

BEFORE THE BOARD OF NURSING
DEPARTMENT OF LABOR AND INDUSTRY
STATE OF MONTANA

In the matter of the amendment of)
ARM 24.159.301 definitions,)
24.159.401 fees, 24.159.601 through)
24.159.680 nursing education)
programs, 24.159.1021 LPN practice)
permit, 24.159.1028 LPN licensure,)
24.159.1029 LPN foreign)
requirements, 24.159.1221 RN)
practice permit, 24.159.1228 RN)
licensure, 24.159.1229 RN foreign)
requirements, 24.159.1605)
delegation practices, 24.159.2020)
and 24.159.2021 nondisciplinary)
track, 24.159.2301 conduct of nurses,)
and the adoption of NEW RULES I)
and II program standards, NEW)
RULES III through VI continuing)
education, and NEW RULE VII)
clinical practice settings)

NOTICE OF PUBLIC HEARING ON
PROPOSED AMENDMENT AND
ADOPTION

TO: All Concerned Persons

1. On September 30, 2010, at 10:00 a.m., a public hearing will be held in room 439, 301 South Park Avenue, Helena, Montana to consider the proposed amendment and adoption of the above-stated rules.

2. The Department of Labor and Industry (department) will make reasonable accommodations for persons with disabilities who wish to participate in this public hearing or need an alternative accessible format of this notice. If you require an accommodation, contact the Board of Nursing (board) no later than 5:00 p.m., on September 24, 2010, to advise us of the nature of the accommodation that you need. Please contact Cari Harris, Board of Nursing, 301 South Park Avenue, P.O. Box 200513, Helena, Montana 59620-0513; telephone (406) 841-2340; Montana Relay 1 (800) 253-4091; TDD (406) 444-2978; facsimile (406) 841-2305; e-mail nurse@mt.gov.

3. GENERAL STATEMENT OF REASONABLE NECESSITY: As part of the periodic review of its administrative rules, the board is proposing revisions throughout the rules. Some of the proposed amendments are technical in nature, such as renumbering or amending punctuation within certain rules following amendment and to comply with ARM formatting requirements. Other changes replace out-of-date terminology for current language and processes, delete

unnecessary or redundant sections, and amend rules and catchphrases for accuracy, consistency, simplicity, better organization, and ease of use.

Accordingly, the board has determined that reasonable necessity exists to generally amend certain rules at this time. Where additional specific bases for a proposed action exist, the board will identify those reasons immediately following that rule. Authority and implementation cites are being amended throughout to accurately reflect all statutes implemented through the rules and to provide the complete sources of the board's rulemaking authority.

4. The rules proposed to be amended provide as follows, stricken matter interlined, new matter underlined:

24.159.301 DEFINITIONS ~~As used in Title 37, chapter 8, MCA, and this chapter, unless defined specifically in a particular subchapter, the following definitions apply:~~

(1) through (3) remain the same.

(4) "Certifying body" means a national certifying organization that has been approved by the board to use psychometrically sound and legally defensible examinations for certification of APRN nursing specialties.

(5) and (6) remain the same.

~~(7)~~ (21) "Comprehensive nursing Nursing assessment" means a systematic collection of data ~~conducted by an RN~~ to determine the patient's health status and to identify any actual or potential health problems.

~~(8)~~ (7) "Contact hour hours" means the time period of instruction determined by the continuing education provider and indicated on the participant's certificate of completion. Contact hours may be calculated in half-hour increments. One academic semester credit equals 15 contact hours; one academic quarter credit equals 12.5 contact hours.

~~(9)~~ (8) "Continuing education" means a planned learning activity that occurs in a classroom, online, audio-conference, video-conference, or as independent study. All continuing education must be approved by an accrediting organization or provided by an accredited academic institution of higher learning, a continuing education provider, or a an APRN certifying body, or a continuing education accrediting organization.

(9) "Continuing education provider" means an entity approved by an accrediting organization to provide continuing education programs.

(10) through (16) remain the same.

~~(17)~~ (19) "National professional organization" means a board-recognized professional nursing membership organization that delineates ~~scope of~~ nursing practice standards and guidelines ~~for an APRN specialty.~~

(17) "Independent study" means a self-paced learning activity directed by a continuing education provider that includes both a mechanism for evaluation and feedback to the learner.

(18) through (28) remain the same but are renumbered (22) through (32).

(18) "National accreditation" means the ongoing review, evaluation, and approval of nursing education programs by the National League for Nursing Accrediting Commission (NLNAC) or the Commission on Collegiate Nursing

Education (CCNE). Nursing education programs without national accreditation are nonaccredited programs.

(20) "New nursing education program" means the initiation or addition of a new terminal degree or certificate in nursing education that prepares graduates for initial licensure.

(29) (33) "Standard" means an authoritative statement by which the board can judge the quality of nursing education or practice. A standard is established by authority, custom, or general consent as a model or example; something set up for the measure of quantity, weight, extent, value, or quality. A standard is substantially well established by usage in speech and writing and widely recognized as acceptable.

(30) through (33) remain the same but are renumbered (34) through (37).

(38) "Verification" of licensure, education, or prior disciplinary action against a license must be submitted to the board in writing, from a primary source.

AUTH: 37-1-131, 37-8-202, MCA

IMP: 37-1-131, 37-8-101, 37-8-102, 37-8-202, 37-8-422, MCA

REASON: The board determined it is reasonably necessary to amend and add certain definitions in this rule to clarify terms used in current rules and statutes. Additionally, some definitions are being added or amended to align with rule amendments on continuing education or nursing education programs proposed elsewhere in this notice.

The board is amending the definition of "national professional organization" at renumbered (19) after determining that the term used in the rules should not be restricted to those approved organizations that delineate standards and guidelines for APRN specialties only. Additionally, the board is replacing "scope of practice" with the more accurate term "nursing practice standards and guidelines" as used and accepted in the nursing industry.

The board is amending renumbered (21) to clarify that LPNs perform nursing assessments but not comprehensive assessments. While not considered comprehensive assessments, these are part of the overall patient assessment. The board is adding (38) to specify that "verification" means a hard copy form of documentation that is submitted directly from a primary source, rather than from an applicant. The board determined that this definition will help ensure the authenticity, accuracy, and consistency of the verifying documentation.

24.159.401 FEES (1) remains the same.

(2) The fee for repeating the examination (NCLEX) for RN or LPN is ~~\$400~~ 50.

(3) remains the same.

(4) The application fee for each APRN specialty area recognition (APRN) certification is \$75, and a fee of \$50 for ~~each renewal period of each specialty certification~~ thereafter.

(5) through (10) remain the same.

(11) The fee for a printed copy of the laws and rules book is ~~\$20~~ 15. The fee for a copy of the laws and rules in CD-Rom format is \$5, with no restrictions on

downloading laws and rules from the board web site or making duplicate copies from the original copy ordered.

(12) through (16) remain the same.

(17) remains the same but is renumbered (20).

(17) The fee for a new nursing education program application and initial site survey is \$5000.

(18) The fee for board review of a special report from a nursing education program, as defined by ARM 24.159.635, is \$200.

(19) The fee for a site survey of a board-approved nursing education program, due to program noncompliance with educational standards, is \$3000.

AUTH: 37-1-134, 37-1-319, 37-8-202, MCA

IMP: 37-1-134, 37-1-141, 37-8-202, MCA

REASON: The board is amending this rule to comply with the requirements of 37-1-134, MCA, and adjust certain board fees to be commensurate with current costs. The reduced retesting fee is sufficient to cover costs of processing all retesting requests. The proposed new five dollar fee for a CD-Rom copy of rules and statutes covers the handling and mailing costs.

The board concluded that the financial burden for nursing education program surveys should not be entirely placed on individual licensees through licensing fees. Instead, the board is adding (17) through (19) to this rule to recover approximately one-half the costs of the nursing education program reviews from the programs receiving the service. This fee change will affect approximately 120 licensees/applicants and generate \$13,860 in additional annual revenue.

24.159.601 STATEMENT OF PURPOSE FOR NURSING EDUCATION PROGRAM STANDARDS RULES (1) ~~These requirements~~ rules provide a basis for the board to evaluate and approve nursing education programs and a format for nursing faculty and administrators to plan, implement, and evaluate nursing education for the following professional and practical nursing programs:

(a) and (b) remain the same.

(c) ~~associate degree education or certification for practical nursing~~ PN preparation.

(2) ~~The following rules set forth general requirements regarding all nursing education and specific requirements regarding:~~ curricula for faculty qualifications and responsibilities, and administrative roles and functions.

~~(a) curricula for:~~

~~(i) professional baccalaureate degree education for RN preparation;~~

~~(ii) professional associate degree education for RN preparation; and~~

~~(iii) associate degree education or certification for practical nursing preparation;~~

~~(b) faculty qualifications and responsibilities; and~~

~~(c) administrative roles and functions.~~

(3) These rules represent minimum requirements. The board shall interpret these rules to ensure that minimum requirements are met ~~and to allow flexibility to determine the scope, limits and direction of the nursing education program.~~

AUTH: 37-8-202, 37-8-301, MCA
IMP: 37-8-202, 37-8-301, MCA

REASON: The board is proposing amendments throughout the nursing education program rules following the recommendations of the board's education committee. Following development and adoption of a statewide curriculum model for nursing programs offering practical nursing degrees and Associate of Science degrees for registered nurses, programs seeking initial and ongoing approval have frequently sought the board's input and clarification regarding revised requirements. The board's education committee began an intense review of the education program rules in January 2009 which included lengthy work sessions involving education program directors and culminated in these proposed amendments to subchapter six of the board's administrative rules.

The board determined it is reasonably necessary to amend these rules to address the significant number of requests by the programs for clarification on current nursing education program requirements that were historically viewed as unnecessary and burdensome. The board notes that the proposed amendments also update rule language to utilize accepted current terminology as used in the standards of national accreditation for nursing programs and to mirror changes in language of the modern health care system.

Further, the board is proposing amendments throughout subchapter six to delineate specific minimum standards the board will use when evaluating nursing programs in the areas of curricula and faculty responsibilities. The board concluded that it is difficult and cumbersome for programs to interpret and demonstrate competence using the generalized standards contained in the current education program rules. The rule changes will also provide the board with the oversight and flexibility needed to operate effectively in program review and approval within the new structure created through these comprehensive amendments. The board is amending the nursing program rules to implement a systematic evaluation plan as an important point of clarification for the programs. As well, nursing education programs in Montana and across the country are currently facing difficulties in recruiting qualified faculty. The board believes the proposed amendments set adequate minimum quality standards for faculty, but also address the recruitment difficulties with changes in the use of faculty extenders or clinical resource RNs. The board believes these amendments will maintain a minimum set of standards that nursing programs can adhere to while ensuring adequate public protection by requiring nursing education program oversight by qualified faculty.

Accordingly, the board has determined that reasonable necessity exists to generally amend the nursing education program rules in subchapter six at this time. Where additional specific bases for a proposed action exist, the board will identify those reasons immediately following that rule. Authority and implementation cites are being amended throughout the subchapter to accurately reflect all statutes implemented through the rule and to provide the complete sources of the board's rulemaking authority.

24.159.604 PHILOSOPHY GUIDING PRINCIPLES, EDUCATIONAL OBJECTIVES, AND EXPECTED OUTCOMES OF NURSING EDUCATION PROGRAMS

(1) The faculty of the nursing education program shall develop and approve ~~statements of philosophy~~ guiding principles, educational objectives, and expected outcomes that are consistent with those of the parent institution and with the statutes and rules governing the practice of nursing.

~~(2) The philosophy must include statements about nursing practice and nursing education.~~

~~(3)~~ (2) The above information guiding principles and expected outcomes must be included in the program catalog or otherwise made available to students.

AUTH: 37-8-202, 37-8-301, MCA

IMP: 37-8-202, 37-8-301, MCA

REASON: The board is amending this rule and its catchphrase to require education programs to develop guiding principles, rather than statements of philosophy. The board concluded that statements of philosophy present a more vague standard and may cause unnecessary confusion as to program requirements.

24.159.605 ORGANIZATION AND ADMINISTRATION OF NURSING EDUCATION PROGRAMS (1) Parent institutions conducting a nursing program must be accredited by the appropriate regional accrediting bodies, which are listed in ARM 24.159.615.

(2) All clinical facilities (agencies) ~~agencies~~ with which the program maintains cooperative agreements for use as clinical laboratories must have licensure, approval, or accreditation appropriate to each agency.

(a) and (a)(i) remain the same.

(ii) a reasonable time frame for contract termination to ensure completion of the current semester or quarter of student clinical experiences;

(iii) agency's roles and responsibilities for student oversight and communication with faculty;

(ii) remains the same but is renumbered (iv).

~~(iii)~~ (v) expectations regarding the health status of students and faculty ~~in a variety of settings.~~

(3) and (4) remain the same.

(5) ~~Faculty~~ The board encourages nursing faculty and administration should to participate in governance of the parent institution and policy development, including but not limited to, matters related to appeals and grievances. Policies governing faculty employment, promotion, and tenure must be in writing and consistent with those of the parent institution.

(6) through (6)(b) remain the same.

(c) information regarding the process of obtaining a license; and

(d) access to the institution/program catalog; ~~and~~

~~(e) opportunity for students to participate in program policy development.~~

(7) Programs must maintain current records of student achievement within the program and provide students with ~~timely~~ evaluations based on educational objectives expected outcomes.

(8) Faculty members or other qualified persons shall be responsible for providing ~~timely~~ academic advice to students.

AUTH: 37-8-202, 37-8-301, MCA

IMP: 37-8-202, 37-8-301, MCA

24.159.606 EDUCATIONAL FACILITIES FOR NURSING EDUCATION PROGRAMS (1) remains the same.

(2) Physical facilities must be ~~designed~~ appropriate to meet the educational and clinical needs of the program. Classrooms, laboratories, offices, and conference rooms must be of adequate size, number, and type according to the number of students and purposes for which these areas are to be used.

(3) through (3)(b) remain the same.

(4) Clinical ~~resources~~ experiences must be:

(a) delineated in and applicable to the educational objectives expected outcomes of the program; and

(b) and (5) remain the same.

AUTH: 37-8-202, 37-8-301, MCA

IMP: 37-8-202, 37-8-301, MCA

24.159.609 PROGRAM EVALUATION (1) All nursing programs must have a ~~formal~~ written, systematic plan for evaluation ~~plan developed by the faculty that is conducted on a regular basis and must include opportunity for student participation and ongoing assessment of student learning, published program outcomes, and compliance with board rules for nursing education programs. The plan must effectively support the planning process for the program and specify responsibilities, time frames, and procedures for evaluating each aspect of the program.~~

~~(2) Evaluations must address the following areas:~~

~~(a) the philosophy, educational objectives, and expected outcomes;~~

~~(b) the curriculum;~~

~~(c) policies governing recruitment, selection, progression, graduation, and other matters affecting education and health of students;~~

~~(d) factors contributing to faculty development, evaluation and effectiveness;~~

~~(e) the adequacy of clinical facilities for student experiences in a variety of inpatient and community-based settings;~~

~~(f) the adequacy of educational facilities including classrooms, technology, skills laboratories, and library and information resources; and~~

~~(g) health policy requirements.~~

(2) The plan must include:

(a) measurable outcomes of student learning;

(b) measurable aggregate program outcomes;

(c) processes to obtain evaluation data;

(d) time frame for data collection and analysis;

(e) evidence of a system of continuous quality improvement;

(f) opportunities for participation in the evaluation process by students, faculty, clinical staff, and employers of graduates; and

(g) a process for measuring student attrition and analysis of the reasons.
(3) At a minimum, the plan must include outcome expectations and data related to:

- (a) NCLEX pass rate, including five-year trend data;
 - (b) student and alumni satisfaction with the program;
 - (c) employer satisfaction with graduates of the program;
 - (d) graduation rates; and
 - (e) adequacy of the physical and fiscal resources of the program.
- (3) remains the same but is renumbered (4).

AUTH: 37-8-202, 37-8-301, MCA

IMP: 37-8-202, 37-8-301, MCA

24.159.612 PROGRAM ANNUAL REPORT (1) An annual report for the current academic year must be submitted by ~~June 4~~ September 1 of each year, except in the year in which the program submits a self-study report. ~~Four copies must~~ The format and number of copies to be submitted to the board office will be determined by the board.

(2) The purpose of the annual report must is to provide current data for ~~interim~~ ongoing program evaluation by the full board. The report must include:

- ~~(a) progress during the past year toward achievement of the program's stated goals and the program's goals for the forthcoming year;~~
- ~~(b) progress toward board recommendations, if applicable;~~
- ~~(c) any changes during the last year in the following areas:~~
 - ~~(i) qualifications or major responsibilities of the program director and/or faculty;~~
 - ~~(ii) policies or practices used for selection, progression, and graduation of students;~~
 - ~~(iii) practices followed in safeguarding the health and well-being of the students; and~~
 - ~~(iv) curriculum plan, course descriptions, resources, and facilities;~~
 - ~~(d) a summary of clinical agency contractual arrangements on a board furnished form; and~~
 - ~~(e) a list of current faculty and identification of those faculty members on education waiver, to include:~~
 - ~~(i) the date the board approved the waiver for each faculty member on waiver;~~
 - ~~(ii) the date the faculty member completed the waiver requirements; and~~
 - ~~(iii) the current number and percentage of faculty on waiver to the total full-time equivalents in the nursing program;~~
 - ~~(f) a report of faculty members' pertinent professional development for the past year. This does not include standard agency requirements such as basic life support, blood-borne pathogens, etc.;~~
 - ~~(g) current enrollment by course, including student to teacher ratios for clinical experiences;~~
 - ~~(h) enrollment in the nursing program each year for the past five years;~~

~~(i) number of graduations from the nursing program each year for the past five years;~~

~~(j) a statement from the program director indicating that the nursing program's budget is sufficient to meet program needs;~~

~~(k) four current copies of the school catalog and student handbook; and~~

~~(l) current program evaluation plan with measurable goals and data to support the evaluation of attaining those goals.~~

(a) enrollment and graduation data for the report year (academic year), including:

(i) number of full- and part-time students;

(ii) student demographic data including in-state and out-of-state residency, race/ethnicity, and gender; and

(iii) number of practical nurses entering the registered nursing education program.

(b) NCLEX pass rates for first time testers;

(c) number of student positions available in the nursing education program, number of students accepted to program, and number of unfilled student positions;

(d) number of full-time and part-time faculty, including number of CRRNs;

(e) number of faculty on board waiver and dates of each waiver period;

(f) summary of substantive changes reported to the board during the past year, pursuant to ARM 24.159.635; and

(g) description of progress made by program on improvements recommended by the board or program's accrediting body.

AUTH: 37-8-202, 37-8-301, MCA

IMP: 37-8-202, 37-8-301, 37-8-302, MCA

24.159.615 RECOGNIZED ACCREDITATION BODIES (1) remains the same.

(2) The board recognizes the following regional accreditation ~~body~~ bodies for purposes of approving nursing education programs:

~~(a) (d) Northwest Association of Schools Commission on and Colleges and Universities;-~~

(a) New England Association of Schools and Colleges (NEASC);

(b) Middle States Association of Colleges and Schools (MSCHE);

(c) North Central Association of Colleges and Schools (NCACS);

(e) Southern Association of Colleges and Schools (SACS); and

(f) Western Association of Schools and Colleges (WASC).

AUTH: 37-8-202, 37-8-301, MCA

IMP: 37-8-202, 37-8-301, 37-8-302, MCA

REASON: The board is amending this rule to specify several additional regional accreditation bodies now recognized by the board.

24.159.625 FEASIBILITY STUDY FOR INITIAL APPROVAL OF ESTABLISHMENT OF A NEW NURSING EDUCATION PROGRAM (1) An

~~educational institution wishing to establish a program in nursing and to secure initial approval shall submit to the board a feasibility study by either December 1 or September 1 for review at the board's January or October, respectively, board meetings. For programs under the jurisdiction of the Montana Board of Regents, a common document shall be submitted. The first phase of establishing a new nursing education program is Phase I, notice of intent. The applicant shall notify the board of the intent to establish a new or expanded nursing education program by providing the following information:~~

~~(2) The feasibility study must include at least the following information:~~

~~(a) population data within the past three years and workforce supply and demand data from the past year documenting the need for the program as it relates to plans for total state resources and nursing education needs within the state results of an assessment of the need for the proposed nursing education program, including identification of potential employment opportunities for program graduates;~~

~~(b) purpose and classification type of educational program and proposed timetable for initiating the program;~~

~~(c) availability of qualified faculty total proposed student enrollment;~~

~~(d) budgeted list of proposed faculty positions and faculty qualifications;~~

~~(e) availability of adequate description of proposed clinical and academic facilities for the program opportunities that will meet expected outcomes for student training needs in each course with a clinical component;~~

~~(f) evidence identification of financial, physical, personnel, and other resources adequate necessary for the planning, implementation, and continuation of the program;~~

~~(g) anticipated proposed procedure for marketing program to potential students and eligibility requirements for student population admission to the program;~~

~~(h) tentative time table for planning and initiating proposed transition plan for students who may transfer to the program; and~~

~~(i) consideration description of how the proposed program may affect existing nursing programs in the state that share the proposed clinical sites, and indication that plans and the feasibility study needs assessment regarding the proposed program have been shared with the directors of existing affected programs in the state-;~~

~~(j) letter of commitment from the governing institution that outlines financial, physical, personnel, and other resources that will be devoted to the proposed nursing education program; and~~

~~(k) letters of support for proposed program from communities of interest.~~

~~(2) Board approval of a Phase I application permits the applicant to continue planning, but does not assure subsequent approval of Phase II.~~

~~(3) When the data submitted in the feasibility study are reviewed, the board may request additional information and may conduct a site visit to evaluate the information submitted. The next step is Phase II, application for admission of students. The applicant shall provide the following information to the board:~~

~~(4) Approval of the feasibility study by the board permits the institution to continue planning but does not assure subsequent approval.~~

~~(5) The following conditions must be met prior to application for initial program approval:~~

~~(a) name of a qualified nurse administrator who has been appointed to administer the nursing education program; and there are plans for sufficient qualified faculty to initiate the program; and~~

~~(b) a tentative written proposed program plan developed in accordance with the current Standards for Montana Schools of Professional or Practical Nursing has been submitted. list of sufficient qualified faculty, CRRNs, and administrative staff to initiate the program;~~

~~(c) (5) For programs under the jurisdiction of the Montana Board of Regents, the board will make a recommendation to notify the Montana Board of Regents concerning the quality of the proposed program's curriculum, faculty, and clinical experiences of pending board approval of the proposed program and, will make its final decision on approval only after receiving notification of the program's approval from the Board of Regents. , will finalize Phase II approval The program may then admit students who shall be eligible upon completion of the program to take the licensing examination.~~

~~(c) name of qualified consultant(s), if applicable, who has worked with nurse administrators and faculty to develop program and curriculum;~~

~~(d) overview of total curriculum, including:~~

~~(i) course descriptions appropriate to each level of education provided; and~~

~~(ii) course sequence and schedule.~~

~~(e) contracts for each clinical site;~~

~~(f) description of use of each clinical site by other nursing education programs;~~

~~(g) numbers of students to be placed at each clinical site;~~

~~(h) rationale for choice of each clinical site, including description of anticipated student experiences;~~

~~(i) initial program evaluation plan; and~~

~~(j) student policies for admission, progression, retention, and graduation.~~

~~(4) The board shall conduct an onsite program inspection prior to Phase II approval.~~

~~(6) Between six months and one year following the feasibility study, the board shall review and conduct a site visit utilizing the initial application and feasibility study for the proposed program, and may grant initial approval following board review. Any communications from the board must be sent to the program director and the leadership of the parent institution Following board approval of Phase II application, the program may admit students. The board shall notify NCSBN for NCLEX testing purposes. Students graduating from a program under Phase II approval are eligible to sit for the NCLEX examination.~~

~~(7) Progress reports shall be made to the board as requested. The last step is Phase III, continued program approval. The board shall grant continued approval of a nursing education program upon:~~

~~(a) submission by the program of a self-study report and completion of a site survey by the board, following the graduation of the first class of students; and~~

~~(b) a board finding that the program is in substantial compliance with the nursing education program rules.~~

(8) ~~Following graduation of the first class, a self-study report of compliance with ARM Title 24, chapter 159, subchapter 6, shall be submitted and a site visit may be made~~ When the board does not grant continued program approval in Phase III, the program is subject to conditional approval or denial of approval, as outlined in ARM 24.159.640.

AUTH: 37-8-202, 37-8-301, MCA

IMP: 37-8-202, 37-8-301, 37-8-302, MCA

24.159.630 SCHOOL SITE VISITS AND CONTINUED APPROVAL OF SCHOOLS NURSING EDUCATION PROGRAMS (1) ~~To ensure ongoing compliance with the board's statutes and rules, approved nursing education programs must be site visited and reevaluated for continued approval at least every ten years and in conjunction with the program's visit from an approved, recognized national nursing accreditation body. If the program is not nationally accredited, the board must perform approval site visits at least every five years. The board shall evaluate approved nursing education programs for continued approval by monitoring and analyzing program performance through:~~

~~(a) periodic survey visits and reports;~~

~~(b) accreditation visits and reports; and~~

~~(c) other sources of information regarding achievement of program outcomes, including:~~

~~(i) student retention and attrition;~~

~~(ii) faculty turnover;~~

~~(iii) complaints about the program from students, graduates, or faculty regarding program issues; and~~

~~(iv) trend data regarding NCLEX performance.~~

~~(2) Before a site visit, a school that is not nationally accredited must submit a self-study report to the board office providing evidence of compliance with the appropriate nursing education requirements. The school must forward four copies of the self-study report and four copies of the school catalog to the board office at least 60 days before a scheduled site visit. If a program holds national nursing accreditation, any self-study report used for the accrediting body must be submitted to the board office at least 60 days before the scheduled site visit. Continued program approval will be granted upon the board's verification that the program is in substantial compliance with the board's nursing education program rules.~~

~~(3) The site visit is performed by a qualified site visitor and the board's executive director on dates mutually agreeable to the board and the school.~~

~~(a) Schools must participate in scheduling the site visit.~~

~~(b) The site visitor's report must be made available to the school within 60 days of the site visit.~~

~~(c) The school may submit a written response to the site visitor's report for clarification and correction within 30 days of receipt of the report.~~

~~(d) Site visit reviewers must include, but not be limited to, the executive director of the board and an outside reviewer with expertise in relation to the type of program being reviewed.~~

~~(4) The board shall review the self-study report. Materials and site visit reports must be in the board office at least 30 days before the next scheduled board meeting.~~

~~(5) Following the board's review and decision, the board must send written notification regarding approval of the program and the board's recommendations to the program director and the leadership of the parent institution.~~

~~(6) The board office shall issue a certificate of approval to all schools continuing to meet the minimum nursing program requirements.~~

~~(7) The board may site visit a program at any time as deemed necessary by the board or at the request of the school.~~

~~(8) (3) Each nursing program must maintain an annual NCLEX pass rate rates are calculated each calendar year that is not ten percentage points or more below the national average pass rate for first-time test takers.~~

(a) The first year a program's average pass rate is ten percentage points or more below the national average pass rate, the program will be issued a letter of notice from the board.

(b) The second consecutive year a program's average pass rate is ten percentage points or more below the national average pass rate, the program will be placed on conditional approval status by the board per ARM 24.159.640. The program must submit to the board a written plan to improve the pass rate.

(c) The third consecutive year a program's average pass rate is ten percentage points or more below the national average pass rate, the program must submit a self-study report to the board. The board will may also perform a site visit.

(d) ~~Board decisions regarding compliance~~ Compliance with this requirement rule for RN programs having less than 21 students per year ~~and/or~~ and PN programs having less than 15 students per year will be based upon two consecutive years of NCLEX pass rates for first-time test takers.

AUTH: 37-8-202, 37-8-301, MCA

IMP: 37-8-202, 37-8-301, 37-8-302, MCA

24.159.635 REQUIREMENTS FOR SPECIAL REPORTS REPORTING ON CHANGES AFFECTING PROGRAM INCLUDING PROGRAM EXPANSION

(1) The program director or academic chief officer is required to notify the board of any proposed substantive change affecting the nursing education program. Substantive changes include, but are not limited to:

(a) changes in legal status, control, or ownership, ~~or resources~~ of the institution;

(b) through (d) remain the same.

(e) additional geographic sites or locations; and

(f) ~~an expansion involving:~~ change in program director; or

~~(i) an increase in the number of students served by a program that equals or exceeds the numerator in the student to faculty ratio requirements for clinical settings set by the board and national nursing accrediting agency standards; and~~

~~(ii) the increase in (1)(f)(i) requires at least one of the following:~~

~~(A) addition of one or more faculty to the program;~~

~~(B) addition of clinical experiences at clinical agencies not currently used by the program; or~~

~~(C) addition of clinical experiences at clinical agencies currently used by the program, but utilizing nontraditional times or nontraditional instructional methods.~~

(g) major reduction in financial or other program resources.

~~(2) The board will review the special reports at their January or October board meetings. For programs under the jurisdiction of the Montana Board of Regents, the board will make a recommendation to the Montana Board of Regents concerning the substantive change. If the board does not complete its review and recommendations in January or October, it shall do so at its next quarterly meeting.~~

~~(3) The substantive change report must document how, if at all, the change affects the program's compliance with the board's statutes and rules.~~

~~(4) Continued approval of the program is contingent upon the program director's apprising the board of substantive changes.~~

~~(5) The program director shall contact the board office to determine whether a particular change constitutes a substantive change for submitting a report to the board.~~

~~(6) Fourteen copies of the special report must be sent to the board office for distribution to board members and staff. No further information will be considered by the board if not submitted at least 30 days before the meeting.~~

~~(7) (3) Prior board approval is required for program expansion. Only programs in full board approval status may request program expansion. A request for program expansion must be submitted a minimum of 30 days prior to the board meeting, at which the expansion will be considered. For proposed program expansion, at least the following information must be included:~~

~~(a) remains the same.~~

~~(b) availability of qualified faculty;~~

~~(c) and (d) remain the same but are renumbered (b) and (c).~~

~~(e) (d) evidence of financial resources adequate for the planning, implementation, and continuation of the program expansion;~~

~~(e) evidence of the need for program expansion;~~

~~(f) anticipated expansion in student population and impact or relationship to current student population, including plans for student academic and financial support;~~

~~(g) remains the same.~~

~~(h) consideration description of how the proposed expansion may affect the existing nursing programs in the state, and indication that plans and the feasibility study regarding the proposed expansion have been shared with the directors of existing Montana programs;~~

~~(i) population data within the past three years and workforce supply and demand data from the past year documenting the need for the program change as it relates to plans for total state resources and nursing education needs within the state;~~

~~(j) (i) curriculum modifications required to accommodate the targeted student population; and~~

~~(k) (j) evidence showing the program's NCLEX pass rates being at or above the national average for at least three of the last five years; and~~

- (k) plan for continued assessment using program evaluation plan.
~~(8) Program expansion means offering additional degrees, adding geographic sites and locations, or otherwise expanding the program.~~
~~(9) The board shall approve the request prior to initiation of any requested change.~~
(10) remains the same but is renumbered (4).

AUTH: 37-8-202, 37-8-301, MCA

IMP: 37-8-202, 37-8-301, 37-8-302, MCA

24.159.640 CHANGE IN CONDITIONAL APPROVAL, STATUS

WITHDRAWAL OF APPROVAL, OR DENIAL (1) The board shall make a change in approval status when a school does not meet ~~all of~~ the requirements of the applicable statutes and rules to the satisfaction of the board. The board shall notify the school of a change in approval status and the time and manner in which the school must correct the deficiencies.

(2) remains the same.

~~(3) (4)~~ If the school does not correct the deficiencies within the time period and in the manner specified by the action plan, the board may require that the school stop admitting students until the deficiencies are corrected.

(3) The board may place a program on conditional approval when the board determines that an approved nursing education program is not in substantial compliance with the board rules for nursing education programs. The board will work with the governing academic institution to determine a mutually agreed upon time frame for the submission of an action plan to correct the identified program deficiencies.

~~(4) (5)~~ The board will not approve a school if requirements are continually ~~unmet~~. The board shall remove the ~~school~~ program from the list of approved ~~schools~~ programs and notify the applicable national accrediting body, NCSBN, and testing services that the program is no longer approved.

~~(5) (6)~~ If the board removes the school's Programs notified of a change in board approval status and/or notifies the school to stop admitting students, the ~~school~~ may request a hearing within 60 days, in accordance with the Montana Administrative Procedure Act and Title 37, chapter 1, part 3, MCA.

~~(6) (7)~~ Once a program corrects deficiencies are ~~corrected~~, the board shall reinstate the program to conditional or approval status for a minimum of one year or until the board determines the program has achieved sufficient compliance with these rules.

~~(7) (8)~~ A The board may not consider a program on conditional status ~~cannot~~ be considered for any type of program expansion.

AUTH: 37-8-202, 37-8-301, MCA

IMP: 37-8-202, 37-8-301, 37-8-302, MCA

24.159.650 NURSING EDUCATION PROGRAM DIRECTOR

(1) Baccalaureate and associate degree RN programs must be administered by a full-time program ~~director~~ directors who shall be responsible for program

administration and preparation, presentation and administration of the budget of the nursing program. The directors of the professional programs shall possess the following licensure, education, and experience qualifications:

- (a) remains the same.
- (b) at least two years of experience in nursing practice; and
- (c) at least two years of experience in nursing education, including didactic and clinical teaching, at the level of the program's highest terminal degree; and
- (d) educational preparation or experience in registered nursing education, teaching, and learning principles for adult education, including but not limited to curriculum development and administration.

(2) The director is responsible to ensure that all faculty, CRRNs, and preceptors meet the requisite qualifications and maintain current records of those faculty qualifications, licenses, and evaluations.

(3) The director is responsible to ensure that clinical agency contracts are executed periodically, according to institutional or program policy, and contracts include at least the following elements:

- (a) clinical agency responsibilities related to supervision or guidance of students;
- (b) clinical agency requirements for student criminal history or health, such as immunizations, Tuberculosis testing, and any necessary follow-up, as required by the agency;
- (c) nursing education program requirements for student criminal history or health, such as immunizations, Tuberculosis testing, and any necessary follow-up actions, as required by the program's student policies; and
- (d) clinical agency requirements for scheduling of students for clinical experiences.

(2) through (4)(c) remain the same but are renumbered (4) through (6)(c).

(d) at least two years of experience in nursing education, including didactic and clinical teaching in the level of preparation of program graduates.

(5) remains the same but is renumbered (7).

AUTH: 37-8-202, 37-8-301, MCA

IMP: 37-8-202, 37-8-301, MCA

24.159.655 NURSING EDUCATION FACULTY RESPONSIBILITY

(1) remains the same.

~~(2)~~ (3) Faculty shall have primary responsibility for the development and conduct provision of the academic program(s), including participation in program policy development.

(2) Clinical and didactic faculty, CRRNs, and preceptors shall hold unencumbered Montana nursing licenses to practice nursing.

(3) remains the same but is renumbered (4).

~~(4)~~ (5) Faculty members who have responsibility for clinical teaching shall have relevant education and/or experience and meet all of the faculty qualifications for the program level in which they are teaching.

(5) and (6) remain the same but are renumbered (6) and (7).

- (a) planning, implementing, and evaluating learning experiences based on each course's objectives;
- (b) remains the same.
- (c) providing for student and peer evaluation of teaching effectiveness; and
- ~~(d) evaluating student achievement in terms of education objectives;~~
- ~~(e) providing opportunity for creative student activities that contribute to positive changes in nursing, nursing education, or health care;~~
- ~~(f) providing service to the parent institution, nursing program, profession, and community; and~~
- (g) remains the same but is renumbered (d).
- (7) and (7)(a) remain the same but are renumbered (8) and (8)(a).
- (b) didactic and clinical teaching;
- (c) program revision evaluation and performance improvement;
- (d) remains the same.
- (e) ~~guidance of students~~ student advising;
- (f) and (g) remain the same.
- (h) participation in continuing education activities, as required by these rules.
- (8) and (9) remain the same but are renumbered (9) and (10).

AUTH: 37-8-202, 37-8-301, MCA

IMP: 37-8-202, 37-8-301, MCA

24.159.656 FACULTY QUALIFICATION REPORT (1) The ~~school~~ program must submit a faculty qualification form for each new faculty member when the faculty appointment becomes effective. Such forms are available from the board office and on the board's web site and must be used by the school.

(2) The education committee of the board shall accept or reject the faculty qualifications and make recommendations for ratification by the full board. The executive director may approve faculty qualifications when all faculty qualification requirements are met. All faculty qualifications that do not indicate full compliance with these rules shall be reviewed by the board.

AUTH: 37-8-202, 37-8-301, MCA

IMP: 37-8-202, 37-8-204, 37-8-301, 37-8-302, MCA

REASON: The board is amending this rule to authorize the board's executive director to approve faculty qualifications forms that appear to be sufficient. The board concluded that this amendment is reasonably necessary to maintain the board's heavy work load and because the executive director is responsible for assisting the board in administrative functions.

24.159.659 FACULTY FOR REGISTERED NURSING EDUCATION PROGRAMS (1) and (1)(a) remain the same.

- (b) have preparation for teaching in their respective area of responsibility including at least two years of registered nursing practice; and
- (c) remains the same.

(2) Faculty members ~~hired without a graduate degree or who hold a master's or doctorate in a health-related field other than nursing~~ who do not meet faculty qualifications may be considered by the board and, if approved, shall not exceed the number or percentage specified by this rule.

(3) Faculty members not holding any master's degree will have three years from the date of hire board approval of waiver to obtain a master's degree in nursing, as set forth by the faculty qualifications.

(4) through (7) remain the same.

AUTH: 37-8-202, 37-8-301, MCA

IMP: 37-8-202, 37-8-301, MCA

24.159.662 FACULTY FOR PRACTICAL NURSING EDUCATION

PROGRAMS (1) All nursing faculty, including part-time, shall hold at least a baccalaureate ~~in nursing~~ or a master's degree in nursing from a nationally accredited program supplemented by courses in curriculum development, principles and methods of teaching, and measurement and evaluation.

(2) remains the same.

(a) have at least two years experience in ~~registered~~ nursing practice ~~within the last five years~~; and

(b) remains the same.

(3) When providing direct patient care, no more than ten students may be supervised at a time by a faculty member. The number of students must be determined by the educational and clinical resources and faculty sufficient to meet the goals of the program and the requirements of the board, including ARM 24.159.666, pertaining to the use of CRRNs.

(4) remains the same.

AUTH: 37-8-202, 37-8-301, MCA

IMP: 37-8-202, 37-8-301, MCA

24.159.665 PRECEPTORS IN NURSING EDUCATION PROGRAMS

(1) remains the same but is renumbered (3).

(a) ensuring safe, accessible and appropriate supervision based on client health status, care setting, course objectives, and student level of preparation; ~~and (b) (d) providing the lecture and laboratory portions of a course.~~

(b) selecting the individual preceptors and ensuring appropriate preceptor qualifications and scope of responsibility;

(c) ensuring that the preceptor demonstrated competencies related to the area of assigned clinical teaching responsibilities and will serve as a role model and educator to the student; and

(1) Clinical preceptors may be used to enhance, but not replace, faculty-directed clinical learning experiences.

(2) ~~In registered nursing education programs, preceptors may assist with clinical teaching provided the preceptor:~~ Preceptor utilization is limited to no more than 20 percent of a student's total clinical hours in the program.

- and
- ~~(a) holds a current unencumbered license as a registered nurse in Montana;~~
 - ~~(b) works with students on a one-to-one basis in the clinical setting.~~
 - ~~(3) In practical nursing education programs, preceptors may assist with clinical teaching provided the preceptor:~~
 - ~~(a) holds a current unencumbered license as a registered nurse or practical nurse in Montana; and~~
 - ~~(b) works with students on a one-to-one basis in the clinical setting.~~

AUTH: 37-8-202, 37-8-301, MCA

IMP: 37-8-202, 37-8-301, MCA

24.159.666 USE OF CLINICAL RESOURCE REGISTERED NURSES (CRRNs) IN NURSING EDUCATION PROGRAMS (1) CRRNs may be used to enhance, but not replace, faculty-directed clinical learning experiences. A clinical resource registered nurse (CRRN) is an RN with an unencumbered Montana nursing license who provides supervision, demonstration, and collaborative evaluation of direct patient care student performance in a clinical or laboratory setting to students enrolled in a nursing education program. The CRRN is solely responsible for students and must have no concurrent clinical responsibilities.

(2) The supervising faculty member is responsible for all students in the clinical setting, including those supervised by the CRRNs. The faculty may supervise no more than two CRRNs. One faculty member cannot have responsibility for more than 20 students at one time. The maximum number of nursing students a CRRN may work with supervise at any one time is ten.

(3) Although a CRRN is not considered to be a faculty member of a program, a CRRN may be used by the program to maintain a ten-to-one student-to-instructor supervision ratio in a clinical or laboratory setting.

(4) remains the same.

~~(a)~~ (b) ensuring safe, accessible, and appropriate supervision based on client health status, care setting, course objectives, and student level of preparation; ~~and~~

(a) assuring that assigned duties are appropriate to the CRRN scope of responsibilities;

~~(b)~~ (c) the lecture, clinical, and laboratory portions of a course, including actively teaching in the course for which the clinical experience is assigned- ; and

(d) performing the summative clinical evaluation based on individual course objectives and student clinical performance.

AUTH: 37-8-202, 37-8-301, MCA

IMP: 37-8-202, 37-8-301, 37-8-302, MCA

24.159.670 CURRICULUM GOALS AND GENERAL REQUIREMENTS FOR PROFESSIONAL NURSING EDUCATION IN BACCALAUREATE AND ASSOCIATE DEGREE PROGRAMS (1) remains the same.

(2) The faculty shall develop, review, and update the curriculum on an ongoing basis. The curriculum for ~~the professional~~ nursing educational programs must meet the following general criteria:

(a) reflect the philosophy guiding principles, organizational framework, purpose, and educational objectives of the nursing education program and be consistent with the laws statutes and rules governing the practice of professional nursing, as well as the national standards and codes of ethics;

(b) contain content, clinical experiences, and strategies of active learning experiences designed to facilitate student achievement of the educational objectives directly related to program or course goals and objectives, in order to develop safe and effective nursing practice; and

(c) contain learning experiences and instructional methods appropriate to fulfill curriculum objectives; evidence of current trends and professional standards and practice guidelines.

~~(d) reflect future nursing practice of the graduate;~~

~~(e) contain adequate nursing course work and clinical experiences to develop safe and effective nursing practice; and~~

~~(f) address present and future health care needs.~~

(3) The curriculum shall must include concepts related to the promotion, maintenance, and restoration of the health of clients care of individuals across the lifespan. ~~Content areas and learning activities include~~ including, but are not limited to:

~~(a) healthy lifestyles and risk factors~~ health maintenance promotion and restoration;

~~(b) health needs and alterations across the lifespan~~ risk reduction;

~~(c) acute and chronic health needs~~ disease prevention; and

~~(d) health needs related to social and environmental trends~~ palliative care.

~~(4) The curriculum shall include nonnursing courses that provide knowledge in relevant physical sciences, social sciences, and arts and humanities.~~

~~(a) Physical science course content shall include, but not be limited to:~~

~~(i) chemistry;~~

~~(ii) anatomy;~~

~~(iii) physiology;~~

~~(iv) microbiology;~~

~~(v) nutrition;~~

~~(vi) mathematics;~~

~~(vii) physics;~~

~~(viii) pharmacology; and~~

~~(ix) pathophysiology.~~

~~(b) Social sciences, and arts and humanities course content shall include, but not be limited to:~~

~~(i) human growth and development;~~

~~(ii) psychology;~~

~~(iii) sociology;~~

~~(iv) communications;~~

~~(v) ethics; and~~

~~(vi) economics.~~

~~(5) (4) The length, organization, sequencing, and placement of courses must be consistent with the philosophy guiding principles and objectives of the program. Course organization and sequencing shall assure that prerequisite previously~~

~~learned~~ concepts and ~~understanding~~ are used and ~~are~~ further developed as the program progresses. Course instruction should focus on ~~understanding and application of knowledge~~, and extend throughout the program.

(6) remains the same but is renumbered (5).

AUTH: 37-8-202, 37-8-301, MCA

IMP: 37-8-202, 37-8-301, MCA

24.159.674 PROFESSIONAL NURSING CURRICULUM GOALS SPECIFIC TO BACCALAUREATE DEGREE REGISTERED NURSE (1) ~~The professional nurse who is a baccalaureate degree nurse graduate shall be prepared to plan, deliver, and coordinate care for clients including individuals, families, and communities in a variety of structured and unstructured settings with an emphasis on care management, complex care situations, and clients with unpredictable outcomes. The baccalaureate degree nurse functions as a change agent in the health care system and utilizes nursing research findings in the delivery of care for the multifaceted role of professional nursing as defined in 37-8-102, MCA.~~

(2) The graduate will be able to assess, plan, implement, and evaluate direct and indirect care across a variety of structured and unstructured settings to individuals, families, groups, communities, and diverse populations.

(3) Based upon a curriculum founded in liberal arts, including relevant courses in natural sciences, social sciences, arts and humanities, the graduate shall foster and support active client participation in determining health care decisions.

(4) Using clinical judgment based upon current knowledge, theory, research, as well as values, ethics, science, and technology, the graduate shall function as a provider, designer, manager, and coordinator of care.

(5) With an emphasis on population-based care and respect for the environment, the graduate will be prepared to lead interdisciplinary health care teams and partnerships, as they advocate for and shape complex health care delivery systems.

AUTH: 37-8-202, 37-8-301, MCA

IMP: 37-8-202, 37-8-301, MCA

24.159.677 PROFESSIONAL NURSING CURRICULUM GOALS SPECIFIC TO ASSOCIATE DEGREE REGISTERED NURSE (1) ~~The role of the associate degree nurse graduate is to provide direct care to clients, individuals, or groups, in a variety of structured settings with clear policies and procedures. Within this context, the curriculum must relate to the roles of the provider of the associate degree nurse as provider of care, manager of care, and member of the discipline of nursing. The professional nurse who is an associate degree graduate shall assess clients and formulate a nursing diagnosis and shall plan and implement and evaluate nursing care provided in structured health care settings.~~

(2) The graduate will practice within the ethical, legal, and regulatory frameworks of nursing and provide care to individuals, groups, and families, while utilizing a knowledge base from the natural and social sciences and humanities.

(3) The graduate utilizes standards of nursing practice, demonstrates accountability for nursing care given by self and/or delegated to others, advocates for client rights, and participates in lifelong learning.

(4) The graduate utilizes assessment skills to collect, analyze, and synthesize relevant data to formulate clinical decisions and caring interventions.

(5) The graduate works together with other members of the health care team to manage the human, physical, financial, and technical needs of the client.

~~(a) As a provider of care, the associate degree nurse must demonstrate the following:~~

- ~~(i) critical thinking;~~
- ~~(ii) accountability;~~
- ~~(iii) clinical decision-making through use of the nursing process;~~
- ~~(iv) effective communication with clients, families, and health team members;~~
- ~~(v) teaching and collaboration with the client and family;~~
- ~~(vi) collaboration with members of the health team; and~~
- ~~(vii) sensitivity to individual and cultural diversity.~~

~~(b) As a manager of care, the associate degree nurse must demonstrate the following:~~

~~(i) coordination of care for a group of clients using collaboration and consultation;~~

- ~~(ii) organization and delegation of nursing care;~~
- ~~(iii) information management;~~
- ~~(iv) client advocacy; and~~
- ~~(v) evaluation of health care delivery using client-centered outcomes.~~

~~(c) As a member of the discipline of nursing the associate degree nurse must demonstrate basic knowledge in the following:~~

- ~~(i) self-assessment and development and continuous learning;~~
- ~~(ii) ethical-legal framework for nursing practice;~~
- ~~(iii) advancement of nursing practice through professional activities;~~
- ~~(iv) political, economic, and societal forces affecting nursing practice and health care delivery; and~~
- ~~(v) health care change and nursing research.~~

~~(2) Nonnursing courses must provide graduates with basic knowledge in the relevant physical sciences, social sciences, and arts and humanities.~~

AUTH: 37-8-202, 37-8-301, MCA

IMP: 37-8-202, 37-8-301, MCA

24.159.680 CURRICULUM GOALS AND REQUIREMENTS FOR PRACTICAL NURSING EDUCATION PROGRAMS

~~(1) The primary role of the practical nurse graduate is to provide nursing care for clients in structured health care settings who are experiencing common, well-defined health problems. In their roles as members of the discipline of nursing, practical nurses actively participate in and subscribe to the legal and ethical tenets of the discipline. The practical nurse functions under supervision as set forth in 37-8-102, MCA. The practical nursing graduate, utilizing a knowledge base from the natural and social sciences shall be~~

prepared to provide direct care to clients in structured health settings who are experiencing common, well-defined health problems.

(2) The graduate contributes to the nursing assessment by collecting and reporting accurate subjective and objective data.

(3) The graduate participates in the development of the plan of care, as well as the implementation of the plan.

(4) The graduate contributes to evaluation of the response to care and any modifications of care indicated.

(5) The graduate adheres to the statutes and regulations governing nursing within the legal and ethical boundaries of practical nurse practice.

(6) The graduate functions under the supervision of the registered nurse, physician, naturopathic physician, physician assistant, optometrist, advanced practice registered nurse, dentist, osteopath, or podiatrist as provided by law.

(7) The graduate is accountable for nursing care provided by self and/or delegated to others.

(8) The graduate actively advocates on behalf of clients, families, and others.

(9) The graduate recognizes the benefit and need for continued learning in order to maintain knowledge and skills.

~~(2) The curriculum must include basic knowledge of:~~

~~(a) nursing process;~~

~~(b) client's physiological needs;~~

~~(c) client's psychosocial needs; and~~

~~(d) maintenance and promotion of health.~~

~~(3) The curriculum must provide for progressive development of knowledge, skills, and professional conduct.~~

~~(4) The choice and placement of courses, selection of learning activities, and the organization of these must provide continuity, sequence, and integration in the total curriculum.~~

~~(5) Learning experiences must be based on written behavioral objectives which include demonstration of knowledge, comprehension, and application.~~

~~(6) The program must include practical nursing theory and guided clinical practice based on the nursing process. It must include the content essential to current practice in practical nursing.~~

~~(7) The practical nurse student shall successfully complete coursework related to the role of charge nurse in the following areas to prepare the graduate practical nurse to serve as a charge nurse:~~

~~(a) leadership;~~

~~(b) telephone orders;~~

~~(c) transcribing orders;~~

~~(d) documentation;~~

~~(e) nursing process;~~

~~(f) prioritization;~~

~~(g) organization; and~~

~~(h) delivery of long-term care.~~

~~(8) Content of the course work related to the role of charge nurse shall be developed in recognition of the role of charge nurse as supervisor of care provided as well as care needed, assessment of clients, notifying the professional nurse~~

supervisor, notifying physicians, and the administration of medications and treatments.

~~(9) The practical nurse student shall successfully complete courses in the following areas to prepare the graduate practical nurse to administer intravenous therapy:~~

- ~~(a) fluid and electrolytes;~~
- ~~(b) the following types of intravenous solutions:~~
 - ~~(i) isotonic;~~
 - ~~(ii) hypotonic; and~~
 - ~~(iii) hypertonic;~~
- ~~(c) infection control;~~
- ~~(d) pharmacology;~~
- ~~(e) technology and clinical application;~~
- ~~(f) parenteral nutrition;~~
- ~~(g) documentation;~~
- ~~(h) nursing process in relation to IV therapy; and~~
- ~~(i) institutional policies.~~

~~(10) Content of the courses shall be developed in recognition of the role of the practical nurse to perform intravenous therapy in accordance with the standards set forth at ARM 24.159.1011.~~

AUTH: 37-8-202, 37-8-301, MCA

IMP: 37-8-202, 37-8-301, MCA

24.159.1021 TEMPORARY PRACTICE PERMIT (1) remains the same.

(a) application for Montana licensure, supporting credentials, and fee have been submitted and approved by the board; ~~and~~

(b) the graduate has also applied for and been accepted for a licensing examination scheduled no later than 90 days following graduation; ~~and~~

(c) the graduate has submitted a complete application for a temporary permit.

(2) and (3) remain the same.

(4) An applicant for licensure by endorsement in Montana may be granted a temporary permit to practice practical nursing provided the applicant has submitted a completed application as described in ARM 24.159.1028 and that the initial screening by board staff shows no current discipline as identified in ARM 24.159.1028 in the last two years. Online verification of licensure from a U.S. board of nursing web site may serve as verification for the purpose of issuing a temporary permit. The temporary permit will remain valid until a license is granted or until notice of proposal to deny license is served, whichever occurs first. In the event that neither contingency has occurred within 90 days of issuance of the temporary permit to the endorsement applicant, the temporary permit shall expire on the 90th day following its issuance unless an extension is granted by the board.

(5) Any A practical nurse who is employed under a temporary practice permit shall function only under the direct supervision of a registered nurse, advanced practice registered nurse, physician, naturopathic physician, physician assistant, optometrist, dentist, osteopath, or podiatrist, who is on the premises where and when the permittee is working and is specifically assigned the responsibility of

supervising the performance of the temporary practice permittee. The supervisor must hold an unencumbered Montana license unless exempt as provided in Title 37, MCA, relative to the supervisor's profession or occupation.

AUTH: 37-1-319, 37-8-202, MCA

IMP: 37-1-305, 37-1-319, 37-8-103, MCA

REASON: The board is amending this rule and ARM 24.159.1221 regarding temporary practice permits for both LPNs and RNs. Submission of a temporary permit application has always been a requirement, but had not been previously set forth in rule. The board is also amending these rules to accept web-based licensure verification until hard copy verification is received from those state boards of nursing that do not participate in the NURSIS database. This amendment will help prevent delays in issuing temporary practice permits to qualified, routine applicants. The board will continue to require the submission of hard copy licensure verification and information on discipline from the primary source to complete an applicant's file.

Further, the board is amending these rules to specify that nurses working under a temporary practice permit must do so only under the direct supervision of certain health care providers who hold unencumbered licenses. The board is expanding the acceptable supervisors to acknowledge additional health care professionals with appropriate qualifications and experience to adequately supervise temporary permittees. The board concluded that direct supervision is necessary because it ensures that the supervisor is on site and easily accessible to the permit holder. Because temporary permit holders are either new graduates or nonroutine endorsement applicants, the board concluded that requiring supervisors with unencumbered licensure is reasonably necessary to provide the best, most qualified supervision for temporary practice permittees and ensure safe, quality care of patients.

24.159.1028 LICENSURE BY ENDORSEMENT REQUIREMENTS

(1) and (1)(a) remain the same.

(i) ~~a picture~~, social security number, ~~birthdate~~ birth date, and documentation of name change;

(ii) through (4) remain the same.

AUTH: 37-1-131, 37-8-202, MCA

IMP: 37-1-304, MCA

REASON: To better facilitate the online licensure application process, the board determined it is reasonably necessary to amend this rule and remove the requirement for submission of the applicant's picture. The board further determined that requiring photographs serve no important public safety purpose.

24.159.1029 FOREIGN-EDUCATED APPLICANTS FOR PRACTICAL NURSE LICENSURE REQUIREMENTS (1) through (2)(b) remain the same.

(c) provide a ~~CGFNS credentials evaluation service (CES) report based on the CGFNS's healthcare profession and science course-by-course evaluation,~~

verifying the applicant's nursing education credentials and comparing the applicant's nursing education with the U.S. nursing education standards. The board may deny licensure to a foreign-educated applicant if denial is deemed by the board to be warranted by the CGS course-by-course evaluation report; and

(d) successfully complete an English proficiency examination recognized by ~~CGFNS~~ the board-approved foreign education evaluator, except as provided in (4).

(3) through (3)(b) remain the same.

(c) provide a ~~CGFNS-CGS course-by-course evaluation~~ report prepared by a board-approved foreign education evaluator based on the CGFNS's healthcare profession and science course-by-course evaluation, verifying the applicant's nursing education credentials and comparing the applicant's nursing education with the U.S. nursing education standards. The board may deny licensure to a foreign-educated applicant if denial is warranted by the CGS course-by-course evaluation report; and

(d) successfully complete an English proficiency examination recognized by ~~CGFNS~~ the board-approved foreign education evaluator, except as provided in (4).

(4) through (4)(g) remain the same.

(5) A foreign education evaluator may apply to the board to become a board-approved foreign education evaluator for purposes of this rule. Approval is left to the sole discretion of the board on a case-by-case basis. If a foreign education evaluator is approved by the board, it will be added to a list maintained at the board office. Each board-approved foreign education evaluator must maintain current contact information at the board office as requested by the board, and is subject to removal by the board upon review.

AUTH: 37-1-131, 37-8-202, MCA

IMP: 37-1-131, 37-8-101, 37-8-405, 37-8-415, MCA

REASON: The board determined it is reasonably necessary to amend this rule and ARM 24.159.1229 to address foreign-educated nurses who use providers other than CGFNS (Commission on Graduates of Foreign Nursing Schools) to evaluate their educations. The board concluded that other non-CGFNS evaluators may provide adequate and acceptable education evaluation services for the board to rely upon in making licensing decisions. The board is therefore amending these rules to allow the board to review and approve foreign education evaluators and provide additional flexibility for foreign-educated nurse applicants.

24.159.1221 TEMPORARY PRACTICE PERMIT (1) remains the same.

(a) application for Montana licensure, supporting credentials, and fee have been submitted and approved by the board; ~~and~~

(b) the graduate has ~~also~~ applied for and been accepted for a licensing examination scheduled no later than 90 days following graduation; ~~and~~

(c) the graduate has submitted a complete application for temporary permit.

(2) and (3) remain the same.

(4) An applicant for licensure by endorsement in Montana may be granted a temporary permit to practice registered nursing provided the applicant has submitted a completed application as described in ARM 24.159.1228 and that the initial

screening by board staff shows no current discipline as identified in ARM 24.159.1228 in the last two years. Online verification of licensure from a U.S. board of nursing web site may serve as verification for the purpose of issuing a temporary permit. The temporary permit will remain valid until a license is granted or until notice of proposal to deny license is served, whichever occurs first. In the event that neither contingency has occurred within 90 days of issuance of the temporary permit to the endorsement applicant, the temporary permit shall expire on the 90th day following its issuance unless an extension is granted by the board.

(5) ~~Any~~ A registered nurse who is employed under a temporary practice permit shall function only under the direct supervision of a registered nurse, advanced practice registered nurse, physician, naturopathic physician, physician assistant, optometrist, dentist, osteopath, or podiatrist, who is on the premises where and when the permittee is working and is specifically assigned the responsibility of supervising the performance of the temporary practice permittee. The supervisor must hold an unencumbered Montana license unless exempt as provided in Title 37, MCA, relative to the supervisor's profession or occupation.

AUTH: 37-1-319, 37-8-202, MCA

IMP: 37-1-305, 37-1-319, 37-8-103, MCA

REASON: See reasonable necessity for ARM 24.159.1021.

24.159.1228 LICENSURE BY ENDORSEMENT REQUIREMENTS

(1) and (1)(a) remain the same.

(i) ~~a picture, social security number, birthdate~~ birth date, and documentation of name change;

(ii) through (4) remain the same.

AUTH: 37-1-131, 37-8-202, MCA

IMP: 37-1-304, MCA

REASON: To better facilitate the online licensure application process, the board determined it is reasonably necessary to amend this rule and remove the requirement for submission of the applicant's picture. The board further determined that requiring such photographs serve no important public safety purpose.

24.159.1229 FOREIGN-EDUCATED APPLICANTS FOR REGISTERED NURSE LICENSURE REQUIREMENTS (1) through (2)(b) remain the same.

(c) be certified by ~~the Commission on Graduates of Foreign Nursing Schools (CGFNS)~~ a board-approved foreign education evaluator as having successfully completed ~~its certification program (CP) consisting of:~~

(i) an English language proficiency examination recognized by the board-approved foreign education evaluator, except as provided under (4);

(ii) ~~the CGFNS a~~ qualifying examination (also, which may be referred to as a NCLEX predictor exam or screening exam); and

(iii) a credentials review course-by-course evaluation performed by the board-approved foreign education evaluator verifying the applicant's nursing

education credentials and comparing the applicant's foreign nursing education with the U.S. nursing education standards. The board may deny licensure to a foreign-educated applicant if denial is deemed by the board to be warranted by the ~~CGFNS credentials evaluation service (CES)~~ course-by-course report.

(3) through (3)(c) remain the same.

(d) ~~complete the CGFNS CES healthcare profession and science~~ provide a course-by-course evaluation verifying the applicant's nursing education credentials and comparing the applicant's foreign nursing education with the U.S. nursing education standards. The board may deny licensure to a foreign-educated applicant if denial is warranted by the ~~CGFNS~~ course-by-course evaluation report; and

(e) successfully complete an English proficiency examination recognized by ~~CGFNS~~ the board-approved foreign education evaluator.

(4) through (4)(g) remain the same.

(5) A foreign education evaluator may apply to the board to become a board-approved foreign education evaluator for purposes of this rule. Approval is left to the sole discretion of the board on a case-by-case basis. If a foreign education evaluator is approved by the board, it will be added to a list maintained at the board office. Each board-approved foreign education evaluator must maintain current contact information at the board office as requested by the board and is subject to removal by the board upon review.

AUTH: 37-1-131, 37-8-202, MCA

IMP: 37-1-131, 37-8-101, 37-8-405, 37-8-415, MCA

REASON: See reasonable necessity for ARM 24.159.1029.

24.159.1605 STANDARDS RELATED TO THE FACILITY'S CHIEF NURSING OFFICER REGARDING DELEGATION PRACTICES (1) through (1)(e)(iii) remain the same.

(f) a name badge which includes, at a minimum, first name, first initial of and last name, and specific title, in standard, bold face font no less than 18 point is provided to the UAP and is worn at all times when on duty, with the exception of settings requiring sterile attire;

(g) through (2) remain the same.

AUTH: 37-1-131, 37-8-202, MCA

IMP: 37-1-131, 37-8-202, MCA

REASON: The board determined that the identification of unlicensed assistive personnel (UAP) by first name and last initial on a name badge is sufficient to identify these caretakers for patients and the public. In all cases, the public has a right to know that a caretaker is an unlicensed person, and the health care facility is responsible for selecting an appropriate job title for the UAP. The board determined that UAPs, similar to nurses, may feel vulnerable to unwanted, inappropriate, or criminal contact initiated by patients or members of the public, and is amending this rule to no longer require identification on a name badge by first and last name.

24.159.2020 NONDISCIPLINARY TRACK (1) remains the same.

(a) any licensee who identifies a drug/alcohol problem and requests admission to the NAP and meets the admission criteria of ARM 24.159.2021; or

(b) and (2) remain the same.

(3) When a complaint is filed against a licensee who has been successfully discharged from nondisciplinary NAP, the licensee's prior participation in NAP may be revealed to the board.

AUTH: 37-8-202, MCA

IMP: 37-8-202, MCA

REASON: The board is amending this rule to enhance the public's protection regarding licensees previously discharged from nondisciplinary NAP. The board concluded that being aware of a licensee's past successful nondisciplinary NAP discharge, provides valuable insight when considering the new complaint and determining appropriate sanctions.

24.159.2021 ADMISSION CRITERIA - NONDISCIPLINARY TRACK (1) and (2) remain the same.

~~(3) A licensee who has diverted controlled substances or caution legend drugs for purposes of sale, distribution, or personal use is not eligible for the nondisciplinary track.~~

AUTH: 37-8-202, MCA

IMP: 37-8-202, MCA

REASON: The board is striking (3) from this rule so that previous drug diversion is no longer an absolute bar to a nurse's admittance to the nondisciplinary track of NAP. The board notes that drug diversion is a relatively common behavior of chemically dependent nurses, and licensees are frequently brought to the board for this reason. Because nurses enter the nondisciplinary track of NAP by self-referral or employer-referral, this option expedites enrollment in the NAP monitoring program and thus improves the public's protection by getting the participants the monitoring sooner than through the full disciplinary process.

24.159.2301 CONDUCT OF NURSES (1) remains the same.

(a) While working as a nurse, ~~all nurses~~ the nurse will identify ~~themselves~~ himself or herself with a name badge disclosing, at a minimum, their first name, first initial of and last name, ~~as it appears on their nursing license,~~ and license type. The identification badge will be written in a standard bold face font with a font size of no less than 18 point.

(b) remains the same.

(c) All nurses are required to report unprofessional conduct of nurses to the board. The board does not accept anonymous complaints.

(2) through (2)(s) remain the same.

(t) failing to participate and cooperate in a Department of Labor and Industry investigation; ~~and~~

(u) failing to report to the board office within 30 days of the date of the final judgment, order, or agency action, any malpractice, professional misconduct, criminal, or disciplinary action in which the nurse or the nurse's employer, on account of the nurse's conduct, is a named party; and

(v) violating a state or federal statute while performing or attempting to perform the practice of nursing.

AUTH: 37-1-319, 37-8-202, MCA

IMP: 37-1-316, 37-1-319, 37-8-202, MCA

REASON: Because nurses may feel vulnerable to unwanted, inappropriate, or criminal contact initiated by patients or members of the public, the board is amending this rule to no longer require identification on a name badge by full first and last name. The board determined that because a nurse often uses a less formal first name while working, identification by first name and last initial on a name badge is sufficient for nurse identification. The board notes that if a person wishes to file a complaint against a nurse, the health care facility will be able to sufficiently identify the nurse for that purpose, as well.

The board determined it is reasonably necessary to impose a reporting requirement upon licensees. Because misconduct of nurses is often first detectable by other nurses, the board concluded that requiring that nurses help monitor conduct of other nurses advances the public's protection.

The board is also amending this rule determined to preclude the board's acceptance of anonymous complaints. The board determined that the burden of investigating and prosecuting anonymous complaints against nurses outweighs the privacy protections afforded by the anonymity of the complainant. Considering that the complainant is, in most cases, an important witness and source of facts necessary to a successful complaint, the board concluded the public interest is best served by requiring that all complaints identify the complainant.

The board is amending this rule to clarify that conduct in violation of federal and state statutes is considered unprofessional conduct and grounds for disciplinary action by the board. The board determined it is reasonably necessary to add a broader prohibition against illegal conduct at (2)(v) to address arguments that have previously come before the board to avoid discipline under more specific statutes and rules.

5. The proposed new rules provide as follows:

NEW RULE I NURSING EDUCATION PROGRAM SURVEYS (1) To ensure ongoing compliance with the board's statutes and rules, approved nursing education programs must be surveyed onsite and reevaluated for continued approval at least every ten years and in conjunction with the program's visit from an approved, recognized national nursing accreditation body. If the program is not nationally accredited, the board must perform site visits at least every five years. Each time a program survey is performed, the entire program is evaluated for all components under board jurisdiction.

(2) Before a survey, a school that is not nationally accredited must submit a self-study report to the board office providing evidence of compliance with the appropriate nursing education requirements. The school must forward the number of copies and format of the self-study report and related documents as determined by the board, to the board office at least 60 days before a scheduled site visit. If a program holds national nursing accreditation, the board will accept the same self-study report and related documents submitted to the accrediting body. The board will designate the number of copies required, which shall be submitted to the board office at least 60 days before the scheduled site visit.

(3) The onsite survey is performed by a qualified site visitor and the board's executive director or education consultant on dates mutually agreeable to the board and the program. The site visitor must have expertise in relation to the type of program being reviewed.

(a) The surveyors' draft report must be made available to the program within 30 days of the site visit.

(b) The program may submit a written response to the draft survey report within 20 days to address identified program deficiencies and to present supplemental information.

(c) Taking into account the supplemental information provided by the program, the surveyors will finalize the survey report within 30 days of the program response. The final survey report will be made available to the program within ten days of report submission to the board.

(d) The program may submit a written response to the final survey report only for clarification and correction of survey findings within 30 days of receipt of the final report. The program's response to the final survey report may not be more than ten pages in length, and if supplemental information or a response to the draft or final survey report is not submitted in compliance with these rules, it may be returned to the program or disregarded by the board.

(4) The board shall review the final survey report and the program's responses before making a finding regarding whether the program is in substantial compliance with the nursing education program rules.

(5) Following the board's review and decision, the board must send written notification regarding approval or withdrawal of approval of the program and the board's recommendations to the program director and the leadership of the parent institution.

(6) The board office shall issue a certificate of approval to all schools continuing to meet the minimum nursing program requirements.

(7) The board may site visit a program at any time, as deemed necessary by the board or at the request of the school.

AUTH: 37-8-202, 37-8-301, MCA

IMP: 37-8-202, 37-8-301, 37-8-302, MCA

REASON: As part of the comprehensive revision of the nursing education program rules, the board is proposing New Rule I to set forth the minimum standards required with respect to survey reports. This new rule includes much of the survey report

provisions previously contained in ARM 24.159.630, with modifications to improve clarity of the process for submission of acceptable survey reports to the board.

NEW RULE II PROGRAM CLOSURE AND RECORDS STORAGE (1) A nursing education program may close voluntarily or may be closed due to withdrawal of board approval. Prior to closure, the nursing education program must provide for:

- (a) maintenance of the standards for nursing education during the transition to closure;
- (b) placement for students who have not completed the program; and
- (c) arrangements for the secure storage and access to academic records and transcripts.

AUTH: 37-8-202, 37-8-301, MCA

IMP: 37-8-202, 37-8-301, 37-8-302, MCA

REASON: As part of the comprehensive revision of the nursing education program rules, the board is proposing New Rule II to specifically set forth the requirements that relate to a program's closure, whether the closure is voluntary or due to withdrawal of board approval.

NEW RULE III STANDARDS FOR CONTINUING EDUCATION

- (1) Continuing education for nurses is formal training that:
 - (a) provides new knowledge and skills to assist with advanced clinical decision making;
 - (b) offers greater depth of knowledge and skills in a particular area of nursing practice;
 - (c) enhances professional attitudes and behaviors;
 - (d) advances career goals;
 - (e) promotes professional development and currency in nursing practice;
 - (f) supports innovation and creativity in nursing practice;
 - (g) implements change within the individual's nursing practice and within healthcare; or
 - (h) addresses new and developing standards of nursing practice.
- (2) To qualify as contact hours, continuing education courses must be approved by an accrediting organization or provided by an academic institution of higher learning or an APRN certifying body.

AUTH: 37-1-131, 37-1-319, 37-8-202, MCA

IMP: 37-1-131, 37-1-306, 37-1-319, MCA

REASON: Following requests by members of the nursing profession and consideration by the board's education committee, the board is proposing New Rules III through VI to implement continuing education as a requirement for maintaining licensure. The board determined that requiring continuing education for licensees will help to ensure that licensees maintain continued competence in their particular areas of nursing practice and thus raise the quality of Montana's nursing care.

The board notes that in the past, availability of accredited courses was a concern, particularly for the smaller rural healthcare facilities. Now, more continuing education opportunities are available and accessible by means of electronic technologies that have become integral to the nursing profession.

NEW RULE IV BIENNIAL CONTINUING EDUCATION REQUIREMENTS

- (1) All licensees must verify on the renewal application the completion of continuing education contact hours during the two-year license renewal period:
 - (a) practical nurses must complete a minimum of 24 contact hours during the two-year renewal period;
 - (b) registered nurses must complete a minimum of 24 contact hours during the two-year renewal period; and
 - (c) APRNs must complete a minimum of 40 contact hours during the two-year renewal period that meet the requirements set forth in ARM 24.159.1425, in addition to the ten contact hours of the continuing education required for maintaining prescriptive authority, as set forth in ARM 24.159.1468.
- (2) Excess continuing education contact hours may not be carried over for credit during the following two-year renewal period.
- (3) The board may prorate the contact hour requirement for nurses who are licensed for less than two years.
- (4) Licensees holding dual nursing licensure are required to meet the continuing education requirements for only the most advanced level of licensure.
- (5) Licensees seeking reactivation or reinstatement of an inactive license must complete 24 contact hours of continuing education during the two-year period, immediately preceding application for reinstatement.
- (6) Licensees may submit a written request prior to the renewal deadline for a waiver or time extension for all or a portion of continuing education requirements on the grounds of extreme hardship.

AUTH: 37-1-131, 37-1-319, 37-8-202, MCA

IMP: 37-1-131, 37-1-306, 37-1-319, MCA

NEW RULE V NONACCREDITED ACTIVITIES (1) The following activities may not be used by a licensee to satisfy the continuing education requirements set forth in this chapter:

- (a) classes in basic life support, first aid, or cardiopulmonary resuscitation;
- (b) repetition of a continuing education class with identical content and course objectives within a single renewal period;
- (c) agency-specific orientation or in-service program designed for work at a specific institution or for a specific employer that teaches and tests for skill competency or addresses institution-based or employer-based standards of nursing practice;
- (d) personal development activity that educates individuals on topics pertaining to financial management, personal hygiene or beautification, personal conduct, or other topics that do not pertain to the practice of nursing or healthcare;

(e) self-directed study such as reading of texts or journal articles for which continuing education contact hours have not been awarded by an accrediting organization;

(f) participation in clinical practice or research for which contact hours have not been awarded by an accrediting organization;

(g) attendance at professional meetings or conventions, except those portions for which continuing education contact hours have been awarded by an accrediting organization;

(h) participation in community service or volunteer practice; and

(i) participation as a member in a professional organization.

AUTH: 37-1-131, 37-1-319, 37-8-202, MCA

IMP: 37-1-131, 37-1-306, 37-1-319, MCA

NEW RULE VI AUDITING OF CONTACT HOURS (1) The board may conduct a retrospective random audit of the completion of continuing education by licensees during each two-year renewal period.

(2) The board shall notify licensees of the audit by U.S. mail.

(3) Licensees shall respond to the notice of audit within 30 days by submitting proof of completion of continuing education for the renewal period specified by the board. Proof may consist of copies of the continuing education certificates issued by the continuing education provider, transcripts with course descriptions or other verified documentation of course completion.

(4) Licensees must retain proof of completion of continuing education during the next renewal period.

(5) The audit may include five percent of each license category during each renewal period.

(6) Failure to respond to a board notice of audit may result in disciplinary action against the licensee.

AUTH: 37-1-131, 37-1-319, 37-8-202, MCA

IMP: 37-1-131, 37-1-306, 37-1-319, MCA

NEW RULE VII PLACEMENT OF AN OUT-OF-STATE NURSING STUDENT IN A MONTANA CLINICAL PRACTICE SETTING (1) The Montana board shall approve the placement of a student enrolled in an out-of-state nursing education program to undertake clinical practice in a Montana facility.

(2) The request for placement of an out-of-state student in a Montana clinical practice setting must be submitted to the board in writing, a minimum of two months prior to the proposed placement. The request must be signed by the director of the out-of-state nursing education program. The request for a clinical placement in Montana must include:

(a) documentation of out-of-state nursing education program's unconditional board approval and accreditation by CCNE or NLNAC;

(b) name, address, and contact information of the student seeking placement in a Montana clinical practice setting;

(c) name and location of clinical practice setting where the out-of-state nursing education program seeks to place the student;

(d) name and contact information of the person employed at the Montana clinical practice setting who will serve as the primary liaison between the out-of-state nursing education program, the Montana board, and the Montana clinical facility;

(e) names, contact information, and educational credentials for Montana clinical preceptor(s) and out-of-state faculty member(s) who will participate in the student's clinical experience in Montana;

(f) detailed description of the preceptorship, including the specific practice area that will be the focus for the out-of-state student's clinical experience;

(g) explicit plan for out-of-state faculty supervision of the preceptor and out-of-state student in the Montana clinical practice setting;

(h) verification from relevant directors of Montana nursing education programs that placement of the out-of-state student in the identified Montana clinical practice setting, will not displace a Montana nursing student;

(i) verification from the Montana clinical practice setting of the facility's ability to accommodate the out-of-state student, without displacing a clinical student from any Montana nursing education program; and

(j) copy of the written agreement between the out-of-state nursing education program and the facility where the Montana clinical practice setting is located, which identifies preceptor(s), primary liaison, and out-of-state clinical faculty. The agreement must specify the responsibilities and delineate the functions of each entity in ensuring a quality educational experience for the out-of-state student.

(3) The clinical preceptors, working with the out-of-state nursing faculty and the student in the Montana clinical practice setting, must meet the qualifications outlined by ARM 24.159.655 and 24.159.665. The preceptor is responsible for ensuring that the out-of-state student complies with all Montana laws and rules related to nursing.

(4) Out-of-state faculty member(s) are responsible for ensuring safe, accessible, and appropriate preceptor supervision of the out-of-state student's Montana clinical practice experience. Out-of-state faculty member(s) must hold an unencumbered active nursing license and meet the requirements of ARM 24.159.662 for practical nursing faculty or ARM 24.159.659 for registered nursing faculty, with the single exception of Montana nursing licensure.

(5) Montana board staff may conduct a site visit at the proposed clinical practice setting, either before or during the out-of-state student placement, upon 48-hour notice to the involved parties.

AUTH: 37-8-202, MCA

IMP: 37-8-202, MCA

REASON: The board determined it is reasonably necessary to adopt New Rule VII to allow the board to consider and approve, on a case-by-case basis, the placement of out-of-state nursing students in a Montana clinical setting. Currently, out-of-state nursing students seeking a Montana clinical setting are denied because the out-of-state nursing education program has not been approved by the board. This new rule will allow the board to consider applications for clinical placements on a case-by-

case basis and approve them at the board's discretion, while having specific enough requirements in place to help protect the integrity of the approved clinical experiences.

6. Concerned persons may present their data, views, or arguments either orally or in writing at the hearing. Written data, views, or arguments may also be submitted to the Board of Nursing, 301 South Park Avenue, P.O. Box 200513, Helena, Montana 59620-0513, by facsimile to (406) 841-2305, or by e-mail to nurse@mt.gov, and must be received no later than 5:00 p.m., October 8, 2010.

7. An electronic copy of this Notice of Public Hearing is available through the department and board's site on the World Wide Web at www.nurse.mt.gov. The department strives to make the electronic copy of this notice conform to the official version of the notice, as printed in the Montana Administrative Register, but advises all concerned persons that in the event of a discrepancy between the official printed text of the notice and the electronic version of the notice, only the official printed text will be considered. In addition, although the department strives to keep its web site accessible at all times, concerned persons should be aware that the web site may be unavailable during some periods, due to system maintenance or technical problems, and that technical difficulties in accessing or posting to the e-mail address do not excuse late submission of comments.

8. The board maintains a list of interested persons who wish to receive notices of rulemaking actions proposed by this board. Persons who wish to have their name added to the list shall make a written request that includes the name, e-mail, and mailing address of the person to receive notices and specifies the person wishes to receive notices regarding all board administrative rulemaking proceedings or other administrative proceedings. The request must indicate whether e-mail or standard mail is preferred. Such written request may be sent or delivered to the Board of Nursing, 301 South Park Avenue, P.O. Box 200513, Helena, Montana 59620-0513, faxed to the office at (406) 841-2305, e-mailed to nurse@mt.gov, or made by completing a request form at any rules hearing held by the agency.

9. The bill sponsor contact requirements of 2-4-302, MCA, do not apply.

10. Tyler Moss, attorney, has been designated to preside over and conduct this hearing.

BOARD OF NURSING
KATHY HAYDEN, LPN

/s/ DARCEE L. MOE
Darcee L. Moe
Alternate Rule Reviewer

/s/ KEITH KELLY
Keith Kelly, Commissioner
DEPARTMENT OF LABOR AND INDUSTRY

Certified to the Secretary of State August 30, 2010