

02 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
380 STATE BOARD OF NURSING
Chapter 7: REGULATIONS FOR APPROVAL OF PRELICENSURE NURSING
EDUCATION PROGRAMS

TABLE OF CONTENTS

	Page
INTRODUCTION	2
1. PURPOSE	2
2. DEFINITIONS.....	2
3. APPROVAL OF NURSING EDUCATION PROGRAMS	3
A. Purposes of Nursing Education Approval	3
B. Establishing a Nursing Education Program (Phases I-III).....	4
1. Phase I of the Approval Process	4
2. Phase II of the Approval Process	5
3. Phase III of the Approval Process	7
C. Continuing approval of a Nursing Education Program.....	8
<u>D.</u> Change in Approval Status of a Nursing Education Program	8
E. Restoring Full Approval to a Nursing Education Program.....	9
F. Denial or Withdrawal of Approval of a Nursing Education Program	10
G. Voluntary Nursing Education Program Closures	10
H. National Nursing Program Accreditation.....	10
4. CRITERIA FOR APPROVAL.....	10
A. Administration and Organization	10
B. Faculty.....	12
C. Students.....	13
D. Curriculum.....	15
E. Resources, Facilities and Services.....	16
F. Reports and Records.....	18
G. Program Evaluation	19

5. EFFECTIVE DATE 19

INTRODUCTION

On March 18, 1915, the Legislature, through the power vested in it by the people of the State of Maine, voted approval of an “Act to Create a Board of Examination and Registration of Nurses.” This was known as Chapter 139, Public Laws of 1915, and thus began what is today the Maine State Board of Nursing.

Many of the functions required of that first Board continue today, in modified form, as does the basic philosophy expressed over 50 years ago that minimum requirements for schools of nursing were necessary in order to ensure the eligibility of their graduates for licensure in Maine and other states. To quote the original document, “This is just to the pupil and a protection to the public.”

Current authorization for the Board of Nursing is found in Title 32, Maine Revised Statutes, Chapter 31, as amended in 1983.

1. PURPOSE

To specify procedures and criteria relating to the requirements for, approval of, and withdrawal of approval of Nursing Education Programs, in order to safeguard the public health, safety, and welfare of the people in Maine.

2. DEFINITIONS

- A. “Accreditation” means a level of quality achieved by education programs which have participated in voluntary evaluation by recognized agencies using predetermined criteria.
- B. “Board” means the Maine State Board of Nursing.
- C. “Communities of interest” encompasses groups and individuals who have an interest in the mission, goals, and expected outcomes of the nursing school and its effectiveness in achieving them. The communities of interest range from the local to the global and comprise all stakeholders of the nursing programs. Stakeholders include students, faculty, administration, student organizations, and alumni in addition to external constituencies such as prospective students, employers, practicing nurses, other nursing programs, regulatory bodies, the community/public of Maine and beyond.
- D. “Continuing approval” means ongoing granting of permission to operate as a school of nursing by the Board.
- E. “Direct patient care” means student learning that involves the provision of primary nursing services to patients.
- F. “Enrollment” means a student for whom the nursing education program has determined to be qualified, to whom they have sent an affirmative letter indicating acceptance and from whom the nursing education program has received an affirmative indication from the student that the admission offer is accepted, and the applicant is enrolled in classes.

- G. "Governing Organization" means the single agency or institution that administers the nursing education program in its entirety.
- H. "National Nursing Accreditation" means accreditation by Accreditation Commission for Education in Nursing (ACEN) or Commission for Collegiate Nursing Education (CCNE) or other agency approved by the U.S. Secretary of Education as a national accreditation agency.
- I. "Nurse Administrator" means the registered nurse responsible for policies, contracts, curriculum and overall administration of the nursing education program.
- J. "Preceptor" means the licensed nurse who assumes joint teaching responsibility with a salaried faculty member for a precepted clinical experience.
- K. "Precepted clinical experience" means student learning that involves the provision of primary nursing care to patients under the guidance and direction of a preceptor in collaboration with the salaried faculty of the nursing education program.
- L. "Salaried faculty" means those nursing faculty designated by the Governing Organization as having ongoing responsibility for curriculum development, and planning, teaching, guiding, monitoring, and evaluating student learning.
- M. "Non-salaried contractual faculty" means those faculty who have ongoing responsibility for evaluating student learning in the classroom, clinical and/or lab setting. Non-salaried contractual faculty collaborate with salaried faculty to maintain program policies and course requirements. Also called "part-time" or "adjunct" faculty.
- N. "Simulation" or "simulation experience" means student learning that involves interaction with computer generated, or other life-like models of clinical nursing situations including standardized patients, mannequins, and high-fidelity simulation. All simulation experiences shall be under the direction of licensed nursing faculty qualified to oversee and evaluate the outcomes of the simulation experience for the student.
- O. "Survey" means the written report; self-study report.

3. APPROVAL OF EDUCATION PROGRAMS

A. Purposes of Nursing Education Program Approval

1. To promote and regulate educational processes that prepare graduates for safe and effective nursing practice.
2. To provide eligibility for admission to the licensing examination for graduates of Board approved programs.
3. To provide criteria for the development and approval of new and established Nursing Education Programs.
4. To provide procedures for the withdrawal of Nursing Education Program approval.

B. Establishing a Nursing Education Program (Phases I-III)

An educational institution intending to establish a nursing education program must comply with 32 M.R.S. Chapter 31, the Board's Rules and Regulations, and all other state or federal regulations for establishing a nursing education program.

1. Phase I of the Approval Process: Initiating a Nursing Education Program.

The Governing Organization wishing to establish a Nursing Education Program (NEP) must comply with the following requirements:

- a. The Governing Organization must inform the Board of its intent to establish an NEP and submit documentation of intent.
- b. The documentation of intent to establish an NEP must include the following information:
 - 1) Name, address, and current accreditation(s) of the Governing Organization.
 - 2) Mission of the Governing Organization.
 - 3) Relationship of the proposed NEP to the Governing Organization.
 - 4) Type of proposed NEP.
 - 5) Rationale for establishing the NEP.
 - 6) Timetable for development and implementation of the NEP.
 - 7) Evidence of adequate financial support and resources for the planning, implementation, and continuation of the NEP.
 - 8) Budget for the Nurse Administrator, faculty, and support positions.
 - 9) Availability of adequate academic facilities. At a minimum, such facilities need to include space for classroom instruction, faculty offices, storage space, clinical laboratory and/or clinical simulation, and library resources.
 - 10) Description of the potential impact of the proposed NEP on existing NEPs and health care agencies through a Board-approved survey, that includes but is not limited to:
 - a) Utilization of clinical sites.
 - b) Sixty-six percent (66%) response rate, or what is determined by the Board to be reasonable for the demographic location.
 - c) Include NEPs and health care agencies within a hundred (100) mile radius, or what is determined to be reasonable for the demographic location.

- 11) Proposed job description and qualifications of the Nurse Administrator.
 - 12) Perceived problems in planning, implementing, and continuing the NEP.
 - 13) Any additional information requested by the Board.
 - 14) Signatures of the Governing Organization's officers.
- c. The Governing Organization must submit to the Board the results of a current feasibility study that includes objective data regarding the following:
- 1) Documented need for the NEP, including evidence of potential employment opportunities and nursing workforce needs in the geographic area served.
 - 2) Ability to hire a qualified Nurse Administrator, faculty, and support staff.
 - 3) Qualifications of and the number of persons in the potential student pool.
 - 4) Availability of relevant clinical opportunities.
- d. The NEP must submit signed commitments from each clinical entity, which includes the type(s) of learning opportunities, average daily census, maximum number of nursing students that can be accommodated from the proposed NEP, and any limitations or restrictions imposed by the clinical entity, including the number of current clinical placements that would need to be reduced in order to meet the needs of the proposed NEP.

Board Review Process:

- e. The Board reviews the submitted documentation of intent at the next regularly scheduled Board meeting and responds in writing within forty-five (45) days of such meeting.
 - f. If the Board determines that the NEP meets the requirements of Section 3.B.1 Chapter 7 Rules and Regulations, the Board will grant Phase I recognition, and advise the Governing Organization, in writing, that it has permission to proceed with further program development.
 - g. If the Board determines that the NEP does not meet the requirements of Section 3.B.1 Chapter 7 Rules and Regulations, the Board will advise the Governing Organization, in writing, of the specific deficiencies.
2. Phase II of the Approval Process: Program Development Phase.

Upon receipt of written verification of Phase I recognition from the Board, the NEP enters Phase II, or the program development phase, of the approval process.

At the beginning of Phase II, the Governing Organization must employ a qualified Nurse Administrator. The Nurse Administrator must:

- a. Assemble an Advisory Committee that reflects the Communities of Interest.
- b. With the advice and counsel of the Advisory Committee, provide for the development of an NEP that meets the requirements of these Chapter 7 Rules and Regulations.
- c. Prepare a written report for Board consideration that provides evidence for the following:
 - 1) Manner and extent of the utilization of the Advisory Committee
 - 2) Demonstration of support and approval from the Governing Organization.
 - 3) Compliance with all requirements of Section 4 of these Chapter 7 Rules and Regulations, including but not limited to a fully developed curriculum as outlined in Section 4.D of these Chapter 7 Rules and Regulations.
 - 4) Description of approaches to perceived problems in planning, implementation, and continuation of the NEP, as identified in Phase 1.
 - 5) Description of newly identified problems perceived in the implementation and continuation of the NEP.
- d. The Board, at its next regularly scheduled meeting, reviews the required documentation to determine if all requirements are met.
- e. If the Board determines that the NEP meets the requirements of Section 3.B.2 of these Chapter 7 Rules and Regulations, the Board will grant Interim Approval and authorize the NEP to begin Phase III of the approval process. The Board advises the Governing Organization, in writing, that it has permission to admit students and implement the NEP as set forth in Phase II of these Chapter 7 Rules and Regulations.
- f. If the Board determines that the NEP does not meet the requirements of Section 3.B.2 of these Chapter 7 Rules and Regulations, the Board advises the Governing Organization, in writing, as to the specific requirements that were not met. The NEP may revise the written report and request reconsideration for Interim Approval at a time not to exceed one (1) year from the date that the Board advises the NEP that all requirements for Interim Approval were not met. During this time that the NEP is attempting to meet the requirements, the Board may require additional reports at its discretion.

3. Phase III of the Approval Process: Full Approval (NEPs with Interim Approval).

Upon receipt of written verification of Interim Approval, the NEP enters Phase III of the Approval Process.

- a. The NEP with Interim Approval must submit semi-annual reports to the Board regarding progress and problems of program implementation and initial implementation of a systematic program evaluation plan (SPE).
- b. The Board reviews the semi-annual reports and may require additional information.
- c. Written and published admission policies of the NEP with Interim Approval must be consistent with the Governing Organization policies and meet national accreditation education standards.
- d. The Board and Executive Director/Assistant Executive Director conduct a site visit within one hundred and eighty (180) days of enrollment of students to the NEP.
- e. Within forty-five (45) days of the site visit, the Board submits a written report to the NEP for comment. The NEP must respond to the comments within thirty (30) days of receipt of the report. The site visit report and comments are presented to the Board at its next regularly scheduled Board meeting.
- f. Within twelve (12) months of graduation of the initial class, the NEP must submit data and analyses obtained from the NEP evaluation process.
- g. At a time not to exceed twelve (12) months following the graduation date of the initial class, the NEP must request Full Approval. The NEP must submit a self-study of program components and outcomes.
- h. Students admitted to an NEP with Interim Approval are eligible to take the licensing exam at the appropriate time, provided the NEP maintains Interim Approval.
- i. The National Council Licensure Examination (NCLEX) pass rate for first-time takers must be 80% or higher in order to receive Full Approval.
- j. The Board may withdraw Interim Approval, in accordance with the Nurse Practice Act (32 M.R.S. Chapter 31), the Administrative Procedure Act (5 M.R.S. Chapter 375), and this chapter, when an NEP fails to maintain the NEP as approved or fails to qualify for Full Approval within twelve (12) months following the graduation date of the initial class. The Board advises the Governing Organization, in writing, of specific deficiencies.
- k. If the Board determines that the NEP meets the requirements of Section 3 of these Chapter 7 Rules and Regulations, the Board advises the Governing Organization, in writing, that the NEP is granted Full Approval.

C. Continuing Approval of a Nursing Education Program

Continuing approval is contingent upon meeting the process for national nursing accreditation.

1. NEPs with Full Approval are reviewed in conjunction with their regularly scheduled National Accreditation site visits. This includes reviewing all self-study materials prepared for the national nursing accreditation and may or may not include a site visit.
2. The Board reserves the right to conduct site visits if issues or information are identified that, in the opinion of the Board, warrant an on-site review.
3. Within ninety (90) days of a site visit, the Board submits a written report to the NEP for comment. The NEP has ninety (90) days to submit comments in writing. The site visit report and comments (provided in a timely way in advance of the external agenda deadline) are presented to the Board at its next regularly scheduled meeting.
4. If the Board determines that NEP meets the requirements of Section 4 of these Chapter 7 Rules and Regulations, the Board advises the Governing Organization, in writing, that it has granted the NEP Continuing Approval.
5. If the Board determines that all requirements of Section 4 of these Chapter 7 Rules and Regulations are not met, the Board may, at its discretion and in accordance with the Nurse Practice Act (32 M.R.S. Chapter 31), the Administrative Procedure Act (5 M.R.S. Chapter 375), and this chapter, initiate the process of withdrawal of Full Approval, or allow the NEP to continue for a specified period of time not to exceed one (1) year.

D. Change in Approval Status of a Nursing Education Program

After consideration of available information, the Board may determine that an NEP's Full Approval status should be completely withdrawn and the NEP closed, or that the NEP should be placed on Conditional Approval, for any of the following reasons:

1. The NEP does not meet or comply with all provisions contained in the Nurse Practice Act (32 M.R.S. Chapter 31), the Board's Rules and Regulations, or other state or federal laws or regulations.
2. The NEP has been denied, had withdrawn, or had a change of program accreditation by a:
 - a. National nursing accreditation body approved by the United States Department of Education;
 - b. Regional institutional accreditation agency; or
 - c. National institutional accreditation agency.

3. The NEP provided misleading, inaccurate, or falsified information to the Board to obtain or maintain Full Approval.
4. The NEP's NCLEX pass rate average falls below 80% for three (3) consecutive years.
5. The NEP willfully refuses to respond to survey requests from the Board.
6. Following a decision to place an NEP on Conditional Approval or otherwise withdraw Full Approval, the Board notifies the Governing Organization, in writing, of specific deficiencies within fourteen (14) days of the Board decision.
7. The NEP has ninety (90) days from the receipt of the notice of deficiency referenced in Section 3.D.6 of these Chapter 7 Rules and Regulations to provide written documentation regarding the correction of deficiencies or a written plan of correction.
8. An NEP with Conditional Approval must submit status reports, on a schedule determined by the Board, concerning correction of the identified deficiencies.
9. If the Board finds that an NEP with Conditional Approval has not corrected the deficiencies or met the required conditions within the time period established by the Board, it may withdraw Conditional Approval and close the NEP in accordance with the procedures specified by the Nurse Practice Act (32 M.R.S. Chapter 31), the Administrative Procedure Act (5 M.R.S. Chapter 375), and this chapter. The matter is governed by Section 3.F of these Chapter 7 Rules and Regulations.
10. If the Board withdraws Conditional Approval and closes the NEP, the Board notifies the Governing Organization and the Nurse Administrator, in writing, of the grounds for closure within fourteen (14) days of the Board decision.

E. Restoring Full Approval to a Nursing Education Program

1. After demonstrating compliance with the Nurse Practice Act (32 M.R.S. Chapter 31), the Board's Rules and Regulations, and all other state or federal regulations, an NEP with Conditional Approval may petition the Board in writing for restoring Full Approval.
2. The decision to restore Full Approval rests solely with the Board.
3. If the Board does not restore Full Approval, the NEP may petition the Board for an extension of Conditional Approval not to exceed one (1) year. As part of its petition, the NEP must submit a corrective action plan that includes a time table to correct the identified deficiencies.
4. This Section 3.E of these Chapter 7 Rules and Regulations does not apply to programs closed by the Board. Such closed programs must submit an initial application and comply with all Chapter 7 Rules and Regulations.

F. Denial or Withdrawal of Approval or Recognition of a Nursing Education Program

1. If the Board determines that an NEP with Phase I recognition, Phase II recognition (Interim Approval), Phase III recognition (Full Approval) or Conditional Approval has not met the standards set forth in the Nurse Practice Act (32 M.R.S. Chapter 31) or these Chapter 7 Rules and Regulations, it may preliminarily deny or withdraw approval of the NEP pursuant to 32 M.R.S. § 2153-A(6). If the NEP wishes to appeal the denial or withdrawal, the NEP must notify the Board in writing within 30 days of the NEP's receipt of the preliminary denial or withdrawal.
2. Any request for a hearing contesting the Board's preliminary denial or withdrawal will be governed by the Nurse Practice Act (32 M.R.S. Chapter 31) and the Administrative Procedure Act (5 M.R.S. Chapter 375).
3. The NEP must inform its enrolled students and all applicants to the NEP of any change in the program's Approval Status within two (2) weeks of the date on the Board's notification to the NEP. The notification must, to the extent possible, include notification of whether such students or prospective students are eligible to take the licensure examination.

G. Voluntary Nursing Education Program Closures

1. NEPs desiring to close must notify the Board, in writing, at least six (6) months prior to the date of closing.
2. As part of the notification of closure required in Section 3.G, the NEP must submit a plan assuring smooth transition and the equitable treatment of students affected by the program closure.

- H. National nursing program accreditation shall be required as of January 1, 2015 and evidence of compliance with the accreditation standards may be used for evaluating continuing approval.

4. CRITERIA FOR APPROVAL

A. Administration and Organization

1. Institutional Accreditation

The Governing Organization has regional accreditation and state approval.

2. Institutional organization

- a. The Governing Organization is a post-secondary institution.
 - b. The organizational chart indicates lines of authority and relationships with administration, the program, and other departments.
 - c. The NEP has at least equal status with comparable departments of the Governing Organization.
3. Program organization
 - a. The NEP has a current organizational chart.
 - b. The NEP has specific current job descriptions for all positions.
4. Nurse Administrator
 - a. The Nurse Administrator has a current unencumbered registered nurse license to practice in Maine and holds a full-time appointment in the Governing Organization.
 - b. The Nurse Administrator for pre-licensure nursing programs holds a graduate degree with a concentration in nursing.
 - c. The Nurse Administrator is experientially qualified, meets Governing Organization requirements, and is oriented and mentored to the role.
 - d. The Nurse Administrator is accountable for program administration, planning, program development, implementation, and evaluation.
 - e. The Nurse Administrator's primary responsibility and authority is to administer the NEP. The Nurse Administrator should not be assigned curriculum instructional duties that diminish nursing program administration.
- 1) The Board assumes that Nurse Administrators are not employed to be teaching faculty, but rather are employed to manage the administrative responsibilities of the NEP.
 - 2) Release time from teaching responsibilities for the Nurse Administrator shall be in accordance with national accreditation recommendations and in recognition that the Nurse Administrator's role is unique.
 - 3) Changes in the Nurse Administrator's workload beyond managing the NEP's administrative responsibilities must be reported to the Board by the Governing Organization. Factors to be considered, but not limited to, include:
 - a) Additional students
 - b) Number of satellite campuses
 - c) Oversight of other programs
 - d) Administrative support
 - e) Increased teaching load

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- f. The Nurse Administrator oversees the recruitment, development, and evaluations and/or performance reviews of all nursing program faculty members.
 - g. The Nurse Administrator participates in statewide and/or national activities that promote the education of nurses.
 - h. The Nurse Administrator is authorized by the Board to sign the licensure application to assure the applicant meets the requirements for completion of the NEP. Exceptions must be authorized by the Board.
 - i. The Nurse Administrator develops and maintains ongoing relationships within the community, including the NEP's responsiveness to community/employer needs.
 - j. The Nurse Administrator participates in activities that facilitate the Nurse Administrator's professional expertise in the areas of administration, teaching, and maintenance of nursing competence.
 - k. The Nurse Administrator determines the need for additional nursing faculty release time for administrative duties.
 - l. The Nurse Administrator serves as a liaison with the Board.
 - m. The NEP has adequate fiscal, physical, technical, and learning resources to provide stability, development, and effective operation of the NEP.
 - n. The Nurse Administrator administers the budget and resources according to governing institutional policies.
 - o. The Nurse Administrator makes budget recommendations with input from the faculty and staff.
- B. Faculty
1. Faculty (full-time and part-time salaried employees): Individuals meet the requirements of the Board's Rules and Regulations, are designated by the Governing Organization as having ongoing responsibility for curriculum development and planning, teaching, guiding, monitoring, and evaluating student learning in the classroom, clinical, and/or lab setting.
 2. Other faculty include:
 - a. Part-time or adjunct (non-salaried contractual faculty): Individuals meet the requirements of the Board's Rules and Regulations and have ongoing responsibility for evaluating student learning in the classroom, clinical and/or lab setting. Non-salaried contractual faculty collaborate with salaried faculty to maintain program policies and course requirements. They assume joint responsibility with salaried faculty in guiding student learning. The ratio of faculty to student will not exceed 1:8 when involved with direct patient care.
 - b. Preceptor: Licensed nurses may share joint teaching responsibility with a faculty member and have a minimum of one (1) year of clinical experience relevant to the area(s) of responsibility. It is expected that the licensed nurses will be at or above the degree level of the NEP.

3. Faculty credentials:

- a. All nursing faculty have a current unencumbered registered nurse license to practice in Maine.
- b. 100% of salaried nursing faculty hold a graduate degree in nursing and 100% of non-salaried contractual faculty hold a minimum of a Bachelor of Science degree in nursing, with a graduate degree in nursing preferred.
- c. Nursing faculty demonstrate educational and clinical competencies for assigned instructional activities. Nursing faculty are oriented and mentored in their areas of responsibility.
- d. Nursing faculty maintain expertise in their areas of teaching responsibilities, demonstrating evidence-based teaching and clinical practices.
- e. Exceptions: The Board may approve faculty who do not meet the graduate degree in nursing requirement in Section 3 (b) only under the following circumstances:
 - 1) The Governing Organization demonstrates to the satisfaction of the Board that it used substantial effort to recruit a candidate with a graduate degree in nursing;
 - 2) The candidate is currently enrolled in a graduate program with a major in nursing and can clearly demonstrate, to the satisfaction of the Board, that there is a specific plan of completion within six years. Continuing approval of a candidate under this subsection is subject to the Governing Organization or the candidate annually demonstrating substantial compliance with the plan of completion; or
 - 3) Emergency Exception: The Board may grant an emergency exception when the nursing program demonstrates that it cannot comply with Section 3 (b) due to emergency circumstances (immediate and unanticipated due to reasonably unforeseeable circumstance). Approval will be on a short-term basis only, such as day-to-day or week-to-week (non-salaried employment only).
- f. Non-nursing faculty members teaching nursing courses have the educational qualifications and experience required by the Governing Organization and are qualified to teach the assigned nursing courses.
- g. Preceptors are oriented, mentored, and monitored. They have clearly documented roles and responsibilities.

4. Nursing Faculty Responsibilities:

- a. All nursing faculty are hired to teach assigned didactic and/or lab and/or clinical courses.
- b. Salaried nursing faculty members are responsible for developing, implementing, and evaluating the curriculum.

- c. Salaried nursing faculty participate in program decisions, policy development and implementation, and other activities pertinent to program management, including policies related to nursing program admission, progression, retention, and graduation, working within college policies.
 - d. Salaried nursing faculty are active members of assigned standing program committees.
 - e. Salaried nursing faculty engage in program evaluation and accreditation.
 - f. Salaried nursing faculty are assigned advisees per college requirements.
 - g. All nursing faculty are members of the greater college community in terms of policies and governance.
5. The number of nursing faculty is sufficient to meet the educational outcomes of the program, the learning needs of the students, and the safety of the recipients of health care services.
- a. The number of salaried nursing faculty is sufficient to ensure that student learning outcomes and program outcomes are achieved.
 - b. The overall faculty/student ratio shall be no greater than 1:8 in clinical areas involving direct patient care.
 - c. The preceptor to student ratio shall be no greater than 1:1 in clinical areas involving direct patient care.
 - d. Preceptors shall work in collaboration with program faculty, who retain final responsibility for student evaluation.

C. Students

1. Admission, Progression, and Graduation

- a. Policies pertaining to admission, progression, and graduation are congruent with those of the Governing Organization, publicly accessible, non-discriminatory, and consistently applied; differences are justified by the student learning outcomes and program outcomes.
- b. Admission criteria reflect consideration of potential to complete the NEP and meet state regulations to apply for licensure.
- c. Qualified applicants are admitted without discrimination as to age, race, color, religion, gender/gender identity, sexual orientation, national origin, marital status, citizenship status, disability, genetic information, or veteran status.
- d. The NEP assures that students, at stated intervals, are evaluated and informed of their progress towards completion of the program.
- e. Student rights, responsibilities, and opportunities are available in written form. Students have input into NEP processes and decision-making.
- f. Requirements for graduation are clearly stated and include satisfactory scholastic achievement, competence for beginning practice, professional conduct, and accountable behavior.

- 1) The selection and organization of the learning experiences in the curriculum provide continuity, sequence, and integration of these experiences, and meet the SLOs.
 - 2) The ratio between nursing and non-nursing credits is based on well-developed rationales.
 - 3) Theory is concurrent or in advance of clinical learning experiences.
 - 4) Current course syllabi are available to students and faculty.
 - 5) A prelicensure NEP may use simulation as a substitute for traditional clinical experiences, not to exceed fifty percent (50%) of its clinical hours. An NEP that uses simulation shall adhere to the standards set by the National Council of State Boards of Nursing (NCSBN) Simulation Guidelines for Prelicensure Nursing Education Programs as published in the Journal of Nursing Regulation, Vol. 6, Issue 3, pp. 39-42, October 2015, which is hereby incorporated by reference. . Copies of these guidelines are available through the Maine State Board of Nursing, 158 SHS, Augusta, Maine 04333-0138.
- b. Curricula preparing students for licensure as registered nurses or licensed practical nurses meet the Governing Organization's requirements for graduation and the criteria established by the NEP's national accreditation body. These include, but are not restricted to the following content areas:
- 1) Anatomy, physiology, chemistry, microbiology, and pathophysiology.
 - 2) Sociology, psychology, communications, growth and development, interpersonal relations, group dynamics, cultural diversity, and humanities.
 - 3) Legal, ethical, and professional considerations that influence nursing.
 - 4) Pharmacotherapeutics, medication administration, nutrition, and diet therapy.
- c. Theoretical and clinical instruction in nursing, which encompass the attainment and maintenance of patient safety, physical and mental health, and the prevention of illness for individuals and groups throughout the lifespan, is based on:
- 1) The nursing process of assessment, analyzing data, planning, implementing, and evaluating functions, as applicable to LPN and RN scope and standards of practice.
 - 2) Applying best evidence to guide nursing practice and therapeutic interventions.

E. Resources, Facilities and Services

1. Hospitals, nursing homes, extended care facilities, community health

agencies and other community settings are potential clinical fields in education for the practice of nursing.

Clinical facilities/sites need to:

- a. Provide adequate learning experiences to meet course objectives.
- b. Be adequately staffed with qualified health professionals to ensure safe care and competent supervision of students.
- c. Conform to current standards of nursing practice and be reflective of best practices and national safety standards.
- d. Provide students and faculty with an orientation to the facility.

The NEP must have current and appropriate written agreements with all clinical facilities/sites. Written agreements must include a clause regarding the termination of the agreement, and be mutually reviewed as delineated in the agreement.

1. Financial support must be adequate to provide stability, development, and the effective operation of the nursing program(s). The Nurse Administrator is responsible for administration of the budget according to the Governing Organization's policies. The Nurse Administrator makes budget recommendations with input from the faculty and staff.
2. Each NEP and satellite campus must have a clinical skills laboratory equipped with necessary educational resources. Classrooms and laboratories must be:
 - a. Available at the scheduled times.
 - b. Adequate in size for the number of students.
 - c. Climate controlled, ventilated, and well-lighted.
 - d. Equipped with appropriate seating, furnishings, and equipment conducive to learning.
3. Adequate storage space needs to be available. Facilities must be in compliance with applicable local, state, and federal rules and regulations related to safety and the Americans with Disabilities Act.
4. The Nurse Administrator must have a private office. Faculty members need adequate office space to complete the duties of their positions and provide for uninterrupted work and privacy for conferences with students. There must also be adequate office space for clerical staff. Records, files, equipment, and supplies must be secured.
5. Nursing students are required to have access to college student services including, but not limited to, health services, counseling services,

assistance in obtaining financial aid, technology assistance, and any other services as indicated by the objectives of the program.

6. Each nursing program and each satellite campus must have a library/learning resource center with:
 - a. Current holdings/access to resources that meet student educational needs, faculty instructional needs, and scholarly activities.
 - b. A procedure for acquisitions of printed and multi-media materials.
 - c. A procedure for identifying and eliminating outdated holdings.

The library is under the direction of a qualified Librarian who is academically and experientially qualified. Library resources need to be accessible and conveniently available.

F. Records and Reports

The NEP must maintain a system of administrative records that include, but are not limited to, current course syllabi and evaluation instruments, faculty personnel records, NEP faculty and committee minutes/reports, student records, pertinent correspondence, pertinent reports, and official publications of the NEP.

All student educational records, including students who are dismissed from the NEP, are confidential and in compliance with policies of the Governing Organization and state and federal guidelines.

Records reflect that program complaints and grievances receive due process and include evidence of resolution.

Faculty records need to be current and confidential. Essential data must include:

1. Application for present position
2. Educational and professional history, including official transcripts
3. Letter of appointment or copy of contract that includes a statement relating to areas of responsibility.

Other records that need to be current and maintained in accordance with the Governing Organization's accreditation body policies include:

1. A master plan of the curriculum
2. Accreditation and approval reports
3. Reports to the Governing Organization, if such are prepared
4. Minutes of NEP faculty and committee meetings

Confidential records must be safely stored to protect them against loss, destruction, or unauthorized use.

Reports must be submitted to the Board, as requested.

G. Program Evaluation

Faculty develop and implement the systematic plan of evaluation (SPE) that is written, ongoing, and focused on assessing SLOs, program outcomes, and program effectiveness. The SPE should include:

1. Measurable expected levels of achievement (ELOAs) for SLOs and program outcomes as appropriate.
2. The quantitative and qualitative data to be collected, as well as the timeframe for data collection.
3. Licensure pass rates, program completion rates, and other outcomes determined by each NEP.
4. Input from the community of interest (e.g. faculty, students, alumni, employers).
5. Aggregate data analysis and how this analysis informs continuous program improvement.
6. How results of program evaluation are shared with the community of interest.
7. How often the SPE is reviewed and revised, if needed.

STATUTORY AUTHORITY: 32 MRSA Section 2153-A, 2104(1)(B)

EFFECTIVE DATE:

June 23, 1978 (Revised as to form to comply with APA - April, 1979)

AMENDED:

December 13, 1983

EFFECTIVE DATE (ELECTRONIC CONVERSION):

September 24, 1996

AMENDED:

June 28, 1998 - §2(C)(5)(b, h) - numbering also corrected by agency

May 3, 2000 - §2(C)(5)(b)(ii)(j)

NON-SUBSTANTIVE CORRECTIONS:

June 1, 2000 - corrected. Citation in history note for May 3, 2000 amendment.

AMENDED:

December 19, 2004 – filing 2004-583

AMENDED:

May 7, 2013 – filing 2013-108

AMENDED:

May 30, 2019