>(2) Change in ownership.</p> <p>(3) Addition of a new campus or location.</p> <p>(4) Significant change in the agreement between an approved nursing program that is not an institution of higher education and the institution of higher education with which it is affiliated.</p>	<p>Indicator <i>Notification is provided to the board through the program's NEC.</i></p> <p>Evidence Board files and committee and board meeting minutes contain all required information about the nursing program.</p>	<p>CCNE requires Substantive Change submitted when there is a change to the nursing program</p>	