

Topic	Wisconsin	NCSBN Model Rule	Illinois	Iowa	Michigan	Minnesota
Authority	Statutes state that no nursing school shall operate in the state unless approved by the BON. N1 approves the following nursing programs: <ul style="list-style-type: none"> ○ Programs awarding PN diploma ○ Associate degree ○ Baccalaureate degree (including articulation programs) ○ Diploma program 	Prelicensure programs		Approves: <ul style="list-style-type: none"> ○ Diploma (PN) ○ Associate degree ○ Baccalaureate degree ○ Master’s degree in nursing ○ Master’s degree for advanced practice nursing ○ Doctoral degree with a major in nursing ○ Doctorate in nursing practice 	Prelicensure programs	
Nursing Accreditation	Not Required Schools which have received accreditation from a board recognized nursing accreditation agency shall file evidence of initial accreditation with the board, and thereafter shall file notice of any change in accreditation status. Schools that do not hold accreditation from a board recognized nursing accreditation agency shall be responsible for meeting standards.	Required by Jan. 1, 2020	Not Required The Division has determined that nurse programs approved through the National League for Nursing Accrediting Commission or the Commission on Collegiate Accreditation meet the requirements, except for those programs whose curriculums do not include a concurrent theory and clinical practice education component as required.	Not Required	Not Required A self-study report prepared for accreditation or re-accreditation by a nationally recognized accrediting agency of nursing education programs may be submitted in place of the self-study report prepared for the board. The schedule for submission of self-study reports for accredited programs shall follow the schedule of the nationally recognized accrediting agency.	Required by 2016
1st Step	Authorization to Plan At least 12 months prior to the anticipated opening date of the program, submit a written proposal including: <ul style="list-style-type: none"> ○ The administrative and organizational structure of the governing institution and its relationship to the nursing program ○ The type of program ○ The curriculum plan ○ The instructional methods ○ The projected use of clinical facilities and resources ○ The plan for employment of faculty 	Phase 1 – Application The proposed program shall provide the following information to the BON: <ul style="list-style-type: none"> ○ Results of a needs assessment, including identification of potential and available students and employment opportunities for program graduates ○ Identify sufficient financial and other resources ○ Governing institution approval and support ○ Community support ○ Type of educational program proposed ○ Evidence of institution 	Establish a new nursing program, change the level of educational preparation of the program or establish an extension of an existing program shall: <ul style="list-style-type: none"> ○ Submit a letter of intent to the Division ○ Provide a feasibility study to the Division including: <ul style="list-style-type: none"> ● Need for program in community ● Need for graduates of the proposed program ● Availability of students ● Impact on existing nursing programs in a 50 mile radius of the proposed 	Application The controlling institution shall submit an application that includes the following: <ul style="list-style-type: none"> ○ Name & address of the controlling institution and accreditation status of the controlling institution. ○ Statement explaining how the institution meets the definition of “located in Iowa” ○ Statement of intent to establish a nursing program, including the academic and licensure levels of the program and the primary method of instruction. 	Initial Approval The sponsoring agency shall submit all of the following: <ul style="list-style-type: none"> ○ A letter of intent to initiate a program of nursing program ○ Evidence that the mission of the sponsoring agency is consistent with provision of a program to prepare students for the practice of nursing ○ Evidence that the sponsoring agency will provide funding and other support for the program ○ If the sponsoring agency is an institution requiring approval of the Mich Dept. of Career Development to conduct a 	Phase I – Intent Must submit a letter of intent. Documentation in the letter of intent must: <ul style="list-style-type: none"> ○ Letter must be submitted 12 months prior to the intended start date of the program ○ Include the name, address, and current accreditation of the governing body. ○ Provide rationale for establishing the nursing education program ○ Present a timetable for development and implantation of the nursing program ○ Provide evidence of adequate financial support and resources

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		<p>meeting state requirements and regional or national accreditation by an accredited agency recognized by the US Dept. of Education</p> <ul style="list-style-type: none"> ○ Evidence of the nursing program actively seeking accreditation from a US Dept. of Education recognized national nursing accrediting agency ○ Clinical opportunities and availability of resources. ○ Availability of qualified faculty and program director. ○ A proposed time line for initiating and expanding the program. 	<p>program</p> <ul style="list-style-type: none"> ● PN programs: Potential for qualified faculty, including the CV of potential faculty members ● RN programs: The CV of identifiable faculty, including the CV of any potential faculty members that will teach in the program. ● Adequacy of clinical practicum and academic resources ● Financial commitment to support the initial and continuing program ● Community support of the scope and philosophy of the program ● Authorization by the appropriate IL education agency ● Timetable for development of the program and the intended date of the first class beginning. ○ Identify a qualified nurse administrator and proved CV ○ Submit a curriculum proposal including: <ul style="list-style-type: none"> ● Program philosophy and objectives ● Plan of organization that is logical & internally consistent ● Proposed plans of study, including requisite & elective courses with rationale ● Course outlines or syllabi for all nursing courses ● Student handbook ● Faculty qualifications 	<ul style="list-style-type: none"> ○ The establishment of an advisory committee composed of representatives of the community and nurses. Minutes of advisory committee meetings shall be kept on file. ○ Completion of needs assessment including: <ul style="list-style-type: none"> ● Present & future needs for the program in the state including availability of students and need for entry-level nurses ● Potential effect on existing nursing programs. ● Availability of qualified head of the program & faculty ● Source and description of clinical resources for the program. ● Evidence of potential students and anticipated enrollment. ● Adequate academic facilities and staff to support nursing program. ● Tentative time schedule for planning and implementing the program and intended date for entry of the first class. <p>The board shall approve or deny the program application to establish a nursing program.</p>	<p>nursing education program or to confer a particular degree or certification upon graduates of the program, a copy of that Dept.'s approval</p> <ul style="list-style-type: none"> ○ Evidence of the availability of sufficient cooperating agencies to provide clinical experiences ○ Proposed number of students to become enrolled in the program annually. ○ Proposed first date of admission of students to the nursing sequence of the program. ○ Plans to recruit and employ a qualified director for the program and other faculty members sufficiently in advance of admitting students to assure consistency in the planning & implementation of the curriculum. If already appointed, provide names and qualifications. <p>Site visit to the program by the nurse consultant of the board in advance of considering initial approval.</p>	<ul style="list-style-type: none"> ○ Document availability of adequate academic facilities ○ Include impact of the proposed nursing education program on other nursing programs in the area ○ Provide documentation of authorization by the designated review board for that educational institution to develop and implement a program <p>Until a controlling body has received initial approval to conduct a program, representatives of the body shall use the term “proposed” in all references to the nursing program.</p>

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			<ul style="list-style-type: none"> • Instructional approaches to be employed • Evaluation plans for progress, faculty and students • Facilities and utilization plan • Budget plan ○ Coordinate with Division for a site visit to be conducted prior to program approval. 			
1 st Step (2 nd part)				<p>Program Proposal within one year of application including:</p> <ul style="list-style-type: none"> ○ Evidence of employment of the head of the program, including the qualifications, at least six months prior to the beginning of the first nursing course. ○ Program philosophy, objectives and outcomes that reflect the proposed level of education ○ Organizational chart of the educational institution documenting the relationship of the nursing program within the institution. ○ Curriculum plan that meets the criteria ○ Letter of intent from clinical facilities securing clinical opportunities and documentation of the facility, type, size, number of beds and type of patients. ○ Evidence of provision of qualified faculty. Faculty shall be employed by the controlling institution prior to the beginning of teaching assignments. Faculty shall meet qualifications. ○ Updated time schedule. ○ Proposed five year budget for 		

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				the nursing education program.		
2nd Step	<p>Authorization to Admit Students Shall grant upon proof of the following:</p> <ul style="list-style-type: none"> ○ Appointment of an educational administrator who: <ul style="list-style-type: none"> ● Holds a current license to practice as an RN in Wisconsin ● Has a minimum of 2 years full-time or equivalent direct care experience as a practicing nurse ● Has 3 years of experience in nursing education in the last 10 years ● Holds a master’s degree with a major in nursing for a professional nursing program ● Holds a master’s degree with a major in nursing or a related field for a practical nursing program ○ A statement of philosophy, purpose, objectives, conceptual framework, and description of courses developed by faculty ○ Evidence that each faculty member meets the following standards: <ul style="list-style-type: none"> ● Holds a current license to practice as a registered nurse in Wisconsin ● Has at least 2 years of full-time or equivalent direct care experience as a practicing nurse ● Be employed in nursing within the last five years ● Holds a master’s degree with a major in nursing for courses in professional 	<p>Phase II – Approval to Admit Students The proposed program shall provide the BON with verification of the following:</p> <ul style="list-style-type: none"> ○ Employment of a director and faculty to develop program ○ Over view of total curriculum: <ul style="list-style-type: none"> ● Content ● Schedule (course sequence) ● Course descriptions ● Contracts for clinical sites ● Program evaluation plan ● Course syllabi for 1st year and plan for next years ○ Establishment of student policies for admission, progression, retention and graduation <p>When all components and processes are completed and in place, the BON shall authorize the program to admit students.</p>		<p>Interim approval May be granted to the program based on the program proposal and a site visit. The controlling institution shall publish the interim approval status. A Program progress report shall be submitted 3 weeks prior to each regularly scheduled board meeting until full approval is granted. The report shall include:</p> <ul style="list-style-type: none"> ○ Updated information in all areas identified in the initial proposal. ○ Current number of admissions and enrollments ○ Current number of qualified faculty ○ Course descriptions ○ Detailed course syllabi submitted 6 months prior to offering course ○ Changes requiring board notification and approval. <p>Interim approval continues until the board conducts a review of program materials, completes a site visit and grants approval to the program following graduation of the first class and submission of NCLEX or advanced practice certification results.</p>	<p>Initial Approval Following initial approval and before initiating the nursing sequence, the program shall submit a self-study report which is approved by the board. The report shall set forth evidence of plans for compliance with the education requirements. Annually the program director shall submit a progress report during the period of initial approval including:</p> <ul style="list-style-type: none"> ○ Admission, progression and retention of students. ○ Student achievement on the required licensure examination. ○ Program evaluation. ○ Program changes. 	<p>Phase II – Program Development</p> <ul style="list-style-type: none"> ○ The director of the proposed program must submit an application for approval documenting compliance with education standards and criteria specified in this chapter. ○ Board members must conduct a site visit when the application demonstrates compliance with nursing education standards and criteria specified. ○ Board site visitors submit a recommendation to the board to grant initial approval or deny initial approval. ○ The institution must not conduct nursing coursework until the board approves the recommendation for initial approval. This restriction does not prevent the controlling body from conducting nonnursing courses or from providing continuing education to nursing personnel. <p>After receiving initial approval, the director must submit all required board annual reports including all reports and communication regarding candidacy for national nursing education accreditation.</p>

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	<p>nursing</p> <ul style="list-style-type: none"> • Holds a baccalaureate degree with a major in nursing for courses in practical nursing ○ Evidence that clinical facilities have been selected according to the following standards: <ul style="list-style-type: none"> • Identification that the clinical experience to be gained from the clinical facility is consistent with the nursing program objectives • A formal written agreement between the clinical facility and the nursing program demonstrating willingness to cooperate in promoting the nursing program clinical objectives. • Identification by the school that the practice of the registered nurse and the licensed practical nurse at the clinical facility is within the legal scope of practice as defined in 441.11(3) and (4), Wis. Stats. 					
Approval	<p>Approval</p> <p>After the graduation of the 1st graduating class, the Board bases its decision on:</p> <ul style="list-style-type: none"> ○ Self Evaluation Report on compliance of N 1.06 standards ○ Survey Report ○ NCLEX Scores 	<p>Phase III – Full Approval</p> <p>BON shall approve upon:</p> <ul style="list-style-type: none"> ○ Completion of BON program survey visits concurrent with graduation of 1st class or eligibility for NCLEX ○ Submission of program’s ongoing systematic evaluation plan ○ Satisfactory completion of survey report that verifies that the program is in compliance with nursing education standards ○ The BON may request periodic reports from the new program regarding initial 	<p>Denial of Approval</p> <p>If the Division, in the course of reviewing an application for approval of a nursing program, determines that an applicant program has failed to comply with the application criteria or procedures or receives information that indicates that the applicant program will not be able to comply with the conditions, the Division may deny the application for approval.</p>	<p>Approval</p> <p>The board shall provide the program with the schedule and criteria for approval or reapproval.</p> <p>The program shall provide to the board the nursing education program report and requested materials addressing all aspects of the program outlined in rules 2.6(152) to 2.15(152) and documenting how the criteria for approval are met.</p> <p>Documentation may include current information submitted by the program to other approval and accrediting entities.</p>	<p>Full Approval</p> <p>May apply for full approval of the program after graduation of the 2nd class, but shall apply not later than graduation of the 4th class. (One class shall be counted for each 12 month period). The following requirements are established for full approval of a program:</p> <ul style="list-style-type: none"> ○ Make application to the board in the form of a letter. ○ Submit a self-study report setting forth evidence of compliance with the educational requirements ○ A site visit to the program and 	<p>Phase III – Continuing Approval</p> <p>The board must survey initially approved nursing programs and continue approval for the program if the program is in compliance with board rules, including:</p> <ul style="list-style-type: none"> ○ Meet the minimum first-time licensure examination success rate. ○ Acquire national nursing education accreditation.

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		<p>program operations before granting approval</p>		<p>A site visit shall be made:</p> <ul style="list-style-type: none"> ○ To grant full approval to program with interim approval. ○ With the purpose of determining if the program continues to meet the criteria for approval. ○ If there is any time evidence that the program does not meet the criteria for approval. <p>The board shall provide to the head of the program a report addressing any recommendations as a result from the site visit and nursing education program report with an opportunity to respond.</p> <p>Full approval may be granted or continued, within any time frame determined by the board, up to six years. Provisional approval may be granted.</p>	<p>a report of the site visit provided to the board and sponsoring agency.</p> <p>If approval is denied, the sponsoring agency may request a hearing.</p>	
<p>Provisional Approval</p>				<p>Provisional approval may be granted to a program if the board determines that the program does not meet the criteria for approval:</p> <ol style="list-style-type: none"> 1. At any time during the progression of the program. 2. During the full approval procedure of the program. <p>At the time of provisional approval, the board:</p> <ol style="list-style-type: none"> 1. Shall meet with representatives of the program and controlling institution to determine the length of provisional approval, set conditions for approval, and identify outcomes. The program shall notify students of provisional approval. 		

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				<ol style="list-style-type: none"> 2. May require progress reports and a site visit. 3. Shall meet with representatives of the program and controlling institution prior to the expiration of the program's provisional approval to determine if outcomes are met. 4. Shall deny or withdraw approval if the board determines that the program failed to meet the conditions for full approval. 		
Continued Approval	<p>Accredited Programs Program shall submit evidence of initial nursing accreditation with the board and file a change in accreditation status. The board shall continue to grant approval to schools filing evidence of accreditation status. Schools shall be responsible for complying with standards under N 1.06</p> <p>Non-accredited Programs Schools shall file self-evaluation reports. Schools shall be responsible for meeting with N 1.06 standards.</p>	<p>Every ___ years approved nursing education programs will be evaluated for continuing approval. The BON may accept all or partial evidence prepared by a program to meet national nursing accreditation requirements. The BON shall review and analyze information including:</p> <ul style="list-style-type: none"> ○ Periodic survey visits and reports ○ Evidence of national nursing accreditation ○ National nursing accreditation visits, reports and other pertinent documents ○ Results of ongoing program evaluation ○ Other sources of evidence of achievement of program outcomes including: <ul style="list-style-type: none"> ● Student retention, attrition and on-time program completion rates ● Sufficient/adequate type and number of faculty, faculty competence and faculty retention/turnover ● Adequate lab and clinical 	<p>Continued Approval</p> <ul style="list-style-type: none"> ○ Submit annual evaluation reports to the Division. The reports shall contain information regarding curriculum, faculty and students and other information deemed appropriate by the Division ○ Full routine site visits may be conducted ○ Pass rate of graduates on NCLEX shall be 75% for a school to remain in good standing. 		<p>Continued Approval Every 4 years the sponsoring agency shall submit a report to the Board (the report alternates between a self-study report with an abbreviated report so that a self-study report is submitted every 8 years for non-accredited programs and at least every 10 years for accredited programs). A self-study report prepared for accreditation purposes may be submitted in place of the report prepared for the board. The submission for accredited programs shall follow the schedule of the nationally recognized accrediting agency and shall be submitted to the board within 1 month following receipt from accrediting agency's decision on accreditation.</p>	<p>Continued Approval Per Minn. Statutes, the board must survey all nursing programs to determine if the board will continue approval. For approval to be continued, a nursing program must be in compliance with all board rules and must:</p> <ol style="list-style-type: none"> 1. Follow the accreditation cycle and process for initial or continuation of accreditation of the national nursing education accrediting agency. 2. Allow board members and board staff to accompany surveyors on the accrediting site visit if the board chooses to conduct joint visits. 3. Submit national nursing accrediting agency self-study to the board. 4. Submit a copy of all communication between the program and the national nursing accrediting agency. 5. Submit required annual board reports. <p>The must act to continue</p>

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		<p>learning experiences</p> <ul style="list-style-type: none"> • NCLEX pass rates which are at least ___% for one year • Trend data/action planning related to NCLEX performance • Trend data/action planning related to employer and graduate satisfaction • Performance improvement initiatives related to program outcomes • Program complaints/grievance review and resolution. <p>Continuing approval will be granted upon verification that the program is in compliance with the BON rules.</p> <p>The BON may grant conditional approval when it determines that a program is not full meeting approval standards. If the BON determines that an approved program is not meeting the criteria, the program shall be given a reasonable period of time to submit an action plan and to correct the identified program deficiencies.</p>				<p>approval if the program:</p> <ul style="list-style-type: none"> ○ Receives initial or continuing national nursing education ○ Is in compliance with all other board rules and statutes.
<p>Withdrawal of full approval</p>	<p>If the board finds that standards are not being met, it may place a school on probation.</p> <p>The board may withdraw approval for a school to conduct a nursing program if it finds that standards continue to be unmet following a board imposed probationary status.</p> <p>The board shall make available</p>	<p>Withdrawal of Approval</p> <p>The BON shall withdraw approval if, after proper notice and opportunity, it determines that:</p> <p>Program fails to meet the standards of the rules and Program fails to correct the identified deficiencies within the time specified.</p> <p>After January 1, 2020, a program</p>	<ul style="list-style-type: none"> • A nursing program having an annual pass rate of less than 75% of first time examinees for one year will receive a written warning of noncompliance from the Division. • A nursing education program having an annual pass rate of less than 75% for 2 consecutive years will receive a site visit for evaluation and 		<p>Withdrawal of Approval</p> <p>The board shall offer consultation for guidance in correcting nursing education program deficiencies identified by the board.</p> <p>A program which within a reasonable length of time, fails to meet standards shall be removed from the list of approved programs. An institution</p>	<p>The Board must survey the program for compliance with one or more applicable rules if</p> <ul style="list-style-type: none"> ○ Requirements for approval are changed or added ○ Reason to believe there is a lack of compliance with rules ○ Reason to believe program personnel are submitting false or misleading information or engaging in fraudulent practices to obtain or maintain

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	<p>recommendations to assist a school to reestablish approval</p>	<p>that has not received national nursing accreditation by a US Department of Education recognized agency shall upon request be granted a one year extension to comply with the requirement.</p> <p>A program denied approval or given less than full approval may appeal that decision. All such actions shall be in accordance with due process rights.</p> <p>Approval may be reinstated if the program submits evidence of compliance with nursing education standards within the specified time frame.</p>	<p>recommendation by the Division and will be placed on probation for program revision.</p> <ul style="list-style-type: none"> • The nursing education program will have 2 years to demonstrate evidence of implementing strategies to correct deficiencies and bring the pass rate in line with the 75% criteria. • If 2 years after implementing the strategies, the annual pass rate is less than 75%, the program will be reevaluated. The program will be allowed to continue to operate on a probationary status or will be disapproved and removed from the approved list. <p>Revocation of Approval Grounds for disapproval are:</p> <ul style="list-style-type: none"> ○ Violation of any provision of the Act ○ Fraud or dishonesty in applying for approval of a nursing program ○ Failure to continue to meet criteria of an approved nursing education program ○ Failure to comply with recommendations made by the Division as a result of a site visit <p>Upon notification of the Division's proposed action, the nursing education program may:</p> <ol style="list-style-type: none"> 1. Submit a written response 2. Request a hearing before the Board. 		<p>conducting a program which is removed from the approved list shall be granted an opportunity for a hearing.</p>	<p>approval.</p> <ul style="list-style-type: none"> ○ If success rates are 75% or less for any three consecutive calendar years. <p>After the survey the Board notifies the director that compliance with the rules has been determined or allegations of lack of compliance with rules. If lack of compliance the notice must inform the director that either a:</p> <ul style="list-style-type: none"> ○ conference will be held with a board review panel or ○ contested case hearing will be held. <p>If a board review panel conference is held and the review panel finds that are allegations are:</p> <ol style="list-style-type: none"> 1. Untrue, then the board dismisses 2. True and representatives of the program consent, the panel shall submit a report to the board 3. True but representatives do not consent to report, then a contested case must be initiated. <p>Board actions include:</p> <ul style="list-style-type: none"> ○ Compliance with all rules ○ Reprimand without changing approval status if the program gains compliance ○ Revoke approval ○ Issue a Correction Order specifying the date by which the deficiencies must be corrected. <p>If not corrected than a board review panel or contested care</p>

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						<p>hearing may be held to determine if the deficiency was corrected prior to the expiration of the Order.</p> <p>If the deficiency was not corrected prior to expiration of the correction order, the board shall either remove the program from the list of approved programs or deny approval to an applicant.</p> <p>Denial or Withdrawal</p> <ol style="list-style-type: none"> 1. The board shall deny initial approval if it determines that a new nursing education program will be unable to meet the standards of nursing education. 2. The board shall withdraw approval if it determines that a nursing education program: <ol style="list-style-type: none"> a. Fails substantially to meet the standards for nursing education or b. Fails to correct the identified deficiencies within the time specified. 3. If a nursing program is removed from the approved list, the governing body must provide for the completion of the program for students currently enrolled by placing the students in an approved program. 4. The board may reinstate approval if the program submits evidence of compliance with nursing education standards within the specified time frame set by the board.
Changes	Changes requiring Approval		Major Curriculum Revision	Changes requiring Notification	Major Program Changes	

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requiring notification or approval	<p>The following changes require approval:</p> <ul style="list-style-type: none"> ○ Plan for voluntary or involuntary closure of the school ○ Changes that alter the program's compliance in the areas of organization and administration, curriculum, instruction or faculty ○ Change in ownership 		<p>Programs desiring to make a major curricular revision (i.e. addition or deletion of content, a substantive change in philosophy or conceptual framework or length of program) shall:</p> <ol style="list-style-type: none"> 1. Submit a letter of intent to the Division; and 2. Submit a copy of the proposed changes and new material to the Division at least one term prior to implementation for Board recommendation and Division approval. <p>Minor Curricular Revision Programs desiring to make curricular revisions involving reorganization of current course content but not constituting a major curriculum revision shall submit the proposed changes to the Division in their annual report.</p> <p>If the name of the program is changed or the institution in which the program is located or with which it is affiliated changes its name, the program shall notify the Division within 30 days after the name change. If the Division is not notified within the 30 days, the program's approval may be withdrawn.</p>	<p>& Approval Submit proposed changes for approval when the outcome will:</p> <ul style="list-style-type: none"> ○ Lengthen or shorten the course of study ○ Add or delete academic credit in a course required for graduation ○ Add or delete a course required for graduation ○ Alter graduation requirements ○ Reduce the human, physical or learning resources provided by the controlling institution to meet program needs ○ Substantively alter the philosophy/mission of the program ○ Revise the predominant method of instruction or delivery, including transition from on-site to self-study or distance learning. ○ Entail delivery of a cooperative program of study with an institution that does not provide a degree in nursing ○ Increase the number of student admissions by 20% or more <p>Special Reports Notify the Board of the following:</p> <ul style="list-style-type: none"> ○ Change of controlling institution ○ Changes in administrative personnel in the program or controlling institution ○ Opening of a new site or campus 	<p>Shall be submitted to the board and approved prior to implementing. The type of approval, initial or full, under which a program is conducted, shall not be altered when the board approves major program changes. All the following shall be submitted:</p> <ul style="list-style-type: none"> ○ A comparative description of the current and proposed program or portion of the program which is proposed for change ○ Rationale for the change ○ Plans to evaluate the effect of the change ○ Any supporting documents. <p>If approval is denied, the sponsoring agency may request a hearing.</p>	
Annual Reports	Schools shall file self-evaluation reports and other documents as			The head of the program shall submit an annual report that	Every 4 years the sponsoring agency shall submit a report to	The program director must submit the following annual

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	<p>the board may require including documents submitted to or by nursing accreditation agencies, and shall be evaluated by the board or its representatives.</p>			<p>includes:</p> <ol style="list-style-type: none"> 1. Progress toward achievement of goals identified by the program for the previous academic year. 2. Qualifications and major responsibilities of the head of the program and each faculty member. 3. Policies for admission, progression and graduation of students. 4. Policies for student health and welfare. 5. Current enrollment by class/cohort. 6. Number of admissions and graduations per year for the past five years. 7. Passing percentages of graduates on NCLEX for the past five years. 8. Employment data for graduates. 9. Curriculum plan. 10. Descriptions of resources, clinical facilities, preceptorship experiences and contractual arrangements. 11. Copy of audited fiscal reports, including a statement of income and expenditures. 12. Goals for the current academic year. 13. Catalog of the controlling institution or program. 	<p>the Board (the report alternates between a self-study report with an abbreviated report so that a self-study report is submitted every 8 years for non-accredited programs and at least every 10 years for accredited programs). A self-study report prepared for accreditation purposes may be submitted in place of the report prepared for the board. The submission for accredited programs shall follow the schedule of the nationally recognized accrediting agency and shall be submitted to the board within 1 month following receipt from accrediting agency's decision on accreditation.</p>	<p>reports on:</p> <ol style="list-style-type: none"> 1. Advanced standing 2. Workers' compensation coverage 3. Affirmation of compliance with program approval rules including licensure status of faculty and clinical requirements 4. Minimum nursing education program data set recognized by the board
<p>Board Evaluation</p>	<p>The following situations are cause for review by the board to determine if standards are being met:</p> <ul style="list-style-type: none"> ○ Complaints relating to violations of standards under 	<p>Initial and continuing approval is the model used for determining compliance with the program standards.</p> <p>National nursing accreditation</p>			<p>The board may evaluate a program of nursing education when any of the following occurs:</p> <ul style="list-style-type: none"> ○ A request for initiating a program of nursing education 	

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	<p>N 1.06 which the Board has verified</p> <ul style="list-style-type: none"> ○ A success rate by the school's graduates on the NCLEX of less than the national percent passing on an annual basis over a two year period ○ Withdrawal or change of school accreditation status by a Board recognized accreditation agency or a general academic accreditation agency ○ Failure to report and obtain approval of changes that require approval of the Board under N 1.07 ○ Providing false or misleading information to students or the public concerning the nursing program ○ Violation of any of the rules under this chapter 	<p>shall be required by January 1, 2020 and evidence of compliance with the accreditation standards may be used for evaluating continuing approval. Nursing programs must submit to the Board copies of accreditation related correspondence with the national nursing accrediting agency within 30 days of receipt. The Board shall identify the required correspondence that the programs must submit.</p>			<p>is submitted.</p> <ul style="list-style-type: none"> ○ A request for full approval of a program is submitted. ○ A request for approval of a major program change is submitted. ○ The failure rate of NCLEX reaches or exceeds 25% for any 1 year of compiled statistics or reaches or exceeds 15% for any 2 or 3 years of compiled annual statistics. A program of nursing education shall report compiled annual data on NCLEX pass rates to the board at the meeting following the end of the first quarter of the calendar year. ○ Complaints regarding the conduct of the program are received and it is necessary to validate the complaints. <p>Evaluation processes may include any combination of the following:</p> <ul style="list-style-type: none"> ○ A self-study report ○ A site visit. ○ A progress report. ○ A follow-up study of graduates and employers. 	
Closure of program	<p>Closure of School Upon voluntary or involuntary closure of a school, the school shall:</p> <ol style="list-style-type: none"> 1. Make provisions for students to complete their nursing education; 2. Assure continuing access to transcripts by former students and graduates for a minimum of 50 years; and 3. Surrender the certificate of approval to the board. 	<p>Closure of Program Provisions shall be made for maintenance of the standards for nursing education during the transition to closure.</p> <p>Withdrawal of Approval The program shall submit:</p> <ol style="list-style-type: none"> 1. An acceptable plan for students to complete a BON approved program 2. confirmation in writing that the plan has been fully 	<p>Discontinuance of a Nursing Program</p> <ol style="list-style-type: none"> 1. Prior to termination of a nursing program, the program shall: <ol style="list-style-type: none"> a. Notify the Division of intent. b. Continue to meet the requirements until the official date of termination of the program. c. Notify the Division of the date on which the last 	<p>Closure of Program Prior to closure, the controlling institution shall submit a written plan for approval which shall include:</p> <ul style="list-style-type: none"> ○ Reasons for closure ○ Date of closure ○ Provision for the graduation of enrolled students ○ Retention of adequate numbers of qualified faculty ○ Retention of approved curriculum 	<p>Program Termination</p> <ol style="list-style-type: none"> 1. The Board shall be informed if a date is established for termination of the program of nursing education. 2. The board shall be informed regarding the system of retention of student records which are needed for endorsement purposes and proof of scholastic achievement. The board shall retain this information in the closed program files so that 	<p>Voluntary Closure The director must:</p> <ol style="list-style-type: none"> 1. Give notice to the Board of the planned closing date within 15 days of a decision to voluntarily close the program; 2. Submit a written plan for terminating the nursing program with the notice of closure. 3. Ensure that the nursing program is maintained, including the nursing faculty, until the last student is transferred or

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		<p>implemented and</p> <p>3. Arrangements for the secure storage and access to academic records and transcripts.</p> <p>Voluntary Closure The program shall submit:</p> <ol style="list-style-type: none"> Reason for the closing of the program and date of intended closure An acceptable plan for students to complete a BON approved program and Arrangements for the secure storage and access to academic records and transcripts. 	<p>student will graduate and the program terminates</p> <p>d. Assume responsibility for assisting students to continue their education in the event they have not graduated.</p> <ol style="list-style-type: none"> Upon closure, the institution shall notify the Division of the location of student and graduate records storage. 	<ul style="list-style-type: none"> Maintenance of educational resources and student services Provision for student and graduate transcripts <p>When program closes prior to the graduation of enrolled students who are actively taking nursing course, the plan shall be submitted to the board at least 12 months prior to closure.</p> <p>Prior to closure the controlling institution shall notify the board regarding the location and maintenance of student and graduate transcripts and records.</p> <p>Voluntary Program shall continue to meet the criteria for board approval until all enrolled students have graduated or the board has approved a plan for closure prior to graduation of the students. Board may require progress reports during the closure process</p> <p>Withdrawal of Approval The controlling institution shall implement the time frame established by the board for transfer of enrolled students to an approved program and report to the board the date of transfer for each student by name. Program closure shall occur when the last student has transferred. The board may require progress reports during the closure process.</p>	<p>graduates may be given the source of information upon request.</p> <p>3. The board shall be informed if admissions to the program of nursing education are to be reduced or interrupted.</p>	<p>completes the program;</p> <ol style="list-style-type: none"> Maintain standards for nursing education during the transition to closure. Provide placement for students who have not completed the program. Notify the board of closure within 15 days after the actual date of closure. <p>The director must identify arrangements for the secure storage and access to academic records and transcripts for the next 50 years in the event that the program closes or the approval of the program is revoked. This includes providing the name of the educational institution, hospital or other organization that will be responsible for furnishing copies of the students' academic records to graduates for that period of time.</p>
Organization & Admin. Standards	Governing institution shall assume legal responsibility of the program.	The input of stakeholders shall be considered in developing and evaluating the purpose and outcomes of the program. The	Organization & Administration 1. An institution responsible for conducting a nursing education program shall be	Organization and Administration 1. Authorization for conducting a program is granted by Iowa Secretary of State.	General Program Standards Programs shall meet all the following requirements: 1. Comply with the curriculum	All nursing programs shall meet the standards: 1. The controlling body and program have administrative

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	<p>Governing institution:</p> <ol style="list-style-type: none"> 1. Shall designate an educational administrator, establish administrative policies, and provide sufficient financial support, resources and facilities for the operation of the program. 2. Shall provide an organizational chart and written plan which describes the relationship of the nursing program to the governing institution and the organization of the nursing program. 3. The governing institution shall submit evidence of being regionally accredited. <p>Administrative policies</p> <ol style="list-style-type: none"> 1. There shall be written administrative policies which are in accord with those of the governing institution. 2. There shall be written contracts between the school and institutions which offer associated academic study, clinical facilities and agencies for related services. 3. The educational administrator shall have authority and responsibility for the development, implementation and evaluation of the program. 4. There shall be provisions for a system for records and reports essential to the operation of the nursing program. 5. There shall be written personnel policies for the faculty which include position expectations and faculty rights and responsibilities. 	<p>purpose and outcomes of the nursing program shall be:</p> <ul style="list-style-type: none"> o Consistent with the Nurse Practice Act and Admin. Rules and other relevant statutes. o Consistent with accepted standards of nursing practice appropriate for graduates of the type of nursing program offered. <p>The fiscal, human, physical, clinical and technical learning resources shall be adequate to support program processes, security and outcomes.</p> <p>Program information communicated by the nursing programs shall be accurate, complete, consistent and readily available.</p> <p>The organization & administration of the nursing education program shall be consistent with the law governing the practice of nursing. The program shall be an integral part of a governing academic institution that is accredited by an accrediting agency that is recognized by the US Department of Education.</p> <p>The nursing program shall provide evidence of current accreditation by an national nursing accrediting agency recognized by the United States Department of education by January 1, 2020</p>	<p>authorized by the appropriate agency of the state of Illinois (Illinois Board of Higher Education, State Board of Education, Illinois Community College Board)</p> <ol style="list-style-type: none"> 2. The relationship of the nursing program to other units within the sponsoring institution shall be clearly delineated with organizational charts on file with the Division. 3. Nursing education programs shall have clearly defined lines of authority, responsibility and communication. 4. Student input into determination of academic policies and procedures, curriculum planning and evaluation of faculty effectiveness shall be assured as evidenced by information such as student membership on policy and evaluation committee's policy statements and evaluation procedures. 5. Nursing education program policies and procedures shall be in written form, congruent with those of the sponsoring institution and reviewed by members of the program on a regular schedule. 6. The philosophy, purpose and objectives of the nursing education program shall be stated in writing and shall be consistent with the sponsoring institution and current social, nursing and education trends and rules. 	<ol style="list-style-type: none"> 2. The authority and administrative responsibility of the program shall be vested in the head of the program, who is responsible to the controlling institution. 3. The organizational chart shall clearly indicate the lines of authority and communication within the program and with the central administration, other units within the controlling institution, cooperating agencies and advisory committees. 4. The controlling institution shall allocate adequate funds to carry out the purpose of the program. The head of the program shall prepare the budget with the assistance of the faculty. 5. Ethical practices and standards, including those for recruitment and advertising, shall be consistent with those of the controlling institution and shall be made available to students and prospective students. 6. Written contractual agreements shall exist between the program and the clinical facilities and shall include: <ol style="list-style-type: none"> a. Identification of responsibilities related to patient or client services. b. Faculty control, selection and guidance of student learning experiences. c. Provision for termination of the agreement. d. Provision for annual review 	<p>requirements established by the board and with other requirements.</p> <ol style="list-style-type: none"> 2. Contribute to the safe practice of nursing by including the standards of practice, nursing behaviors and other skills and knowledge in the curriculum to prepare persons for the practice of nursing. 3. Prepare students to meet the requirements for eligibility to take the NCLEX. 	<p>and resource capacity resulting in effective delivery of the nursing program and achievement of identified outcomes.</p> <ol style="list-style-type: none"> 2. The purpose and outcomes of the nursing program must be consistent with the Nurse Practice Act, other relevant statutes and board rules. 3. The purpose and outcomes of the nursing program must be consistent with evidence-informed standards of nursing practice appropriate for graduates of the type of nursing program offered. 4. The input of stakeholders shall be considered in developing and evaluating the purpose and outcomes of the nursing program. <p>The controlling body must:</p> <ol style="list-style-type: none"> 1. Be a Minnesota public or private postsecondary educational institution that is accredited by a regional or national accrediting association for postsecondary institutions recognized by the US Dept. of Education; and 2. Provide adequate fiscal, human, physical, clinical, and technical learning resources to support program processes, security and outcomes. <p>The nursing program must:</p> <ol style="list-style-type: none"> 1. Be an integral part of a governing academic institution; 2. Implement a comprehensive,

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			<p>Adequate financial support for the nursing education program, faculty and other necessary personnel, equipment, supplies and services shall be in evidence in the program budget.</p> <p>Articles of Affiliation</p> <ol style="list-style-type: none"> 1. The nursing education program shall have Articles of Affiliation between the nursing education program and each clinical facility that define the rights and responsibilities of each part, including agreements on the role and authority of the governing bodies of both the clinical site and the nursing education program. 2. If portions of the required clinical or theoretical curriculum are offered at different geographical sites or by distance learning, the curriculum must be planned, supervised, administered and evaluated in concert with appropriate faculty committees, department chairmen and administrative officers for the parent school. <p>There shall be adequate facilities for the nursing program for both academic and clinical experiences for students.</p> <p>There shall be access to learning resource facilities, including library and multi-media technology, that are reasonably sufficient for the curriculum and the number of students enrolled in the nursing education</p>	<p>e. Documentation that the facility is in good standing with its regulatory agency.</p> <p>Accrediting and approving agencies</p> <ul style="list-style-type: none"> o The controlling institution or program shall be accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools. o When the program is located at a community college, the controlling institution shall be approved by the Iowa department of education. o When the program is offered under the auspices of the US armed forces, it shall be accredited by the US Department of the Army. <p>The faculty shall develop a philosophy or mission statement and program outcomes that shall be:</p> <ul style="list-style-type: none"> o Consistent with the philosophy or mission of the controlling institution. o Reflective of faculty beliefs about nursing, education and professional standards o A guide in the development, implementation and evaluation of the program. o Available to students and prospective students. <p>Controlling institution is responsible for provision of resources adequate to meet program needs.</p> <ol style="list-style-type: none"> 1. Human resources shall include the following: heard 		<p>systematic plan for ongoing evaluation that is based on program outcomes and stakeholder input regarding competence and safety. The ongoing evaluation plan must provide for continuous improvement;</p> <ol style="list-style-type: none"> 3. Provide a curriculum to enable the student to develop the competence necessary for the level, scope, and standards of nursing practice consistent with the type of licensure; <p>The nursing program must ensure associate degree professional nursing programs provide advanced standing and transition experiences for qualified licensed practical nurses.</p>

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			<p>programs.</p> <p>Cooperating agencies shall be identified to the Division and shall be suitable to meet the objectives of the program.</p> <p>Addition or deletion of cooperating agencies shall be reported in writing to the Division on the program annual report.</p> <p>The nursing program's policies and procedures shall not violate constitutional rights and shall be written and available to faculty and students.</p>	<p>of program; faculty; secretarial and other support and staff services to ensure appropriate use of faculty time and expertise.</p> <ol style="list-style-type: none"> 2. Physical resources may include the following: classrooms, conference rooms, laboratories, offices, equipment and student facilities. 3. Learning resources shall include the following: library, print media and computer-mediated resources. 4. Financial resources shall be adequate to support and carry out the mission of the controlling institution. 		
<p>Curriculum General Standards</p>	<p>Curriculum</p> <p>The curriculum shall be based on a stated purpose, philosophy, conceptual framework, and program objectives expressed in terms of required student competencies. Clinical and theoretical learning experiences shall be consistent with the state program objectives. Curricular content shall reflect current nursing practice and encompass health needs throughout the life span.</p>	<p>The curriculum shall provide diverse didactic and clinical learning experiences consistent with program outcomes.</p> <p>The curriculum shall enable the student to develop the nursing knowledge, skills and abilities necessary for the level, scope and standards of competent nursing practice expected at the level of licensure. Curriculum will be revised as necessary to maintain a program that reflects advances in health care and its delivery.</p> <p>The curriculum shall include:</p> <ol style="list-style-type: none"> 1. Experiences that promote the development and subsequent demonstration of evidence-based clinical judgment, skill in clinical management, and the professional commitment to collaborate in continuously improving the quality and safety 	<p>Curriculum</p> <ol style="list-style-type: none"> 1. The curriculum shall be based upon the state program purpose, philosophy and outcomes. 2. Levels of progression in relation to the stated program outcomes shall be established. 3. Coordinated clinical and theoretical learning experiences shall be consistent with the program outcomes. 4. Curricular content shall reflect contemporary nursing practice encompassing major health needs of all age groups. 5. The entire curriculum shall be based on sound nursing, education and instructional principles. 6. The curriculum shall be evaluated by faculty with student input, according to a stated plan. 	<p>Curriculum</p> <p>The curriculum of a program shall:</p> <ul style="list-style-type: none"> o Reflect the philosophy/mission and program outcomes supported by the nursing faculty. o Identify program outcomes and define how learning experiences support outcomes. o Reflect current standards of nursing practice and education. o Be consistent with laws governing the practice of nursing. o Ensure sufficient preparation for the safe and effective practice of nursing. o Include learning experiences and strategies that meet program outcomes. <p>When offered within a college or university:</p>	<p>Curriculum requirements generally:</p> <ul style="list-style-type: none"> o A statement of philosophy shall be established which is consistent with the philosophy of the sponsoring agency and which is implemented in the program of nursing education. o There shall be course, level, and terminal objectives to serve as a guide in the development, implementation and evaluation of the curriculum. The objectives shall be reviewed periodically and revised as necessary. o The stated conceptual framework for the curriculum shall reflect the philosophy of the educational program and shall be identifiable in the objectives of the program of nursing education. o Learning experiences and methods of instruction shall 	<p>The curriculum must provide diverse learning activities, including learning activities in clinical settings, that are consistent with program outcomes.</p>

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		<p>of the healthcare system for patients.</p> <p>2. Evidence-based learning experiences and methods of instruction, including distance education methods, consistent with the written curriculum plan.</p> <p>3. Coursework including:</p> <ul style="list-style-type: none"> ○ Content in the biological, physical, social and behavioral sciences to provide a foundation for safe and effective nursing practice. ○ Content regarding professional responsibilities, legal and ethical issues, history and trends in nursing and health care. ○ Didactic content and supervised clinical experience in the prevention of illness and the promotion, restoration and maintenance of health in patients across the lifespan and from diverse cultural, ethnic, social and economic backgrounds. Patient experiences will occur in a variety of clinical settings and will include: <ul style="list-style-type: none"> ● Integrating patient safety principles throughout the didactic and clinical coursework ● Implementing evidence-based practice to integrate best research with clinical expertise and patient values for optimal care, including skills to identify and apply best practices to nursing care. ● Providing patient-centered, culturally competent care 	<p>7. The program shall be approved by the appropriate educational agency.</p>	<ul style="list-style-type: none"> ○ Be comparable in quality and requirements to other degree programs within the college or university. ○ Be planned in accordance with the college or university calendar. ○ Assign credit hours for learning experiences that are consistent with the college or university pattern. <p>Prelicensure Programs The curriculum of a program leading to eligibility for initial licensure as a licensed practical nurse or registered nurse shall include:</p> <ol style="list-style-type: none"> 1. Content that is consistent with the practice of nursing. 2. Content in medical, surgical, gerontological, mental health, and nursing of childbearing families and children that reflects current nursing practice and that encompasses health needs throughout the life span. 3. Opportunities to participate in the nursing process and to develop competencies in direct patient care, problem-solving methodologies, clinical judgment, communication and the use of current equipment and technology. 4. Content in nursing history and trends, including professional, legal and ethical aspects. 5. Supporting content from the natural and social sciences. 	<p>be selected to fulfill the stated objectives of each nursing course.</p> <ul style="list-style-type: none"> ○ Related clinical experiences and clinical lab hours shall be provided concurrently with, or immediately after, the theoretical presentation of the course content. ○ Evaluation methods and tools to be used for measuring student achievement shall be determined by the faculty in keeping with the assessment methods of the sponsoring agency. These methods and tools shall be known to the students in the program. ○ The director and faculty shall evaluate all aspects of the curriculum on a systematic basis. Records of the results of the evaluation shall be maintained for board review, if requested. <p>The curriculum shall be organized, developed, implemented, controlled, and evaluated on a regularly scheduled basis by the director and the faculty within the framework of the philosophy, purposes and objectives of the sponsoring agency and those approved by the board. The curriculum objectives shall identify the behavioral expectations of the graduate of the program and shall be used for the following purposes:</p> <ol style="list-style-type: none"> 1. Developing, organizing, implementing and evaluating the curriculum. 2. Identifying objectives for 	

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		<p>that recognizes that the patient or designee is the source of control and full partner in providing coordinated care by:</p> <ol style="list-style-type: none"> a) Respecting patient differences, values, preferences and expressed needs b) Involving patients/designees in decision-making and care management c) Coordinating and managing patient care across settings d) Explaining appropriate and accessible interventions to patients and populations that may positively affect their ability to achieve healthy lifestyles. <ul style="list-style-type: none"> • Collaborating with interprofessional teams to foster open communication, mutual respect, and shared decision-making in order to achieve quality patient care. • Participating in quality improvement processes to monitor patient care outcomes, identify possibility of hazards and errors, and collaborate in the development and testing of changes that improve the quality and safety of health care systems • Using information technology to communicate, mitigate 			<p>levels of progression and course and program completion.</p> <ol style="list-style-type: none"> 3. Providing to the student an organized pattern to follow in which the sequence of learning is from the simple to the complex and from the known to the unknown, with each learning experience built on previously learned information of nursing and related scientific knowledge. 4. Organizing the courses so as to approximate, as closely as possible, the schedules of the sponsoring agency. 5. Distributing the courses throughout the curriculum so that an unreasonable overload does not exist. <p>The statement of the conceptual framework or rationale for the program shall be the basis for the organization of the nursing content of the curriculum.</p> <p>The course content and other learning experiences shall promote student growth in all of the following areas:</p> <ol style="list-style-type: none"> 1. The understanding of the roles and responsibilities of the members of the nursing profession. 2. The application of the principles of nursing and the sciences which are basic to nursing practice in the development of plans of care for the patient or client. 3. The provision of direct and indirect nursing care. 4. The understanding of 	

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		errors and support decision-making.			<p>effective human relations and demonstrating the ability to use these principles in nursing situations.</p> <ol style="list-style-type: none"> 5. The recognition of physical, psychosocial, and spiritual needs of diverse patient/client populations in the provision of nursing care. 6. The understanding of health, including the manifestations of disease and the initiation, organization, and application of the principles underlying the nursing care provided. 7. Developing skills and abilities in the administration of all aspects of nursing care, including all of the following: <ol style="list-style-type: none"> a. Communications b. Problem solving c. Understanding legal and professional responsibilities. d. The working relationships with other health care providers. 8. Understanding and protecting the rights of patients or clients. 	
Curriculum RN Standards	<p>Professional Nursing All professional nursing programs shall include correlated theory and clinical experience in at least the following areas. This shall not prohibit a flexible curriculum that would provide appropriate integration of the various subject areas:</p> <ol style="list-style-type: none"> 1. "Area of general education" 		<p>Curriculum for professional nursing programs shall:</p> <ol style="list-style-type: none"> 1. Include, at a minimum, concepts in anatomy, physiology, chemistry, physics, microbiology, sociology, psychology, communications, growth and development, interpersonal relationships, group dynamics, cultural diversity, 	<p>The curriculum of a program leading to a degree in professional nursing shall:</p> <ol style="list-style-type: none"> 1. Be consistent with the legal implications within the scope of practice of a registered nurse. 2. Focus on attaining, maintain and regaining health and safety for individuals and groups by utilizing the 	<p>The director and faculty of a program of nursing education leading to licensure as a RN shall comply with all of the following provisions:</p> <ol style="list-style-type: none"> 1. Select courses and assure teaching concepts for basic content in the biological, physical, behavioral and other courses supportive of the nursing major which shall 	

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	<p>shall include:</p> <ol style="list-style-type: none"> a. Scientific knowledge basic to nursing practice including principles from the biological and physical sciences. b. Human and cultural knowledge basic to understanding motivation and behavior including currently accepted concepts and principles from the social and behavioral sciences. <p>2. "Area of nursing education" shall include theory and selected experiences designed to enable students to provide nursing care that promotes, maintains, and restores the physical and mental health of the individual throughout the life span.</p> <p>Upon completion of the program, the graduate shall be able to:</p> <ol style="list-style-type: none"> 1. Use the nursing process to plan and provide nursing care. 2. Apply knowledge derived from the scientific, human and cultural areas to meet health needs. 3. Individualize nursing care during preventative, maintenance, restorative, and terminal phases. 4. Promote positive health practices. 5. Understand the roles and relationship of nurses to other health care providers. 6. Plan for health services with individuals, families, communities and health care providers. 7. Practice professional nursing 		<p>pharmacology and the administration of medication, nutrition and diet therapy, patho-physiology, ethics, nursing history, trends and theories, professional and legal aspects of nursing, leadership and management in nursing, and teaching-learning theory.</p> <ol style="list-style-type: none"> 2. Not preclude a flexible curriculum that would provide appropriate integration of the nursing subject matters. 3. Provide theoretical and clinical instruction in all areas of nursing practice in the promotion, prevention, restoration and maintenance of health in individuals and groups across the life span and in a variety of clinical settings. 4. Incorporate the nursing process as an integral part of the curriculum. 5. Prepare the student to assume beginning level professional nursing positions. 6. Be at least 2 academic years in length. <p>The curriculum may include a Nursing Student Internship/Cooperative Education Course that meets the following minimum requirements:</p> <ol style="list-style-type: none"> 1. The course must be available with the nursing major and identified on the transcript. 2. Faculty must meet approved nursing education program qualifications and hold faculty status with the 	<p>principles of leadership, management, nursing informatics and client education.</p> <ol style="list-style-type: none"> 3. Provide learning experiences in medical, surgical, mental health and gerontological nursing. 4. Provide content in nursing of childbearing families and children that is supported by one or more of the following: clinical instruction, lab/simulation, or observation experiences adequate to meet program outcomes. 5. Provide content in nursing research when the program leads to a baccalaureate, master's or doctoral degree. 6. Provide learning experiences in community health nursing when the program leads to a baccalaureate, master's or doctoral degree. <p>Postlicensure programs for registered nurses who do not hold a baccalaureate degree in nursing.</p> <ol style="list-style-type: none"> 1. The curriculum of a program that leads to a baccalaureate degree in nursing shall include learning experiences in nursing that will enable the student to achieve competencies comparable to outcomes of the prelicensure baccalaureate education, including content in nursing research and learning experiences in community health nursing. 2. The curriculum of a program that leads to a master's degree 	<p>assist the student to improve abilities in all of the following areas:</p> <ol style="list-style-type: none"> a. Communication b. Interviewing c. Problem solving d. Interpersonal relationships. e. Using scientific principles in providing individualized nursing care to the patient or client. Such courses shall have credits conferred consistent with the policies of the sponsoring agency. Provide courses and clinical experiences in care of all age groups and sexes in medical, surgical, pediatric, geriatric, obstetrical and psychiatric nursing. Opportunities for learning experiences in community aspects of nursing shall be made available. The elements of the nursing process shall be emphasized in all nursing courses. Conical laboratory and clinical experience hours shall be sufficient to in number to meet the courses and program objectives. <p>2. Assure that courses include content relating to all the following:</p> <ol style="list-style-type: none"> a. The legal scope of practice of a registered nurse b. The standards of conduct for members of the nursing profession. c. Historical perspectives of nursing and current legal-ethical issues. 	

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	<p>according to the legal standards of N 6.</p> <p>8. Function as a responsible, accountable nursing professional.</p> <p>9. Identify the need for continued competency.</p> <p>10. Recognize the impact of historical trends in nursing.</p>		<p>educational unit.</p> <p>3. Clinical content must be coordinated with theoretical content.</p> <p>4. Clinical experience must be under direct supervision of qualified faculty as set forth or with a registered nurse preceptor. The nurse preceptor shall be approved by the program and shall work under the direction of a nurse faculty member.</p> <p>5. Students shall not be permitted to practice beyond educational preparation or without faculty supervision.</p> <p>6. The course shall be based on program purpose, philosophy, objectives and framework.</p> <p>7. Course evaluation shall be based on program purpose, philosophy, objectives and framework.</p> <p>8. Course evaluation shall be consistent with the plan for program. Evaluation.</p> <p>9. Articles of affiliation shall clearly delineate student, educational institution and health care agency roles and responsibilities.</p>	<p>in nursing shall include content and learning experiences in nursing that will enable the student to achieve competencies comparable to outcomes of the prelicensure baccalaureate education and master's education, including content in nursing research and learning experiences in community health nursing.</p>	<p>d. Licensure requirements.</p>	
<p>Curriculum Graduate Level Standards</p>				<p>Master's, post-master's and doctoral programs for registered nurses who hold a baccalaureate degree in nursing.</p> <p>1. The curriculum of a program leading to a master's or doctoral degree in nursing shall include in-depth study of:</p> <p>a. Nursing science, which includes content, practicum experiences</p>		

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				<p>and research;</p> <p>b. Advanced role areas in nursing.</p> <p>2. The curriculum of a program leading to a master's degree or post-master's certificate in a nursing clinical specialty area, eligibility to apply for certification in the specialty area by a national professional nursing organization approved by the board, and registration as an advanced registered nurse practitioner shall:</p> <p>a. Be consistent with the legal implications within the scope of practice of the advanced registered nurse practitioner.</p> <p>b. Include advanced learning experiences in a specialty area of nursing.</p>		
<p>Curriculum PN Standards</p>	<p>Practical Nursing All practical nursing programs shall include correlated theory and clinical experience in at least the areas specified. This shall not prohibit a flexible curriculum that provides appropriate integration of the various subject areas:</p> <p>1. "Area of health, growth and development" includes:</p> <p>a. General aspects of human structure and body function.</p> <p>b. General aspects of health, signs of physical and emotional health and normal development, effects of emotional climate upon the health, attitudes and behavior of individuals and the family as a social unit.</p>		<p>Curriculum for the PN programs shall:</p> <p>1. Include, at a minimum, basic concepts of anatomy, physiology, chemistry, microbiology, physics, communications, growth and development, interpersonal relationships, psychology, sociology, cultural diversity, pharmacology, nutrition and diet therapy, and vocational, legal and ethical aspects of nursing.</p> <p>2. Not preclude a flexible curriculum that would provide appropriate integration of the nursing subject areas.</p> <p>3. Provide basic theoretical and clinical instruction in all areas of nursing practice in the promotion, prevention,</p>	<p>Programs leading to a diploma in practical nursing shall be:</p> <p>1. Be consistent with the legal implications within the scope of practice of a licensed practical nurse.</p> <p>2. Focus on supportive or restorative care provided under the supervision of a registered nurse or physician.</p> <p>3. Provide learning experiences in medical, surgical and gerontological nursing.</p> <p>4. Provide content in nursing of childbearing families and children and mental health that is supported by one or more of the following: clinical instruction, lab/simulation or observation experiences adequate to meet program outcomes.</p>	<p>The director and faculty of a program of nursing education leading to licensure as a PN shall comply with all of the following provisions:</p> <p>1. Select courses and assure teaching concepts on which the theory and practice of practical nursing is based. The basic principles of the natural and applied sciences which are fundamental to the theory and practice of practical nursing and which are applied in the planning and implementation of nursing care shall be included.</p> <p>2. Provide courses and clinical experiences in the care of all age groups and both sexes in medical, surgical, pediatric, obstetrical, and geriatric</p>	

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	<p>2. "Area of personal and vocational relationships" includes:</p> <ol style="list-style-type: none"> a. Basic principles of human relationships. b. Legal and ethical responsibilities in nursing. <p>3. "Area of nursing education:" shall provide content with experiences in meeting basic nursing needs of the individual throughout the life span.</p> <p>Upon completion of the program, the graduate shall be able to:</p> <ol style="list-style-type: none"> 1. Identify basic needs of a patient. 2. Employ common nursing measures to meet basic needs of patients. 3. Observe and report relevant data regarding a patient's health status. 4. Use communication techniques to assist patients to achieve identified goals. 5. Establish positive relationships with patients and other health team members. 6. Practice practical nursing according to the legal standards of ch. N 6. Identify the need for continued competency. 		<p>restoration and maintenance of health in individuals and groups across the life span and in a variety of clinical settings.</p> <ol style="list-style-type: none"> 4. Incorporate the nursing process as an integral part of the curriculum. 5. Prepare the student to assume entry level practical nursing positions to assist clients with normal and common health problems through use of basic nursing skills. 6. Be at least one academic year in length 7. If a military program, consist of a minimum of 36-40 weeks of theory and clinical instruction incorporating the curriculum outlined. 		<p>nursing and provide supervised practice in the administration of medications, exclusive of intravenous medications. Clinical laboratory and clinical experience hours shall be sufficient to meet the objectives of the curriculum.</p> <p>3. Assure that courses include content relating to all the following:</p> <ol style="list-style-type: none"> a. The legal scope of practice of a practical nurse b. The standards of conduct for members of the nursing profession, and in particular, a licensed practical nurse. c. Historical perspectives of nursing and current legal-ethical issues. d. Licensure requirements 	
<p>Instruction Standards</p>	<p>Instruction shall be based on written objectives which give direction to planning student experiences.</p> <p>A variety of teaching methods are used to facilitate student learning.</p>	<p>Delivery of instruction by distance education methods must be consistent with the program curriculum plan and enable students to meet the goals, competencies and outcomes of the educational program and standards of the BON.</p>				

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	<p>Criteria based on written objectives are used in the evaluation of student learning.</p> <p>Clinical laboratory learning experiences are supervised by nursing faculty meeting standards under N 1.06(4).</p> <p>There shall be written contracts with an adequate number of clinical facilities and resources to meet the program objectives.</p>					
Clinical Standards	<p>Clinical Standards used in the selection of clinical facilities include:</p> <p>The clinical experience gained from each clinical facility is consistent with the nursing program objectives.</p> <p>Formal written agreements between each clinical facility and nursing program demonstrate willingness to cooperate in promoting the nursing program clinical objectives.</p> <p>The practice of the registered nurse and the licensed practical nurse at each clinical facility is within the legal scope of practice under s. 441.001 (3) and (4), Stats.</p> <p>Evidence of meeting standards shall be documented on forms provided by the Board and kept on file in the school of nursing office. Forms shall be made available by request.</p>	<p>Faculty supervised clinical practice shall include development of skills in direct patient care; making clinical judgments; care and management of both individuals and groups of patients across the lifespan; and delegation to and supervision of, as appropriate to level of education, other health care providers.</p> <ol style="list-style-type: none"> The program shall provide clinical hours comparable to those provided by an approved program of equivalent size and program type or, in the case of no equivalent program, clinical hours scaled relative to an approved program. Clinical experiences shall be supervised by qualified faculty. All student clinical experiences, including those with preceptors, shall be directed by nursing faculty. Measurement of students' competencies shall focus on the students' demonstration of care in a variety of clinical situations and care settings. 	<p>Clinical experience must be under direct supervision of qualified faculty as set forth or with a registered nurse preceptor. The nurse preceptor shall be approved by the parent institution and shall work under the direction of a nurse faculty member.</p> <p>The ratio of students to faculty in the clinical area shall be appropriate to the clinical learning experience:</p> <ol style="list-style-type: none"> When under direct supervision of the faculty, the ration shall not exceed 10 to 1. When a registered nurse preceptor is used, the ration of students to faculty member shall not exceed 12 to 1. <p>The faculty of the nursing education program and the staff of cooperating agencies used as sites for additional theory and clinical experience shall work together for quality for patient care.</p>	<p>The nursing program shall notify students and prospective students that nursing courses with a clinical component may not be taken by a person:</p> <ul style="list-style-type: none"> Who has been denied licensure by the board. Whose license is currently suspended, surrendered or revoked in any U.S. jurisdiction. Whose license or registration is currently suspended, surrendered or revoked in another country due to disciplinary action. <p>In a prelicensure program, a ratio of one faculty member to a maximum of 8 students in practice situations involving clinical instruction.</p> <p>The clinical facilities shall provide learning experiences that meet curriculum objectives and outcomes.</p> <p>The program shall provide information to the board about clinical facilities used for learning experiences.</p>	<p>All cooperating agencies selected for clinical and laboratory experiences shall have standards of nursing care which demonstrate concern for the patient or client and evidence the skillful application of all measures of safe nursing practice.</p> <p>All cooperating agencies shall have a current license, if required, for their operation and adhere to the local zoning ordinances governing their operation.</p> <p>Each resource selected to provide clinical experience shall indicate a willingness to cooperate in the curriculum by providing a letter of intent, a written agreement or a formal contract. Each resource shall provide experiences of a quality and quantity which will enable the student to meet the objectives established for the clinical experience.</p>	

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		<p>5. BON determines the approval process when clinical experiences cross state/jurisdiction borders, and nursing education programs shall comply with the process.</p>		<p>The clinical facilities shall be accredited/approved by the appropriate agencies and shall have evidence of good standing by their regulatory body.</p> <p>There shall be evidence that student experiences are coordinated when more than one program uses the same facility.</p>		
<p>Administrator Standards</p>	<p>The educational administrator of the professional nursing education program shall:</p> <ol style="list-style-type: none"> hold a current license to practice as a registered nurse in Wisconsin, has a minimum of 2 years of full-time or equivalent direct care experience as a practicing nurse, has 3 years of experience in nursing education within the last 10 years, and holds a master's degree with a major in nursing. <p>The educational administrator of the practical nursing education program shall:</p> <ol style="list-style-type: none"> hold a current license to practice as a registered nurse in Wisconsin, has a minimum of 2 years of full-time or equivalent direct care experience as a practicing nurse, has 3 years of experience in nursing education within the last 10 years, and holds a master's degree with a major in nursing or a related field. 	<p>The nursing program administrator shall be a professionally and academically qualified RN with institutional authority and administrative responsibility for the program.</p> <p>Administrator qualifications for a program preparing for RN licensure shall include:</p> <ol style="list-style-type: none"> Current, active RN license or privilege to practice that is not encumbered and meets requirements in the jurisdiction where the program is approved. A doctoral degree in nursing; or a graduate degree in nursing and a doctoral degree. Educational preparation or experience in teaching and knowledge of learning principles for adult education, including nursing curriculum development, administration and evaluation. A current knowledge of registered nursing practice. <p>Administrator qualifications for a program preparing for LPN licensure shall include:</p> <ol style="list-style-type: none"> Current, active RN license or privilege to practice that is 	<p>PN Program Nursing Administrator</p> <ol style="list-style-type: none"> The institution responsible for conducting the nursing program and the nurse administrator of the nursing education program shall be responsible for ensuring that the individual faculty members are academically and professionally qualified. Nursing education programs shall be administered by the nurse administrator of the nursing education program. The nurse administrator and faculty of a nursing education program shall be currently licensed as registered professional nurses in Illinois. The nurse administrator of a PN program shall have at least: <ol style="list-style-type: none"> 2 years experience in clinical nursing practice 2 years experience as an instructor in a nursing education program. A master's degree or higher with a major in nursing. The nurse administrator of a RN program shall have at least: <ol style="list-style-type: none"> 2 years experience in 	<p>The head of the program shall be licensed as a registered nurse in Iowa or pursuant to the nurse licensure compact, two years of experience in clinical nursing, two years of experience in nursing education and academic qualifications:</p> <ul style="list-style-type: none"> A master's or doctoral degree with a major in nursing at either level at the time of hire. If a program offers a baccalaureate or higher degree in nursing, shall have doctoral degree. <p>The head of a program may petition the board for a waiver of the requirements. Following a review of the circumstances and efforts by the program to meet the requirements, the board may issue a waiver for a specified period of time and indicate conditions that must be met.</p>	<p>The director of the program shall comply with the following requirements as applicable:</p> <ul style="list-style-type: none"> Hold current licenses to practice as registered nurses in Michigan. <p>For registered nurse programs:</p> <ul style="list-style-type: none"> The director of the nursing program shall hold a minimum of a master's degree with a major in nursing. <p>For practical nursing programs:</p> <ul style="list-style-type: none"> The program director shall hold a minimum of a baccalaureate degree in nursing science. <p><i>(The director employed before May 4, 1989 are exempt from these standards)</i></p>	<p>The nursing program administrator shall be a professionally and academically qualified RN with institutional authority and administrative responsibility for the program.</p> <p>The program must ensure the director:</p> <ol style="list-style-type: none"> Is academically and experientially qualified to accomplish the mission, goals and expected student and faculty outcomes. Has a graduate degree in nursing from a regionally or nationally accredited college or university recognized by the US Dept. of Education or by a comparable organization if the graduate degree is from an educational institution from a foreign country. Has a current unencumbered Minn. RN license and current registration. Is vested with the administrative authority to accomplish the mission, goals and expected program outcomes. Provides effective leadership to the program in achieving its

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		<p>not encumbered and meets requirements in the jurisdiction where the program is approved.</p> <ol style="list-style-type: none"> 2. A minimum of a graduate degree in nursing or bachelor's degree in nursing with a graduate degree. 3. Educational preparation or experience in teaching and knowledge of learning principles for adult education, including nursing curriculum development, administration and evaluation. 4. A current knowledge at the practical level. 	<p>clinical nursing practice</p> <ol style="list-style-type: none"> b. 2 years experience as an instructor in an RN or higher nursing education program. c. A master's degree or higher with a major in nursing. <p>Nurse administrators shall be responsible for:</p> <ol style="list-style-type: none"> 1. Administration of the nursing education program. 2. Liaison with other units of the sponsoring institution. 3. Preparation and administration of the budget. 4. Facilitation of faculty development and performance review. 5. Facilitation and coordination of activities related to academic policies, personnel policies, curriculum, resource facilities and services, and program evaluation. 6. Notification of the Division of program changes. 			<p>mission, goals, and expected program outcomes.</p> <ol style="list-style-type: none"> 6. Is given adequate time and resources to fulfill the roles and responsibilities. 7. Communicates information about the program that is accurate, complete, consistent, and readily available. 8. Informs the board within 30 days of a change in the director, the name of the program, the name of the controlling body, the address of the program at each site where the program is offered, the addition or termination of a site of the program, the address of the controlling body, or control of the program. Changes in control of the program include sharing control with another body, deleting a body from sharing control, transferring control in whole or in part to another body, or merging programs formerly controlled by other bodies.
Faculty Standards	<p>The faculty shall be adequate in number and academic and professional to develop, implement and evaluate the program in nursing in relation to its stated purpose, philosophy, objectives and conceptual framework, number and size of classes admitted annually, and the clinical facilities used in the program.</p> <p>A nurse faculty member who teaches nursing courses in a professional nursing program shall:</p>	<p>Faculty shall participate in program planning, implementation, evaluation and continuous improvement.</p> <p>Professionally, academically and clinically qualified nurse faculty shall be sufficient in number and expertise to accomplish program outcomes and quality improvement.</p> <p>There shall be sufficient number of qualified faculty to meet the outcomes and purposes of the nursing education program.</p>	<p>Nurse faculty in a PN program shall have:</p> <ol style="list-style-type: none"> 1. At least 2 years experience in clinical nursing practice 2. A baccalaureate degree or higher with a major in nursing. <p>Nurse faculty in a PN program shall have:</p> <ol style="list-style-type: none"> 1. At least 2 years experience in clinical nursing practice 2. A master's degree or higher with a major in nursing. 	<p>Faculty Qualifications</p> <p>Current licensure as a registered nurse in Iowa or pursuant to the nurse licensure compact; two years of experience in clinical nursing.</p> <p>Academic qualifications:</p> <ol style="list-style-type: none"> 1. Shall have at least a baccalaureate degree with a major in nursing or an applicable field at the time of hire. This person shall make annual progress toward the attainment of a masters or doctoral degree with a major in nursing or an applicable 	<p>The faculty who provide the nursing sequence shall comply with the following requirements as applicable:</p> <ul style="list-style-type: none"> o Hold current licenses to practice as registered nurses in Michigan. <p>For registered nurse programs:</p> <ul style="list-style-type: none"> o Every member of the nursing faculty providing didactic instruction shall hold a minimum of a master's degree, the majority of which shall hold a master's degree with a 	<p>Faculty must participate in program planning, implementation, evaluation and continuous improvement.</p> <p>Professionally, academically and clinically qualified nurse faculty must be sufficient in number and expertise to accomplish program outcomes and quality improvement.</p> <p>The program shall ensure general principles for faculty include:</p> <ol style="list-style-type: none"> 1. Academic preparation for the areas in which they teach.

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	<p>1. hold a current license to practice as a registered nurse in Wisconsin,</p> <p>2. have at least 2 years of full-time or equivalent direct care experience as a practicing nurse, were employed in nursing within the last five years, and</p> <p>3. hold a master's degree with a major in nursing.</p> <p>A nurse faculty member who teaches nursing courses in a practical nursing program shall:</p> <p>1. hold a current license to practice as a registered nurse in Wisconsin,</p> <p>2. have at least 2 years of full-time or equivalent direct care experience as a practicing nurse,</p> <p>3. were employed in nursing within the last five years, and</p> <p>4. hold a baccalaureate degree with a major in nursing.</p> <p>The ratio of students to faculty in the clinical areas shall allow for meeting clinical course objectives and safe patient care.</p> <p>The educational administrator of the nursing program shall be responsible for ensuring that individual faculty members are academically and professionally qualified and that faculty staff is adequate to carry out program objectives.</p> <p>Evidence of meeting faculty standards shall be on file in the school of nursing office and available to the board upon</p>	<p>Faculty supervising clinical experiences shall hold a current active RN license or privilege to practice that is not encumbered and meet requirements in the jurisdiction where the clinical practicum is conducted.</p> <p>Qualifications for nursing faculty who teach in a program leading to licensure as an LPN should:</p> <p>1. hold an active RN license or privilege to practice that is not encumbered,</p> <p>2. be academically and experientially qualified with a minimum of a graduate degree in nursing or bachelor's degree in nursing with a graduate degree.</p> <p>Qualifications for nursing faculty who teach in a program leading to licensure as an RN should:</p> <p>1. hold an active RN license or privilege to practice that is not encumbered,</p> <p>2. be academically and experientially qualified with a minimum of a graduate degree in nursing.</p> <p>Interprofessional faculty teaching non-clinical nursing courses shall have advanced preparation appropriate for the content being taught.</p>	<p>Faculty shall be responsible for:</p> <p>1. Development, implementation and evaluation of the purpose, philosophy and objectives of the nursing education program.</p> <p>2. Design, implementation and evaluation of curriculum for the nursing education program.</p> <p>3. Participation in academic advising of students.</p> <p>4. Development and evaluation of student policies</p> <p>5. Evaluation of student performance in meeting the objectives of the program.</p> <p>Faculty shall participate in:</p> <p>1. Selection, promotion and tenure activities.</p> <p>2. Academic activities of the institution</p> <p>3. Professional and health related community activities.</p> <p>4. Self-development activities for professional and personal growth.</p> <p>5. Research and other scholarly activities for which qualified</p> <p>6. Activities that maintain educational and clinical expertise in areas of teaching.</p>	<p>field. (Applicable fields include education, counseling, psychology, sociology, health education, health administration and public health)</p> <p>2. A faculty member in a practical nursing program or at the first level of an associate degree nursing program with a ladder concept shall have a baccalaureate or higher degree in nursing or an applicable field.</p> <p>3. A registered nurse hired to teach in a master's program shall hold a master's or doctoral degree with a major in nursing. A registered nurse teaching in a clinical specialty area shall hold a master's degree with a major in nursing, advanced level certification by a national professional nursing organization approved by the board in the clinical specialty area in which the individual teaches and current registration as an advanced registered nurse practitioner according to the laws of the states in which the individual teaches. Faculty preparation at the doctoral or terminal degree level shall be consistent with the mission of the program.</p> <p>4. A faculty member hired only to teach in the clinical setting shall be exempt from 1 and 2 if the faculty member is closely supervised to ensure proper integration of didactic</p>	<p>major in nursing. If the master's degree is not in nursing, the faculty member shall hold a minimum of a baccalaureate degree in nursing science.</p> <p>o Every member for the nursing faculty who provides instruction in the clinical lab or cooperating agencies shall hold a minimum of a baccalaureate degree in nursing science.</p> <p>For practical nursing programs:</p> <p>o Every member of the nursing faculty shall hold a minimum of a baccalaureate degree in nursing science.</p> <p><i>(The director and any faculty employed before May 4, 1989 are exempt from these standards)</i></p> <p>Nursing faculty shall be sufficient in number to prepare students to achieve the objectives of the program. The maximum ratio of students to faculty in clinical areas involving direct care of patients shall be not more than 10 students to 1 faculty member.</p>	<p>2. Experiential preparation in the area they teach.</p> <p>3. Sufficiently in number to support the program outcomes.</p> <p>4. Provision of opportunities for ongoing development in the science of education.</p> <p>5. Nursing faculty have a major in nursing at the baccalaureate or graduate level and unencumbered licensure as a RN with current registration in Minnesota.</p> <p>6. Nonnursing faculty are sufficient in number, utilization and credentials to meet program goals and outcomes.</p> <p>Practical nursing program faculty have a baccalaureate or graduate degree in nursing from a regionally or nationally accredited college or university recognized by the US Dept. of Education or by a comparable organization if the baccalaureate or graduate level degree is from a foreign country.</p> <p>Professional nursing program faculty have a graduate degree for full-time faculty and the majority of part-time faculty hold a graduate degree from a regionally or nationally accredited college or university recognized by the US Dept. of Education or by a comparable organization if the baccalaureate or graduate level degree is from a foreign country.</p> <p>Responsibilities of nursing</p>

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	request.			<p>content into the clinical setting. A faculty member hired to teach only in the clinical setting shall have a baccalaureate degree in nursing or an applicable field or shall make annual progress toward the attainment of such a degree.</p> <p>Faculty members shall:</p> <ol style="list-style-type: none"> 1. Develop, implement and evaluate the purpose, philosophy/mission and outcomes of the program. 2. Design, implement, evaluate and revise the curriculum. 3. Provide students with written policies. 4. Participate in academic advisement and guidance of students. 5. Provide for admission, progression and graduation of students. 6. Provide for student evaluation, self-evaluation and peer evaluation of teaching effectiveness. 7. Participate in activities to ensure competency in areas of responsibility. 		<p>faculty include:</p> <ul style="list-style-type: none"> o Developing, implementing, evaluating and updating the purpose, philosophy, objectives and organizational framework for the nursing education program. o Designing, implementing and evaluating the curriculum using a written plan. o Developing, evaluating and revising student admission, progression, retention and graduation policies within the policies of the governing body. o Participating in academic advising and guidance of students. o Planning and providing theoretical, clinical and simulated clinical learning activities that reflect an understanding of the philosophy, objectives and curriculum of the nursing education program. o Evaluating student achievement of curricular objectives and outcomes related to nursing knowledge and practice.
Faculty Exceptions	An educational administrator who desires to hire a nurse faculty member who does not fit the specific requirements of this chapter shall apply to the board.		<p>Faculty Variances (RN Programs)</p> <p>Variances for faculty with a graduate degree in a field other than nursing may be granted by the Division based on the following:</p> <ol style="list-style-type: none"> 1. The individual has a bachelor's degree in nursing 2. The individual has at least 2 years of experience in clinical nursing practice 3. The individual has a degree 		Any exceptions for full-time or part-time nursing faculty shall be based on the faculty member's progress toward meeting the requirements of these rules during each year for which the exception is requested. A maximum of 5 yearly exceptions shall be granted to any 1 full-time or part-time faculty member.	

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			<p>in a field that directly relates to the course he or she will be teaching.</p> <p>4. A least 80% of the school's undergraduate nursing faculty holds a master's degree in nursing.</p> <p>Variations for faculty without a graduate degree will be granted based on the following:</p> <ol style="list-style-type: none"> 1. The faculty member is within one year of completion of the master's in nursing or the faculty member has completed a master's in another area or is enrolled in a doctoral degree in nursing program and has completed all coursework, except for a dissertation/final project. 2. The faculty member is continuously enrolled in the graduate degree in nursing program. 3. A plan exists for the timely completion of the graduate degree in nursing program 4. At least 80% of the school's undergraduate nursing faculty holds a master's degree in nursing. <p>A school that has received a variance must notify the Board of any changes related to that faculty member, including notification that the faculty member has received the graduate degree.</p>			
Student Standards		Students shall participate in program planning, implementation, evaluation and continuous improvement.	Permanent student records that summarize admissions, credentials, grades and other records of performance shall be	Programs shall provide for the development, implementation and communication of the following student policies:	Requirements for admission, progression and graduation shall be established and shall be made known and available in written	Students must participate in program planning, implementation, evaluation and continuous improvement.

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		<p>The program shall provide students the opportunity to acquire and demonstrate the knowledge, skills and abilities required for safe and effective nursing practice, in theory and clinical experience, through faculty supervision.</p> <p>The program shall hold students accountable for professional behavior, including honesty and integrity, while in their program of study.</p> <p>All policies relevant to applicants and students shall be readily available in writing.</p> <p>Students shall meet health standards and criminal background check requirements.</p>	<p>maintained by the program.</p>	<ol style="list-style-type: none"> 1. Admission/enrollment (Licensure if applicable) 2. Transfer or readmission 3. Withdrawal 4. Progression 5. Grading system 6. Suspension or dismissal 7. Graduation 8. Health 9. Counseling 10. Grievance Procedure <p>Information about the program and controlling institution shall be published at least every two years:</p> <ol style="list-style-type: none"> 1. Philosophy/mission 2. General description of program 3. Curriculum plan 4. Course descriptions 5. Resources 6. Faculty 7. Tuition, fees and refunds 8. Ethical practices, including recruitment & advertising. 9. Official dates. <p>Policies for student and graduate records maintenance:</p> <ul style="list-style-type: none"> • Final transcript shall include: <ol style="list-style-type: none"> 1. Legal name of student 2. Dates of admission 3. Completion of program & graduation 4. Courses accepted for transfer 5. Evidence of authenticity. 6. The final official transcript shall be maintained permanently. • Summative performance statement shall relate the performance of the student at the time of graduation to the program outcomes and shall 	<p>form to prospective and current students.</p> <p>A system for permanent maintenance of records shall be established and shall include all of the following:</p> <ol style="list-style-type: none"> 1. Course outlines. 2. Minutes of faculty and committee meetings. 3. Student files, which shall be maintained in the nursing offices for each student. 4. Student and graduate transcripts, which shall be retained for each student and graduate by the sponsoring agency in perpetuity and which shall evidence achievement and when accomplished, program completion. 	<p>Ensure students:</p> <ol style="list-style-type: none"> 1. Have learning activities with faculty oversight to acquire and demonstrate competence in clinical settings with patients across the life span and with patients throughout the whole wellness, acute and chronic illness continuum; 2. Have diverse learning activities including clinical simulations to acquire and demonstrate competence. The faculty must have oversight over the learning activities. 3. Provide input into the development, implementation and evaluation of the program.

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				<p>be maintained for three years.</p> <p>The program shall initiate criminal history and child and dependent adult abuse record checks of students and prospective students to ensure a student's ability to complete the clinical education component of the program.</p> <p>The program shall:</p> <ol style="list-style-type: none"> 1. Notify all students and prospective students of the program's written policy and procedure concerning criminal history and child and dependent adult abuse record checks. 2. Conduct record checks on all students: <ol style="list-style-type: none"> a. Applying to program b. Returning to the clinical education component of the nursing program. Time frames between record checks may be determined by the program. c. Anytime during the student's enrollment in the nursing program pursuant to the program's policy and procedure. 3. Request that the dept. of public safety perform a criminal history check and that the dept. of human services perform child and dependent adult abuse record checks. 4. Follow the guidelines and standards set forth by the dept. of human services in conducting record checks and in determining a student's 		

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				ability to complete the clinical education component of a nursing program based on the record checks.		
Evaluation Standards	There shall be systematic and periodic evaluation of the total program.	The nursing program shall implement a comprehensive, systematic plan for ongoing evaluation that is based on program outcomes and incorporates continuous improvement.		A written plan shall outline the evaluation process for all aspects of the program and shall identify the methodology, tools, responsible parties and time frame. Evidence of implementation shall reflect achievement of program outcomes.		The nursing program must perform periodic comprehensive self-evaluation for quality improvement.
Preceptorship		<p>Clinical preceptors shall demonstrate competencies related to the area of assigned clinical teaching responsibilities and will serve as role models and educators for students.</p> <p>Clinical preceptors may be used to enhance faculty-directed clinical experiences.</p> <p>Clinical preceptors shall have an unencumbered license to practice as a nurse at or above the level for which the student is being prepared, in the jurisdiction where they are precepting students.</p>	<p>A program of licensed professional nursing that uses the personnel of a clinical facility as preceptors to instruct the clinical experience must:</p> <ol style="list-style-type: none"> 1. Require each preceptor to have demonstrated competencies with patient populations to which the student is assigned. 2. Require each preceptor to be approved by the faculty of the program of nursing. 3. Require the faculty of the program to provide to each preceptor an orientation concerning the roles and responsibilities of students, faculty and preceptors. 4. Require the faculty of the program to develop written competencies/outcomes and provide a copy of these to each preceptor before the preceptor begins instruction of the students. 5. Designate a member of the faculty to serve as a liaison between the preceptor and each student who participates in the clinical experience. 6. Require that each preceptor be 	<p>A preceptor shall be selected by the nursing program in collaboration with a clinical facility to provide supportive learning experiences consistent with program outcomes.</p> <p>The qualifications of a preceptor shall be appropriate to support the philosophy/mission and outcomes of the program:</p> <ul style="list-style-type: none"> o The preceptor shall be employed by or maintain a current written agreement with the clinical facility in which a preceptorship experiences occurs. o The preceptor shall be currently licensed as a registered nurse or licensed practical nurse according to the laws of the state in which the preceptor practices. o The preceptor shall function according to written policies for selection, evaluation and reappointment developed by the program. Written qualifications shall address educational preparation, experience and clinical competence. 		

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			<p>present in the clinical facility or at the location of point of care and available to the students at all times when the student provides nursing care or services to patients/clients.</p> <p>7. Require that each preceptor have a current registered professional nurse license in the state where the student is practicing.</p>	<ul style="list-style-type: none"> ○ The program shall be responsible for informing the preceptor of the responsibilities of the preceptor, faculty and students. The program shall retain ultimate responsibility for student learning and evaluation. <p>The program shall inform the board of preceptorship learning experiences.</p> <ul style="list-style-type: none"> ○ Written preceptorship agreements shall be reviewed annually by the program. ○ The board may conduct a site visit to settings in which preceptorship experiences occur. ○ The rationale for the ratio of students to preceptors shall be documented by the program. <p>An individual who is not a registered nurse or a licensed practical nurse may serve as a preceptor when appropriate to the philosophy/mission and outcomes of the program.</p>		
Out of State Programs Clinical Placement			<p>Out of State Programs Seeking Student Nurse clinical Placement in Illinois</p> <ol style="list-style-type: none"> 1. Out of state nursing education programs offering clinical experiences in Illinois are expected to maintain the standards for approved nursing education programs set forth in this rule. 2. Programs desiring to seek approval for student nurse clinical placement in Illinois 			

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			<p>shall submit the following documents:</p> <ol style="list-style-type: none"> a. Evidence of approval/accreditation by the Board of Nursing or other appropriate approval bodies in the state in which the institution is located. b. A letter requesting approval to provide the clinical offering that indicates the timeframe during which the clinical experience will be conducted, the clinical agencies and the clinical units to be utilized. c. A course syllabus for the clinical experiences to be offered that specifies the related objectives of the offering. d. A copy of the executed contractual agreement between the academic institution and the clinical facility. e. A faculty qualification and/or preceptor form for individuals providing instruction in Illinois. <ol style="list-style-type: none"> 3. Faculty <ol style="list-style-type: none"> a. The institution responsible for conducting the nursing program and the administrator of nursing education program shall be responsible for ensuring that the individual faculty members are academically and professionally qualified. b. Nurse faculty of a 			

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			<p>practical nursing program shall have:</p> <ol style="list-style-type: none"> 1) At least 2 years experience in clinical nursing practice 2) A baccalaureate degree or higher with a major in nursing. <p>c. The faculty shall be currently licensed as registered professional nurses in Illinois.</p> <p>d. Clinical experiences must be under direct supervision of qualified faculty or with a registered nurse preceptor. The nurse preceptor shall be approved by the parent institution and shall work under the direction of a nurse faculty member.</p> <p>e. The ratio of students to faculty in the clinical area shall be appropriate to the clinical learning experience.</p> <ol style="list-style-type: none"> 1) When under direct supervision of the faculty, the ratio shall not exceed 10 to 1. 2) When a registered nurse preceptor is used, the ratio of students to faculty member shall not exceed 12 to 1. <p>4. Approval for clinical offerings by out of state nursing programs shall be approved for a period of 2 years. A program representative may request renewal of the approval</p>			

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			<p>every 2 years. In order to renew, the program shall submit a written report that provides updated and current data as required by this subsection.</p> <p>5. A written report of current clinical offerings and current data shall be submitted to the Division annually. Faculty qualification and preceptor forms shall be submitted when instructors are added or changed.</p> <p>6. Failure to comply with the requirements set forth shall result in the immediate withdrawal of approval of the clinical experience offering.</p>			
<p>Exemptions for Innovative Approach</p>		<p>Innovative Approach 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 Nurse Practice Act.</p> <p>Purpose:</p> <ul style="list-style-type: none"> ○ Foster innovative models of nursing education to address the changing needs in health care. ○ Assure that innovative approaches are conducted in a manner consistent with the board's role of protecting the public. 				<p>Innovative Approach The purpose of applying for exemption from certain rules:</p> <ul style="list-style-type: none"> ○ Foster innovative models of nursing education to address the changing needs in health care. ○ Ensure that innovative approaches are conducted in a manner consistent with the board's role of protecting the public. ○ Ensure that innovative approaches conform to the quality outcome standards and core education criteria established by the board. <p>Eligibility:</p> <ul style="list-style-type: none"> ○ Hold full board approval without conditions. ○ Have no substantiated complaints in the past 2 years. ○ Have no rule violations in the past 2 years.

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		<p>○ Ensure that innovative approaches conform to the quality outcome standards and core education criteria established by the board.</p> <p>Eligibility:</p> <ul style="list-style-type: none"> ○ Hold full board approval without conditions. ○ Have no substantiated complaints in the past 2 years. ○ Have no rule violations in the past 2 years. <p>Application:</p> <p>The following information (no longer than < > pages with a 1 page executive summary) shall be provided to the BON at least < > days prior to a BON meeting.</p> <ol style="list-style-type: none"> 1. Identifying information (name of nursing program, address, responsible party and contact information). 2. Brief description of the current program, including accreditation and BON approval status. 3. Length of time for which the exemption is requested. 4. Description of the innovative approach, including objectives. 5. Brief explanation of why the program wants to implement an innovative approach at this time. 6. Rationale with available evidence supporting the innovative approach. 7. Identification of resources that support the proposed innovative approach. 8. Expected impact the 				<p>Application:</p> <ol style="list-style-type: none"> 1. Information must be provided to the board at least 30 calendar days prior to a board meeting. 2. Identifying information, including name of nursing program, address, responsible party and contact information. 3. Brief description of the current program, including accreditation and board approval status. 4. Length of time for which the exemption is requested. 5. Description of the innovative approach, including objectives. 6. Brief explanation of why the program wants to implement an innovative approach at this time. 7. Explanation of how the proposed innovation differs from approaches in the current program 8. Rationale with available evidence supporting the innovative approach. 9. Identification of resources that support the proposed innovative approach. 10. Expected impact the innovative approach will have on the program, including administration, students, faculty and other program resources. 11. Plan for implementation, including timeline and the impact on current students. 12. Plan for evaluation of the proposed innovation,

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		<p>innovative approach will have on the program, including administration, students, faculty and other program resources.</p> <ol style="list-style-type: none"> 9. Plan for implementation, including timeline and the impact on current students. 10. Plan for evaluation of the proposed innovation, including measurable criteria and outcomes, method of evaluation and frequency of evaluation. 11. Additional application information as requested by the BON. <p>Standards for approval:</p> <ol style="list-style-type: none"> 1. Eligible and met application criteria. 2. The innovative approach will not compromise the quality of education or safe practice of students. 3. Resources are sufficient to support the innovative approach. 4. Rationale with available evidence supports the implementation of the innovative approach. 5. Implementation plan is reasonable to achieve the desired outcomes of the innovative approach. 6. The timeline provides for a sufficient period to implement and evaluate the innovative approach. 7. The plan for periodic evaluation is comprehensive and supported by appropriate methodology. 				<p>including measurable criteria and outcomes, method of evaluation and frequency of evaluation.</p> <ol style="list-style-type: none"> 13. Additional application information as requested by the board. <p>Standards for approval:</p> <ol style="list-style-type: none"> 1. Eligible and met application criteria. 2. The innovative approach will not compromise the quality of education or safe practice of students. 3. Resources are sufficient to support the innovative approach. 4. Rationale with available evidence supports the implementation of the innovative approach. 5. The implementation plan is reasonable to achieve the desired outcomes of the innovative approach. 6. The timeline provides for a sufficient period to implement and evaluate the innovative approach. 7. The plan for periodic evaluation is comprehensive and supported by appropriate methodology.

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		<p>Review of Application and BON Action</p> <ol style="list-style-type: none"> 1. Annually the BON may establish the number of innovative approach applications it will accept, based on available BON resources. 2. The BON shall evaluate all applications to determine if they meet the eligibility criteria and the standards. 3. The BON shall inform the education program of the approval process timeline with < > days of the receipt of the application. 4. If the application meets the standards, the BON may: <ol style="list-style-type: none"> a. Approve the application or b. Approve the application with modifications as agreed between the BON and the nursing education program. 5. If the submitted application does not meet the criteria and standards, the BON may deny approval or request addition information. 6. The Bon may rescind the approval or require the program to make modifications if: <ol style="list-style-type: none"> a. The BON receives substantiated evidence indicating adverse impact or b. The nursing program fails to implement the innovative approach as presented and approved. <p>Periodic Evaluation</p>				

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		<ol style="list-style-type: none"> 1. The education program shall submit progress reports conforming to the evaluation plan annually or as requested by the BON. 2. The final evaluation report shall conform to the evaluation plan, detailing and analyzing the outcomes data. 3. If any report indicates that students were adversely impacted by the innovation, the nursing program shall provide documentation of corrective measures and their effectiveness. 4. Nursing education program maintains eligibility criteria. <p>Requesting Continuation of Innovative Approach</p> <ol style="list-style-type: none"> 1. If the innovative approach has achieved the desired outcomes and the final evaluation has been submitted, the program may request that the innovative approach be continued. 2. Request for the innovative approach to become an ongoing part of the education program must be submitted < > days prior to a regularly scheduled BON meeting. 3. The Bon may grant the request to continue approval if the innovative approach has achieved desired outcomes, has not compromised public protection and is consistent with core nursing education criteria. 				
Exceptions	Requests for exceptions to the rules under this chapter may be considered by the board.					

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<p>NCLEX</p>	<p>The board shall base its decision to grant approval on the following evidence: 3. the success rate of graduates on the NCLEX.</p> <p>The following situations are cause for review by the board to determine if standards are being met: 2. A success rate by the school's graduates on the NCLEX of less than the national percent passing on an annual basis over a 2 year period.</p>	<p>The BON shall review and analyze various sources of information regarding program performance, including: Other source of evidence regarding achievement of program outcomes: 5. NCLEX pass rates which are at least < >% for one year of graduates taking the examination for the first time. 6. Trend data/action planning related to NCLEX performance.</p>	<p>A pass rate of 75% of first time examinees will be required for a school to remain in good standing.</p> <ul style="list-style-type: none"> • A nursing program having an annual pass rate of less than 75% of first time examinees for one year will receive a written warning of noncompliance from the Division. • A nursing education program having an annual pass rate of less than 75% for 2 consecutive years will receive a site visit for evaluation and recommendation by the Division and will be placed on probation for program revision. <p>The nursing education program will have 2 years to demonstrate evidence of implementing strategies to correct</p> <p>If, 2 years after implementing the strategies to correct deficiencies in the program, the annual pass rate is less than 75%, the program will be reevaluated. The program will be allowed to continue to operate on a probationary status or will be disapproved and removed from the list of approved programs.</p>	<p>The program shall notify the board when the program or district NCLEX is lower than 95 percent of the national passing percentage for two consecutive calendar years. The NCLEX passing percentage shall be based on all 1st time applicants for RN or PN licensure in any jurisdiction who take the exam within 6 months of graduation. Upon notification by the program, the board shall implement the following process:</p> <ol style="list-style-type: none"> 1. The program shall submit to the board within 6 months an institutional plan for assessment and improvement of NCLEX results, including outcomes and time lines. The plan shall address administration, faculty, students, curriculum, resources, policies and the nursing advisory committee. 2. The program shall submit annual progress reports to the board as long as the NCLEX passing percentage remains below 95 % of the national passing percentage. 3. The program shall provide a brief description including outcomes of all institutional plans submitted to the board in the nursing education program report during the reapproval process, if applicable. 		<p>The nursing program must maintain minimum standard of the licensure examination of greater than 75% for candidates from the program who, during any January 1 through December 31 period, wrote the licensing examination for the first time.</p> <p>If the success rates are 75% or less for candidates from the program who, during any calendar year, wrote the licensing examination for the first time, the board must take one of the following actions and publish the actions, including a report to the accrediting agency:</p> <ol style="list-style-type: none"> 1. Require a plan of corrective action: If success rates are 75% or less for one calendar year, the board shall require the director to identify factors that are potentially affecting the low success rate on the licensure examination. The director shall submit a plan of corrective action by a specified date. The plan of action must be on a board-supplied form and include the signature of the director and another institutional administrative academic representative. If in the following year the success rate is above 75%, no action by the board is required. 2. Survey for corrective action: If success rates are 75% or less for any two consecutive calendar years, the board shall notify the director of an on-

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						<p>site survey to identify additional factors affecting the low success rate and review progress on the plan for corrective action submitted the previous year. The survey must include the director, faculty, students and an institutional administrative academic representative of the institution. The director shall submit a revised plan of corrective action by a specified date. The plan of corrective action must be on a board-supplied form and include the signature of the director and another institutional administrative academic representative. If in the following year the success rate is above 75%, no action is required by the board.</p> <p>3. Survey for compliance with board rules: If success rates are 75% or less for any three consecutive calendar years, the board shall require the director and another institutional administrative academic representative to meet with a committee of board members and board staff for an on-site survey for compliance with all applicable rules and for the implementation of the plan for corrective action submitted the previous year. <i>(NOTE: see section on withdrawal of approval regarding action after compliance survey)</i></p>

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<p>Non-Compliance with Requirements</p>	<p>Misconduct or unprofessional conduct includes, but is not limited to, the following:</p> <ol style="list-style-type: none"> 1. Failing to report to the board or to institutional supervisory personnel any violation of the rules by a licensee. This provision does not require a nurse to report treatment information which would fall within the nurse-patient privilege. 2. Practicing beyond the scope of practice permitted by law. 3. Having disciplinary action through final board adjudication taken against one's license in another jurisdiction. 4. Violating any term, provision or condition of any order of the board. 5. Violating any rule of the board. 6. Violating any provision of APNP. 	<p>Non-Compliance with federal, jurisdictional or contractual requirements, including, but not limited to:</p> <ol style="list-style-type: none"> 1. Failing to meet the initial requirements of a license 2. Engaging in conduct that violates the security of the licensure examination or the integrity of the examination results, including, but not limited to: <ol style="list-style-type: none"> a. Copying, disseminating or receiving of any portion of an exam b. Having unauthorized possession of any portion of a future, current or previously administrated exam c. Violating the standard of test administration d. Permitting and impersonator to take the exam on one's behalf. e. Impersonating an examinee f. Communicating with another examinee during the exam g. Possessing unauthorized materials during the exam h. Any other conduct that violates the security or integrity of the exam 3. Having a license to practice nursing, a multi-state privilege to practice or another professional license or other credential denied, revoked, suspended, restricted or 		<p>Behavior which constitutes knowingly making misleading, deceptive, untrue or fraudulent representations in the practice of a profession may include, but need not be limited to, the following:</p> <ol style="list-style-type: none"> 1. Failing to notify the board within 30 days from the date of the final decision in a disciplinary action taken by the licensing authority of another state, territory or country. 2. Failing to notify the board of a criminal conviction within 30 days of the action, regardless of whether the judgment of conviction or sentence was deferred and regardless of the jurisdiction wherein it occurred. 3. Failing to submit an additional completed fingerprint packet as required and applicable fee when a previous fingerprint submission has been determined to be unacceptable, within 30 days of request by board staff. 4. Failing to submit verification of compliance with continuing education requirements or exceptions for the period of time being audited. <p>Behavior which constitutes unethical conduct may include, but need not be limited to, the following:</p> <ol style="list-style-type: none"> 1. Performing nursing 	<p>The disciplinary subcommittee shall proceed if it finds that one of the following grounds exist:</p> <ol style="list-style-type: none"> 1. Personal disqualifications, consisting of the following: <ol style="list-style-type: none"> a. Final adverse administrative action by a licensure, registration, disciplinary or certification board involving the holder of, or an applicant for, a license or registration regulated by another state or a territory of the United States, the United States military, by the federal government or by another country. A certified copy of the record of the board is conclusive evidence of the final action. 2. Prohibited acts consisting of the following: <ol style="list-style-type: none"> a. Practice outside the scope of the license. 3. Failure to report a change of name or mailing address within 30 days after the change occurs. 4. A violation, or aiding or abetting in a violation of the statute or rule promulgated under the statute. 5. Failure to comply with a subpoena issued pursuant to this part, failure to respond to a complaint issued under this article, failure to appear at a compliance conference or an administrative hearing or failure to report. 6. Failure to meet 	<p>The following are grounds for disciplinary action:</p> <ol style="list-style-type: none"> 1. Failure to demonstrate the qualifications or satisfy the requirements for a license in the statutes or rules of the board. In the case of a person applying for a license, the burden of proof is upon the applicant to demonstrate the qualifications or satisfaction of the requirements. 2. Revocation, suspension, limitation, conditioning or other disciplinary action against the person's professional or practical nursing license or advanced practice registered nursing credential in another state, territory, or country; failure to report to the board that charges regarding the person's nursing license or other credential are pending in another state, territory, or country or having been refused a license or other credential by another state, territory or country. 3. Violating a rule adopted by the board, an order of the board or a state or federal law relating to the practice of professional, advanced practice registered or practical nursing or a state or federal narcotics or controlled substance law. 4. Practicing outside the scope of practice authorized. 5. Practicing outside the specific field of nursing practice for which an

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		<p>otherwise disciplined in this or any other state, territory, possession or country or by a branch of the US military.</p> <ol style="list-style-type: none"> 4. Failing to cooperate with a lawful BON investigation 5. Practicing without an active license 6. Drug screening violation or failure of a participant in an alternative to discipline program to comply with the program requirements. 7. Failing to comply with continuing education or competency requirements. 8. Failing to meet licensing board reporting requirements 9. Violating or failing to comply with BON order 10. Practicing beyond the legal scope of practice 11. Failing to comply with health and safety requirements established by an employer, health facility or federal or jurisdictional laws or rules 12. Violating federal or state tax code pursuant to the procedural laws and rules of the jurisdiction 13. Failing to pay child support or delinquent child support pursuant to the procedural laws and rules of the jurisdiction. 14. Defaulting on health education loan or scholarship obligations pursuant to the procedural laws and rules of the jurisdiction 		<p>services beyond the authorized scope of practice for which the individual is license or prepared.</p> <ol style="list-style-type: none"> 2. Failing to report suspected wrongful acts or omissions committed by a licensee of the board. 3. Failing to comply with an order of the board. 	<p>requirements for licensure or registration.</p>	<p>advanced practice registered nurse is certified unless the practice is authorized.</p> <ol style="list-style-type: none"> 6. Making a false statement or knowingly providing false information to the board, failing to make reports as required or failing to cooperate with an investigation o the board. 7. Failure to inform the board of the person’s certification status as a nurse anesthetist, nurse-midwife, nurse practitioner or clinical nurse specialist. 8. Engaging in clinical nurse specialist practice, nurse-midwife practice, nurse practitioner practice or registered nurse anesthetist practice without current certification by a national nurse certification organization acceptable to the board, except during the period between completion of an advance practice registered nurse course of study and certification, not to exceed six months or as authorized by the board. 9. Engaging in conduct that is prohibited under the nurse practice act. 10. Failing to report employment to the board as required or knowingly aiding, assisting, advising or allowing a person to final to report as required.

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<p>Criminal Conviction or Adjudication</p>	<p>Misconduct or unprofessional conduct includes, but is not limited to, the following:</p> <ol style="list-style-type: none"> 1. Violating or aiding and abetting a violation of any law substantially related to the practice of professional or practical nursing. A certified copy of a judgment of conviction is prima facie evidence of a violation. 	<p>15. Violating jurisdictional health code.</p> <p>Criminal conviction or adjudication in any jurisdiction.</p>		<p>Behavior with constitutes unethical conduct may include, but need not be limited to, the following:</p> <ol style="list-style-type: none"> 1. Pleading guilty to or being convicted of a crime related to eth profession of nursing or conviction of any crime that would affect the licensee’s ability to practice nursing, regardless of whether the judgment of conviction or sentence was deferred and regardless of the jurisdiction wherein the action occurred. A copy of the record of conviction or plea of guilty shall be conclusive evidence. 	<p>The disciplinary subcommittee shall proceed if it finds that one of the following grounds exist:</p> <ol style="list-style-type: none"> 1. Personal disqualifications, consisting of the following: <ol style="list-style-type: none"> a. Conviction of a misdemeanor punishable by imprisonment for a maximum term of 2 years; a misdemeanor involving the illegal delivery, possession or use of a controlled substance or a felony. A certified copy of the court record is conclusive evidence of the conviction. b. Conviction of a criminal conviction of criminal sexual conduct. A certified copy of the court record is conclusive evidence of the conviction. c. Conviction of a violation of the penal code section regarding placing misleading or inaccurate information in medical records or charts; alteration or destruction of medical records or charts. A certified copy of the court record is conclusive evidence of the conviction. d. Conviction of a misdemeanor or felony involving fraud in obtaining or attempting to obtain fees related to 	<p>The following are grounds for disciplinary action:</p> <ol style="list-style-type: none"> 1. Conviction of a felony or gross misdemeanor reasonably related to the practice of professional, advanced practice registered or practical nursing. Conviction includes a conviction of an offense that if committed in this state would be considered a felony or gross misdemeanor without regard to its designation elsewhere or a criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld or not entered.

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					<p>the practice of a health profession. A certified copy of the court record is conclusive evidence of the conviction.</p> <p>e. Conviction of a misdemeanor that is reasonably related to or that adversely affects the licensee's ability to practice in a safe and competent manner. A certified copy of the court record is conclusive evidence of the conviction.</p> <p>f. Conviction of a violation of the penal code section relating to Prohibited conduct by licensed health care professional; violation as misdemeanor; submission to chemical analysis; admissibility as evidence; conduct of collection and testing; other violations arising out of same transaction; good faith emergency care; order to participate in health professional recovery program. A certified copy of the court record is conclusive evidence of the conviction.</p>	
Confidentiality, Consent or Disclosure Violations	<p>Misconduct or unprofessional conduct includes, but is not limited to, the following:</p> <p>Revealing to other personnel not engaged in the care of the patient or to members of the public information which concerns</p>	<p>Confidentiality, patient privacy, consent or disclosure violations, including, but not limited to:</p> <ol style="list-style-type: none"> 1. Failing to safeguard the patient's dignity, the right to privacy and confidentiality of patient information. This does not 		<p>Behavior with constitutes unethical conduct may include, but need not be limited to, the following:</p> <ol style="list-style-type: none"> 1. Violating the confidentiality or privacy rights of the patient or client. 	<p>The disciplinary subcommittee shall proceed if it finds that one of the following grounds exist:</p> <ol style="list-style-type: none"> 1. Unprofessional conduct consisting of the following: <ol style="list-style-type: none"> a. Betrayal of a professional confidence. 	<p>The following are grounds for disciplinary action:</p> <ol style="list-style-type: none"> 1. Revealing a privileged communication from or relating to a patient except when otherwise required or permitted by law.

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	<p>a patient’s medical condition unless release of the information is authorized by the patient or required or authorized by law. This provision shall not be construed to prevent a licensee from cooperating with the board or the department of safety and professional services in the investigation of complaints.</p>	<p>prohibit or affect reporting responsibilities under other statutes such as child Abuse or Older Adults Protective Services Acts.</p> <ol style="list-style-type: none"> 2. Failure to obtain informed consent 3. Failure to comply with patient consultation requirements 4. Breach of confidentiality 				
<p>Misconduct or Abuse</p>	<p>Misconduct or unprofessional conduct includes, but is not limited to, the following:</p> <ol style="list-style-type: none"> 1. Abusing a patient by a single or repeated act of force, violence, harassment, deprivation, neglect, or mental pressure which reasonably could cause physical pain or injury or mental anguish or fear. 2. Engaging in inappropriate sexual contact, exposure, gratification or other sexual behavior with or in the presence of a patient. For the purposes of this subsection, an adult receiving psychiatric nursing services shall continue to be a patient for one year after eth termination of the professional services. If the person receiving psychiatric nursing services is a minor, the person shall continue to be a patient for the purposes of this subsection for one year after termination of services or for one year after the patient reaches the age of majority, whichever is 	<p>Misconduct or abuse, including but not limited, to:</p> <ol style="list-style-type: none"> 1. Soliciting, borrowing or misappropriating money or property from a patient or a patient’s family. 2. Violating principles of professional boundaries. The following principles shall delineate the responsibilities of the nurse regarding the establishment and maintenance of appropriate professional boundaries with a current or former patient and key part. Patient consent to, or initiation of a personal relationship, is not a defense. The nurse shall: <ol style="list-style-type: none"> a. Establish, maintain and communicate professional boundaries with the patient; b. Not engage in relationships with patients that could impair the nurse’s professional judgment; c. Not exploit in any manner the professional relationship with a patient for the nurse’s 	<p>Findings of unethical or unprofessional conduct includes, but is not limited, to:</p> <ol style="list-style-type: none"> 1. Engaging in behavior that crosses professional boundaries (such as signing wills or other documents not related to client health care). 2. Engaging in sexual conduct with a patient, or conduct that may reasonably be interpreted by a patient as sexual or in any verbal behavior that is sexually harassing to a patient. 	<p>Behavior with constitutes unethical conduct may include, but need not be limited to, the following:</p> <ol style="list-style-type: none"> 1. Committing an act which causes physical, emotional or financial injury to the patient or client. 2. Engaging in sexual conduct, including inappropriate physical contact or any behavior that is seductive, demeaning, or exploitative with regard to a patient or client. 3. Misappropriating medications, property, supplies or equipment of the patient, client or agency. 4. Engaging in behavior that is contradictory to professional decorum. 		<p>The following are grounds for disciplinary action:</p> <ol style="list-style-type: none"> 1. Engaging in conduct with a patient that is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient or engaging in sexual exploitation of a patient or former patient. 2. Obtaining money, property or services from a patient other than reasonable fees for services provided to the patient through the use of undue influence, harassment, duress, deception or fraud.

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	<p>longer.</p> <p>3. Obtaining or attempting to obtain anything of value from a patient without the patient's consent.</p> <p>4. Obtaining or attempting to obtain any compensation by fraud, misrepresentation, deceit or undue influence in the course of nursing practice.</p>	<p>emotional, financial, sexual or personal advantage or benefit;</p> <p>d. Not engage in dual relationships to the extent possible for < > years, making alternate arrangements for care when necessary, if a nurse's ability to provide appropriate care would be impaired due to the nature of the additional relationship with the patient (always avoid dual relationships in mental health nursing);</p> <p>e. Not engage in self-disclosure to a patient unless it is limited in terms of amount, nature and duration and does not adversely impact the patient's care and well-being;</p> <p>f. Recognize the potential for negative patient outcomes of professional-boundary crossings;</p> <p>g. Not use any confidence of a patient to the patient's disadvantage or for the advantage of the nurse;</p> <p>h. Have a clear agreement with the patient regarding financial matters. For nurses practicing independently, arrangements for reimbursement must be made at the initiation of the nurse-patient relationship. A nurse</p>				

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		<p>shall not engage in loans to or from a patient and shall not barter with a patient;</p> <ul style="list-style-type: none"> i. Only accept gifts of minimal value from a patient or key party; j. Make no statements or disclosures that create a risk of compromising a patient's privacy, confidentiality and dignity. This includes, but is not limited to, statements or disclosures via electronic media; and k. Make no suggestions or have no discussions of the possibility of dating or a sexual or romantic relationship after the professional relationship ends. <p>3. Sexual misconduct, including, but not limited to, the following behavior with a current or former patient or key party. Patient consent to, or the initiation of a sexual or romantic relationship, is not a defense:</p> <ul style="list-style-type: none"> a. Sexual intercourse; b. Touching of the breasts, genitals, anus or any sexualized body part initiated by the nurse or patient, except as consistent with accepted standards of nursing practice; c. Rubbing against current or former patient or key party, initiated by the nurse, current or former 				

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		<p>patient or key party, for sexual gratification;</p> <ul style="list-style-type: none"> d. Hugging, kissing or caressing of a romantic or sexual nature; e. Failing to provide adequate patient privacy to dress or undress, except as may be medically necessary or required for patient safety; f. Failing to provide the patient with an appropriate gown or draping, except as may be medically necessary or required for patient safety; g. Dressing or undressing in the presence of a the patient; h. Encouraging masturbation or other sex acts in the presence of the nurse; i. Masturbation or other sex acts performed by the nurse in the presence of the current or former patient or key party. j. Discussing sexual history, behaviors or fantasies of the nurse; k. Behavior, gestures, statements or expressions that may reasonably be interpreted as romantic or sexual; l. Making inappropriate statements to current or former patients or key parties regarding their body parts, appearance, sexual history or sexual 				

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		<p>orientation;</p> <p>m. Sexually demeaning behavior, which may be reasonably interpreted as humiliating, embarrassing, threatening or harmful to current or former patients or key parties;</p> <p>n. Showing a current or former patient or key party sexually explicit materials, other than for health care purposes;</p> <p>o. Posing, photographing or recording the body or any body part of a current or former patient or key party, other than for health care purposes with consent;</p> <p>p. Transmitting information via electronic media that can be reasonably interpreted as sexual or sexually demeaning by the current or former patient or key party; and</p> <p>q. Engaging in sexual or romantic conduct with a key party when that person is being manipulated is not such a relationship by the nurse.</p> <p>4. Engaging or attempting to engage in sexual or romantic conduct with a former patient if doing so creates a risk that the relationship could cause harm to or exploitation of the former patient. Factors which the BON may consider in determining risk of harm or exploitation include, but are</p>				

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		<p>not limited to:</p> <ol style="list-style-type: none"> a. The length of time the nurse-patient relationship existed; b. The circumstances of the cessation or termination of the nurse-patient relationship; c. The amount of time that has passed since nursing services were terminated; d. The nature of the patient's health status and the extent of care received; e. The degree of the patient's dependence and vulnerability; f. The extent to which there exists an ongoing nurse-patient relationship following the termination of services and whether the patient is reasonably anticipated to become a patient of the nurse in the future; and g. Any statements or actions made by the nurse during the course of treatment suggesting or inviting the possibility of sexual or romantic conduct. <p>5. Due to the unique vulnerability of mental health patients, including patients with substance use dependency disorders, nurses are prohibited from engaging in or attempting to engage in sexual or romantic conduct with such former patients or key parties for a period of at</p>				

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		<p>least 2 years after termination of nursing services.</p> <ol style="list-style-type: none"> 6. These rules do not prohibit providing health care services to a person with whom the nurse has a preexisting, established personal relationship where there is no evidence of, or potential for, exploiting the patient; and contact that is necessary for a health care purpose that meets the standards of the profession. 7. Non-sexual dual relationship or boundary violation 8. Exploiting a patient for financial gain 9. Abusive conduct toward staff 10. Disruptive conduct in the workplace 11. Conduct evidencing moral unfitness 12. Conduct evidencing ethical unfitness 13. Physical or emotional abuse of a patient 14. Misappropriation of patient property or other property 15. Conflict of interest. 				
Fraud, Deception or Misrepresentation	<p>Misconduct or unprofessional conduct includes, but is not limited to, the following:</p> <ol style="list-style-type: none"> 1. Falsifying or inappropriately altering patient records. 2. Impersonating another licensee. 	<p>Fraud, deception or misrepresentation, including, but not limited to:</p> <ol style="list-style-type: none"> 1. Committing fraud or deceit in the practice of nursing. 2. Submitting false documentation or information, such as credentials, letters of recommendations, resumes, curriculum vitae, certificates, educational 		<p>Behavior which constitutes fraud in procuring a license may include, but need not be limited to, the following:</p> <ol style="list-style-type: none"> 1. Falsification of the application, credentials or records submitted to the board for licensure as a registered nurse, licensed practical nurse or registration as an advanced registered nurse 	<p>The disciplinary subcommittee shall proceed if it finds that one of the following grounds exist:</p> <ol style="list-style-type: none"> 1. Prohibited acts consisting of the following: <ol style="list-style-type: none"> a. Fraud or deceit in obtaining or renewing a license or registration. b. Permitting a license or registration to be used by an unauthorized person 	<p>The following are grounds for disciplinary action:</p> <ol style="list-style-type: none"> 1. Employing fraud or deceit in procuring or attempting to procure a permit, license, or registration certificate to practice professional or practical nursing or attempting to subvert the licensing examination process. Conduct that subverts or attempts to

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		<p>certificates or transcripts, or licenses to an employer or potential employer for the purpose of securing or maintaining employment.</p> <ol style="list-style-type: none"> 3. Submitting false documentation or information to an employer for the purpose of receiving remuneration or reimbursement of costs to which the licensee is not entitled. 4. Submitting false information in the course of an investigation or as part of any application. 5. Failing to document and maintain accurate records, includes, but is not limited to: <ol style="list-style-type: none"> a. Falsifying reports, patient documentation, agency records, other essential health documents b. Knowingly making incorrect entries in a patient's medical record or other related documents. 6. Improper or abusive billing practices. 7. Submitting false claims 8. Misrepresentation of credentials 9. Insurance fraud 10. Providing or ordering unnecessary tests or services 11. Filing false reports or falsifying records 12. Fraud, deceit or material omission in obtaining license or credentials 13. Misleading, false or 		<p>practitioner.</p> <ol style="list-style-type: none"> 2. Fraud, misrepresentation or deceit in taking the licensing examination or in obtaining a license as a registered nurse, licensed practical nurse or registration as an advanced registered nurse practitioner. 3. Impersonating any applicant in any examination for licensure as a registered nurse or licensed practical nurse. <p>Behavior which constitutes knowingly making misleading, deceptive, untrue or fraudulent representations in the practice of a profession may include, but need not be limited to, the following:</p> <ol style="list-style-type: none"> 1. Oral or written misrepresentation relating to degrees, credentials, licensure status, records and applications. 2. Falsifying records related to nursing practice or knowingly permitting the use of falsified information in those records. 3. Failing to provide written notification of a change of address to the board within 30 days of the event. <p>Behavior with constitutes unethical conduct may include, but need not be limited to, the following:</p> <ol style="list-style-type: none"> 1. Allowing another person to use one's nursing license for any purpose. 	<ol style="list-style-type: none"> 2. Unethical business practices consisting of the following: <ol style="list-style-type: none"> a. False or misleading advertising. b. Fraud or deceit in obtaining or attempting to obtain third party reimbursement. 3. Unprofessional conduct consisting of the following: <ol style="list-style-type: none"> a. Misrepresentation to a consumer or patient or in obtaining or attempting to obtain third party reimbursement in the course of professional practice. 	<p>subvert the licensing exam process includes, but is not limited to:</p> <ol style="list-style-type: none"> a. Conduct that violates the security of the exam materials, such as removing exam materials from the exam room or having unauthorized possession of any portion of a future, current or previously administered licensing exam; b. Conduct that violates the standard of test administration, such as communicating with another examinee during administration of the exam, complying another exam's answers, permitting another exam to copy one's answers or possessing unauthorized materials; c. Impersonating an examinee or permitting an impersonator to take the exam on one's own behalf. <ol style="list-style-type: none"> 2. Engaging in abusive or fraudulent billing practices, including violations of federal Medicare and Medicaid laws or state medical assistance laws. 3. Knowingly providing false or misleading information that is directly related to the care of that patient unless done for an accepted therapeutic purpose such as

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		deceptive advertising or marketing 14. Failure to disclose.				the administration of a placebo. 4. Engaging in false, fraudulent, deceptive or misleading advertising.
Unsafe Practice or Substandard Care	Negligence means a substantial departure from the standard of care ordinarily exercised by a competent licensee and includes, but is not limited to, the following conduct: <ol style="list-style-type: none"> 1. Violating any of the standards of practice. 2. An act or omission demonstrating a failure to maintain competency in practice and methods of nursing care. 3. Failing to observe the conditions, signs and symptoms of a patient, record them, or report significant changes to the appropriate person 4. Failing to execute a medical order unless the order is inappropriate and the licensee reports the inappropriate order to a nursing supervisor or other appropriate person. 5. Executing an order which the licensee knew or should have known would harm or present the likelihood of harm to a patient. 6. Failing to report to a nursing supervisor or appropriate person the existence of a medical or nursing order which the licensee knew or should have known would harm or 	Unsafe practice, substandard care or unprofessional conduct, including, but not limited to: <ol style="list-style-type: none"> 1. Failing or inability to perform registered nursing, practical nursing or advanced practice registered nursing with reasonable skill and safety. 2. Departing from or failing to conform to an ethical or quality standard of the nursing profession. 3. Improperly managing patient records. 4. Failing to supervise student experiences as a clinical nursing instructor 5. Failing to respect and consider the patient's right to freedom from psychological and physical abuse. 6. Failing to act to safeguard the patient from the incompetent, abusive or illegal practice of any individual. 7. Discriminating on the basis of age, marital status, gender, sexual preference, race, religion, diagnosis, socioeconomic status or disability while providing nursing services. 8. Leaving a nursing assignment prior to the proper reporting and notification to the 	Findings of unethical or unprofessional conduct includes, but is not limited, to: <ol style="list-style-type: none"> 1. Engaging in conduct likely to deceive, defraud or harm the public or demonstrating a willful disregard for the health, welfare or safety of a patient. Actual injury need not be established. 2. A departure from or failure to conform to the standards of professional or practical nursing. Actual injury to a patient need not be established. 3. Demonstrating actual or potential inability to practice nursing with reasonable skill safety or judgment by reason of illness, use of alcohol, drugs, chemicals or any other material or as a result of any mental or physical condition. <p>The Division incorporates by reference the "Code for Nurses with Interpretive Statements", July 2001, American Nurses Association.</p> <p>The Division incorporates by reference the "Standards of Practice and Educational Competencies of Graduates of Practical/Vocational Nursing Programs", May 6, 2007,</p>	Professional incompetency may include, but need not be limited to, the following: <ol style="list-style-type: none"> 1. Lack of knowledge, skill or ability to discharge professional obligations within the scope of nursing practice. 2. Deviation by the licensee from the standards of learning, education or skill ordinarily possessed and applied by other nurses in the state of Iowa acting in the same or similar circumstances. 3. Willful or repeated departure from or failure to conform to the minimum standards of acceptable and prevailing practice of nursing in the state of Iowa. 4. Willful or repeated failure to practice nursing with reasonable skill and safety. 5. Willful or repeated failure to practice within the scope of current licensure or level of preparation. 6. Failure to meet the standards. 7. Failure to comply with requirements. <p>Behavior with constitutes unethical conduct may include, but need not be limited to, the following:</p> <ol style="list-style-type: none"> 1. Failing to comply with any 	The disciplinary subcommittee shall proceed if it finds that one of the following grounds exist: <ol style="list-style-type: none"> 1. A violation of general duty, consisting of negligence or failure to exercise due care, including negligent delegation to or supervision of employees or other individuals, whether or not injury results, or any conduct practice or condition that impairs or may impair the ability to safely and skillfully practice the health profession. 2. Personal disqualifications, consisting of the following: <ol style="list-style-type: none"> a. Substance use disorder as defined in the mental health code. b. Mental or physical inability reasonably related to and adversely affecting the licensee's ability to practice in a safe and competent manner. c. Declaration of mental incompetence by a court of competent jurisdiction. 	The following are grounds for disciplinary action: <ol style="list-style-type: none"> 1. Failure to or inability to perform professional or practical nursing with reasonable skill and safety, including failure of a registered nurse to supervise or a licensed practical nurse to monitor adequately the performance of acts by any person working at the nurse's direction 2. Engaging in unprofessional conduct, including, but not limited to, a departure from or failure to conform to board rules of professional or practical nursing practice that interpret the statutory definition of professional or practical nursing as well as provide criteria for violations of the statutes or if no rule exists to the minimal standards of acceptable and prevailing professional or practical nursing practice or any nursing practice that may create unnecessary danger to a patient's life, health or safety. Actual injury to a patient need not be established under this clause. 3. Failure of an advanced practice registered nurse to practice with reasonable

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	<p>present the likelihood of harm to a patient.</p> <p>7. Offering or performing services as a licensed practical nurse or registered nurse for which the licensee is not qualified by education, training or experience.</p> <p>Abuse of alcohol is the use of alcohol or any drug to an extent that such use impairs the ability of the licensee to safely or reliably practice.</p> <p>Mental incompetency is evidenced by conduct which reflects an impaired ability of the licensee to safely or reliably perform duties. Mental incompetency also includes, but is not limited to, adjudication or incompetency by a court of law.</p> <p>Misconduct or unprofessional conduct includes, but is not limited to, the following:</p> <p>1. Failing or refusing to render nursing services to a patient because of the patient's race, color sex, age, beliefs, national origin or handicap.</p>	<p>appropriate dept. head or personnel of such an action.</p> <p>9. Knowingly abandon a patient in need of nursing care. Abandonment is defined as the intentional deserting of or leaving a patient for whom the nurse is responsible without providing for another nurse or appropriate caretaker to assume care upon the nurse's leaving.</p> <p>10. Engaging in conduct or any nursing practice that may create unnecessary danger to a patient's life, health or safety. Actual injury to a patient need not be established.</p> <p>11. Demonstrating an actual or potential inability to practice nursing with reasonable skill and safety to patients by reason of illness, use of alcohol, drugs, chemicals, or any other material or as a result of any mental or physical illnesses or conditions.</p> <p>12. Immediate threat to health or safety of a patient or the public</p> <p>13. Unable to practice safely by reason of alcohol or other substance use</p> <p>14. Unable to practice safely by reason of psychological impairment or mental disorder</p> <p>15. Unable to practice safely by reason of physical illness or impairment</p> <p>16. Unable to practice safely</p> <p>17. Substandard or inadequate</p>	<p>National Association for Practical Nurse Education and Service.</p>	<p>rule promulgated by the board related to minimum standards of nursing.</p> <p>2. Committing an act or omission which may adversely affect the physical or psychosocial welfare of the patient or client.</p> <p>3. Failing to report to or leaving a nursing assignment without properly notifying appropriate supervisory personnel and ensuring the safety and welfare of the patient or client.</p> <p>4. Discriminating against a patient or client because of age, sex, race, creed, illness or economic or social status.</p> <p>5. Failing to assess, accurately document or report the status of a patient or client.</p> <p>6. Practicing nursing while under the influence of alcohol, illicit drugs or while impaired by the use of legitimately prescribed pharmacological agents or medications.</p>		<p>skill and safety or departure from or failure to conform to standards of acceptable and prevailing advanced practice registered nursing.</p> <p>4. Actual or potential inability to practice nursing with reasonable skill and safety to patients by reason of illness, use of alcohol, drugs, chemicals or any other material or as a result of any mental or physical condition.</p> <p>5. Adjudication as mentally incompetent, mentally ill, a chemically dependent person, or a person dangerous to the public by a court of competent jurisdiction, within or without this state.</p> <p>6. Engaging in any unethical conduct, including, but not limited to, conduct likely to deceive, defraud, or harm the public or demonstrating a willful or careless disregard for the health, welfare, or safety of a patient. Actual injury need not be established under this clause.</p> <p>7. Improper management of patient records, including failure to maintain adequate patient records, to comply with a patient's request or to furnish a patient record report required by law.</p>

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		care 18. Substandard or inadequate skill level 19. Failure to consult or delay in seeking consultation with supervisor/proctor 20. Patient abandonment 21. Inappropriate refusal to treat 22. Incompetence 23. Malpractice 24. Negligence 25. Patient neglect 26. Inadequate or improper infection control practices 27. Failure to provide medically reasonable and/or necessary items or services.				
Improper Supervision or Allowing Unlicensed Practice		Improper supervision or allowing unlicensed practice, including, but not limited to: 1. Delegating a nursing function or a prescribed health function when the delegation could reasonably be expected to result in unsafe or ineffective patient care. 2. Accepting the delegation of a nursing function or undertaking a specific practice without the necessary knowledge, preparation, experience and competency to properly execute the practice that could reasonably be expected to result in unsafe or ineffective patient care 3. Failing to supervise the performance of acts by any individual working at the nurse's delegation or assignment. 4. Failing to follow appropriate and recognized standards		Behavior with constitutes unethical conduct may include, but need not be limited to, the following: 1. Improper delegation of nursing services, function, or responsibilities.		The following are grounds for disciplinary action: 1. Delegating or accepting the delegation or a nursing function or a prescribed health care function when the delegation or acceptance could reasonably be expected to result in unsafe or ineffective patient care. 2. Knowingly aiding, assisting, advising or allowing an unlicensed person to engage in the unlawful practice of professional, advanced practice registered or practical nursing.

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		<p>and guidelines in providing oversight of the nursing organization and nursing services of a health care delivery system as a chief administrative nurse.</p> <ol style="list-style-type: none"> 5. Inappropriate or inadequate supervision or delegation 6. Knowingly aiding, abetting, assisting, advising or allowing an unlicensed person to engage in the unlawful practice of registered or practical nursing or in violating or circumventing a law or BON regulation or rule. 				
<p>Improper Prescribing, Dispensing, Administering Medication/Drug Violation</p>	<p>Misconduct or unprofessional conduct includes, but is not limited to, the following: Administering, supplying or obtaining any drug other than in the course of legitimate practice or as otherwise prohibited by law.</p>	<p>Drug related offenses, including, but not limited to:</p> <ol style="list-style-type: none"> 1. Narcotics violation or other violation of drug statutes 2. Unauthorized prescribing medicine 3. Unauthorized dispensing of medication 4. Unauthorized administration of medication 5. Error in prescribing, dispensing or administering medication 6. Diversion of controlled substance. 		<p>Behavior which constitutes unethical conduct may include, but need not be limited to, the following:</p> <ol style="list-style-type: none"> 1. Fraudulently or inappropriately using or permitting the use of prescription blanks or obtaining prescription medications under false pretenses. 2. Being involved in the unauthorized manufacture, possession, distribution or use of a controlled substance. 	<p>The disciplinary subcommittee shall proceed if it finds that one of the following grounds exist:</p> <ol style="list-style-type: none"> 1. Prohibited acts consisting of the following: <ol style="list-style-type: none"> a. Obtaining, possessing or attempting to obtain or possess a controlled substance without lawful authority, or selling, prescribing, giving away, or administering drugs for other than lawful diagnostic or therapeutic purposes. 	
<p>Other</p>					<p>The disciplinary subcommittee shall proceed if it finds that one of the following grounds exist:</p> <ol style="list-style-type: none"> 1. Unethical business practices consisting of the following: <ol style="list-style-type: none"> a. Dividing fees for referral of patients or accepting kickbacks on medical or surgical services, appliances, or 	<p>The following are grounds for disciplinary action:</p> <ol style="list-style-type: none"> 1. Aiding suicide or aiding attempted suicide as established by any of the following: <ol style="list-style-type: none"> a. A copy of the record of criminal conviction or plea of guilty for a felony. b. A copy of the record of

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					<p>medications purchased by or in behalf of patients.</p> <p>2. Unprofessional conduct consisting of the following:</p> <ul style="list-style-type: none"> a. Promotion for personal gain of an unnecessary drug, device, treatment, procedure or service. b. A requirement by a licensee that an individual purchase or secure a drug, device, treatment, procure, or service from another person, place, facility, or business in which the licensee has a financial interest. 	<p>a judgment of contempt of court for violating an injunction issued.</p> <ul style="list-style-type: none"> c. A copy of the record of a judgment assessing damages d. A finding by the board that the person aiding suicide or attempted suicide.