CALIFORNIA BOARD OF

BRN

REGISTERED NURSING

2021-2022 Director's Handbook

Table of Contents

Introduction

The California Board of Registered Nursing (Board or BRN) is proud to present the 2021-2022 Director's Handbook. The purpose of this handbook is to assist Program Directors with the administration of the program; however, BRN strongly encourages Program Directors, faculty, and students refer to the BRN website for the most updated information on Board changes, policies, and frequently asked questions. We have included several websites and web pages that may be useful.

This version of the Director's Handbook has been streamlined to provide the most useful information in a clear and concise manner. For ease of use, the forms referenced in this handbook are included separately. Please note that the forms cited in regulation are required and must be submitted for approval. These forms include the 'Faculty Approval/Resignation Notification' (EDP-P-02) and the 'Director/Assistant Director Approval' (EDP-P-03). Other forms are suggested; however, if these forms are not used Program Directors must still provide the required information outlined on the form(s).

We hope you find this handbook helpful and if you have topics for consideration or suggestions for improvements, please email McCaulie Feusahrens, Chief of the Licensing Division, at mccaulie.feusahrens@dca.ca.gov. If you have any questions about topics within this handbook, please contact your assigned Nursing Education Consultant (NEC) and if you do not know your assigned NEC, please email BRN.NEC@dca.ca.gov.

Thank you.

Websites and BRN Web Pages

The BRN website contains the most updated information on various topics impacting the BRN. Below are web pages that contain information of various topics as well as other websites that you may find helpful.

Topic	Website/Web Page
Business and Professions Code, Division 2, Chapter 6 (Statute within the Nurse Practice Act)	https://leginfo.legislature.ca.gov/faces/codes_displayexpandedbranch.xhtml?tocCode=BPC&division=2.&title=&part=&chapter=6.&article=
California Code of Regulations, Title 16, Division 14 (Regulations within the Nurse Practice Act)	https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I8EF6B130D48E11DEBC02831C6D6C108E&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default)
BreEZe link	https://www.dca.ca.gov/splash.shtml
License by Examination	https://rn.ca.gov/applicants/lic-exam.shtml
Online RN Initial Exam Application Instructions	https://www.rn.ca.gov/pdfs/applicants/exam-app-instructions.pdf
BreEZe Initial Application Training Tutorial	https://www.dca.ca.gov/webapps/breeze/submit_app_breeze/submit_app_breeze.html
Fingerprint Information	https://www.rn.ca.gov/applicants/fpinstruct.shtml
Live Scan Process	https://www.rn.ca.gov/applicants/fpinstruct.shtml#livescan
Live Scan Request Form	https://www.dca.ca.gov/webapps/rn/requests.php
FAQs on Licensure by Examination	https://www.rn.ca.gov/applicants/lic-faqs.shtml#exam
Applicant Enforcement Webinar for Students	https://www.rn.ca.gov/applicant-enforcement.shtml
Fee Schedule	https://www.rn.ca.gov/consumers/fees.shtml
FAQs on Reporting Disciplinary Actions	https://www.rn.ca.gov/applicants/lic-faqs.shtml#discipline
Interim Permitee	https://www.rn.ca.gov/pdfs/regulations/npr-b-05.pdf
Testing Accommodations	https://www.rn.ca.gov/pdfs/applicants/disable.pdf
NCLEX-RN Testing Vendor Pearson VUE	https://home.pearsonvue.com/
Qualifications and Requirements for PHN Certificate	https://www.rn.ca.gov/pdfs/applicants/phn-app.pdf
Clinical Learning Experiences – Nursing Students	https://www.rn.ca.gov/pdfs/regulations/npr-b-66.pdf
Background Checks for Student Clinical Placements	https://www.rn.ca.gov/pdfs/regulations/edp-i-33.pdf
Joint-Appointment Faculty Statement	https://www.rn.ca.gov/pdfs/education/edp-i-32.pdf
Prelicensure Program Approval Status	https://www.rn.ca.gov/education/schoolapproval.shtml

Topic	Website/Web Page
Intervention Program Brochure	http://rn.ca.gov/pdfs/intervention/intbrochure.pdf
Enforcement Division	https://www.rn.ca.gov/enforcement/index.shtml
License Discipline and Convictions	https://www.rn.ca.gov/enforcement/convictions.shtml
Instructions for Institutions Seeking Approval of New Prelicensure Nursing Program (EDP-P-01)	https://www.rn.ca.gov/pdfs/regulations/edp-i-01.pdf
Application Fee for an Institution of Higher Learning or a Private Postsecondary School of Nursing Approval for schools with initial approval 2013 to present	https://www.rn.ca.gov/pdfs/forms/fsr.pdf
American Council on Education, Military Guide: Guide to the Evaluation of Educational Experiences in the Armed Services	http://www.acenet.edu/news-room/Pages/Military-Guide-Online.aspx
Best Practices in Counseling and Advisement for Veterans, Prepared for the Tarrant County College District (February 2013)	https://www.tccd.edu/Documents/about/research/institutional-intelligence-and-research/reports/internal/external-agency-reports/hanover-research/best-practices-in-counseling-advisement-for-veterans.pdf
RN Licensure Qualification for Graduate of International Nursing Programs	https://www.rn.ca.gov/pdfs/education/edp-i-35.pdf
Nursing Program Placed on "Warning Status with the Intent to Close"	https://www.rn.ca.gov/pdfs/education/edp-i-36.pdf

SECTION 1: Licensing Information

All California applicants are encouraged to apply online via BreEZe accessible on the BRN's website. Students are advised to review the information available on the BRN's website located on the Applicants tab under the Licensure by Exam link (see screenshot below).
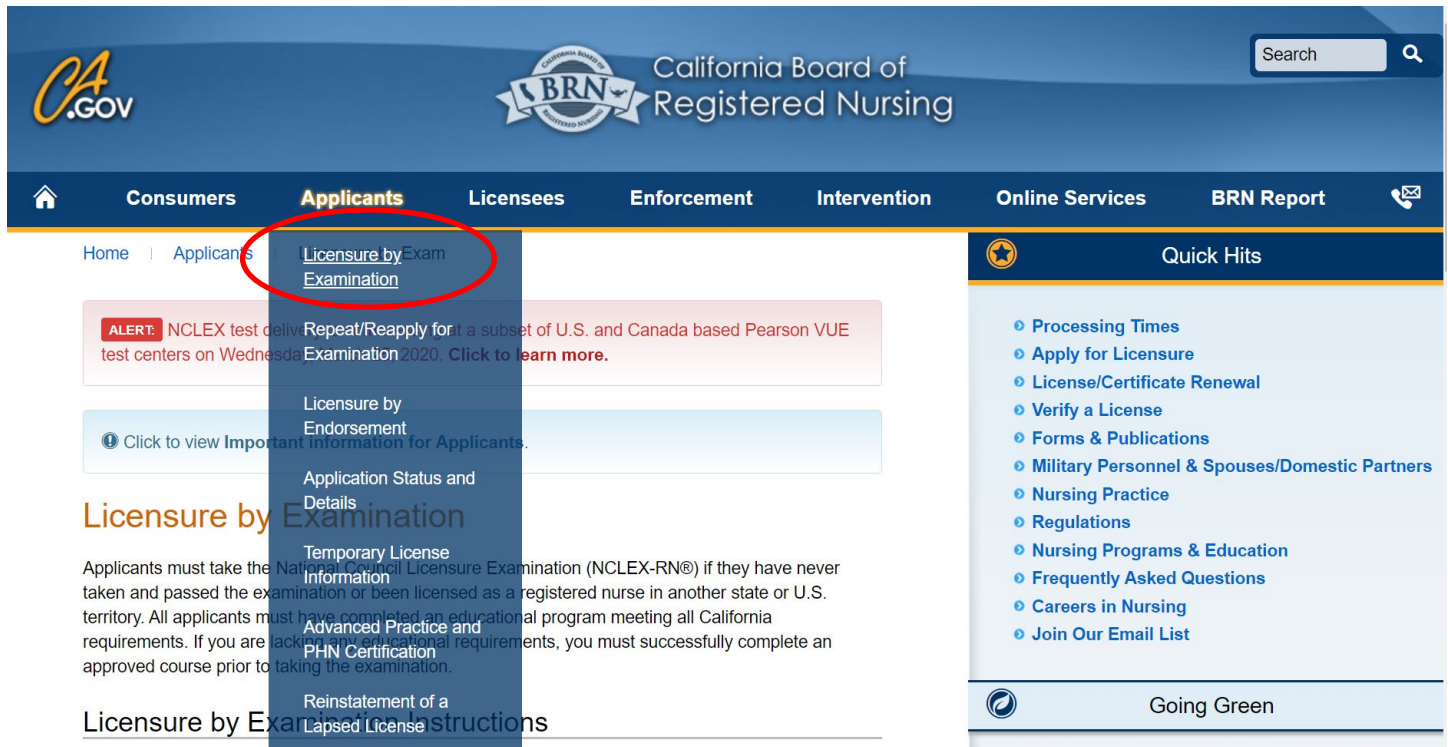
Although the website has the most current information, the below information is a highlight of the application process to assist students with the application process.

Online Application for Exam Applicants

All students must complete and submit the required application and fees online. Students can apply for an Interim Permit online at the same time they apply for initial licensure. Students should be advised to submit their online application no more than *two weeks* prior to their official graduation date *but no later than their graduation date.* Applying after their graduation date may delay their application.

Program Directors and faculty are encouraged to develop an expertise on the application process to work with the entire cohort of graduates to ensure timely and correct submission, minimize errors, and respond to questions. The following is a best practice that is shared by some schools that others may find helpful. These schools schedule a computer lab for all students in the graduating cohort, provide a printer with paper for the Live Scan form, and have a Live Scan vendor on site during this application process. No documentation is required to be uploaded to BreEZe during this California RN program application process. Assistance should be given to the students with identifying the type of Registered Nurse (RN) program they completed including the school code, the degree type (Associate (ADN), Baccalaureate (BSN), Entry Level Master's (ELM)) and the method used when applying (graduate, non-graduate, LVN 30-Unit Option or ELM).

NOTE: As of July 2021, the 2x2 passport-like photo is no longer an application requirement.

Students can apply and track their application using these buttons on the BRN website.

Submitting Live Scan Fingerprints

California students must complete the Live Scan process and fingerprints cannot be submitted until after the application for licensure has been submitted to the BRN. This submission occurs after the applicant creates a BreEZe account, completes the application, and submits payment. A link to request the Live Scan form is located within the online BreEZe Exam application and can also be requested via the BRN website if this link is missed. The form will not be provided until the BRN determines an application for licensure has been submitted.

When students download and complete the Live Scan form, ensure they have access to a printer as the form will print in duplicate. Students should complete all areas marked with a red "X" and take both copies to the Live Scan site with their processing fee.

- o First copy of form is kept by the Live Scan operator.
- o Second copy is for the student's records.

NOTE: There is no longer a need to upload this form onto their BreEZe account.

Reporting Prior Discipline

The Enforcement Division has an Applicant Enforcement Webinar for pre-licensure students and first-time applicants for licensure in California with a history of criminal conviction or discipline against another professional license.

As of July 1, 2020, applicants are no longer asked about prior criminal conviction history. Criminal history will be discovered upon receipt of fingerprint results and all applicants with a history of criminal

conviction will have their applications referred for an additional Enforcement Division review. Convictions within seven years from the date of application will receive a full enforcement review.

If a student reports any prior discipline against a practical nurse, vocational nurse or other health care related license, the application processing time will be increased. The Enforcement Division must review the application prior to the applicant being considered for licensing.

Impaired Nursing Students

BRN considers the student use of controlled substances, dangerous drugs or devices or alcoholic beverages to an extent or in a manner injurious to self or others to constitute unprofessional conduct. The conviction of a criminal offense involving the prescription, consumption or self-administration of the above substances is conclusive evidence thereof (BPC section 2762).

Nursing students showing signs of mental illness or chemical dependency should be directed to a health care provider for diagnosis and treatment of the illness. Chemical dependency and mental illness are diseases and should be treated as such. The BRN has established an intervention program for impaired RN as a voluntary alternative to traditional Board disciplinary actions (BPC section 2770).

Nursing Program Expectations

Nursing Programs are expected to do the following:
- Have a policy for students who are impaired by or demonstrate characteristics of chemical dependency or mental illness which directs the student to seek appropriate assistance through a health care provider and provide the nursing program with proof of treatment.
- Provide instructors with the authority and responsibility to take immediate corrective action regarding the impaired student's conduct and performance in the clinical setting. This includes removing the impaired student from the patient care area until the student is deemed medically safe to return to patient care activities.
- Provide this information to incoming students in their nursing program handbooks along with factual material related to chemical dependency and mental illness among nursing students.
- Handle the matter confidentially.

Student Expectations

Students of Nursing Programs are expected to do the following:
- Voluntarily seek diagnosis and treatment for chemical dependency or mental illness and provide evidence of treatment and fitness for practice to the nursing program.
- Show evidence of rehabilitation when submitting their application for licensure.

Testing Accommodations for Disabled Candidates for NCLEX-RN

Any request for disability accommodations must be submitted to the BRN using the appropriate forms within the application for Licensure by Examination. The accommodations must be approved prior to the applicant being considered for the examination.

NCLEX-RN Application and Registration Process

Students are encouraged to not register with the testing service, Pearson VUE, until after they have received an eligibility letter from the BRN as students could lose the $200.00 registration fee if the student cannot be found eligible to take the NCLEX-RN examination.

Once an applicant's eligibility is determined, an eligibility letter is mailed to the applicant that includes instructions on how to register with Pearson VUE. Remind students that all personal information must match exactly with the application submitted to the BRN (e.g., name, Mother's maiden name, address of record, e-mail address, date of birth, U.S. Social Security Number or Individual Taxpayer Identification Number), or an Authorization to Test (ATT) will not be issued.

When the Pearson VUE registration is matched with the Board's eligibility, Pearson VUE emails the ATT to the applicant. Upon receipt of the ATT the applicant can schedule a testing appointment at a Pearson Professional Center, of their choice, by telephone or website. Remind students that their identification (e.g., driver's license, passport, etc.) provided at the test site must match the name provided to the Board, testing vendor and the ATT.

NOTE: Please ask your students not to call the Board to inquire about examination results. Results are not released via telephone. California participates in the Quick Results offered by Pearson VUE. Some candidates may access their "unofficial" results two business days after taking their exam. These NCLEX results do not authorize them to practice as an RN.

Accessing the Quick Results Service

1. Go to the 🔗 **Pearson VUE website**, candidates will need to sign in with their username and password

2. Under "My Account," select "Quick Results"

3. If your results are available, you may click on the "Purchase" button. The fee for this service is $7.95

4. Fill in the payment information and click Next

5. Confirm your order by clicking the "Submit Order" button

6. Your results will appear on the receipt page

In order to receive your results, you must provide a credit card number to which the $7.95 charge can be billed. (Please note: Your credit card will only be charged if your results are available.)

California Graduate Director Verification Process

During the August 2021 Board Meeting, the Board voted to accept alternate means for processing transcripts in accordance with the California Code of Regulation (CCR) section 1410(a) and determined that verification of student graduation status from nursing Program Directors via the California Graduate Director Verification Portal would be acceptable means for validation of individual students graduation and degree status.

Commencing Fall 2021, Program Director's verification of individual student's graduation status including degree earned and conferral date is deemed equivalent by the Board to meet transcript submission requirement; therefore, please do not mail physical transcripts to the BRN. The California Graduate Director Verification Portal maintained by the Department of Consumer Affairs (DCA) and is available to all California Nursing Program Directors. It allows for secure sharing of student graduation information and is accessible only to Program Directors and limited staff at the BRN.

NOTE: With this new process, the Request for Transcript Form and Program Graduate Roster List are no longer required. You will be receiving communication from licensing staff who will assist you through your initial California Graduate process.

SECTION 2: Faculty Information

Faculty Appointment Approval
All faculty must meet the minimum qualifications as delineated in CCR section 1425 as well as CCR section 1424(h) which states that nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned. Additionally, CCR section 1420(d) states that clinically competent means that the nursing program faculty member possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by staff level RNs of the nursing area to which the faculty member is assigned.

The school is required to notify the BRN on the proper form of each new faculty appointment *prior to employment*. Any change of teaching classification or addition of content area(s) also requires approval. Failure to gain approval jeopardizes the approval status of the school. After review of the approval form, the school is notified of the action taken.

NOTE: Faculty will be approved for clinical areas where there is documentation to support education and/or clinical experience.

Faculty Approval Process
The following regulations must be met when considering faculty approvals:
- CCR section 1425: Faculty Qualifications and Changes
- CCR section 1424(h): Clinical Competency Requirement
- CCR section 1420(d): Clinical Competency Definition
- CCR section 1425.1(d): Faculty Clinical Competence Responsibilities

Program Directors are responsible for verification of the faculty RN license that is unencumbered prior to hire. Additionally, faculty teaching in Board-approved courses (theory, skills/simulation lab, clinical) in Geriatrics, Medical-Surgical, Mental Health/Psychiatric, Obstetrics, and Pediatrics nursing content areas require faculty approval. The below chart should be used as a guide for initial faculty approval and for continued clinical competence expectations subsequent to initial approval.

Faculty Qualifications and Changes – Interpretation of Faculty Rules and Regulations

REGULATION	EXPLANATION
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 1425 (EDP-R-02 Rev 02/09), 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 02/2012) and Director or Assistant Director Approval form (EDP-P-03, Rev 02/2012), which are herein 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:	1. All faculty, the director, and the assistant director must receive board approval using the specified forms. 2. A program reports all changes in faculty, including changes in teaching of nursing areas, prior to employment of or within 30 days of resignation/termination.

REGULATION	EXPLANATION
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;	1. Master's or higher degree with course work in nursing, education or administration.

Section 1425(a)(2) One (1) year's experience as an administrator with validated performance of administrative responsibilities consistent with section 1420(h);	1. Administrative position is defined as a director or assistant director whose responsibility and accountability includes coordinating, directing, fiscal planning, and all activities involved in developing, implementing and managing the nursing program.
	2. Administrative responsibility:
	  (a) in a registered nursing education program, which includes diploma, associate, baccalaureate and post-licensure RN programs; or
	  (b) the registered nurse administrator of a hospital professional nursing education services program.
	3. An academic year of two (2) semesters or three (3) quarters will be regarded as equivalent to one year's administrative experience.

Section 1425(a)(3) Two (2) years' experience teaching in pre- or post-licensure registered nursing programs; and	1. An academic year is defined as two (2) semesters or three (3) quarters. 2. Two (2) years teaching experience as instructor. 3. Full-time teaching experience preferred. 4. Pre- or post-licensure registered nursing program such as associate, baccalaureate, master's, or doctoral degree nursing programs.
Section 1425(a)(4) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse; or Section 1425(a)(5) Equivalent experience and/or education as determined by the board.	1. One (1) year's continuous full-time experience, or equivalent, as a registered nurse providing direct patient care.
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.	1. Master's degree which includes course work in nursing, education, or administration. 2. Two (2) years teaching experience in a pre- or post-licensure registered nursing program such as associate, baccalaureate, master's, or doctoral degree nursing programs. Pre-licensure registered nursing teaching experience at the "Instructor" classification. 3. One (1) year's continuous experience, or equivalent, as a registered nurse providing direct patient care.

REGULATION	EXPLANATION

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 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) years' experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing.
	1. Master's or higher degree, which includes course work in nursing, education or administration.
	2. Direct patient care experience within the previous five (5) years in the nursing areas (geriatrics, medical-surgical, mental-health/psychiatric nursing, obstetrics, or pediatrics) to which the faculty is assigned, that can be met either one of the following:
	  (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 of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrate clinical competency; and
	3. Validated clinical competence. "Clinically competent" as defined in CCR section 1420(d), which means that a nursing program faculty member possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by staff level registered nurses of the nursing area to which the faculty member is assigned.
	4. The equivalent of one (1) year's teaching experience can be met by:
	  (a) teaching in a pre- or post-licensure registered nursing program for one academic year; or
	  (b) completion of a post-baccalaureate registered nursing educational course that includes practice in teaching registered nursing given by an accredited college or nursing school. The course includes teaching strategies, course outline and lesson plan development, evaluation, and practice teaching.

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;	1. Baccalaureate degree must be in nursing or related natural, behavioral or social science fields, 2. May teach in classroom but may not take full responsibility for the course. 3. Requires supervision by an approved instructor, who has the final responsibility for students' course grade. 4. May not serve as content expert.

REGULATION	EXPLANATION

(2) Direct patient care experience within the previous five (5) years in the nursing 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 of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency.
	1. Direct patient care experience within the previous five (5) years in the nursing areas (geriatrics, medical-surgical, mental-health/psychiatric nursing, obstetrics, or pediatrics) to which the faculty is assigned, that can be met either one of the following:
	  (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
	2. Validated clinical competence. "Clinically competent" as defined in CCR section 1420(d), which means that a nursing program faculty member possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by staff level registered nurses of the nursing area to which the faculty member is assigned.

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 care.	1. Direct patient care experience within the previous five (5) years in the nursing areas (geriatrics, medical-surgical, mental-health/psychiatric nursing, obstetrics, or pediatrics) to which the faculty is assigned. 2. Validated clinical competence. "Clinically competent" as defined in CCR section 1420(d) means that a nursing program faculty member possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by staff level registered nurses of the clinical unit to which the faculty member is assigned. 3. May not have any responsibility for classroom instruction. 4. Requires supervision by an approved instructor, who has the final responsibility for students' course grade. Supervision, however, does not require Instructor is to be physically present with the clinical teaching assistant.

Resources for Faculty Approvals

Form Name	Form Number	Directions
Director or Assistant Director Appointment Form	EDP-P-03	Complete and submit this form electronically ***prior to assignment***.
Faculty Approval/Resignation Notification	EDP-P-02	Complete and submit this form for an initial faculty approval/resignation notification and for any changes in instructor classification or clinical area. A copy of all approved Faculty Appointment forms is maintained in the BRN office. Use Faculty Approval/Resignation Notification Form (EDP-P-02) for initial approval, faculty reclassification, and resignation. **Note:** There is a space for name of the person verifying current California RN license of the appointee. This complies with BPC Section 2732.05, which requires that every employer of an RN shall ascertain that the nurse is currently licensed with license unencumbered. This involves examining the license at the time of initial employment, as well as at license renewal dates.

Initial Approval
1. To hire faculty not previously approved by the Board, the Program Director completes, signs and submits the 'Faculty Approval/Resignation Notification' (EDP-P-02) to the assigned NEC. In doing so, the Program Director must confirm the appointee's qualifications, competency, and recent clinical experience in the content area(s) requesting for approval. Document all required qualifying information on the form, for example:
    a) At least one year's continuous, full-time experience, or equivalent, providing direct patient care as a RN; and
    b) Direct patient care experience as a registered nurse, which includes RN-level clinical teaching experience, in the content/clinical area, within the previous five (5) years.
2. The Program Director provides a copy of the BRN approved form to the faculty member when a signed approved form is received from the NEC.

Subsequent Change in Program Affiliation
1. The Program Director must complete, sign and submit a new 'Faculty Approval/Resignation Notification' (EDP-P-02) and request Initial Faculty Approval for the new program of hire. The Program Director confirms the appointee's qualifications, competency, and recent clinical experience in the content area(s) and for the faculty classification level requested and documents the information on page two (2) of the 'Faculty Approval/Resignation Notification' (EDP-P-02).
2. NECs request additional information such as a resume etc. in the faculty approval process. It is advantageous to submit a copy of a faculty approval that was previously completed for the appointee at a different nursing program.

Changes in Classification, Addition of Content Areas
To change an instruction classification and/or add content areas not previously approved, the Program Director completes and submits a new 'Faculty Approval/Resignation Notification' (EDP-P-02) indicating the requested reclassification to the assigned NEC. The Program Director attaches

supporting documentation such as a verification letter of clinical competency as defined in CCR section 1420 (d) in the content area(s) and documentation of remediation.

Faculty Resignation
The Program Director submits the completed 'Faculty Approval/Resignation Notification' (EDP-P-02) to notify the BRN of faculty resignation to the assigned NEC within 30 days.

Statement on Faculty
CCR sections 1424(g) and 1425.1 require that *each* faculty member and the total faculty be collectively responsible and accountable for the planning, implementation and evaluation of the program and program related activities irrespective of their full or part-time or joint appointment status. In accordance with regulations, the following policy statement has been adopted:

> The majority of faculty should be full-time. Faculty is defined to include full-time; part-time; hourly; long-term substitutes; joint-appointment. The nursing program must ensure that its nursing faculty's responsibilities, regardless of full-time or part-time status, are consistent with CCR section 1425.1 and meet the intent of CCR section 1424(g). Evidence must support that each faculty member participates in nursing program activities, including instruction, evaluation of students, development of program policies and procedures, planning, implementation and evaluation of the curriculum.

Additionally, CCR section 1425.1(b) specifically states that 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.

Program activities by faculty include but are not limited to:
- Developing program goals and objectives.
- Participating in faculty orientation and be involved in periodic evaluations.
- Participating in curriculum planning; be cognizant of how content area taught fits into total curriculum plan.
- Scheduling time to meet with students for evaluation and counseling purpose.
- Assisting in development of program policies, procedures, with knowledge of program specific policies.
- Participating in planning, organizing, implementing and evaluating the nursing program.
- Participating in decision-making regarding the direction and nature of the nursing program.
- Facilitating consistent student participation in the program as defined in CCR section 1428.
- Facilitating and ensuring individual/collective faculty compliance with specified regulations governing continuing approval of the program.

Faculty Remediation
CCR section 1420(d) states that clinically competent means that the nursing program faculty member possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by staff level RNs of the nursing area to which the faculty member is assigned. This section will assist Program Directors in assuring faculty members who will be teaching in new content/clinical areas (not already approved by the BRN) are clinical competent.

Faculty members, for BRN purposes, include BRN approved instructors, assistant instructors, and clinical teaching assistants. To teach in a new nursing/clinical area, the faculty member must be able

to function equivalent to the RN providing direct patient care in that designated nursing area (Geriatrics, Medical-Surgical., Mental Health/Psychiatric, Obstetrics, or Pediatrics).

- **Evaluation of Competency:**
  - Evidence of direct patient care experience as a RN, direct patient care experience within the previous five (5) years in the nursing areas (Geriatrics, Medical-Surgical, Mental-Health/Psychiatric, Obstetrics, or Pediatrics) to which the faculty is assigned, that can be met by either one of the following:
    - One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a RN in the designated nursing area; or
    - One (1) academic year of RN level clinical teaching experience or its equivalent in the designated nursing area that demonstrate clinical competency; and
    - Sufficient evidence of continuing education classes that support the requested nursing area(s) taken in the last five (5) years.

- **Plan to Gain Clinical Competency:**
  - Includes the following:
    - The Program Director, in consultation with the content expert and faculty member, ensures their development of an individualized remediation plan that includes:
      - Specific measurable theory and clinical objectives sufficient to validate competency in the new content/clinical areas, and
      - Specific plan of activities sufficient to validate theory/clinical competency.
    - The Program Director may elect to send the assigned NEC a copy of the proposed remediation plan for comment prior to implementation.
    - The faculty member meets with the agency's representative or program's content expert, or both, to implement the remediation plan.
    - Upon completion of the plan, the faculty member presents the Program Director written verification from the preceptor or content expert, that the faculty member has demonstrated the competency level of a staff RN and met the theory and clinical objectives specified in the remediation plan.

Documentation to Submit to BRN:
1. Remediation plan,
2. Written letter of verification of competency,
3. Faculty appointment form for specified nursing area(s).

Faculty Content Expert
Each school must have at least one content expert in each area of nursing and one (1) instructor may qualify for more than one area. The required areas are interpreted as geriatric, medical-surgical, mental health/psychiatric, obstetric, and pediatric nursing.

CCR section 1420(f) explains that 'Content expert' means an instructor who has the responsibility to review and monitor the program's entire curricular content for the designated nursing area of Geriatrics, Medical-Surgical, Mental Health/Psychiatric, Obstetrics, or Pediatrics. CCR section 1424(h) further states that 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 required by section 1426(d) who will be the content expert in that area.

Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.

Methods to Qualify as a Content Expert
CCR section 1425(f) explains that a content expert shall be an instructor and shall have:

EITHER   Master's degree in the designated nursing area.

OR   Master's degree in another area and additional theoretical and clinical experience as shown below:
- **Theory** – *EITHER* national certification *OR* course work in content area equivalent to 30 hours of continuing education or two (2) semester units/three (3) quarter units, **AND**
- **Clinical** – *EITHER* clinical experience in content area equal to 30 eight-hour shifts withing the last three (3) years national certification *OR* clinical experience teaching in the content area (i.e., geriatrics) for a minimum of two (2) semesters/three (3) quarters within the previous five (5) years.

SECTION 3: Curriculum Information

All prelicensure programs in California shall comply with the minimum curriculum requirements as stated in CCR section 1426. All major curriculum changes must be approved by the Education and Licensing Committee (ELC) and the Board *prior to* implementation.

Curriculum Revision Tips
If a curriculum revision is being considered, the assigned NEC should be contacted in the early stages of planning to ensure compliance with the rules and regulations and three (3) to six (6) months may be needed to complete the BRN approval process depending on the schedule for ELC and Board meetings.

A copy of the revision will be submitted to the NEC and the NEC will determine whether the revision is major or minor in nature. Minor changes, which do not significantly alter philosophy, objectives, or content, may be approved by the NEC. Major curriculum revisions that meet all BRN rules and regulations qualify as a consent agenda item and attendance by school representative is not required at ELC and/or Board meetings.

Major and Minor changes are acted upon by the ELC and by the full Board at a regularly scheduled meeting. A letter documenting the Board's action will be sent to the program following the Board meeting.

To meet Americans with Disabilities Act (ADA) guidelines please follow the instructions below when submitting all documents to the BRN:

1. All documents need to be in Word or Original PDF. No scans please.
2. All documents in Arial font 12 point only.
3. Any tables submitted must be named in the document.
4. Black font only – No Bold.
5. Underlining, italics, etc. do not read well – try not to use.
6. Report from school limited to 6 pages, including tables from the school.

Resources for Curriculum Revisions

Form Name	Form Number	Directions
Request for Major Curriculum Revision Fee	EDP-R-09	Inform your NEC on the major curriculum change. Make the check or money order payable to 'Board of Registered Nursing' and mail the fee with this form to: Board of Registered Nursing Administration Major Curriculum Revision Proposal 1747 N. Market Blvd., Suite 150 Sacramento, CA 95834-1924
Total Curriculum Plan	EDP-P-05a	An updated version of this form must be submitted with all curriculum changes involving a change in units assigned.
Required Curriculum: Content Required for Licensure	EDP-P-06	Do not include courses only required by the college (i.e. computer literacy, political science).

		Page 1: Required courses to be listed include a minimum of: Basic Sciences: Related natural, behavioral and social sciences, 16 semester or 24 quarter units. Communications: Academic English and Speech courses, six (6) semester or nine (9) quarter units. Nursing: Art and Science of Nursing, 36 semester units or 54 quarter units. 18 semester units or 27 quarter units will be theory, and 18 semester units or 27 quarter units will be clinical practice. In the box labeled 'Required for Licensure as stated in CCR Section 1426', please use the last Board approved curriculum for the first column and place an asterisk next to the changes in the second column. Page 2: Represents areas of instruction that are required by law and/or regulations to be included in the nursing curriculum. **Do not list course units in more than one place.** In the box labeled 'LVN 30-Unit Option', list all required courses and total number of units in the option.
Educational Requirements for a Public Health Nurse Certificate	EDP-P-17	For BSN and ELM programs, include a revised form if any of the courses required for this certification are affected by the proposed revision.

Major/Minor Curriculum Revisions

A major curriculum revision includes major changes and/or new content, which may include one or more of the following:

1. Any proposal or activities that significantly change the curriculum, some examples may be a change of curricular delivery method; change in nursing model; change in curriculum option(s) offered.
2. Total or partial curriculum revisions that includes, but are not limited to, substantive differences that changes the meaning or direction of the curricula in any of the following areas:
   - Philosophy and Goals
   - Program Terminal Objectives
   - Conceptual Framework
   - Course Objectives and Descriptions
   - Course Structure to Integrate Content
3. Change in annual enrollment, change in location, change in ownership, addition of a new campus or location, and 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..

BPC section 2786.5(a)(3) outlines the fees and states the processing fee for authorization of a

substantive change to an approval of a school of nursing shall be fixed by the board at not less than twenty-five hundred dollars ($2,500) nor more than five thousand ($5,000) dollars. The processing fee is $2,500 and must accompany the major curriculum revision proposal.

Procedures for processing of the major curriculum revision fee:
1. Inform your NEC on the curriculum change.
2. Make the check or money order payable to 'Board of Registered Nursing' and mail the fee with the 'Request for Major Curriculum Revision Fee' (EDP-R-09) form to the address listed above.
3. Send the required documents electronically to your NEC (hard copy is not necessary unless requested).

Minor curriculum changes will be submitted prior to program implementation. Minor changes that do not significantly alter philosophy, objectives or content may be implemented by the nursing program once reviewed and approved by the NEC. Minor curriculum changes may include but are not limited to, one or more of the following:
1. Preceptorship courses.
2. Public Health Nurse Certificate programs.
3. Progress Reports that do not affect approval status.
4. ADN – BSN collaborative project.
5. Work study courses.

Documentation to Submit to BRN for all changes to an approved program:
1. Letter of Explanation on School's Letterhead which includes the following information:
   - Indicate whether the curriculum revision is a major or minor one.
   - Describe the proposed change.
   - State the reason for the change.
   - Describe how the change will improve the education of students in relation to CCR section 1426.
   - If applicable, give the course(s) title, number, and description.
   - If applicable, describe how the proposed change will affect clinical facilities utilized.
2. Attachments (in addition to above letter):
   - Provide documents that supply information that gives detail regarding the revision (e.g. chart with old philosophy vs new) and/or demonstrates the planning for resources required by the revision (e.g. description of resources to support additional enrollment, 'Nursing Curriculum and Clinical Facilities'(EDP-P-11) form).
   - Completed BRN curriculum forms if the information on these forms will change relative to the proposed revision:
     - 'Total Curriculum Plan' (EDP-P-05a) and
     - 'Required Curriculum: Content Required for Licensure' (EDP-P-06)
     - For BSN and ELM programs 'Educational Requirements for a Public Health Nurse Certificate' (EDP-P-17) only if any of the courses required for this certification are affected by the proposed revision.

The program's assigned NEC will advise regarding any additional documentation needed in order to evaluate the proposed revision.

Explanation of CCR 1429 – LVN 30-45 Unit Option

BPC Section 2736.6 states that the Board shall determine by regulation the additional preparation in nursing, in a school approved by the Board, which is required for a Licensed Vocational Nurse (LVN),

licensed under [BPC, Division 2, Chapter 6.5](#) to be eligible to take the examination for licensure under this chapter as a RN. The Board shall not require more than 30 units in nursing and related science subjects to satisfy such preparation. Further, [BPC section 2786.6(b)](#) states that the Board shall deny the application for approval made by, and shall revoke the approval given to, any school of nursing which is operated by a community college and discriminates against an applicant for admission to a school solely on the grounds that the applicant is seeking to fulfill the units of nursing required by this section.

The regulation specific to the LVN 30-45 unit option is [CCR section 1429](#) which states that courses shall be taken in a Board approved prelicensure program and shall not include courses required for LVN licensure.

Counseling
1. Objective counseling must be provided. The counseling should include the admission process, course requirements, the advantages/disadvantages of this route to licensure, and that high school graduation or equivalent is required in to take the RN national licensing examination.
2. Written information about the option must be included in at least one official school publication.

Admission Requirements
1. The applicant cannot be required to meet university or college admission requirements.
2. The applicant must be licensed as a LVN in California.
3. A program, at its discretion, may admit a LVN program graduate waiting to take first NCLEX-VN. Continuation in the RN program is contingent upon passing the NCLEX-VN.
4. In addition to LVN licensure, the program, at its discretion, may require:
    a. Items necessary to enable the student to provide care in the clinical agencies (i.e. immunizations, CPR, etc.)
    b. Testing of knowledge and clinical skills to identify areas where remediation might assist the student. Test results may not be used to deny the applicant admission to the program.

Curriculum
1. The required courses, including microbiology, physiology, and nursing, may be less than but cannot exceed 30 semester (or 45 quarter) units.
2. Credit must be given for any previously completed required course, regardless of date the course was taken.
3. Microbiology and physiology may be prerequisites to the nursing courses. However, if micro or physiology have prerequisite(s), e.g. chemistry, math, etc., these courses cannot be required.
4. Nursing theory content must include nursing intervention in acute, preventive, remedial, supportive, rehabilitative and teaching aspects of nursing, as well as leadership and management. The nursing content shall include the basic standards for competent performance prescribed in [CCR section 1443.5](#).
5. Concurrent theory and clinical experiences are required in the content areas, as prescribed in [CCR sections 1426 (d) and (e)](#) after determining the equivalency of the completion of the required courses by the LVN.
6. When a LVN to RN transition course is required, these units must be included as part the 30 semester or 45 quarter units. Trends/issues courses cannot be required unless these courses are part of the required content for leadership/management.
7. The required nursing courses must be the same as in the generic/Career Ladder program.

Work Study Courses

BPC section 2729(a) permits students enrolled in a Board approved prelicensure nursing program to render registered nursing services when these services are incidental to a course of study in the program. A work-study course offered by a nursing program complies with this section of the law and provides additional clinical experiences for student nurses admitted to and enrolled in its own nursing program. With a work-study program, nursing students are exposed to the realities of the clinical environment and have the opportunity to master learned skills. Additionally, clinical agencies benefit by the student nurse's skills and have the opportunity to attract new graduate nurses to their facility.

Development of a Work-Study Course

1. Nursing program develops a course in which previously learned nursing theory and clinical skills are applied.
   - A student must have acquired clinical competence in these skills. A list of skills competencies is provided to the clinical agency (work-study site).
   - No new skills may be taught during this course.
   - Hours of instruction for the course follow the formula per CCR section 1426(g)(2).
   - A course faculty of record is available and is responsible for ongoing communication with students and agency and monitoring of student progress.
2. Nursing program develops an agreement with a clinical agency with which it has a contract, to provide a work-study course for which a student receives academic credit. Compensation of the student by the practice site is encouraged.
3. The clinical agency agrees to the objectives of the course and provides mentors or preceptors for direct supervision of students.
4. The instructor and agency mentors meet at regular intervals to discuss student progress and jointly share in the evaluation of the student.
5. The course instructor has the final responsibility to evaluate and grade students and their mastery of the course objectives.

Approval of Work-Study Course

- All work-study courses require Board approval prior to course implementation.
- Nursing program submits a minor curriculum revision request to the assigned NEC.

Alternate/Secondary Program Locations

An additional alternate/secondary program location is defined as a BRN approved physical location that allows the faculty assigned to the distant campus to participate as a member of the faculty group at the approved program's primary campus location. Programs with additional alternate/secondary program locations will retain the NCLEX-RN school code assigned to the program's primary campus location.

The nursing curriculum at the alternate/secondary location may replicate the one on the primary campus or have a curriculum that combines and/or compresses the courses and content from the primary campus forming a variation of the curriculum, such as an accelerated baccalaureate track or entry level master's track.

In order to offer any program option at alternate/secondary locations, the primary program must submit a major curriculum change and have the alternate/secondary location(s) approved by the BRN prior to implementation.

Each alternate/secondary program location must maintain the same standards and educational opportunities for students as those at the primary campus: theory courses and clinical experiences, program testing/evaluation, and remediation activities must be comparable to those delivered by the primary campus program. Alternate/secondary program locations must have sufficient program resources including start up and ongoing funding/ budgetary support, administrative and clerical support, faculty, clinical facilities, skills/simulation labs, equipment, and supplies to meet BRN regulations. This includes comparable support services such as counseling, tutoring, technology, and financial aid services for students. The policies and procedures at each alternate/secondary program location, including admission/selection, progression, dismissal, and readmission policies and procedures must be the same as those used by the primary campus.

Any minor or major curriculum changes for the alternate/secondary program locations must have primary campus and BRN approval prior to implementation.

Program Director and Assistant Director
The Program Director designated at the primary campus nursing program is responsible and accountable for the primary campus program and all alternate/secondary program locations. At least one Assistant Director with sufficient release time is assigned to be physically present at each alternate/secondary program location. The designated Assistant Director will manage program activities under the direction of the primary campus Director.

Faculty
Nursing program faculty assigned to the primary and alternate/secondary campus locations are considered to be one faculty and have the same individual and collective responsibility and accountability for instruction, evaluation of students, and ongoing planning, implementation, and evaluation of the curriculum and the program.

Faculty members must demonstrate that the entire faculty group participates collectively in the planning, implementation and evaluation of the curriculum.

Program Completion
Students completing the program through the alternate/secondary location (s) are graduates of the primary campus.

BRN Approval

BRN approval is required prior to implementation of any program option at any alternate/secondary location, student enrollment numbers and cycles, and any subsequent enrollment changes. Any approved program that meets BPC section 2786 may seek BRN approval to offer one or more of the existing approved degree options/tracks at an alternate/secondary location. Eligible BRN approved programs may only submit a request for approval of one alternate/secondary location at a time. All program locations will be included in the program's regular CAV review processes with the appropriate narrative and trended data/outcomes reflected in the program's continuing approval self-study report. BRN approved nursing programs not meeting these requirements must seek approval for a new pre-licensure nursing program even if the new program curriculum is the same as the currently approved primary campus RN program.

For more information on the approval process, please review the Major Curriculum Revision section of this document. It is important that the details below be included with your submission:

- A description of the nursing program option(s) to be offered at alternate/secondary location. In the description include the purpose and rationale for adding the alternate/secondary program location, the community to be served and demand for the program at each alternate/secondary location.
- The projected enrollments at the primary campus, and at each alternate/secondary location for a period of three years. Detailed statistics and a description of the current and projected applicant pool. Provide evidence that the projected enrollment patterns can be sustained at each proposed location.
- A detailed description of any changes in the program's organizational structure as a result of any community partnerships or collaborative arrangements being proposed to administer, fund, and implement program at the proposed alternate/secondary location.
- A description of program operations at the primary campus, already approved alternate/secondary locations and those proposed for a new alternate/secondary location should include, a description of the day to day interface of the proposed alternate/secondary location with the primary campus. Provide a nursing organizational chart and the written job description for the Assistant Director at each alternate/secondary location and a statement on how faculty and students at each alternate/secondary location campus site will participate in required program activities.
- A detailed description of the proposed program resources for the alternate/secondary location including physical space such as classrooms, skills/simulation labs, program and faculty offices, resource/study spaces for students, conferencing, and library and support services. Provide a schematic of the proposed physical space to be used by the program. If construction or renovation of the newly proposed physical location is planned/required, include a schematic of the proposed physical space along with a timeline for completion as the location will be visited by the BRN NEC prior to program start up at the alternate/secondary location.
- A description of other learning and program resources to be available at the alternate/secondary location including faculty, program clerical support staff, counseling, financial aid, library, etc.
- Budgetary provisions for establishing and maintaining the pre-licensure RN program at each alternate/secondary location.
- Evidence of availability of clinical placements for students of the proposed alternate/secondary location.
  - Submit a grid showing all currently approved and proposed clinical sites; show where the five (5) required areas of nursing are taught.

- o Provide a description of the impact of adding the alternate/secondary location on already established nursing education programs and their existing clinical placements. Show evidence that current RN students, if any, will not be displaced.
- o Provide a completed 'Clinical Facility Authorization' (EDP-P-18) form for each proposed health care facility that has agreed to provide clinical placement for students. Verification information shall include the accommodations specifying shift and days. Provide assurance that the clinical agreements include all of the components of CCR sections 1427(c)(1)-(6).
- o The assigned NEC will make site visits to each of the proposed sites as needed to validate appropriate clinical experiences.

Future Curriculum Changes

Curriculum changes may affect one program location and/or option or select program locations and options such as a unique population or accelerated track/option at one of the program's approved locations.

Any curriculum changes, minor or major, must be approved by the faculty of the whole, requiring involvement of faculty on all the program's campuses, and by the BRN prior to implementation. BRN approved minor or major curriculum changes for each program option and location must be consistently implemented. The program's assigned NEC is authorized to approve minor program curriculum changes.

Reporting Requirements for Programs with Approved Alternate/Secondary Program Locations

Each July 1, through the graduation of the first two cohorts at each alternate/secondary program location, the Program Director will submit a written progress report to the assigned NEC. The progress report will describe the program activities at each alternate/secondary location including enrollment, attrition, retention, re-entry statistics, comparability of program testing and applicable NCLEX-RN preparation/performance, faculty and support services staffing.

NOTE: The program is expected to collect, track, and trend all program statistics in the aggregate and by each specific location including admission/ enrollment, dismissal, re-entry, graduation, and NCLEX pass rates.

ADN-BSN Collaborative Projects

BRN supports efforts to establish articulation agreements among ADN and BSN programs that facilitate education of pre-licensure nursing students.

Steps for Submission of a Proposed ADN-BSN Collaborative Project

All new proposals for ADN-BSN Collaborative Projects shall submit a summary report with a description of the proposed program to the NEC, who is assigned to the degree granting pre-licensure program.

1. The summary report should include:
   - The anticipated start date;
   - The nursing program(s) involved in the collaborative educational program;
   - The number of students expected to enroll;
   - The college that will grant the pre-licensure nursing degree; and,
   - The level, in which, students are eligible to take the licensure examination.
2. The pre-licensure degree-granting institution must submit Total Curriculum Plan (EDP-P-05) and Required Curriculum: Content Required for Licensure (EDP-P-06) for each nursing program with an articulation agreement.

3. The proposed collaborative program(s) will be submitted to the Board of Registered Nursing as a minor curriculum revision or major as determined by NECs.
4. All policies and procedures of the pre-licensure degree-granting institution apply to the students enrolled in the proposed collaborative program.
5. The collaborative program(s) will be reviewed as part of the regular approval visit of pre-licensure degree program.

SECTION 4: Clinical Information

At the time of approval visits or in the event of curriculum changes, programs must demonstrate how the students are gaining the experience needed to practice in all five (5) content areas, in acute and community settings, to function in accordance with the RN scope of practice as defined BPC section 2725, and to meet minimum competency standards of a RN. There is no specific minimum number of hours or units of clinical experience stipulated for a content area.

Clinical Facility Approval Instructions

Per CCR section 1427(a), BRN approval is required prior to utilizing any new agency and/or community facility for student clinical experience. Further, CCR section 1427(b),(c) (1)-(6),(d) explains that clinical placements must not displace currently placed students from other prelicensure programs.

The Program Director provides the clinical facility with clinical objectives and will maintain a written agreement with each clinical facility that addresses the following:
- assurance of adequacy of the clinical learning environment,
- orientation for faculty and students,
- responsibilities and authority of the facility's staff,
- assurance of adequate staffing in the facility to care for patients,
- a plan for continuing communication between the program and the facility,
- responsibilities of faculty.

Resources for Curriculum Revisions

Form Name	Form Number	Directions
Program Clinical Faculty Approval	EDP-P-18	New Programs: The Program Director completes and submits the form. Established Programs: The Program Director is responsible for maintaining a current clinical facility list, a completed EDP-P-18 form for each clinical facility, and a current written agreement with each clinical facility.

Adding a New Clinical Facility
1. Review the "Criteria for the Selection of Clinical Facility" on the following pages.
2. Document your evidence that the facility/agency meets BRN criteria for utilization as a clinical site on Clinical Facility Authorization form (EDP-P-18).
3. Complete, sign and date a Clinical Facility Authorization form (EDP-P-18) and submit electronically to assigned NEC.

4. Maintain a list of approved clinical facilities and make them available to the NEC during site visits.

BRN Approval for New and/or Established Programs

If the clinical facility meets the selection criteria (see next section) and provides the requested information, the NEC will approve the facility and return a signed copy of the form to the program.

The program will provide annual verification of clinical placements and notify the BRN within 90 days of any changes in clinical placements including the cancellation of a clinical rotation.

Criteria for the Selection of Clinical Facility

REGULATIONS CCR section 1427	CRITERIA	EVIDENCE

(a) A nursing program shall not utilize any agency 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.	1. Initial approval -- written approval form submitted to consultant with the self-study report.
	2. The following criteria are to be used to assess potential clinical sites.
	  a. student-patient ratios,
	  b. student-instructor/ratios,
	  c. clinical facility census,
	  d. student supervision, direct or indirect,
	  e. clinical facility staffing and acuity, client description,
	  f. student placement and on-site supervision,
	  g. clinical area identification, and
	  h. compatibility of philosophy and objectives of nursing service and nursing education.
	  i. the impact of a new group of students has on the currently placed students from other prelicensure programs in the facility.
	3. Submit EDP-P-18. Program Director signs form attesting to compliance with section 1427. Facility liaison to the program signs form and verifies that use of clinical facility by program will not displace students from other prelicensure programs listed on document.
		1. Submission of a Clinical Facility Authorization Form (EDP-P-18) with self-study.
		
		3. Program Director is validating that clinical site meets the criteria and there is no evidence of displacement of students. A list of clinical facilities should be maintained for review at time of continuing approval visit.

REGULATIONS CCR section 1427	CRITERIA	EVIDENCE
(b) A program that utilizes an agency or facility for clinical experience shall maintain written objectives for student learning in such facilities, and shall assign students only to facilities that can provide the experience necessary to meet those objectives.	The behavioral objectives should reflect the kind and level of clinical competency the student is expected to achieve in a designated area. There is reasonable assurance that educational experiences necessary for fulfillment of objectives are available consistently throughout the course.	1. Clinical objectives are posted on each unit with students.
(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;	1. The agreements are kept current. 2. Provisions for continuation or termination of the agreement are stated. 3. There is evidence that resources needed for desirable learning climate are available. 4. Process for review and revision is included in program evaluation plan.	2. Written agreements between program and each clinical facility is current, reviewed periodically, and revised as indicated. 3. Evidence of compliance with CCR 1427 (EDP-P-18 or a school form). 4. Availability of meeting room for student conferences.
(2) Provision for orientation of faculty and students;	1. There is planned orientation for all new instructors prior to such instructors bringing students to the site. 2. There is an on-going mechanism for informing instructors of policies and/or procedures of other agency services that relate to nursing. 3. There is a planned orientation for students which is a part of each and all clinical experiences in each and all sites.	a. Written agreement includes an orientation program for faculty and student.
(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;	1. Identify and describe the role of staff in relation to students. 2. If joint appointments are appropriate to the situation, faculty approval forms are submitted and on file. 3. A list of the names and responsibilities of all non-faculty is maintained by Program Director. All non-faculty used as formal preceptors, must meet minimum requirements for a clinical teaching assistant, CCR Section 1425(e)	1. The agreement contains evidence that the role(s) of the staff clearly defined in relation to student learning, student behavior, and student evaluation. 2. All joint appointments have faculty approval forms on file. 3. All current non-faculty, including names, licenses and responsibilities are listed and available for review.
(4) Assurance that staff is adequate in number and quality to ensure safe and continuous health care services to patients;	1. The facility is not to utilize students to meet their staffing requirements.	1. The written agreement contains language that facility retains responsibility for patient care.

REGULATIONS CCR section 1427	CRITERIA	EVIDENCE
(5) Provisions for continuing communication between the facility and the program; and	1. There are plans for periodic scheduled conferences between appropriate staff of the educational facility and clinical site. 2. There is an on-going mechanism for reciprocal exchange of information between the program and clinical site as relates to staff, curriculum, new programs, policies and/or procedural changes. 3. In the event of disputes between the clinical facility and the program, there is a defined arbitration procedure. 4. The program evaluation plan reflects continuing periodic communication.	1. The written agreement provides for on-going periodic communication.
(6) A description of the responsibilities of faculty assigned to the facility utilized by the program.	1. There is written clarification of faculty roles and responsibilities. 2. Procedures and channels by which faculty work to resolve problems are stated. 3. There is a written plan which defines faculty and agency responsibilities for clinical supervision. 4. Faculty responsibilities in clinical facilities are periodically reviewed in program evaluation plan.	1. The written agreement describes faculty responsibilities in clinical facilities.
(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 has on students of other nursing programs already assigned to the agency or facility.	1. Clinical placement of students is coordinated with the facility and/or regional planning organization and takes into consideration the impact a new group of students has on the currently placed students from other prelicensure programs in the facility in order to prevent displacement of those students.	1. There is evidence to show that the program is working with the facility and/or regional planning organization for clinical placement.

Alternate Pediatric Clinical Sites

The Board is aware that many programs may have or will be facing challenges associated with obtaining and retaining pediatric clinical sites. Included in this section, is a list of potential pediatric clinical sites designed to provide suggestions for possible community-based clinical sites that program faculty might explore as viable clinical placement sites to achieve program learning

outcomes in this specific specialty area. The list of potential clinical sites has been compiled in collaboration with feedback from community stakeholders and the NECs. Hopefully, use of this list will facilitate program faculty in their ongoing efforts to secure pediatric clinical sites and learning experiences that meet the course objectives and students' learning outcomes. Requirements for selecting, seeking approval, and using any clinical site are unchanged and the nursing program is expected to remain in compliance with the pertinent nursing education regulations.

The term "non-faculty" refers to all persons other than faculty members who meet the minimum qualifications of clinical teaching assistant and are selected by the nursing program to teach or supervise nursing students in designated nursing areas. The Board has been asked to clarify the use of "non-faculty" if a program chooses to use one or several of the suggested community-based clinical sites listed below. The following information addresses this requested clarification.

If the program is using "non-faculty" clinical agency staff to participate in the instruction and supervision of students in any of the community-based clinical sites, the program course faculty continue to provide the necessary oversight and guidance throughout the course for all individuals participating in the instruction and supervision of students at the clinical site when a Board approved faculty member is not physically present. This includes compliance with CCR section 1424(i) and CCR sections 1427(a)-(d).

The use of clinical facilities requires prior Board approval. Education regulations are reviewed prior to the assignment of students to ensure that non-faculty agency staff meet requirements. There must also be compliance with CCR section 1427.

Programs are to submit the 'Program Clinical Faculty Approval' (EDP-P-18) for all clinical facilities.

Pediatric Clinical Sites	
1. K-12 Schools	14. Child Welfare Centers
2. Child Development Centers	15. Juvenile Homes
3. Residential Pediatric Homes	16. Pediatric Chronic Disease management settings (i.e. sickle cell, hemophilia, cystic fibrosis)
4. Home Health RN Pediatric Visits	
5. Pediatric Palliative Care and Hospice	17. Pediatric Day Healthcare Center Special Day Care of California
6. Pediatric Psychiatric Centers	
7. Pediatric Outpatient Clinics (affiliated with large Health care systems)	18. Children's supportive camps for children with chronic illnesses
8. Pediatric Services of America	
9. Pediatric Specialty Clinics	19. Children's Camps sponsored by Girls and Boys clubs, Boy scouts, Girl Scouts Pediatric Specialty Camps - Hematology Oncology, Cardiology, Diabetes & Endocrinology, Nephrology, Neurology & Neurosurgery Pediatric Summer Camp Programs
10. County Public Health Well Child	
11. Centers Pediatric Medical Practice	
12. Offices Mobile Pediatric Unit	
13. Pediatric Palliative Care Center	

Components of a Prelicensure Preceptorship

CCR section 1426.1 outlines the requirement of preceptorship which states that a preceptorship is a course, or components of a course, presented at the end of a board-approved curriculum that provides students with a faculty planned and supervised registered nursing experience that is comparable to an entry-level RN position. A program may choose to include a preceptorship in its curriculum.   A preceptorship course must be approved by the board prior to its implementation. Implementation of a preceptorship course is handled as a minor curriculum revision.

"Preceptor" means a RN who meets the qualifications set out in CCR section 1426.1(b)(3)(A-(D), employed by a health care agency for a minimum of one (1) year, who is assigned to assist and supervise nursing students in an educational experience that is designed and directed by a faculty member.

The below are desired characteristics that a preceptor should have:
- The RN demonstrates nursing expertise in the delivery of care and ability to direct staff
- The RN has expressed a desire to work with a student in the preceptor role.
- The RN has demonstrated ability to communicate effectively with patients, faculty, students, staff, and physicians.

Points to Consider for Preceptorship Experience
- The recommended timeframe for use of a precepted experience as described in this document is the senior year.
- Recommended preceptor/student ratio is one (1) to one (1).
- Preceptorship experience may be scheduled in any clinical area where clinical objectives can be met.

Assembly Bill (AB) 2288 (now BPC section 2786.3)

On September 29, 2020, AB 2288 (Low, Chapter 282, Statutes of 2020) was signed by Governor Newsom and contained an urgency clause requiring the EO to develop a uniform method to ensure consistency of processing the requests of the provisions offered under this statue within 30 days. The BRN developed the required uniform method in 22 days (see table below 'Suggested Resources for AB 2288/BCP section 2786.3'). AB 2288 added BCP section 2786.3 which authorizes an approved nursing program to submit a request, to a NEC, to revise certain clinical experience requirements, including reducing the required direct patient hours and using preceptorships without maintaining specified written policies, for enrolled students until the end of the 2020-2021 academic year and whenever the Governor declares a state of emergency in the county where an agency or facility used by the approved nursing program is located. AB 1532 was signed by the governor on October 7, 2021 extending the use of this provision until the end of the 2021-2022 academic year.

These provisions can be used during state(s) of emergency declared in your county that affect your clinical placements:
- Provision 1 – Direct patient clinical hours reduced to 50 percent in Medical-Surgical and Geriatrics and 25 percent in Obstetrics, Pediatrics and Psychiatric/Mental Health.
- Provision 2 – Theory and clinical must be scheduled concurrently in the same semester/quarter by the Academic Institution. All clinical hours not in direct patient care must be completed in the same semester/quarter as the theory instruction. The hours in direct patient care that cannot be completed in the same semester/quarter as the theory instruction may be completed in the academic term immediately following the term that these hours were completed.

Please use the uniform method below to request the provisions and submit to your NEC for evaluation and approval. Please refer to BCP section 2786.3 for additional information.

Suggested Resources for AB 2288/BCP section 2786.3

Uniform Method		
Form Name	**Form Number**	**Directions**
Alternate Clinical Facility List	N/A	This form is to be used when, during a state of emergency, a nursing program requests a reduction in the required number of direct patient care hours, as allowed under BCP under 2786.3. This form is used to submit evidence that no alternative agency or facility has a sufficient number of open placements that are available and accessible within 25 miles of the approved nursing program for direct patient care clinical practice hours in the same subject matter area.
Program Clinical Facility Affected	N/A	**This is the Request Form** This form is to be used when, during a state of emergency, a nursing program requests a reduction in the required number of direct patient care hours or waiver of the requirement that theory and clinical be taught concurrently, as allowed under BCP under 2786.3. An approved nursing program may submit a request to a NEC to revise certain clinical experience requirements for enrolled students, including reducing the required direct patient care hours and using preceptorships without maintaining specified written policies, in the county where an agency or facility used by the approved nursing program is located, subject to specified requirements.

SECTION 5: School Approval Information

The Board is mandated to make approval visits (BPC section 2788) of prelicensure nursing programs to ensure that Nursing Programs comply with the Board rules and regulations. The Board also, if it deems necessary, conducts interim visits.

The Board makes the following site visits to nursing programs:
- Initial Approval of Prelicensure Nursing Programs
- Initial Approval of Advanced Practice Nursing Programs
- Continuing Approval of Prelicensure and Advanced Practice Nursing Programs

Schools Seeking New Approvals

Resources for Schools Seeking New Approvals

Form Name		Form Number	Directions
Instructions for Institutions Seeking Approval of New Prelicensure Nursing Program		EDP-P-01	
Application Fee for an Institution of Higher Learning or a Private Postsecondary School of Nursing Approval		FSR	

Programs are advised that BPC Section 2786.5 (a)(2) specifies that; the fee for continuing approval of a nursing program established after January 1, 2013, shall be fifteen thousand dollars ($15,000), the regulation provides a range.

A Self-Study Report for initial approval or a Continuing Approval Self-Study Report is a self-evaluation by the nursing program on how the program is in compliance with the Board rules and regulations. The program review process should involve the total faculty. The assigned NEC is available for consultation during preparation of the reports.

Electronic copy of the self-study report and attachments are to be submitted to the assigned NEC at least two (2) months before the scheduled visit. When ready to submit, your assigned NEC will provide a link to the BRN Cloud for submission. The NEC may request additional information/material upon review of the submitted report.

Initial and Continuing Approval Site Visits
Site visits for the approval process are usually between one (1) and three (3) days. For programs that also offer advanced practice nursing programs, it may take longer as these programs are reviewed concurrently. The Program Director or designee is expected to accompany the NEC on campus and to clinical facilities. At the end of the visit the NEC will give an oral exit report identifying specific findings. The NEC will send a working draft copy of the Consultant's Approval Report to the nursing program within 10 working days following the visit.

The nursing program is placed on the following ELC agenda. Schools found to be in compliance with all BRN rules and regulations will be placed on a Consent Agenda for the ELC and Board meetings – attendance not required. If a school is found to be in non-compliance with one or more BRN rules and regulations, the school will be placed on the ELC agenda and a representative from the school is

required to be present at ELC meeting to respond to the findings. ELC recommendations on approval are sent to the full Board for action. The nursing program will be notified by mail of the Board's action following a full Board meeting.

Following are recommended ELC/Board actions:
- Continuing approval – The Board takes this action when the school is found to be in compliance with all of the Board rules and regulations.
- Deferred action – The Board may choose to take no action at this time if the school is found to have areas of noncompliance and has a plan to quickly correct the areas of deficiency and return to compliance. By taking no action the Board is giving the program time to correct the violations to the Board rules and regulations. The program will be presented at a subsequent ELC to provide a progress report. The status the program had when the deferred action was taken will remain until final Board determination (e.g. An approved program will remain in an approved status).
- Warning status, with intent to close the nursing program – This status may also have intermediary restrictions imposed which can include suspension of program admission and enrollment, as well as other requirements. When the Board takes this action, this decision will be readily available to the public by placing this status on the Board's website. The Board may take this action if the school is discovered to have extensive and/or highly serious regulatory noncompliance.
- Withdrawal of the program's approval – The Board may take this action in order to the protect the public if the school continues to have extensive and/or highly serious regulatory noncompliance.

BPC section 2788 mandates the Board to make approval visits of prelicensure nursing programs to ensure that programs comply with the Board rules and regulations. BRN policy is to make Continuing Approval Visits (CAV) to approved nursing programs every five years. Site visits may also be made at any time deemed necessary by the Board. The BRN is currently in process of coordinating its reviews with accreditors to increase efficiency.

The purpose of the CAV is to do an in-depth on-site evaluation of nursing programs to assess compliance or noncompliance with the rules and regulations outlined in the Nurse Practice Act and to provide consultation to bring or keep the nursing program in to compliance if they are found to be noncompliance or at risk of becoming non-compliant.

Tentative dates for the NEC's scheduled visit will be determined in consultation with the Program Director approximately one year before the scheduled visit. Site visits will include meetings with students, faculty, and administration. Site visits to clinical facilities may also be requested. The NEC assigned to the nursing program will review the materials with the Program Director and/or faculty for clarification as necessary.

Suggested Resources for Initial and Continuing Approval Visits

Form Name	Form Number	Directions
Total Curriculum Plan	EDP-P-05a	An updated version of this form must be submitted with all curriculum changes involving a change in units assigned.
Required Curriculum: Content Required for Licensure	EDP-P-06	Do not include courses only required by the college (i.e. computer literacy, political science). Page 1: Required courses to be listed include a minimum of:

		Basic Sciences: Related natural, behavioral and social sciences, 16 semester or 24 quarter units. Communications: Academic English and Speech courses, six (6) semester or nine (9) quarter units. Nursing: Art and Science of Nursing, 36 semester units or 54 quarter units. 18 semester units or27 quarter units will be theory, and 18 semester units or 27 quarter units will be clinical practice. In the box labeled 'Required for Licensure as stated in CCR Section 1426', please use the last Board approved curriculum for the first column and place an asterisk next to the changes in the second column. <u>Page 2</u>: Represents areas of instruction that are required by law and/or regulations to be included in the nursing curriculum. **Do not list course units in more than one place.** In the box labeled 'LVN 30-Unit Option', list all required courses and total number of units in the option.
Request for Major Curriculum Revision Fee	EDP-R-09	Inform your NEC on the major curriculum change. Make the check or money order payable to 'Board of Registered Nursing' and mail the fee with this form to: Board of Registered Nursing Administration 1747 N. Market Blvd., Suite 150 Sacramento, CA 95834-1924
Report on Faculty	EDP-P-10	**For Continuing Approval Only**
Nursing Curriculum and Clinical Facilities	EDP-P-11	
Educational Requirements for a Public Health Nurse Certificate	EDP-P-17	For BSN and ELM programs, include a revised form if any of the courses required for this certification
Program Clinical Facility Authorization Form	EDP-P-18	The Program Director provides the previously approved documents for review.
Nursing Program Initial Approval Application and Cover Data Sheet	EDP-P-09	**For Initial Approval Only**
Continuing Approval Self-Study Report	EDP-P-16	Identifies specific areas and benchmarks that the nursing program needs to address in their five-year nursing program review. This report is accompanied by a site visit by a NEC. **NOTE:** Please refer to 'Suggestions for Self-Study' document for assistance completing this form.
Continuing Approval – Nursing Program Fee	contappr	**For Continuing Approval Only** Make the check or money order payable to 'Board of Registered Nursing' and mail the fee with this form to: Board of Registered Nursing Administration 1747 N. Market Blvd., Suite 150 Sacramento, CA 95834-1924
Post-Approval Visit Schedule	EDP-S-04	**For Continuing Approval Only**

Reports

The Initial Self-Study Report serves as the cornerstone of the approval visit and should be no more than 200 pages. To meet the ADA guidelines please follow the instructions listed on page 20.

The following items are to be included in the Self-Study Report:
1. Nursing Program Approval Application and Cover Data Sheet (EDP-P-09)
    *   For initial approval of a prelicensure program only.
    *   Should be placed in the beginning of the Self-Study Report
2. Total Curriculum Plan (EDP-P-05a)
    *   Pertains to the proposed curriculum plan and may be interspersed throughout the report as deemed appropriate.
3. Required Curriculum: Content Required for Licensure (EDP-P-06)
    *   Pertains to the proposed curriculum plan and may be interspersed throughout the report as deemed appropriate.
4. Educational Requirements for a Public Health Nurse Certificate (EDP-P-17)
    *   BSN and ELM programs only.
5. Response to compliance with BRN Rules & Regulations Nursing Curriculum and Clinical Facilities (EDP-P-11)
6. Continuing Approval Self-Study Report (EDP-P-16)
    *   The narrative section referring to compliance with BRN Rules & Regulations should:
        o   Be in a format that is paginated, indexed for easy reference, and bound in a loose-leaf binder (If electronically submitted it would need to be paginated and indexed)
        o   State the Criteria (Regulation)
        o   Describe how the criteria are being met with appendices and/or charts where appropriate
        o   Demonstrate the inter-relationship of BPC section 2725 (scope of practice) and CCR section 1426 (required curriculum) to the curriculum content; and
        o   Demonstrate the inter-relationship of the:
            1. Philosophy
            2. Terminal objectives (Program objectives, outcomes),
            3. Conceptual framework or statement of unifying theme and theory of learning level objectives
            4. Course description
            5. Course objectives-theory, clinical and content.
7. Clinical Facility Authorization Form (EDP-P-18)
8. Conclusion
    *   The narrative conclusion should be no more than 20 pages in Ariel font size 12 point, and should address:
        o   The areas of strength;
        o   The areas that need improvement in the program;
        o   Plans to address the areas needing improvement; and
        o   Plans for the program in the next five (5) years.

When the Initial Self-Study or the 'Continuing Approval Self-Study Report and Site Visit' (EDP-P-16) is complete and ready to be submitted, notify the NEC to request a link (if necessary) to electronically submit the required documents. Included in the submission should be the following:
*   One (1) copy of the nursing program's self-study report with attachments.
*   One (1) copy of the nursing student handbook
*   One (1) copy of nursing faculty handbook

- One (1) copy of nursing preceptor handbook, if utilized
- One (1) copy of the college/university catalogue
- One (1) complete set of course syllabi

The 'Continuing Approval Self-Study Report and Site Visit' (EDP-P-16) is a detailed review of the nursing program completed by the faculty and submitted to the assigned NEC prior to every continuing approval visit. This report is necessary for the program to receive continuing approval by the Board. A program site visit follows the submission of the report to ensure compliance with Board rules and regulations. The information requested in the report should be succinct and presented in a format that is paginated and indexed.

The NEC will review the program's Self-Study prior to the visit and evaluate its content according to current laws, rules, and regulations. Additional information and/or materials may be requested as necessary.

The Program Director submits a tentative schedule for the approval visit to the NEC at least two weeks before the visit.

Visits Requirements
The nursing program will be contacted by the NEC about four (4) to six (6) weeks prior to the visit regarding the scheduling of activities during the visit. The visit may range from one (1) to three (3) days and the NECs will make their own arrangements for housing and transportation. At the end of the visit the NEC will give an oral exit report summarizing the program's compliance or noncompliance with BRN laws, rules, and regulations. A working draft copy of the NEC's findings will be sent to the nursing program within 10 working days following the visit.

The following exhibits may be requested for review at the time of the program site visit:
- Examinations from each course
- Course evaluations for both theory and clinical courses
- Minutes of faculty and committee meetings
- Contracts with clinical facilities
- Written program evaluation plan, analysis of collected data and action plans to address pertinent follow up actions
- College, Nursing Student, and Faculty Handbook
- Surveys and survey results from graduates and employers.
- Faculty and clinical facility approval forms
- Preceptor Handbook and files if preceptorship is utilized

Closure and/or Re-Opening of Board-Approved Nursing Program
CCR section 1424(b) explains that programs shall have policies and procedures, one of which, delineates steps to follow in the event of a program closure or the re-opening of a closed program. The school shall notify the Board, in writing, it's intent to close or re-open the Board-approved program no later than six (6) months prior to closure or re-opening of the program.

Program Closures
Nursing schools shall have policies that include plans for completion of currently enrolled students in the program and retrieval of records. The Program Director submits a report to the Board which includes the following information:
- A statement regarding closing the school;

- A summary of the factors that led to the closing of the school;
- A plan for students currently enrolled in the school;
- A plan for the maintenance of records of graduates of the school; and,
- The name and address of the agency and title of the person within the agency responsible for transcripts, etc.

Additionally, a notice of the program's official closing date must be sent to the Board following graduation of the program's last class.

Program Re-Openings
An educational institution or a sponsoring hospital shall follow the Instructions for Institutions Seeking Approval of New Prelicensure Registered Nursing Program, (EDP-I-01)" to seek approval.
- If the letter of intent to open the program is received within five (5) years from the date of the last graduating class, the request will be considered a Major Curriculum Revision if the program was meeting BRN regulations at the time of closure.
- Upon receipt of notification of such intent, a NEC will be assigned to the program. The NEC will conduct a survey of the nursing program and submit a written report to the ELC and the Board.

SECTION 6: Total Program Evaluation

CCR section [1424(b)(1)](#) sets forth the requirements for the total program evaluation plan for prelicensure nursing education programs.

The total program evaluation should be an ongoing process which provides continual feedback for program review and revision. Through the evaluation process, questions will be answered such as:
- Are we achieving program goals?
- Is there a more effective way to achieve our goals?

Data should be collected on a regular basis, analyzed as aggregate data, and used in the decision-making process. Record keeping and documentation of decisions based on findings are essential components of the total program evaluation process.

Specific areas to be included in the total program evaluation plan are:
- Evaluation - which components will be evaluated
  - Evaluation data should be measurable. Vague, nonspecific terms should be avoided. Example: values and ethical understanding are not easily measured. Quantitative (numerical) data lends itself more easily to analysis than does qualitative data.
- Methodology - how the data will be collected
- Frequency of evaluation - when the data will be collected
- Assignment of responsibility - who will be responsible for data collection
- Indicators of program and instructional effectiveness - benchmarks to be achieved

Examples of items which may be evaluated under the broad areas include:
1. Organization and administration of the program: program director, organizational structure
2. Philosophy/mission and objectives/outcomes: mission or philosophy, program purpose or goals, conceptual framework as appropriate, standards
3. Program of study, curriculum, and instructional techniques: curriculum plan, support courses, nursing courses
4. Educational facilities, resources, and services: classrooms, offices, conference rooms, laboratories, library and learning resources, computers and audiovisual equipment, support staff, student services, financial support
5. Affiliating agencies and clinical learning activities: clinical facilities, preceptors as appropriate, clinical laboratories
6. Students' achievement: graduation and attrition rates, program completion times
7. Graduate outcomes: graduate performance on licensing or certification examination
8. Graduates' nursing competence: graduate and employer surveys as appropriate
9. Faculty performance: faculty evaluations, faculty professional development; faculty practice as appropriate
10. Extension programs: compare the effectiveness of the program at each extension site (NCLEX-RN pass rates, faculty retention, student attrition, etc.), with the main campus.

The Total Program Evaluation Plan should also include the evaluation of methods and instruments used in the plan for the appropriateness and effectiveness of such methods and tools. Programs have flexibility to design the evaluation plan in any format they wish with any headings they desire; however, at minimum, the broad areas should be included. Total Program Evaluation Plans prepared for other accrediting entities are acceptable if they contain the broad areas required by the rule. It is expected that the Total Program Evaluation Plan will consider data and outcomes for all aspects of

each program, including each extension nursing educational program.

The steps in the evaluation process are as follows:
1. Determine what will be evaluated. Data must be measurable and include benchmarks or indicators of success/effectiveness.
2. Decide when it will be evaluated: each semester? each year? every three years?
3. Appoint someone to be responsible for the evaluation: a faculty member, the director, a committee, etc.
4. Decide how the evaluation will occur: evaluation form, questionnaire, group decision, grades, etc.
5. Set benchmarks or indicators of success/effectiveness: a percentage of achievement or agreement.
6. Collect the data, collate and analyze it: make revisions, changes or continue with current plan. Document decisions made based on evaluation results in the appropriate committee minutes.
7. Start back at Step 1.

For a sample of a Total Program Evaluation, please refer to page six (6) of the 'Continuing Approval Self-Study Report' (EDP-P-16).

SECTION 7: Annual Report Information

The annual survey is for the following purposes:
- To update the Board's directory of approved nursing programs;
- To obtain program profiles;
- To collect faculty demographic data as well as the number of full-time and part-time faculty.
- To collect, analyze, and trend data on student enrollment, demographics, program completions; employment of recent graduates, and other current issues impacting nursing education such as clinical simulation and clinical placements.
- To obtain, publicize and have accurate and comprehensive data regarding California's nursing programs available and for use by nursing organizations, stakeholders, the legislature, governor's office, researchers and the general public.

Update on the Annual Program Survey
The 2021-2022 BRN annual school survey will be conducted by the Philip R. Lee Institute for Health Policy Studies at the University of California, San Francisco (UCSF). It will be available for completion online beginning on October 6, 2021. At that time, an email will be sent to you with a unique survey link just for your school (there is no longer a username and password for access).

To obtain access to the survey in a timely manner, please notify the BRN of any Program Director email address changes as soon as possible, or if email notification regarding the survey is not received.

An email will be sent to all nursing Program Directors which will provide a link to PDF versions of the draft survey to allow schools to review the questions in advance and prepare data for the online survey. To be most efficient in completing the online survey, it is highly recommended that you print the sections of the survey that apply to your nursing program and prepare the data and answers to the questions prior to beginning the online survey.

The BRN requests nursing programs to complete the survey as soon as possible so data can be compiled and reported in a timely manner. The deadline for submitting responses is November 22, 2021.

Survey Completion Information
- To be most efficient in completing the online survey, it is highly recommended that you print the sections of the survey that apply to your nursing program and prepare the data and answers to the questions prior to beginning the online survey.
- You can change/enter survey data anytime until you finally submit.
- To ensure high quality data, before you can continue with the survey, some questions require detailed breakdown categories to add up to the total provided in a previous question. For example, the sum total of responses for each category (ethnicity, gender and age) must equal the response given in a previous question.
- You should get an email after it is submitted, if not, please contact Lisel Blash at the contact information below.
- You cannot change or edit data in the survey after you click "submit" and it is submitted. If you realize you have made an error or need to add or change data, please contact at the contact information below.

Survey Assistance
Survey assistance is available weekdays between 9:00 am and 4:00 pm and the NECs are available to provide guidance. For survey content questions, please contact: Steven Wong, MBA, BRN Research Data Specialist by email at Steven.Wong@dca.ca.gov or by phone at (916) 574-7681. For technical questions and support, please contact Lisel Blash by email at lisel.blash@ucsf.edu or by phone at (415) 476-8468.

The Board and UCSF will host a webinar to provide an overview of the annual school survey and assist nursing Program Deans and Directors with completing the 2020-2021 survey and answer questions. The webinar will be recorded and available for viewing. Information on how to access the recorded webinar will be provided when it is available. Program Deans, Directors, and any staff who assist in compiling the survey are encouraged to attend or view the webinar.

Annual School Report Findings
The Board anticipates the 2020-2021 Annual School Report findings will be available for distribution in spring 2021. Data will be presented in aggregate form and will describe overall trends for both statewide and regional areas. In addition, data from survey will be used to calculate and report annual attrition and retention data by program on the BRN website as well as school and program accreditation information. The applicable questions on the survey will be noted with this information.

The BRN wishes to thank all survey participants for their ongoing support of this important project. The survey has been developed to provide data-driven evidence to influence policy at the local, state, federal and institutional levels. Your participation is crucial to the integrity of the survey results.

SECTION 8: Transfer and Challenge Policies for Admission

BPC section 2786.6, in part, states the following.
> "The Board shall deny the application for approval made by, and shall revoke the approval given to, any school of nursing which:
>> (a) Does not give to student applicants credit, in the field of nursing, for previous education and the opportunity to obtain credit for other acquired knowledge by the use of challenge examinations or other methods of evaluation; or,
>>
>> (b) Is operated by a community college and discriminates against an applicant for admission to a school solely on the grounds that the applicant is seeking to fulfill the units of nursing required by Section 2736.6......"

Further, CCR section 1430 states that 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, including military education and experience, through equivalence, challenge examinations, or other methods of evaluation. The program shall make the information available in published documents, such as college catalog or student handbook, and online.

The Board has developed the following standards which will be used during approval visits to evaluate compliance with Board rules and regulations:
1. LVNs and others in health care worker related categories, including military veterans with military education and experience who apply to California Board-approved programs seeking an academic degree will be offered educational mobility opportunities that take into account their previous education and/or work experience. Academic credits where applicable shall be evaluated and applied to nursing course requirements. Pretesting and/or counseling shall be available to assist students to make appropriate decisions. Where appropriate, bridge or transition courses shall be available to facilitate and expedite successful integration of the individual students into succeeding nursing courses. There shall be evidence of an operative program.
2. Students who have met comparable prerequisites as generic students shall have equal access for the open spaces in all nursing courses.

Note: Challenge may include, but is not limited to, credit by examination and portfolio assessment, such as review of documents, evaluation of experience, non-collegiate sponsored courses, and standardized tests.

30-Unit Option
Students electing the 30-unit option to achieve eligibility to write the licensing examination according to BPC section 2786.6 shall have opportunity for academic credit by transfer and/or examination. Objective counseling shall be offered to students electing this option for licensure. There shall be evidence of an operative program in relation to the 30-unit option.

Credit by Examination (Challenge)
- All transfer and credit by examination policies shall be in writing, readily accessible, and clearly communicated to the current and prospective students.
- Each prelicensure program shall have a policy and procedures that describe the process to award credits for specific course(s), including the prior military education and experience,

through challenge examinations or other methods of evaluation for meeting academic credits and licensure requirements.

- Objective counseling to clarify credit by examination option and procedure shall be available to all candidates.
- Grading practices for the credit by examination option when given shall parallel criteria for course work.
- Scheduling of the examination for credit shall consider subsequent course enrollment for the unsuccessful candidate.
- Students shall have available to them, in a timely fashion, the following as preparation for the examination for credit:
  - course outline
  - detailed course objectives
  - bibliography and textbook list
  - style and format of the examination
  - The examination for credit shall be designed for the purpose of evaluating knowledge and/or clinical skills, and military education and experience, necessary to meet course objectives. Nursing programs shall be able to demonstrate that the examination measures the course objectives. Non-standardized examinations shall be available for BRN review.

Transfer Credit

Transfer Credit is determined by the institution accepting credits from another institution or military education and experience. Academic credits earned from a regionally accredited institution of higher education usually are accepted for comparable prelicensure courses by similarly accredited institutions.

SECTION 9: Military Veteran Information

Evaluation and Granting Credit for Previous Education or Other Acquired Knowledge Including Military Education and Experience

Prelicensure nursing programs are required to have a process for evaluation of an applicant's previously acquired knowledge in the field of nursing, for the purpose of identifying knowledge and skill equivalency to program course requirement and awarding credit. Applicants' relevant military education and experience must also be considered. Validation of previously acquired knowledge/skill can be established by various methods including verifying equivalency of coursework or other learning activities, use of challenge examinations, or other methods. Programs are required to have policies and procedures that define these processes and demonstrate consistent granting of credit for military education and acquired knowledge. These policies/procedures must be made available on the school's website, in a manner that allows access to the information via the Board's posted list of approved Registered Nursing Programs. Each program shall maintain a record that shows applicants and results of transferred/challenged credits, including applicants who applied for transfer of military education and experience.

Relevant Statute and Regulations

The relevant statute and regulations that provides information on the evaluation and granting credit for previous education including Military education and experience are listed below:
- o [BPC section 2715](#): Administration
- o [BPC section 2786](#): Approval of Schools
- o [BPC section 2786.1](#): Denial or revocation of schools not fiving credit for military education and experience
- o [BPC section 2786.6](#): Grounds for denial of approval
- o [BPC section 2788](#): Inspections; Approval of schools meeting requirement; Notice of defects
- o [CCR section 1418](#): Eligibility for licensure of applicants who have Military Education and Experience
- o [CCR section 1423](#): Approval of Requirements
- o [CCR section 1423.1](#): Ground for denial or removal of board approval
- o [CCR section 1423.2](#): Denial or revocation of approval of a nursing program
- o [CCR section 1424 (B)(3)(4):](#) Administration and Organization of the Nursing Program
- o [CCR section 1426(d)(1):](#) Required Curriculum
- o [CCR section 1430](#): Previous Education Credit

Criteria for Compliance

Prelicensure nursing programs are required to:
- Have a written policy that identifies the mechanisms by which provisions of these regulations will be fulfilled, and a written procedure that explains to applicants, students and other interested parties, the process by which credit can be obtained for previous education or other acquired knowledge in the field of nursing, including military education and experience.
- Make the policy/procedure information available in published documents, such as college catalog or student handbook and online at the school's website page that is linked from the BRN website approved programs list.
- Provide evaluation when requested, of previous education or other acquired knowledge in the field of nursing, including military education and experience, for the purpose of establishing equivalency or granting credit.
- Each program shall maintain a record that shows applicants and results of transferred/challenged credits, including applicants who applied for transfer of military

education and experience.
- Demonstrate that theory and clinical practice requirements are adjusted in recognition of military education and experiences of the student through an individualized instructional plan that results in meeting the same course objectives and competency standards.

California RN Licensure Qualifications for Persons Serving in Medical Corps of Armed Services

The BRN has occasionally received applications from persons who have obtained training in providing medical services while in military service and are seeking RN licensure per BPC section 2736.5. These applicants often are found not eligible for RN license after an evaluation.

Relevant Statute and Regulations

The relevant statute and regulations that provides information for veterans with military medical education and experience seeking RN licensure are listed below:
- BPC section 2786: Approval of Schools
- CCR section 1423.1: Ground for denial or removal of board approval
- CCR section 1423.2: Denial or revocation of approval of a nursing program
- CCR section 1424 : Administration and Organization of the Nursing Program
- CCR section 1426: Required Curriculum
- CCR section 1430: Previous Education Credit

BRN Recommendation

Prospective applicants should schedule an appointment with an advisor at a nursing program to obtain evaluation of previous military education and experience or other acquired knowledge in the field of nursing. The school will determine whether course credit can be awarded for partial course credit and/or which nursing program and other required college courses will be required for program completion and college graduation.

Credit for Relevant Military Education and Experience

Individuals who present with relevant military education and experience equal to but not limited to Basic Medical Technician Corpsman (Navy HM or Air Force BMTCP), Army Health Care Specialist (68W Army Medic) or Air Force Independent Duty Medical Technician (IMDT 4N0X1C) are eligible for advanced placement in a prelicensure nursing program. All nursing courses can be challenged; however, individuals must have prior relevant education and experience that meet the specific requirements of each course.

Information regarding evaluation and granting equivalency credit is available on school websites. Appointments are scheduled with the nursing Program Director or designated advisor. The school determines whether full or partial course credit can be given for nursing courses through its course challenge policy and procedures which can include:
- DD Form-214 demonstrating honorable military discharge.
- Completion of program entrance requirements including designated prerequisites and assessment testing.
- Submission of official transcripts with syllabi of relevant military education program and clinical experience demonstrating satisfactory completion of coursework and clinical experience.
- Availability of materials for course challenge such as course syllabus with course objectives, content outline, textbook list, types of test items, format of examination and testing, and critical elements.

- Satisfactory level of achievement on challenge examinations or other evaluative methods to validate achievement of course objectives such as;
  - Skills competency evaluation (clinical courses)
  - Written challenge exam(s)
  - Dosage calculation exam

Relevant Statute and Regulations
The relevant statute and regulations that provides information for veterans with military medical education and experience seeking credit are listed below:
  - CCR section 1418: Eligibility for licensure of applicants who have Military Education and Experience
  - CCR section 1423.1: Ground for denial or removal of board approval
  - CCR section 1423.2: Denial or revocation of approval of a nursing program
  - CCR section 1430: Previous Education Credit

SECTION 10: Low NCLEX-RN Pass Rate (less than 75 percent)

NCLEX-RN licensing examination statistics are distributed to programs on a quarterly basis. The NEC reviews the statistics and makes recommendations as needed after the end of each academic year (July 1 – June 30), which is the period used when assessing compliance with CCR Section 1431. The following steps will be taken when a program's performance fails to meet the minimum requirement of passing for 75 percent of first-time test-takers completing the NCLEX-RN exam in an academic year.

- **First academic year of substandard performance**
  - The NEC will send written notice to the Program Director advising of the program's noncompliance with CCR Section 1431.
  - The program shall:
    - conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate, and
    - submit to the program's assigned NEC a written report, that includes the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe.
  - The NEC will:
    - report to ELC in the Minor Curriculum Revision-Progress Report section regarding the noncompliance and progress report submitted by the program, and
    - continue to monitor the program's implementation of the corrective plan including the program's NCLEX-RN outcomes, and
    - if a CAV occurs during this period, document first-year noncompliance and actions taken to improve outcomes in the consultant's visit report.
- **Second consecutive academic year of substandard performance**
  - The NEC will notify the Program Director and the college administrator, in writing, of noncompliance with CCR Section 1431 for a second consecutive year, and schedule a board approval visit to take place within six (6) months that will include a self-study report, meeting with the Program Director, school administrator, and program faculty, and other activities necessary to determine whether an effective corrective action plan is being implemented.
    - If the program is scheduled for a CAV during the six-month period, evaluation of the program's actions will be done as part of the scheduled visit, and second-year noncompliance along with actions taken to improve will be documented in the consultant's visit report. Report to the ELC will be presented at the next scheduled ELC meeting following completion of the visit.
    - If the program is not scheduled for a CAV during this period, and the only area of noncompliance is CCR Section 1431, the visit will be conducted within the six-month timeframe, but report to ELC will be scheduled when there is a new full measurement year (July 1 – June 30) of NCLEX-RN results, which will usually be ready for reporting in October. The NEC will continue to monitor the program during this period and may request progress reports as needed.
  - The NEC will present a written report of findings to the ELC meeting as a continuing approval agenda item with program representation required at that meeting. The ELC will review the report and make recommendations regarding the program's status at the next Board meeting.
- When the school has continued substandard NCLEX pass rate that extends beyond the two-year period without evidence of improvement, the school will be reviewed by the ELC, and the

Board recommendation may include "[Warning status with intent to revoke the program's approval pursuant to section 2788 of the Business and Professions Code](#)." Other Board recommendations may include, but are not limited to, the following action(s):

- o Limiting enrollment patterns
- o Decreasing the frequency of enrollment
- o Suspending admission to the program

Appendix

Below is a list of forms referenced in this Director's Handbook.
Please contact your NEC to request a cloud link to all forms.

Form Name	Form Number	Section Referenced	Page Numbers
Director or Assistant Director Appointment Form	EDP-P-03	Section 2	15
Faculty Approval/Resignation Notification	EDP-P-02	Section 2	15, 16
Request for Major Curriculum Revision Fee	EDP-R-09	Section 3 Section 5	19, 21, 36, 37
Total Curriculum Plan	EDP-P-05a	Section 3 Section 5	19, 21, 26, 35, 37
Required Curriculum: Content Required for Licensure	EDP-P-06	Section 3 Section 5	19, 20, 21, 26, 35, 36, 37
Educational Requirements for a Public Health Nurse Certificate	EDP-P-17	Section 3 Section 5	20, 21, 36, 37
Program Clinical Faculty Approval	EDP-P-18	Section 4 Section 5	26, 27, 28, 29, 31
Alternate Clinical Facility List	N/A	Section 4	33
Program Clinical Facility Affected	N/A	Section 4	33
Instructions for Institutions Seeking Approval of New Prelicensure Nursing Program	EDP-P-01	Section 5	34, 39
Application Fee for an Institution of Higher Learning or a Private Postsecondary School of Nursing Approval	FSR	Section 5	34
Report on Faculty	EDP-P-10	Section 5	36
Nursing Curriculum and Clinical Facilities	EDP-P-11	Section 3 Section 5	21, 36, 37
Nursing Program Initial Approval Application and Cover Data Sheet	EDP-P-09	Section 5	36
Continuing Approval Self-Study Report	EDP-P-16	Section 5 Section 6	36, 37, 38, 41
Continuing Approval – Nursing Program Fee	contappr	Section 5	34
Post-Approval Visit Schedule	EDP-S-04	Section 5	34