



NCSBN
Leading Regulatory Excellence



NCSBN Model Rules

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Mission Statement

NCSBN empowers and supports nursing regulators in their mandate to protect the public.

Purpose and Functions

The purpose of NCSBN is to provide an organization through which nursing regulatory bodies act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing.

The major functions of NCSBN include developing the NCLEX-RN® and NCLEX-PN® Examinations, performing policy analysis and promoting uniformity in relationship to the regulation of nursing practice, disseminating data related to NCSBN's purpose and serving as a forum for information exchange for NCSBN members.

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NCSBN MODEL RULES

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Chapter 1. Title and Purpose

Reserved for future use.

Chapter 2. Definitions

As used in Chapters 3 through 8 of these rules, unless the context thereof requires otherwise:

1. “Abandonment” means the intentional leaving of a patient for whom the nurse is responsible without providing for another nurse or appropriate healthcare provider to assume care upon the nurse’s leaving.
2. “Assign” means the process of transferring responsibility and accountability between licensees based on their skills, qualifications and workload.
3. “Conditional/probationary approval” of nursing education programs means less than full approval of a nursing program.
4. “Debriefing” means an activity that follows a simulation experience, is led by a facilitator, encourages participant’s reflective thinking and provides feedback regarding the participant’s performance.
5. “NCLEX-PN®” means the National Council Licensure Examination for LPN/VNs.
6. “NCLEX-RN®” means the National Council Licensure Examination for RNs.
7. “Nursing faculty” means individuals employed full or part time by an academic institution who are responsible for developing, implementing, evaluating and updating nursing program curricula.
8. “Practice-academic partnerships” means the collaboration of educators, practice leaders and nurse regulators to ensure quality in-person clinical experiences for prelicensure students.
9. “Prebriefing” means to have an information session held prior to the start of a simulation activity in which instructions or preparatory information is given to the participants. The purposes of the prebriefing are to set the stage for a scenario and to assist participants in achieving scenario objectives.
10. “Preceptor” means an individual at or above the level of licensure that an assigned student is seeking who may serve as a teacher, mentor, role model or supervisor in a clinical setting.
11. “Professional boundaries” means the space between the licensee’s power and the patient’s vulnerability; the power of the licensee comes from the professional position and access to private knowledge about the patient; establishing boundaries allows the licensee to control this power differential and allows a safe connection to meet the patient’s needs.
12. “Simulation” means a technique that creates a situation or environment to allow persons to experience a representation of a real event for the purpose of practice, learning, evaluation, testing, or to gain understanding of systems or human interactions.

13. "Simulation faculty" means faculty whose majority of teaching responsibilities are to provide input into developing simulation vignettes, implement simulations, facilitate simulations with other faculty, utilize an accepted and evidence-based debriefing method and evaluate the students.
14. "Simulation program manager" means those who direct all simulation activities, including education and monitoring of faculty who provide simulation experiences for students; adequately furnishing the simulation center; planning and developing vignettes to align with the curriculum; evaluating simulation experiences; and making improvements when necessary.

Chapter 3. Scope of LPN/VN, RN and APRN Practice

3.1. Standards Related to LPN/VN, RN and APRN Professional Accountability

A. The LPN/VN, RN and APRN:

1. Accepts responsibility for individual nursing actions, competence, decisions and behavior while engaged in the practice of nursing.
2. Maintains competence through ongoing learning and application of knowledge in nursing practice.
3. Implements nursing interventions and prescribed medical regimens in a timely and safe manner.
4. Documents nursing care in an accurate and timely manner.
5. Collaborates and communicates relevant and timely information with patients and other healthcare team members to ensure quality and continuity of care, including:
 - a. Patient status and progress;
 - b. Patient response or lack of response to therapies;
 - c. Changes in patient condition; and
 - d. Patient needs and special requests.
6. Takes preventive measures to promote an environment that is conducive to safety and health for patients, others and self.
7. Respects patient diversity and advocates for the patient's rights, concerns, decisions and dignity.
8. Maintains appropriate professional boundaries.
9. Participates in systems, clinical practice and patient care performance improvement efforts to improve patient outcomes.

3.2. Standards Related to LPN/VN Scope of Practice

LPN/VNs, practicing to the extent of their education and training under the supervision of an RN, APRN or other authorized healthcare provider, shall practice and comply within standards established by the BON and ensure patient care is provided according to relevant patient care standards recognized by the BON and other national standards of care.

Authority: Model Act Article III Section 1

3.3. Standards Related to RN Scope of Practice

RNs shall practice and comply within standards established by the BON and ensure patient care is provided according to relevant patient care standards recognized by the BON and other national standards of care.

Authority: Model Act Article III Section 2

3.4. Standards Related to APRN Scope of Practice

- A. APRNs shall comply with the standards for RNs as specified in Chapter 3.3 and to the standards set forth by the BON. Standards for a specific role and population focus of APRN supersede standards for RNs where conflict between the standards, if any, exists.
- B. APRNs shall practice within standards established by the BON and ensure patient care is provided according to relevant patient care standards recognized by the BON and other national standards of care.

Authority: Model Act Article III Section 3

Chapter 4. Board of Nursing (BON)

4.1. Financial

- A. The BON may collect the following licensure/application fees:
 - 1. Application for licensure by examination
 - a. LPN/VN < >
 - b. RN < >
 - c. APRN < >
 - 2. Application for licensure by endorsement
 - a. LPN/VN < >
 - b. RN < >
 - c. APRN < >
 - 3. Temporary license for endorsement applicants

- a. LPN/VN < >
- b. RN < >
- c. APRN < >
- 4. Renewal of licensure
 - a. LPN/VN < >
 - b. RN < >
 - c. APRN < >
- 5. Late renewal < >
- 6. Reinstatement < >
- 7. Certified statement that a nurse is licensed in this jurisdiction < >
- 8. Duplicate or reissued license < >
- 9. Insufficient funds < >
- 10. Nursing education program survey and evaluation per level < >
- 11. Discipline monitoring < >
- 12. Criminal background check processing fees < >
- 13. Other Miscellaneous costs
 - a. Specific fee or statutory references < >
- B. The BON may collect disciplinary fines and monetary penalties.
 - 1. Specific fee or statutory references < >
- C. All fees, fines, and monetary penalties collected by the BON are nonrefundable.

Authority: Model Act Article IV Section 6

Chapter 5. LPN/VN, RN and APRN Licensure and Exemptions

5.1. LPN/VN and RN Licensure by Examination

- A. An applicant for licensure as an LPN/VN or RN shall, in addition to meeting the applicable requirements of the Act:
 - 1. Submit a completed application and fees established by the BON.
 - 2. Take and pass the NCLEX-PN® if an LPN/VN applicant.
 - 3. Take and pass the NCLEX-RN® if an RN applicant.

4. Report any conviction or finding of guilt, or entering into an agreed disposition of a criminal offense under applicable state or federal criminal law.
5. Demonstrate to the BON their competency to practice nursing which may include competency to practice nursing evaluations.
6. Report current participation in an alternative to discipline program in any jurisdiction.
7. Identify any jurisdiction in which the applicant holds a professional license or credential, if applicable. Required information includes:
 - a. The number and status of the license or credential.
 - b. The original jurisdiction of licensure or credentialing.
8. Report employment information including current healthcare employer including address, telephone number, position and dates of employment and previous healthcare employer, if any, if current employment is less than 12 months.
9. Report information regarding whether the applicant previously applied for a license in another jurisdiction and was denied a license, withdrew the application or allowed the application to expire, if applicable.
10. Provide detailed explanations and supporting documentation for each affirmative answer to questions, as applicable, regarding the applicant's background.

Authority: Model Act Article V Section 2

5.1.1. Additional Requirements for Licensure by Examination of Internationally Educated Applicants

In addition to the requirements listed in the Act and Section 5.3, internationally educated applicants shall meet the following requirements for licensure by examination:

1. Graduate from a foreign LPN/VN or RN prelicensure education program that:
 - a. Has been approved by the authorized accrediting body in the applicable country; and
 - b. Has been verified by an independent credentials review agency to be comparable to a licensing board-approved prelicensure education program.
2. Submit acceptable documentation that verifies the date of enrollment, date of graduation and credential conferred. An official transcript and a certified translation of the official transcript, if not in English, is required prior to the Approval to take the NCLEX-PN® or NCLEX-RN® examination.

Authority: Model Act Article V Section 2

5.2. Licensure by Endorsement

- A. An applicant for licensure by endorsement in this jurisdiction shall, in addition to meeting the applicable requirements of the Act:

1. Submit a completed application and fees as established by the BON.
 2. Graduate from a <jurisdiction> BON approved prelicensure program or a program that meets criteria comparable to those established by the <jurisdiction>.
 3. Hold a license as an LPN/VN or an RN that is not encumbered.
 4. Report status of all nursing licenses, including any BON actions taken or any current or pending investigations.
 5. Demonstrate to the BON their competency to practice nursing which may include completing competency to practice nursing evaluations.
 6. Report any criminal conviction, nolo contendere plea, Alford plea, deferred judgement or other plea arrangements in lieu of conviction.
 7. Report any actions taken or initiated against a professional or occupational license, registration or certification.
 8. Report current participation in an alternative to discipline program in any jurisdiction.
 9. Submit verification of licensure status provided directly from the U.S. jurisdiction of licensure by examination, or a coordinated licensure information system.
 10. Identify any jurisdiction in which the applicant holds a health profession license or credential, if applicable. Required information includes:
 - a. Number and status of the license or credential; and
 - b. Original jurisdiction of licensure or credentialing.
 11. Report employment information including current healthcare employer including address, telephone number, position and dates of employment and previous healthcare employer, if any, if current employment is less than 12 months.
 12. The date and jurisdiction the applicant previously applied for a license in another jurisdiction, and either was denied a license or withdrew the application, if applicable.
- B. Detailed explanation and supporting documentation for each affirmative answer to questions, as applicable, regarding the applicant's background.

Authority: Model Act Article V Section 4

5.3. APRN Licensure

5.3.1. Application for Initial Licensure

An applicant for initial licensure to practice as an APRN shall, in addition to meeting the applicable requirements of the Act:

1. Submit a completed application and fees as established by the BON.
2. Graduate from an APRN graduate or post-graduate program as evidenced by official

documentation received directly from an APRN program accredited by a nursing accrediting body that is recognized by the U.S. Department of Education (USDE) and/or the Council for Higher Education Accreditation (CHEA), or its successor organization, as acceptable by the BON. Documentation received should verify:

- a. Date of graduation;
 - b. Credential conferred;
 - c. Completion of three separate graduate level courses in advanced physiology and pathophysiology, advanced health assessment, advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents;
 - d. Role and population focus of the education program; and
 - e. Evidence of meeting the standards of nursing education in this jurisdiction.
3. Demonstrate to the BON competency to practice nursing which may include completing competency to practice nursing evaluations.
 4. Report any actions taken or initiated against a professional or occupational license, registration or certification.
 5. Report current participation in an alternative to discipline program in any jurisdiction.
 6. Identify any jurisdiction in which the applicant holds a professional license or credential, if applicable. Required information includes:
 - f. Number and status of the license or credential; and
 - g. Original jurisdiction of licensure or credentialing.
 7. Report employment information including current healthcare employer including address, telephone number, position and dates of employment and previous healthcare employer, if any, if current employment is less than 12 months.
 8. Report information regarding whether the applicant previously applied for a license in another jurisdiction and either was denied a license, withdrew the application or allowed the application to expire, if applicable.
 9. Provide detailed explanations and supporting documentation for each affirmative answer to questions, as applicable, regarding the applicant's background.

Authority: Model Act Article V Section 5

5.3.2. Additional Requirements for Licensure by Examination of Internationally Educated Applicants

In addition to the requirements listed in the Act and Section 2.1, internationally educated applicants for APRN licensure must:

1. Graduate from a graduate or post-graduate level APRN program equivalent to an APRN educational program in the U.S. accepted by the BON.
2. Submit documentation through a BON approved credentials review agency which documents that the training and education are comparable to APRN training and education programs in the U.S.
3. Meet all other licensure criteria required of applicants educated in the U.S.

Authority: Model Act Article V Section 5

5.3.3. Application for Licensure by Endorsement

- A. An applicant for licensure by endorsement as an APRN in this jurisdiction shall, in addition to meeting the applicable requirements of the Act:
 1. Submit a completed application and fees as established by the BON.
 2. Submit verification of eligibility for a license or privilege to practice as an RN in this jurisdiction.
 3. Graduate from a graduate or post-graduate level APRN program, as evidenced by an official transcript or other official documentation received directly from a graduate program accredited by a nursing accrediting body that is recognized by the USDE and/or CHEA, or its successor organization, as acceptable to the BON. Documents received shall verify:
 - a. Date of graduation;
 - b. Credential conferred;
 - c. Completion of three separate graduate level courses in advanced physiology and pathophysiology, advanced health assessment, advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents;
 - d. Role and population focus of the education program; and
 - e. Evidence of meeting the standards of nursing education in this jurisdiction.
 4. Hold a license as an APRN that is unencumbered.
 5. Not have an encumbered license or privilege to practice in any jurisdiction.
 6. Report any conviction, nolo contendere plea, Alford plea, or other plea arrangement in lieu of conviction.
 7. Demonstrate to the BON competency to practice nursing which may include competency to practice nursing evaluations.
 8. Report any actions taken or initiated against a professional or occupational license, registration or certification.

9. Report current participation in an alternative to discipline program in any jurisdiction.
10. Identify any jurisdiction in which the applicant holds a professional license or credential, if applicable. Required information includes:
 - a. Number and status of the license or credential; and
 - b. Original jurisdiction of licensure or credentialing.
11. Report employment information including current healthcare employer including address, telephone number, position and dates of employment and previous healthcare employer, if any, if current employment is less than 12 months.
12. Report information regarding whether the applicant previously applied for a license in another jurisdiction and either was denied a license, withdrew the application or allowed the application to expire, if applicable.
13. Submit detailed explanations and supporting documentation for each affirmative answer to questions, as applicable, regarding the applicant's background.

Authority: Model Act Article V Section 5

5.3.4. Quality Assurance/Documentation and Audit

The BON may conduct a random audit of licensees and, upon request of the BON, licensees shall submit documentation of compliance with the Act and rules. The audit may include:

1. Information relating to APRN certification.
2. Continuing competency including continuing education requirements.
3. Other information as requested by the BON.

Authority: Model Act Article V Section 5

5.4. Renewal of Licenses

- A. An applicant for licensure renewal in this jurisdiction shall, in addition to meeting the applicable requirements of the Act:
 1. Submit a completed application and fees as established by the BON.
 2. Demonstrate continued competency through:
 - a. Peer review;
 - b. Continuing education hours;
 - c. Competency evaluation;
 - d. NCLEX-RN®;
 - e. Minimal practice hours;

- f. Continued competency assessment; and
 - g. Maintenance of RN certification.
 - 3. Report any criminal conviction, nolo contendere plea, Alford plea, deferred judgement or other plea arrangements in lieu of conviction.
 - 4. Report status of all nursing licenses, including any BON actions taken or any current or pending investigations.
 - 5. Demonstrate to the BON their competency to practice nursing which may include completing competency to practice nursing evaluations.
 - 6. Report any actions pending, taken, or initiated against a professional or occupational license, registration or certification.
 - 7. Report current participation in an alternative to discipline program in any jurisdiction.
 - 8. Submit detailed explanation and supporting documentation for each affirmative answer to questions, as applicable, regarding the applicant's background.
- B. Failure to provide the requested information may result in nonrenewal of the license to practice nursing or a disciplinary action.

Authority: Model Act Article V Section 7

5.5. Reactivation of License

- A. An applicant for licensure reactivation in this jurisdiction shall, in addition to meeting the requirements of the Act:
- 1. Submit a completed application and fees as established by the BON.
 - 2. Report any criminal conviction, nolo contendere plea, Alford plea, deferred judgement or other plea arrangements in lieu of conviction.
 - 3. Report status of all nursing licenses, including any BON actions taken or any current or pending investigations.
 - 4. Demonstrate to the BON their competency to practice nursing which may include completing competency to practice nursing evaluations.
 - 5. Report any actions pending, taken, or initiated against a professional or occupational license, registration or certification.
 - 6. Report current participation in an alternative to discipline program in any jurisdiction.
 - 7. Submit detailed explanation and supporting documentation for each affirmative answer to questions, as applicable, regarding the applicant's background.
- B. Failure to provide the requested information may result in the license to practice nursing not being reactivated.

Authority: Model Act Article V Section 8

5.6. Reinstatement of Licensure

- A. Licensees applying for reinstatement shall comply with all BON licensure requirements, as well as any specific requirements set forth in the BON's discipline order. Licensees must:
1. Submit a completed application and fees as established by the BON.
 2. Report any criminal conviction, nolo contendere plea, Alford plea, deferred judgement or other plea arrangements in lieu of conviction.
 3. Report status of all nursing licenses, including any BON actions taken or any current or pending investigations.
 4. Demonstrate to the BON their competency to practice nursing which may include completing competency to practice nursing evaluations.
 5. Report any actions pending, taken, or initiated against a professional or occupational license, registration or certification.
 6. Report current participation in an alternative to discipline program in any jurisdiction.
 7. Submit detailed explanation and supporting documentation for each affirmative answer to questions, as applicable, regarding the applicant's background.
- B. Failure to provide the requested information may result in the license to practice nursing not being reinstated.

Authority: Model Act Article V Section 9

Chapter 6. Nursing Education

6.1 Prelicensure Nursing Education Standards

All nursing education programs shall meet these standards:

1. The purpose and outcomes of the nursing program shall be consistent with the Act, rules, regulations and other relevant state statutes.
2. The input of stakeholders shall be considered in developing and evaluating the purpose and outcomes of the program.
3. A systematic evaluation plan of the program is in place.
4. The curriculum shall provide varied didactic and clinical learning experiences consistent with program outcomes.
5. Faculty and students shall participate in program planning, implementation, evaluation and continuous improvement.
6. The nursing program administrator shall be professionally and academically qualified RN with institutional authority and administrative responsibility for the program.

7. The nursing program administrator shall be consistent in a nursing program, with no more than three nursing program administrators in five years.
8. Professionally, academically and clinically qualified faculty shall be sufficient in number, have a low turnover, and have the expertise to accomplish program outcomes and quality improvement.
9. Written and easily accessible policies and procedures that have been vetted by students and faculty shall be utilized.
10. Formal orientation and mentoring processes of full-time, part-time and adjunct faculty shall be implemented.
11. The institution shall provide opportunities for substantive and periodic workshops and presentations devoted to faculty development.
12. The program shall provide evidence that their admission, progression and student performance standards are based on data.
13. The fiscal, human, physical, library, clinical and technical learning resources shall be adequate to support program processes, security and outcomes.

6.1.1 Criteria for Prelicensure Nursing Education Programs

A. Curriculum, regardless of delivery method, shall include:

1. Experiences that promote clinical judgement; skill in clinical management, supervision and delegation; interprofessional collaboration; quality and safety; and navigation and understanding of healthcare systems.
2. Sound foundation in biological, physical, social and behavioral sciences.
3. Didactic content including prevention of illness and the promotion, restoration and maintenance of health in patients across the lifespan and from diverse cultural, ethnic, social and economic backgrounds.
4. Didactic and direct patient care experiences including medical-surgical, obstetrics, pediatrics, psychiatric-mental health and community health.
5. A minimum of 50% direct patient care experiences within each of the content areas in Rule 6.1.1.A.4.
6. Direct patient care experiences and simulation that are planned, supervised and evaluated by nursing faculty.
7. A variety of direct patient care experiences and simulation that are sufficient for meeting program outcomes.
8. Opportunities for collaboration with interprofessional teams.
9. Professional responsibilities, legal and ethical issues, history and trends in nursing and healthcare.

10. Assessment plan of student learning, such as exams and clinical experience evaluations, developed and administered by the faculty. Standardized exams shall not be used as program exit exams.
11. Ongoing systematic evaluation that is managed by faculty.

B. Out-of-State Clinical Experiences

1. Any program that anticipates utilizing clinical experiences in another state must inform the BON in the other state. If the out-of-state program does have clinical experiences in the other state without informing the BON, the out-of-state program can no longer use the clinical experience sites in that state.
2. The faculty of the out-of-state program shall find appropriate sites for the students and have a contractual agreement with the site.
3. Clinical faculty, or designated preceptor, shall be present during the students' clinical experiences, and they shall meet the BON's credential requirements in the state where the clinical site is located.
4. Out-of-state programs shall apply for approval to the BON where the clinical site is located with the following information:
 - a. Name of the site being used;
 - b. Number of students;
 - c. Hours and days being used; and
 - d. Credentials of faculty with oversight of students.

- C. If international clinical experiences are used to meet the direct care clinical experience hours, they shall be approved in advance by the BON.

D. Students

1. The program shall hold students accountable for professional behavior, including honesty and integrity, while in their program of study.
2. All policies relevant to applicants and students shall be readily available in writing and vetted by students and faculty.
3. Students shall meet health standards and criminal background check requirements.
4. The program shall support non-native English speakers with resources to enhance success.
5. The program shall support students with disabilities with resources to enhance success.
6. Students shall have resources necessary to support program progression.
7. Remediation strategies shall be in place at the beginning of each course and students are informed about how to access academic support.

E. Program Administrator Qualifications

1. Administrator qualifications in a program preparing for LPN/VN licensure shall include:
 - a. A current, active RN license or privilege to practice that is unencumbered and meets requirements in the jurisdiction where the program is approved;
 - b. A minimum of a graduate degree in nursing or bachelor's degree in nursing with a graduate degree;
 - c. Experience in teaching, nursing practice and administration; and
 - d. Current knowledge of LPN/VN practice.
2. Administrative qualifications in a program preparing for RN licensure shall include:
 - a. A current, active RN license or privilege to practice that is unencumbered and meet requirements in the jurisdiction where the program is approved;
 - b. A doctoral degree in nursing, or a graduate degree in nursing and a doctoral degree;
 - c. Educational preparation or experience in academic teaching;
 - d. Experience in nursing practice and administration; and
 - e. Current knowledge of RN practice.
3. Nursing faculty
 - a. A minimum of 35% of the total nursing faculty (including all adjunct and part-time faculty) shall be employed at the institution as full-time faculty.
 - b. Nursing faculty shall hold a current, active RN license or privilege to practice that is unencumbered and meet requirements in the jurisdiction where the program is approved.
 - c. Faculty supervising clinical experiences shall hold a current active RN license or privilege to practice that is unencumbered and meet requirements in the jurisdiction where the clinical experience is conducted.
 - d. Qualifications for nursing faculty who teach in a program leading to licensure as an LPN/VN should be academically and experientially qualified with a minimum of a bachelor's degree in nursing.
 - e. Qualifications for nursing faculty who teach in a program leading to licensure as an RN should be academically and experientially qualified with a minimum of a bachelor's degree in nursing.
 - f. Faculty shall demonstrate participation in professional development. This may include but is not limited to:
 - i. Methods of instruction;
 - ii. Teaching in clinical practice settings;
 - iii. Conducting assessments, including item writing; and

- iv. Managing students.
- g. Interprofessional faculty teaching nonclinical courses shall have advanced preparation appropriate for the content being taught.
- h. Clinical faculty, preceptors and adjunct faculty shall demonstrate current clinical experience related to the area of assigned clinical teaching responsibilities.
- i. Clinical preceptors shall have an unencumbered license or privilege to practice at or above the level for which the student is being prepared, in the jurisdiction where they are precepting students.

Authority: Model Act Article VI Section 1

6.2. National Nursing Accreditation

- A. Accreditation by a national nursing accrediting body recognized by the U.S. Department of Education (USDE) is required, and evidence of compliance with the accreditation standards may be used for evaluating continuing approval.
- B. Nursing programs shall submit to the BON copies of accreditation related correspondence with the national nursing accrediting body within 30 days of receipt.

Authority: Model Act Article VI Section 2

6.3. Purposes of Prelicensure Nursing Education Program Approval

- A. Promote public protection through the safe practice of nursing by implementing standards for individuals seeking licensure as LPN/VNs and RNs.
- B. Grant legal recognition to nursing education programs that the BON determines have met the standards.
- C. Ensure graduates meet the education and legal requirements for the level of licensure for which they are preparing and to facilitate their endorsements to other jurisdictions.
- D. Provide the public and prospective health students with a published list of in-state nursing programs that meet the standards established by the BON.

Authority: Model Act Article VI Section 3

6.4 Establishment of Prelicensure Nursing Education Programs

- A. Phase 1: Application to BON. The proposed program shall provide the following information to the BON:
 - 1. Evidence of sufficient and sustainable financial support.
 - 2. Approval and ongoing support from the governing institution.
 - 3. Evidence of availability of educational resources, including human, physical, library, clinical and technical learning resources.

4. Evidence of the institution meeting state requirements, and regional or national accreditation by an accrediting agency recognized by the USDE.
 5. Evidence of pre-accreditation or candidacy status from a USDE recognized national nursing accrediting agency.
 6. Evidence of clinical opportunities and resources to meet the program outcomes.
 7. Evidence of practice-academic partnerships and availability of resources.
 8. Evidence of availability of qualified faculty and program director.
 9. Proposed timeline for initiating the program.
- B. Phase II: Initial approval for admission of students. When the BON determines that all requirements have been satisfied, the BON may authorize the program to admit students. The proposed program shall provide the BON with verification of the following:
1. Employment of a qualified director;
 2. Comprehensive program curriculum;
 3. Establishment of student policies for admission, progression, retention and graduation;
 4. Documentation of an emergency preparedness plan for addressing situations including, but not limited to, a reduction in the availability of student clinical sites, a transition from in-person to virtual learning platforms and a need for increased use of simulation; and
 5. Initial employment of sufficient numbers of academically and experientially qualified faculty.
- C. Phase III: Full approval of program. The BON may fully approve the program upon:
1. Completion of BON program survey visit;
 2. Submission of program's ongoing systematic evaluation plan; and
 3. Employment of a sufficient number of academically and experientially qualified faculty.
- D. Additional oversight of new programs will take place for the first six years of operation. This may include progress reports every six months on program leadership, consistency of faculty, enrollment and trends of NCLEX® pass rates, along with the regularly collected annual reports.

Authority: Model Act Article VI Section 4

6.5. Continuing Approval of Prelicensure Nursing Education Programs

- A. Every < > years previously approved nursing approved nursing education programs with full program approval status will be evaluated for continuing approval by the BON.
- B. Warning signs that may trigger a focused site visit include:
1. Complaints from students, faculty and clinical agencies;

2. Turnover of program administrators, defined by more than three administrators in a five-year period;
 3. Frequent nursing faculty turnover or reduction in number of nursing faculty; and
 4. Decreasing trends in NCLEX® pass rates.
- C. The BON shall review and analyze various sources of information regarding program performance, including but not limited to:
1. Periodic BON survey visits, and/or reports.
 2. Annual Report data, which may include:
 - a. Program demographics such as program type, ownership, geographical area served and number of enrolled students; and
 - b. How evidence-based quality indicators, as outlined in Rule 6.1.1., are met.
 3. Evidence of accreditation by a USDE recognized national nursing accrediting body.
 4. BON recognized national nursing accreditation site visits, reports and other documentation provided by the program.
 5. Results of ongoing systematic program evaluation.
- D. Continuing approval may be granted upon the BON's determination that the program is in compliance with applicable rules.

Authority: Model Act Article VI Section 5

6.6. Conditional/Probationary Approval of Prelicensure Nursing Education Programs

The BON may grant conditional or probationary approval when it determines that a nursing education program does not fully meet the nursing education program standards as outlined in the Act and applicable rules. The nursing program shall be given a reasonable period of time, as determined by the BON, to submit an action plan and correct the identified program deficiencies.

Authority: Model Act Article VI Section 6

6.7. Withdrawal of Approval

The BON shall withdraw approval if, after proper notice and opportunity, it determines that a nursing education program has failed to comply with nursing education program standards as outlined in the Act and applicable rules within the time specified by the BON.

Authority: Model Act Article VI Section 7

6.8. Appeal

A program denied approval or given less than full approval may appeal the decision to the BON. All such actions shall be in accordance with Administrative Procedure Act and applicable rules.

Authority: Model Act Article VI Section 8

6.9. Reinstatement of Full Approval

The BON may reinstate approval if the program submits evidence of compliance with nursing education program standards as outlined in the Act and applicable rules within the time frame specified by the BON.

Authority: Model Act Article VI Section 9

6.10. Closure of Prelicensure Nursing Education Programs and Storage of Records

- A. A nursing education program may be closed due to withdrawal of BON approval or may close voluntarily. If the closure is voluntary, the reason for the closure and the intended date of the closure shall be submitted to the BON.
- B. Provisions shall be made for maintenance of the nursing education program standards as outlined in the Act and applicable rules during the transition to closure.
- C. Arrangements shall be made for secure storage and access to academic records and transcripts.
- D. A plan shall be developed and approved by the BON for students to complete a BON approved program.
- E. Written confirmation shall be provided to the BON that the plan has been fully implemented.

Authority: Model Act Article VI Section 10

6.11. Innovative Approaches in Prelicensure Nursing Education Programs

A nursing education program may apply to implement an innovative approach by complying with the provisions of this section. Nursing education programs approved to implement innovative approaches shall continue to provide quality nursing education that prepares graduates to practice safely, competently and ethically within the scope of practice as defined in the Act.

6.11.1. Purposes

- A. To foster innovative models of nursing education to address the changing needs in healthcare.
- B. To assure that innovative approaches are conducted in a manner consistent with the BON's role of protecting the public.

6.11.2. Eligibility

- A. The nursing education program shall hold full approval from the BON without conditions.
- B. The nursing education program shall have no substantiated complaints within the last two years.
- C. The nursing education program shall have no regulatory violations within the last two years.

6.11.3. Application

A description of the innovative plan, with rationale and timeline, shall be provided to the BON for approval.

6.11.4. Standards for Approval

- A. The innovative approach shall meet the eligibility criteria as defined in Rule 6.11.2.
- B. The innovative approach shall not compromise the quality of education or safe practice of students.
- C. Resources shall be sufficient to support the innovative approach.
- D. The timeline shall provide for a sufficient period to implement and evaluate the innovative approach.

6.11.5. Review of Application and BON Action

- A. If the application meets the standards as provided in Rules 6.11.2. and 6.11.4, the BON may:
 - 1. Approve the application, or
 - 2. Approve the application with modifications as agreed between the BON and the nursing education program.
- B. If the application does not meet the criteria as provided in Rules 6.11.2. and 6.11.4, the BON may deny approval or request additional information.

6.11.6. Continuation of the Innovative Approach

The BON may grant a request to continue approval if the innovative approach has achieved desired outcomes, has not compromised public protection, and is consistent with nursing education approval guidelines as provided in the Act and applicable rules.

Authority: Model Act Article VI Section 11

6.12. Emerging Nursing Education Technologies

6.12.1. Simulation

- A. A program that uses simulation shall adhere to professional simulation standards as approved by the BON and provide evidence that these standards have been met.

1. Facilities and Resources

- a. The program shall provide adequate fiscal, human and material resources to support the simulation activities.
- b. The program shall have appropriate facilities for conducting simulation. This shall include educational and technological resources and equipment to meet the intended objectives of the simulation.
- c. The simulation center shall be accredited or endorsed by an organization approved by the BON.

2. Faculty Preparation

- a. Simulation faculty shall have education in the use of simulation.
- b. Simulation faculty shall engage in ongoing professional development in the use of simulation.
- c. Simulation activities shall be managed by a simulation program manager who is certified in simulation and is academically and experientially qualified. The individual shall demonstrate continued expertise and competence in the use of simulation while managing the program.

3. Curriculum

- a. The program shall demonstrate that the simulation activities are linked to programmatic outcomes.
- b. A program shall use a 1:1 ration of simulation hours to direct clinical care hours as a substitute for direct clinical experiences.
- c. Simulation shall not be used for more than 50% of clinical hours per clinical specialty area (medical-surgical, pediatrics, obstetrics, psychiatric-mental health and community health).
 - i. Programs that have 600 or more direct clinical care hours may substitute up to 50% simulation for total clinical experience hours.
 - ii. Programs that have fewer than 600 direct clinical care hours may substitute up to 25% simulation for total clinical experience hours.
- d. Screen-based simulation shall not be used as a substitute for direct care clinical experience, but it can be used to complement education.

4. Policies and Procedures

- a. The program shall have written policies and procedures on the following:
 - i. Integrating simulation into the curriculum;
 - ii. Prebriefing each simulated activity; and

iii. Orienting faculty and students to simulation.

5. Evaluation

- a. The program shall develop criteria to evaluate the simulation activities.
- b. Faculty and students shall evaluate the simulation experience on an ongoing basis.
- c. The program shall include information about its use of simulation in its annual report to the BON.

6.12.2. Artificial Intelligence (AI)

- A. The program shall develop policies related to the responsible use of AI to include privacy, fairness, transparency, accountability and faculty responsibilities for oversight.
- B. AI may supplement, not replace, human decision-making.

Authority: Model Act Article VI Section 12

6.13. APRN Education

6.13.1. Required Criteria for APRN Education Programs

- A. APRN education programs shall appoint the following personnel:
 - 1. An APRN program administrator whose qualifications shall include:
 - a. A current, unencumbered RN and APRN license or privilege to practice in the state where the program is approved and/or accredited; and
 - b. A doctoral degree in a health-related field.
 - 2. A lead faculty member who is educated and nationally certified in the same role and population foci and licensed as an APRN shall coordinate the educational component, including curriculum development, for the role and population foci in the APRN program.
 - 3. Nursing faculty to teach any APRN nursing course that includes a clinical learning experience shall meet the following qualifications:
 - a. An active unencumbered APRN license or privilege to practice in the state where the program is approved and/or accredited;
 - b. A minimum of a master's degree in nursing or health related field in the clinical specialty; and
 - c. Current knowledge, competence and certification as an APRN in the role and population foci consistent with teaching responsibilities.
 - 4. Adjunct clinical faculty employed solely to supervise clinical nursing experiences of students shall meet all the faculty qualifications for the program level they are teaching.

5. Interdisciplinary faculty who teach nonclinical nursing courses shall have advanced preparation appropriate to these areas of content.
 6. Clinical preceptors shall have demonstrated competencies related to the area of assigned clinical teaching responsibilities.
 7. Clinical preceptors will be approved by faculty and meet the following requirements:
 - a. Hold an active unencumbered license or privilege to practice as an APRN or physician and practices in a comparable practice focus; and
 - b. Evaluate the individual's performance in the clinical setting.
- B. The curriculum of the APRN nursing education program must prepare graduates to practice in one of the four identified APRN roles, i.e., CRNA, CNM, CNS and CNP, and at least one of the six population foci, i.e., family, individual across the lifespan, adult-gerontology, neonatal, pediatrics, women's health, gender-related or psychiatric-mental health. The curriculum shall include:
1. Three separate graduate level courses (the APRN core) in:
 - a. Advanced physiology and pathophysiology, including general principles that apply across the lifespan;
 - b. Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and
 - c. Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents.
 2. Diagnosis and management of diseases across practice settings including diseases representative of all systems.
 3. Preparation that provides a basic understanding of the principles for decision making in the identified role.
 4. Preparation in the core competencies for the identified APRN role.
 5. Role preparation in one of the six population foci of practice.
- C. Additional required components of graduate or post-graduate education programs preparing APRNs shall include:
1. Each student enrolled in an APRN program shall have an active unencumbered RN license or privilege to practice in the state of clinical practice, unless exempted from this licensure requirement under Article 5 section 3 or Article 5 section 4 of the Act.
 2. Education programs provided by an accredited college or university that offer a graduate degree with a concentration in the advanced nursing practice role and at least one population focus, or post-masters certificate programs offered by an accredited college or university shall include the following components:

- a. Clinical supervision congruent with current national professional organizations and nursing accrediting body standards applicable to the APRN role and population focus; and
- b. Curriculum that is congruent with national standards for graduate level and advanced practice nursing education, is consistent with nationally recognized APRN roles and population foci, and includes, but is not limited to:
 - i. Graduate APRN program core courses; and
 - ii. An advanced practice nursing core, including legal, ethical and professional responsibilities of the APRN.
3. The curriculum shall be consistent with competencies of the specific areas of practice.
4. APRN programs preparing for two population foci or combined nurse practitioner/clinical nurse specialist shall include content and clinical experience in both functional roles and population foci.
5. Each instructional track/major shall include clinical supervised hours congruent with current national professional organizations and nursing accrediting body standards, or as otherwise defined by the BON. The clinical supervised hours must be applicable to the APRN role and population foci, including pharmacotherapeutic management of patients.
6. There shall be provisions for the recognition of prior learning and advanced placements in the curriculum for individuals who hold a master's in nursing and are seeking preparation in a different role and population focus. Post- masters nursing students shall complete the requirements of the master's APRN program through a formal graduate level certificate in the desired role and population focus. Post-masters students must meet the same APRN outcome competencies as the masters level students.

6.13.2. Establishment of a New APRN Education Program

Before establishing a new nursing education program, the APRN program shall:

1. Submit an application to the professional accrediting body.
2. Provide the following information to the BON:
 - a. Results of a needs assessment, including identification of potential students and employment opportunities for program graduates;
 - b. Identification of sufficient financial and other resources;
 - c. Evidence of approval and support from the governing institution;
 - d. Documentation regarding the type of educational program proposed;
 - e. Evidence of clinical opportunities and availability of resources;
 - f. Evidence of availability of qualified faculty; and

- g. A proposed timeline for initiating and expanding the program.

Authority: Model Act Article IV Section 5

Chapter 7. Board of Nursing (BON) Action and Proceedings

7.1. Grounds for BON Action

Behaviors and activities that may result in action by the BON may include but are not limited to the following:

7.1.1. Criminal Conduct

Committing any crime that demonstrates conduct inconsistent with safe nursing practice or demonstrates the nurse's compromised professional judgement, or that involves deceit or fraud against the public. Evidence of a crime includes but is not limited to:

1. Being convicted,
2. Having pleaded guilty or nolo contendere,
3. Pleading no contest or pursuant to an Alford plea that results in a judicial finding of guilt,
4. Entering into a pretrial diversion agreement, deferred adjudication or prosecution,
5. Participating in an intervention in lieu of conviction, or other similar programs.

7.1.2. Boundaries

- A. Violating boundaries of a professional relationship such as physical, sexual or emotional acts with a patient, a patient's family member or caregiver, regardless of consent.
- B. Financially exploiting a patient, a patient's family member or caregiver, regardless of consent.
- C. Misappropriating patient property or other property.

7.1.3. Patient Abuse

Any action or inaction, including but not limited to physical, sexual, verbal or psychological/emotional conduct that causes harm or distress towards a patient, a patient's family member or caregiver.

7.1.4. Fraud

- A. Engaging in conduct that violates the integrity and/or the security of the NCLEX-PN®, NCLEX-RN®, or other licensure or certification examination.
- B. Fraud, deception or misrepresentation to obtain licensure.
- C. Engaging in fraud, deception or misrepresentation in the practice of nursing.

7.1.5. Practice

- A. Practicing without an active license or a multi-state privilege to practice.
- B. Failing to comply with municipal, state, or federal statute or regulation related to the practice of nursing.
- C. Practicing or offering to practice beyond the applicable scope of practice.
- D. Obtaining, accessing, revealing or disseminating healthcare information from a patient record or other source, except as required by professional duties or authorized by law.
- E. Displaying disruptive or abusive conduct in the workplace.
- F. Aiding, abetting, directing, or assisting an individual to violate or circumvent any law or rule intended to guide the conduct of a licensed nurse or any other licensed healthcare provider.
- G. Unsafe practice, substandard care or unprofessional conduct, including but not limited to:
 - 1. Failing to perform nursing functions in a manner that is consistent with established customary standards.
 - 2. Administering, advising, or distributing drugs or nonpharmacological interventions contrary to acceptable and prevailing standards.
 - 3. Altering, destroying, or attempting to destroy patient or employer records.
 - 4. Failing to safeguard the patient from incompetent, abusive or illegal practice of any individual.
 - 5. Engaging in any discriminatory conduct.
 - 6. Abandoning a nursing assignment prior to the proper reporting and notification to the appropriate department head or personnel of such an action.
 - 7. Neglecting a patient in need of nursing care.
 - 8. Falsifying, omitting, inaccurately documenting or creating an unintelligible entry in any record.
 - 9. Failing to maintain a patient record that accurately reflects the nursing assessment, care, treatment and other nursing services provided to the patient.
 - 10. Demonstrating an actual or potential inability to safely practice nursing due to any condition that impairs judgement or that would otherwise adversely affect the nurse's ability to practice safely and in a competent, ethical and professional manner.
- H. Performing a nursing function or undertaking a specific practice without the necessary knowledge, preparation, experience and competency to properly execute the practice.
- I. Failing to supervise student experience as assigned.
 - 1. Failing to provide administrative oversight of the nursing organization and nursing services of a healthcare delivery system or program.

2. Knowingly aiding or allowing an unlicensed person to engage in the unlawful practice of nursing.
3. Knowingly aiding or allowing a person to violate or circumvent a law or BON regulation or rule.

7.1.6. Drugs and Alcohol

Drug related offenses, including, but not limited to:

1. Illegally obtaining, possessing, or distributing drugs for personal or other use or other violations of state or federal drug laws.
2. Unauthorized prescribing, dispensing or administering medication.
3. Testing positive on a drug screen for alcohol, nonprescribed drug or illicit substance while engaging in the practice of nursing.

7.1.7. Administrative Actions

- A. Actions taken by a regulatory body on a license to practice nursing, a multi-state privilege to practice, or another professional license or other credential.
- B. Failing to respond to a BON investigation.
- C. Failing to comply with BON reporting requirements.
- D. Violating or failing to comply with any term of a BON order or agreement.
- E. Submitting a fraudulent application for licensure.
- F. Failing to provide requested documentation related to applications, renewals, investigations or continuing competency requirements.
- G. Providing false or misleading documents related to applications, renewals, investigations or continuing competency requirements.

Authority: Model Act Article VII Section 1

7.2. BON Action Related to Prescriptive Practice Authority

- A. Prescribing, dispensing, administering, or distributing drugs or nonpharmacological interventions contrary to acceptable and prevailing standards.
- B. Selling, purchasing, trading or offering to sell, purchase or trade drug samples.

Authority: Model Act Article VII Section 2

7.3. Notification

- A. The BON shall provide information as required by federal law to federal databanks, to a coordinated licensure information system, and may develop procedures for communicating with others in BON policy.
- B. All nurse participants or nurse licensure applicants in alternative programs may be reported to a nonpublic coordinated licensure information system that is accessible to all BONs.

Authority: Model Act Article VII Section 3

