BOARD MEETING AGENDA

The Hilton Sacramento Arden West
Eagle-Berryessa Room
2200 Harvard Street
Sacramento, CA  95815
(916) 922-4700

June 11-12, 2014

Wednesday, June 11, 2014 – 9:00 am

1.0   Call to Order – Board President

Members:  Raymond Mallel, President
          Michael D. Jackson, MSN, RN, Vice President
          Cynthia Klein, RN
          Erin Niemela
          Trande Phillips, RN
          Jeanette Dong
          Beverly Hayden-Pugh, MA, RN
          Elizabeth A. Woods, MSN, FNP, RN
          Imelda Ceja-Butkiewicz

Executive Officer:  Louise Bailey, M.Ed., RN

2.0   Public Comment for Items Not on the Agenda

3.0   Disciplinary Matters:

   Reinstatements  Termination/Modification of Probation
   Jacque Bovee   Christianna McCarthy   Anthony Brown
   Lawrence Jackson  Donna Crosby         Amber Liebelt (Rucker)
   Judy Jordan (Cass)  Carl Hughes    Deborah Lucero-Aylor
                             Roshawn Pearson

4.0   Closed Session

   Disciplinary Matters
   The Board will convene in closed session pursuant to Government Code Section 11126(c) (3) to deliberate on the above matters and other disciplinary matters including stipulations and proposed decisions.

5.0   Adjournment
Thursday, June 12, 2014 – 9:00 am

1.0 Call to Order – Board President

Members: Raymond Mallel, President
Michael D. Jackson, MSN, RN, Vice President
Cynthia Klein, RN,
Erin Niemela
Trande Phillips, RN
Jeanette Dong
Beverly Hayden-Pugh, MA, RN
Elizabeth A. Woods, MSN, FNP, RN
Imelda Ceja-Butkiewicz

Executive Officer: Louise Bailey, M.Ed., RN

2.0 Public Comment for Items Not on the Agenda

3.0 Review and Approve Minutes:
   ➢ April 2-3, 2014, Meeting Minutes
   ➢ May 6, 2014, (Discipline) Meeting Minutes

4.0 Report on Board Members’ Activities

5.0 Board and Department Activities
   5.1 Executive Officer Report

6.0 Report of the Administrative Committee
Raymond Mallel, President, Chairperson
   6.1 Election of Officers
   6.2 Update: Renewal of License – California Code of Regulations, Section 1419(c)
   6.3 Assembly Member Kristin Olsen’s Request for an Audit
   6.4 Review/Discuss and Vote on Nurse Licensure Compact

7.0 Report of the Education/Licensing Committee
Michael Jackson, MSN, RN, Chairperson
   7.1 Vote On Whether To Ratify Minor Curriculum Revision
      ➢ The Valley Foundation School of Nursing at San Jose State University Baccalaureate Degree Nursing Program
      ➢ University of California San Francisco Entry Level Master’s Degree Nursing Program
      ➢ University of San Diego Hahn School of Nursing Entry Level Master’s Degree Nursing Program
      ➢ College of the Siskiyous Associate Degree Nursing Program
      ➢ Contra Costa College Associate Degree Nursing Program
      ➢ Copper Mountain College Associate Degree Nursing Program
7.2 Vote On Whether to Approve Education/Licensing Committee Recommendations

A. Continue Approval of Prelicensure Nursing Program
   - California State University, Stanislaus Baccalaureate Degree Nursing Program
   - Cabrillo College Associate Degree Nursing Program
   - Chaffey College Associate Degree Nursing Program
   - Cypress College Associate Degree Nursing Program
   - Santa Barbara City College Associate Degree Nursing Program

B. Defer Action To Continue Approval Of Prelicensure Nursing Program
   - Merritt College Associate Degree Nursing Program

C. Approve Major Curriculum Revision
   - San Francisco State University Entry Level Master’s Degree Nursing Program

7.3 Vote On Whether to Grant Initial Approval of Prelicensure Nursing Program
   7.3.1 Stanbridge College Associate Degree Nursing Program

7.4 Vote On Whether to Accept Feasibility Study for Prelicensure Nursing Program
   7.4.1 Glendale Career College Associate Degree Nursing Program

7.5 2012-2013 Post Licensure Program Annual Report

7.6 Licensing Program Report

7.7 NCLEX Pass Rate Update

8.0 Report of the Legislative Committee
Erin Niemela, Chairperson

8.1 Adopt/Modify Positions on Bills of Interest to the Board, and any other Bills of Interest to the Board Introduced during the 2013-2014 Legislative Session

<table>
<thead>
<tr>
<th>Assembly Bills</th>
<th>Senate Bills</th>
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<tbody>
<tr>
<td>AB 186</td>
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<td>AB 548</td>
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<td>AB 790</td>
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<td>AB 2102</td>
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<td>AB 2144</td>
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9.0 Report of the Diversion/Discipline Committee
Cynthia Klein, RN, Chairperson

9.1 Complaint Intake and Investigations Update
9.2 Discipline and Probation Update
9.3 Diversion Program Update and Statistics
   9.3.1 Diversion Evaluation Committee Members
9.4 Update: “Uniform Standards Regarding Substance-Abusing Healing Arts Licensees” – Business and Professions Code, Section 315 et. seq.

10.0 Report of the Nursing Practice Committee
Trande Phillips, RN, Chairperson

10.1 Information Only: Nurse Practitioner: Education and Practice
10.2 Nurse Practitioner Laws and Regulations – Title 16 of the California Code of Regulations, Article 8, Sections 1480-1484.
   Nursing Education Consultant APRN (Advanced Practice Registered Nurse) Workgroup suggested updating and revising of:
   1. Section 1480 – Definitions
   2. Section 1481 – Categories of Nurse Practitioners
   3. Section 1482 – Requirements for Nurse Practitioners
   4. Section 1483 – Evaluation of Credentials
   5. Section 1483.1 – Approved APRN-NP Program Accreditation Required and Board Notification Process
   6. Section 1483.2 – Application for APRN-NP Program Approval
   7. Section 1483.3 – Changes to an Approved Program
   8. Section 1484 – APRN-NP Education

11.0 Public Comment for Items Not on the Agenda

12.0 Adjournment
PUBLIC COMMENT FOR ITEMS NOT ON THE AGENDA

Note: The Committee may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting. (Government Code Section 11125 and 11125.7(a)).

NOTICE:
All times are approximate and subject to change. Items may be taken out of order to maintain a quorum, accommodate a speaker, or for convenience. The meeting may be canceled without notice. For verification of the meeting, call (916) 574-7600 or access the Board’s Web Site at http://www.rn.ca.gov. Action may be taken on any item listed on this agenda, including information only items.

Public comments will be taken on agenda items at the time the item is heard. Total time allocated for public comment may be limited.

The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting the Administration Unit at (916) 574-7600 or email webmasterbrn@dca.ca.gov or send a written request to the Board of Registered Nursing Office at 1747 North Market Blvd., Suite 150, Sacramento, CA 95834. (Hearing impaired: California Relay Service: TDD phone # (800) 326-2297). Providing your request at least five (5) business days before the meeting will help to ensure the availability of the requested accommodation.
DATE: April 2-3, 2014

LOCATION: The Mission Inn Hotel
3649 Mission Inn Ave.
Riverside, CA 92501

PRESENT: Raymond Mallei, President (absent April 2)
Michael D. Jackson, MSN, RN, Vice President
Cynthia Klein, RN
Trande Phillips, RN
Beverly Hayden-Pugh, MA, RN
Jeanette Dong
Elizabeth A. Woods, MSN, FNP, RN
Imelda Ceja-Butkiewicz
Erin Niemela (absent April 2)

ALSO PRESENT: Louise Bailey, M.Ed., RN, Executive Officer
Janette Wackerly, Supervising NEC
Miyo Minato, Supervising NEC
Katie Daugherty, NEC
Leslie Moody, NEC
Kay Weinkam, NEC
Carol MacKay, NEC
Susan Engle, NEC
Julie Campbell-Warnock, Research Program Specialist
Gina Sanchez, Licensing Program Manager
Don Walker, Analyst, Probation
Claire Yazigi, Legal Counsel
Beth Scott, Discipline, Probation and Diversion Deputy Chief
Shannon Silberling, Complaint Intake and Investigations Deputy Chief
Carol Stanford, Diversion Program Manager
Kim Ott, Decisions and Appeals Analyst
Christyl Cobb, Decisions and Appeals Analyst
Ronnie Whitaker, Legislative and Regulatory Analyst
Rose Ramos, Administrative Assistant
Roy Hewitt, Administrative Law Judge
Desiree Kellogg, Deputy Attorney General
Wednesday, April 2, 2014 – 9:00 am

1.0 Call to Order – Michael Jackson, Vice President called the meeting to order at 9:00 am and had the members introduce themselves.

Members: 
- Michael D. Jackson, MSN, RN, Vice President
- Cynthia Klein, RN
- Trande Phillips, RN
- Beverly Hayden-Pugh, MA, RN
- Jeanette Dong
- Elizabeth A. Woods, MSN, FNP, RN
- Imelda Ceja-Butkiewicz

Members Not Present: 
- Raymond Mallei, President
- Erin Niemela

Executive Officer: 
- Louise Bailey, M.Ed., RN

2.0 Public Comment for Items Not on the Agenda

No public comment.

3.0 Disciplinary Matters

<table>
<thead>
<tr>
<th>Reinstatements</th>
<th>Termination/Modification of Probation</th>
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<tbody>
<tr>
<td>Khristine Campbell – Granted</td>
<td>Sybil Suriyaniel – Granted</td>
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<tr>
<td>Edrie Schade – Granted</td>
<td>Michael Woodfin – Denied</td>
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<tr>
<td>Aaron Taylor – Granted</td>
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<tr>
<td>Bridget Tracy – Granted</td>
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<tr>
<td>Sourith Vankham – Granted</td>
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<tr>
<td>Diane Davin</td>
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<td>Regina Smith – Granted</td>
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Meeting adjourned at 11:45 pm.

4.0 Closed Session

Disciplinary Matters
The Board convened in closed session pursuant to Government Code Section 11126(c) (3) to deliberate on the above matters and other disciplinary matters including stipulations and proposed decisions.

Michael Jackson, Vice President, called the closed session meeting to order at 12:14 pm. The closed session adjourned at 3:19 pm.
Thursday, April 3, 2014 – 9:00 am

1.0 Call to Order
Raymond Mallei, President, called the meeting to order at 9:19 a.m. and had the Board Members introduce themselves.

2.0 Public Comment for Items Not on the Agenda
Public comment: Genevieve Clavreul, RN, PhD.

3.0 Review and Approve Minutes:

- February 5-6, 2014 Meeting Minutes
- March 5, 2014 (Discipline) Meeting Minutes

No public comment.

MSC: Jackson/Phillips that the Board approve the Minutes from February 5-6, 2014 Board Meeting and the March 5, 2014 Board Meeting (Discipline). 9/0/0

4.0 Report on Board Members’ Activities
No activities to report.

5.0 Board and Department Activities
No Board and Department Activities to report.

5.1 Executive Officer Report
Louise Bailey, Executive Officer presented this report.

Appointments

Raymond Mallei, was re-appointed to the Board of Registered Nursing by the Governor on February 6, 2014. Ray has been a private investor since 2001; was director of marketing and operations at Long Beach Mortgage Company and Ameriquest Bank from 1991 to 2001 and vice president of Loubella Extendables Inc. from 1971 to 1991. He served as vice president of the State Bar of California Board of Governors from 1983 to 1986 and was chair of the Client Security Fund at the State Bar of California from 1986 to 1990. From 1982 to 1994, he served three consecutive terms on the Medical Board of California, including as president and vice president. Mr. Mallei is a co-founder and member of the International Executive Board for the Sephardic Educational Center in Jerusalem, Israel. He also serves as president of the Raymond Mallei Foundation.

Elizabeth (Betty) Woods was appointed to the Board of Registered Nursing by the Governor on February 6, 2014. She is a volunteer Nurse Practitioner at the Jewish Community Free Clinic in Rohnert Park, CA which serves the uninsured population in Sonoma Co. Previously she was a Labor Representative with the California Nurses Association, representing RNs and NPs from 1994 to 2007. Within this position she
coordinated the Quality Liaison Program, a joint program between CNA and Kaiser Permanente, wherein RNs and NPs examined patient care issues in order to increase quality services. She was a FNP at Kaiser Permanente, Santa Rosa from 1976 to 1994 in Family Medicine and also a member of the HIV Consult Team. From 1984 to 1994 she was an Adjunct Clinical Professor for NP students at Sonoma State University. Before earning her NP certification and MSN from Sonoma State University she was an ICU and medical/surgical RN.

**Imelda Ceja-Butkiewicz** was appointed to the Board of Registered Nursing by the Governor on February 6, 2014. She is a Project Specialist at Kern County Public Health Services Department since 1999. She has served in multiple positions at the Kern County Department of Public Health, including the Medi-Cal Outreach Program, Maternal Child Disability Program, Child Health and Disability Program, Kern Access to Children’s Health Program, Child’s Dental Program, Refugee Health Assessment Program and is currently working with individuals living with HIV/AIDS. Imelda attended school at Baldwin Park and Cal Poly Pomona. She worked as a legal secretary from 1986 to 1995. She also held multiple positions at the Kern County Economic Opportunity Corporation from 1995 to 1998, including immunization coordinator, health educator and Medi-Cal outreach coordinator. Imelda is a community advocate and has served as a member on several professional and community organizations.

**Joshua Groban** was appointed to the Board on April 8, 2013 by Governor Edmund Brown and served as a public member of the board. The members of the Board and staff extend a sincere thank you to him for the work that he did to protect the healthcare of consumers in California.

### 5.2 Board’s Budget Update

**Current Year AG Budget**

Pursuant to the Budget Bill Language in item 110-402 related to AG expenditures contained in the 2010 Budget Act, the Department of Finance submitted the Board’s AG budget augmentation request for of $2.5 million to the Legislature on March 7, 2014.

The Board’s current year budget is going to be very tight and is being closely monitored to maintain the business of the Board and ensure only necessary expenditures are being made.

### 5.3 Regulation Updates

**License Renewal**

Reporting Traffic Violations: The final Rulemaking File increasing the traffic violation fine level from $300 to $1,000 that registered nurses are required to report at the time of license renewal has been approved by Agency and has been submitted to the Office of Administrative Law (OAL) for approval. The OAL has 30 working days to conduct its review of the regulation. The Board included justification to have the regulation effective upon filing with Secretary of State. Otherwise, regulations become effective the quarter following filing, which in this case would be July 1, 2014.
Enforcement Regulations

This regulatory proposal is comprised of three changes that will strengthen the Board’s Enforcement Program and better enable the Board to achieve its public protection mandate. The proposed changes are: 1) delegate to the Executive Officer the authority to approve voluntary settlement agreements for the revocation, surrender, or interim suspension of a license and report these actions at each board meeting; 2) define specified actions as unprofessional conduct; and 3) amend the Board’s Disciplinary Guidelines to require an administrative law judge to render a proposed decision of license revocation, without an order staying the revocation, in cases where there is a finding of fact pertaining to specified sexual misconduct. The rulemaking file has been approved by Agency and has been submitted to the Office of Administrative Law (OAL) for approval. The OAL has 30 working days to conduct its review of the regulation. Regulations become effective the quarter following filing, which in this case would be July 1, 2014.

5.4 Sunset Review Report

The BRN received notification by e-mail on March 20, 2014 that the Senate Business, Professions and Economic Development Committee and the Assembly Business, Professions and Consumer Protection Committee will jointly participate in the sunset oversight review beginning in the fall of 2014. The BRN is one of ten Boards under Sunset Review this year. The review includes a detailed report of the Boards current programs, financial state and staffing levels. The Board’s last Sunset Review Report was completed in 2010. Staff is beginning work on the Sunset report which is due to the Committees by November 1, 2014. Staff will provide ongoing updates to the Board as the work progresses.

5.5 BreEZe Sunset Hearing

Louise Bailey, participated as a panel member with Executive Officers/Directors and DCA executive staff on March 10, 2014, at the state capitol to discuss the BreEZe project. The hearing was called by the Senate and Assembly Business, Professions and Economic Development Committees.

5.6 Health informational hearing

Louise Bailey and Stacie Berumen, participated as witnesses in the Joint Senate Committee on Business, Professions and Economic Development and Senate Committee on Health informational hearing. The hearing, titled, *Increasing Accountability in Care for the Elderly: The Role of Certified Nurse Assistants* was held on February 11, 2014 at the State Capitol. Louise and Stacie responded to questions related to licensee discipline, reporting of disciplinary actions on the Board’s website and to other health professional boards licensee’s working with CNAs and CNA supervision.

5.7 Public Record Requests

The BRN continues to comply with public record requests and responds within the required timeframes that are set in Government Code Section 6250. For the period of January 30, 2014 through March 26, 2014, the BRN received and processed 3 public record requests.
5.8 **Personnel**

### NEW HIRES

<table>
<thead>
<tr>
<th>Name</th>
<th>Classification</th>
<th>Program</th>
</tr>
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<tbody>
<tr>
<td>Susan Engle</td>
<td>Nursing Education Consultant</td>
<td>Administration</td>
</tr>
<tr>
<td>Hector Amaya Jr.</td>
<td>Special Investigator</td>
<td>Investigations</td>
</tr>
<tr>
<td>Laura Shinn</td>
<td>Special Investigator</td>
<td>Investigations</td>
</tr>
<tr>
<td>KaLai Dillon</td>
<td>Youth Aid</td>
<td>Licensing</td>
</tr>
<tr>
<td>Taylor Lee</td>
<td>Youth Aid</td>
<td>Licensing</td>
</tr>
<tr>
<td>Kristina Levy</td>
<td>Youth Aid</td>
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<tr>
<td>Gabriella Sprigg</td>
<td>Youth Aid</td>
<td>Enforcement</td>
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### PROMOTIONS

<table>
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<tr>
<th>Name</th>
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<th>Program</th>
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<tbody>
<tr>
<td>Shannon Silberling</td>
<td>Deputy Chief, Staff Services Manager II</td>
<td>Complaints/Investigation</td>
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### SEPARATIONS

<table>
<thead>
<tr>
<th>Name</th>
<th>Classification</th>
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<tbody>
<tr>
<td>Abby Boxwell</td>
<td>Office Technician</td>
<td>Administration</td>
</tr>
<tr>
<td>Akisha Marshall</td>
<td>Seasonal Clerk</td>
<td>Discipline</td>
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### NEW ASSIGNMENT

<table>
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<tr>
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<tr>
<td>Ralph Berumen</td>
<td>Office Technician</td>
<td>Investigations</td>
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</table>
6.0 Report of the Administrative Committee
Raymond Mallei, Chairperson

6.1 Review and Vote on Whether to Adopt the 2014-2017 Strategic Plan

BACKGROUND:
On March 4, 2014, the Board and board executive staff met and worked with SOLID Training Solutions to discuss and make recommendations for the 2014-2017 Draft Strategic Plan.

SOLID Training Solutions compiled all the Board’s recommendations and the draft plan was submitted to the Board for consideration and a possible vote to approve.

No public comment.

MSC: Hayden-Pugh/Jackson to adopt the 2014-2017 Strategic Plan. 9/0/0

7.0 Report of the Education/Licensing Committee
Michael Jackson, MSN, RN, Chairperson
Leslie Moody, NEC presented this report.

7.1 Vote On Whether To Ratify Minor Curriculum Revision

BACKGROUND:
According to Board policy, Nursing Education Consultants may approve minor curriculum changes that do not significantly alter philosophy, objectives, or content. Approvals must be reported to the Education/Licensing Committee and the Board.

Minor Curriculum revisions include the following categories:
- Curriculum changes
- Work Study programs
- Preceptor programs
- Public Health Nurse (PHN) certificate programs
- Progress reports that are not related to continuing approval
- Approved Nurse Practitioner program adding a category of specialization

The following programs have submitted minor curriculum revisions that have been approved by the NECs:

- Biola University Baccalaureate Degree Nursing Program
- National University Baccalaureate Degree Nursing Program
- Samuel Merritt University Baccalaureate Degree Nursing Program
- University of California, Irvine Baccalaureate Degree Nursing Program
- West Coast University Baccalaureate Degree Nursing Program (Los Angeles, Orange County and Inland Empire campuses)
- Imperial Valley College Associate Degree Nursing Program
Acknowledged Receipt of Program Progress Report:
- East Los Angeles College Associate Degree Nursing Program
- ITT Technical Institute Rancho Cordova Breckinridge School of Nursing and Health Science Associate Degree Nursing Program
- Merritt College Associate Degree Nursing Program
- Mt. San Jacinto College, MVC Associate Degree Nursing Program

No public comment.

**MSC:** Mallei/Phillips to ratify minor curriculum revision and acknowledge receipt of Program Progress Report. 9/0/0

### 7.2 Vote On Whether to Approve Education/Licensing Committee Recommendations

**BACKGROUND:** The Education/Licensing Committee met on March 6, 2014 and made the following recommendations:

A. Continue Approval of Prelicensure Nursing Program
   - Point Loma Nazarene University Baccalaureate Degree Nursing Program
   - Los Angeles Southwest College Associate Degree Nursing Program

No public comment.

**MSC:** Klein/Niemela to approve Education/Licensing Committee recommendations to continue approval of Prelicensure Nursing Program for schools listed in 7.2 A. 9/0/0

B. Defer Action to Continue Approval of Prelicensure Nursing Program
   - American University of Health Sciences Baccalaureate Degree Nursing Program
   - Santa Barbara City College Associate Degree Nursing Program

No public comment.

**MSC:** Mallei/Phillips motion to defer action to continue approval of Prelicensure Nursing Program for schools listed in 7.2 B. 9/0/0

C. Approve Major Curriculum Revision
   - California State University, Channel Islands Baccalaureate Degree Nursing Program (Santa Barbara and Camarillo campuses)
   - California State University, Chico Baccalaureate Degree Nursing Program
MSC: Jackson/Woods to approve major curriculum revision for schools listed in 7.2 C. 9/0/0

7.3 Vote On Whether to Accept Feasibility Study for Prelicensure Nursing Program

7.3.1 California Career College Associate Degree Nursing Program

Carol Mackay presented this report.

BACKGROUND:

Susan Naimi, MSN, RN, Owner/Director of California Career College (CCC), submitted the Feasibility Study (FS) for the proposed new Associate Degree Nursing Program. Dr. Roberta Ramont, Consultant, assisted in the development of the FS.

The California Career College Feasibility Study dated April 5, 2013, is the first feasibility study submitted by CCC. Following initial review of the document, the BRN requested submission of a revised FS to demonstrate compliance with BRN requirements. CCC submitted a revision dated February 3, 2014.

The following summary describes how the proposed program plans to meet the BRN requirements as outlined in Step 3 of the Instructions for Institutions Seeking Approval of New Prelicensure Registered Nursing Program (EDP-1-01(REV 03/10).

Description of the Institution

CCC is a private post-secondary institution established in 2001. It operates as a private corporation owned by a sole shareholder. CCC is located at 7003 Owensmouth Avenue, Canoga Park, CA 91303 (San Fernando Valley region: 25 miles northwest of downtown LA).

CCC is currently a single purpose college offering a Vocational Nursing Program. The enrollment for fiscal year 2012-2013 is 139 students. Upon successful completion of theVN program, the student is awarded an Associate of Applied Science Degree Vocational Nursing.

CCC is approved by the Bureau of Private Postsecondary Education through February 2015 and is nationally accredited by the Accrediting Bureau of Health Education Schools (ABHES) through December 31, 2014. Once the FS has been accepted by the BRN, application to add a new program will be made to ABHES. CCC’s approval by the BPPE is by means of the ABHES accreditation. CCC plans to award an Associate of Science degree to ADN program graduates.

The NCLEX-PN pass rates for graduates of CCC vocational nursing program for the past five years are: 2009-77% (N56), 2010-56% (N31), 2011-77% (N30), 2012-60% (N25), and 2013 (Q-1,2,3)-69%(N13). Anecdotal information from CCC on the pass rate for 2013
differs from the result posted on the BVNPT web site for 2013: based on anecdotal data the pass rate 2013 is 75% (N13). The minimum pass rate standard used by the BRN to monitor how successful RN programs are in preparing graduates is 75%. CCC has initiated an intensive remediation plan to improve its pass rates.

**Geographic Area**
The CCC-Feasibility Study (FS) includes an overview of the demographics for San Fernando Valley region, plus a description of its health care needs.

**Type of Program**
The proposed program will be a generic ADN program. All general education and nursing courses will be offered. The proposed ADN program will be offered year round: six terms of 15 weeks each for a total of 90 instructional weeks. The total program including breaks and vacations can be completed within two calendar years. The proposed program meets the BRN requirement that an approved prelicensure nursing program not be less than 2 academic years.

**Applicant Pool**
CCC currently has 200 applicant on its wait list for the proposed program. Approximately 75% of this applicant pool is LVNs. CCC also intends to market the new program to qualified applicants not accepted by other RN programs in the geographic region. CCC marketing strategy for the proposed program is through on-line, radio and television advertisement.

CCC plans one admission cycle of 24 students annually. Maximum program enrollment will be 48 students. The proposed start date for the CCC ADN program is March 2016.

**Curriculum**
The proposed curriculum consists of 79 academic semester units: 28 prerequisite nursing units and 48 nursing semester units (26 nursing theory and 22 of clinical practice). The Feasibility Study includes a brief description of the courses and the proposed course sequence.

**Resources**
The CCC campus consists of a two story 4,200 square feet building. The building is owned outright by CCC’s sole shareholder. The building consists of the following: two classrooms (currently not in used during the morning hours and weekends); a library with WI-FI access (the CSU Northridge library will also be available for student use); standard skills lab with 4 patient units; and a computer lab.

CCC intends to lease additional office space (2.500 square feet) to accommodate the faculty and support staff that will be hired to support the proposed program, as well as a wet lab required for the science courses. With respect to Simulation Lab, CCC is in discussions with CSU Northridge to contract with the University to use its Simulation for the CCC ADN program. However, if necessary, CCC is prepared to build its own Simulation lab.
CCC expects to hire nine faculty members to support the program: five full-time and four part-time. CCC has a small administrative team to support the college with one individual serving in multiple roles. However, the college provides a full array of student services: Admissions office, academic advising, financial aid, tutoring, Nursing Success Seminars, and assistance with computer and study skills.

Budget

The CCC FS includes a budget forecast for the first five years of program implementation which demonstrates the ability of the college to support the proposed program. The tuition for the ADN program will be $76,000.

At the present time, CCC generates approximately three hundred thousand dollars in retained earnings annually which are reinvested in the corporation. Funds are also available in the event of an emergency: CCC has five hundred thousand dollars in its corporate savings account and lines of credit from financial institutions in the amount of four hundred thousand dollars.

Clinical Placements

The CCC-FS includes Facility Verification Forms from five health care facilities: Silverado; Sherman Oaks Health and Rehab Center; Canyon Oaks Nursing and Rehab; Child Development Consortium of Los Angeles; and Kaiser Permanente (Sunset).

These forms demonstrate availability of clinical placements in all BRN required clinical areas (MS, OB, Peds, Psych and Geri). In addition, there are in-patient experiences in all of these areas. The faculty student ratio (FSR) in the clinical setting will be one to eight with exceptions of Peds/OB where the FSR will be one to six, and in Term 6: Complex M/S FSR one to nine, and Community Health and Gerontology FSR one to six.

Currently, the LA county area does not have a clinical placement consortium. Clinical placements are secured directly by the SON and the health care facility. CCC is aware that new program placements should not result in displacement of existing students.

Conclusion

The California Career College Feasibility Study meets all the BRN Feasibility Study requirements. A continuing areas of concern is the NCLEX-PN pass rates.

Education/Licensing Committee Recommendation March 6, 2014:
- Accept the California Career College Associate Degree Nursing Program Feasibility Study.

Public comment: Genevieve Clavreul, RN, PhD.

MSC: Jackson/Mallel to accept the California Career College Associate Degree Nursing Program Feasibility Study. 8/0/1
University of California, Davis Entry Level Master’s Degree Nursing Program

BACKGROUND:
Dr. Margaret Hodge, Interim MEPN Director, has primary responsibility for development of the University of California Davis (UCD) Master’s Entry Program in Nursing (MEPN) Feasibility Study (FS). Ms. Regan Davis, Education Analyst at the University, is providing assistance.

The UCD-FS dated June 19, 2013, is the first feasibility study submitted by UCD. Following initial review of the FS, the BRN requested additional information to demonstrate compliance with BRN requirements. UCD submitted an Addendum to the UCD-FS dated January 22, 2014.

The following summary describes how UCD plans to meet the BRN requirements as outlined in Step 3 of the Instructions for Institutions Seeking Approval of New Prelicense Registered Nursing Program (EDP-1-01(REV 03/10).

Description of the Institution
The University of California Davis has been engaged in education for over 100 years. UCD is a large institution with over 32,000 students and 2,500 faculty. It houses six professional schools: Education, Law, Management, Medicine, Veterinary Medicine, and the Betty Irene Moore School of Nursing. The School of Medicine and the Betty Irene Moore School of Nursing are housed in the UC Davis Health System in Sacramento, 21 miles east of Davis.

Through a private-public partnership between UC Davis and the Gordon and Betty Moore Foundation, the Betty Irene Moore School of Nursing was founded in March 2009 by a $100 million commitment from the Foundation. This historic funding provides for a ten year launch period of the SON.

The School of Nursing currently has graduate programs in Nursing Science and Health-Care Leadership (NSHL) that include both a master of science (MS) and doctoral degree (PhD). In Fall 2013, two new master’s degree programs were founded: a Master of Science degree in NSHL and certification as a nurse practitioner (NP); and, a Master of Health Services and certification as a physician assistant (PA). All of these degree programs are led by an interprofessional and interdisciplinary team (known formally as a graduate group) of 42 UC Davis faculty members including nursing, medicine, health informatics, public health, nutrition, sociology, psychology, and statistics.

UC Davis has been accredited by the Western Association of School and Colleges (WASC) since 1954. A regularly scheduled WASC accreditation visit will take place in Spring 2014. The Betty Irene Moore School of Nursing is fully accredited by the Commission on Collegiate Nursing Education (CCNE) through the year 2017. CCNE requires a Substantive Change Notification from the SON regarding the proposed MEPN within three months of the program start date.
In Fall 2013, there were 142 students enrolled in the SON. Although, the NP and PA master's degree programs in the SON only commenced in Fall 2013, NP and PA certificate programs were formerly housed in the UCD School of Medicine. The PA certification pass rates for the past five years are: 2009-98%(N49), 2010-96%(N54), 2011-100%(N46), 1012-98%(N48), and 2013-96%(N26). The NP certification pass rates are: 2009-100%(N7), 2012-80%(N5).

Geographic Area
The UC Davis-Feasibility Study (FS) includes an overview of the demographics for Sacramento area, plus a description of its health care needs.

Type of Program
The UCD Feasibility Study is for a Master’s Entry Program in Nursing. The MEPN will integrate the BRN prelicensure requirements with the UCD Master of Science NSHL. The MEPN is intended for individuals who possess a bachelor’s degree in a subject other than nursing.

The UC Davis academic year is on a quarter system which includes fall, winter, spring and summer. Quarters are comprised of 10 weeks of instruction plus one week for final exams.

The MEPN can be completed in six quarters (18 months) of full time study. Prerequisite nursing courses can be completed in approximately one year. The proposed MEPN meets the BRN requirement that an approved program not be less than two academic years.

Applicant Pool
Comparable nursing programs in the greater Sacramento area (two BSN and one MSN) are highly impacted. Acceptance rate for existing programs in the region (nine) are below 15%. UC San Francisco (the closest Entry Level Master program) reports nearly 600 applications for 80 seats. UCD has an active marketing plan for attracting these qualified applicants not accepted at other nursing programs, as well as for targeting UCD students and the public.


Curriculum
The MEPN curriculum includes all BRN required prerequisite (Science and GE) courses, prelicensure nursing courses, and master’s level courses. The proposed curriculum consists of 136 quarter units: 44 prerequisite units and 92 MEPN units. The total number of units for prelicensure nursing courses is 60 units: 29 nursing theory units and 31 clinical practice units.

The Feasibility Study includes sample course descriptions and the proposed MEPN course sequence.
Resources
UCD has a full array of student support services in place. In addition to the UC Davis Library, there is a medical library located at the UC Davis Health System (UCDHS) in Sacramento.

The SON is currently housed on the fourth floor of the Education Building UCDHS. When the Education Building opened in 2007 to house the School of Medicine, there was excess space. An extensive utilization analysis of the Education Building indicated there was sufficient space to support the MS-NSHL program.

Plans are in place for the SON staff and faculty to be relocated from the Education Building to renovated space in the Administrative Services Building (ASB). The move will begin in March 2014.

Adjacent to the Education Building is the Center for Health and Technology (CHT). The third floor of CHT houses the Center for Virtual Care (CVC). The CVC is a 7,000 square feet state-of-the-art simulation lab. Basic nursing skills will be taught in the CVC to MEPN students for the first two years of the program: 2015 and 2016. The CVC will be equipped with low and mid-fidelity instructional tools and task trainers to teach basic nursing skills and health assessment.

UCD has announced plans to build a new health education building UCDHS location. It is scheduled to open in 2017. It will house a new skills lab for the MEPN students and more nursing classrooms.

The SON plans to hire 15 faculty for year one of the program: seven full-time and eight part-time. At full capacity (96 students) in year five of the program, 37 total faculty will be needed: 12 full-time and 25 part-time. At least, seven full time faculty will be exclusively assigned to MEPN starting year one. Part-time faculty will be hired to maintain a one to eight faculty-student ratio.

Budget
The Gordon and Betty Moore Foundation awarded the SON a 100 million dollar grant intended to launch the school and its programs over ten years through 2017. This provides the SON with sufficient funds to support all MEPN expenses until the program is at full enrollment and self-sustaining in 2017.

Tuition will be $90,000 for the MEPN. The budget includes $500,000 in reserves provided by the grant. UCD is providing the funding for the new health education building, estimated cost of $45 million dollars.

Clinical Placements
The UCD-FS includes Facility Verification Forms from four health care facilities: UC Davis Health System; UC Davis Home Care Service; Kaiser South Sacramento; and, Heritage Oaks Hospital.
These forms demonstrate availability of clinical placements in all BRN required clinical areas (MS, OB, Peds, Psych and Geri). In addition, there are in-patient experiences in all of these areas.

The UCD SON participates on the Health Communities Forum, Sacramento’s consortium of directors from area schools and hospitals. The consortium meets every month to share information, discuss concerns, and facilitate the placement of prelicensure nursing students in local health care facilities.

**Conclusion**

The University of California Davis Feasibility Study meets all the BRN Feasibility Study requirements.

**Education/Licensing Committee Recommendation March 6, 2014:**
- Accept the University of California, Davis Entry Level Master’s Degree Nursing Program Feasibility Study.

**MSC:** Jackson/Phillips to accept the Feasibility Study for the University of California, Davis Entry Level Master’s Degree Nursing Program. 9/0/0

**7.4 2012-2013 Regional Annual School Reports**

Julie Campbell-Warnock, Research Program Specialist presented this report.

**BACKGROUND:**

The Regional Annual School Reports present the historical analyses of nursing program data from the 2003-2004 BRN Annual School Survey through the 2012-2013 survey for the nine economic regions in California. Each region has a separate report. All data are presented in aggregate form, and describe the overall trends in these regions over the specified periods. The data items addressed include the numbers of nursing programs, enrollments, completions, retention rates, student and faculty census information, simulation centers and student access to clinical sites and experiences.

The nine regions include: (1) Northern California, (2) Northern Sacramento Valley, (3) Greater Sacramento, (4) Bay Area, (5) San Joaquin Valley, (7) Central Coast, (8) Southern California I (Los Angeles and Ventura Counties), (9) Southern California II (Orange, Riverside, and San Bernardino Counties), and (10) Southern Border Region. Counties within each region are detailed in the corresponding report. The Central Sierra (Region 6) does not have any nursing programs and was, therefore, not included in the analyses.

The San Francisco Bay Area Report (Region 4) is attached as a sample. Final reports will be made available to the public on the BRN website after review by the full Board. No public comment and no motion required.

**7.5 Licensing Program Report**

Gina Sanchez, Licensing Program Manager presented this report.
BACKGROUND:

Program Update:

As of early April the new exam application will be made available online in BreEZe. This will allow graduates to apply and submit their examination application and payment online. This method will be very beneficial as the application will surpass the mailroom and cashiering and be delivered directly to the licensing unit. Due to the fact the applicants must enter in their own identifying and educational information into BreEZe, the online application will also decrease the timeframe the file is with the support staff who currently has to key in information into multiple screens.

The Licensing unit is currently processing the initial review of spring graduate applications and applications received in late February, early March. The Department of Consumer Affairs graciously recruited temporary staff from other Boards and Departments to assist in support staff duties. This allotted the evaluators more time to strictly process applicant files.

In order to prepare for the influx of applications of May graduates the licensing unit has also been provided additional temporary staff of three seasonal clerks and four students. This additional assistance will support the evaluators by keying identifying applicant information into the system and attaching supporting documents like rosters and transcripts to files. The Board has also cross-trained individuals within the administrative unit to assist with evaluating files.

The licensing unit is currently forwarding over half of the applicant files received for a second level review in enforcement due to the current regulation set at $300. This does cause a slight delay in applicant files, however the licensing unit is providing an initial review of the file and informing the applicant via letter of any deficiencies and possible extended timeframes before it is forwarded for second level review.

Statistics:

Statistics and reports are currently unavailable in the BreEZe system however we have determined that we have licensed 6,200 applicants including endorsement, new exam, reapply applicants since we have gone live with BreEZe.

Issues:

- The licensing unit has noticed a trend of several California schools not utilizing the Board roster worksheet as is instructed. It greatly benefits the applicants and our processing times if all seven pre-requisite courses as stated in our regulations in the Nursing Practice Act are clearly identified on the roster. Board evaluators are trained in reviewing transcripts and rosters however they are not intimately familiar with each and every nursing program. The Board will continue to make applicants eligible to take the exam however they will remain deficient and will not be licensed until all documentation of pre-requisite courses are received from each applicant.

- We have been receiving questionable transcripts and nursing licenses from a school in the West Indies over the past year. The international analysts have been in contact with the representatives from this school who admitted to closing the nursing program
in 2006. According to their website they now currently only have specialty nursing programs.

- The international analysts are noticing a recent influx of applications from 3 year deficiency applicants. These applicants assume we destroy their file history while they get licensed in other states then apply to endorse over here after working for a few years assuming we base our eligibility on license and experience in lieu of education.

- The international analysts have been recently experiencing Canadian educated applicants being found deficient in OB Peds and Psych. These specific nursing programs in Canada do not require these courses but consider them electives. The semesters are shorter and these classes being electives, the Board has found they are not comparable to the amount of coursework our California graduates must complete.

- The National Council of State Boards of Nursing (NCSBN) is developing an electronic International Nurse Manual for Boards of Nursing (BON) to assist in evaluating internationally educated applicants. In addition, the NCSBN is creating an electronic manual for international nurses who are interested in being licensed in the U.S. BRN international analysts have participated in the first conference call on February 27th. This resource manual will assist the BRN in our evaluations as well as give the BRN an opportunity to share our experiences and the resources used in our processes.

Public comments:

Genevieve Clavreul, RN, PhD
Katherine Hughes, RN, SEIU, 1/1
Juliann Perdue, CBU

No motion required.

8.1 Adopt/Modify Positions on Bills of Interest to the Board, and any other Bills of Interest to the Board Introduced during the 2013-2014 Legislative Session
Kay Weinkam, NEC presented this report.

AB 548 (Salas)

Public Postsecondary education: community college registered nursing programs

No public comment.

MSC: Niemela/Jackson that the Board Watch AB 548. 9/0/0

AB 809 (Logue) Healing arts: telehealth

Public comment: Tricia Hunter, MN, RN, ANA/C
MSC: Niemela/Mallel that the Board Watch AB 809. 9/0/0

AB 1677 (Gomez) Nursing education: service in public hospitals and veterans' facilities

No public comment.

MSC: Ceja-Butkiewicz/Phillips that the Board Watch AB 1677. 9/0/0

AB 1841 (Mullin) Medical assistants

Public comments:

Marty Smith, RN, CNA  
Katherine Hughes, RN, SEIU, 1/1  
Tricia Hunter, MN, RN, ANA/C  
Genevieve Clavreul, RN, PhD

MSC: Niemela/Dong that the Board Watch with Concerns AB 1841 and that the Board articulate the concerns to the Author with a warning that the Board is going to reconsider this and potentially oppose AB 1841. 9/0/0

AB 2058 (Wilk) Open meetings

No public comment.

MSC: Mallel/Klein that the Board Oppose AB 2058. 9/0/0

AB 2062 (Hernández) Health facilities: surgical technologists

Public comment: Katherine Hughes, RN, SEIU, 1/1

MSC: Niemela/Mallel that the Board Watch AB 2062. 9/0/0

AB 2102 (Ting) Licensees: data collection

No public comment.

MSC: Klein/Phillips that the Board Watch AB 2102. 8/0/0 (one member absent)

A fiscal analysis was requested by Erin Niemela, Legislative Committee Chair.

AB 2144 (Yamada) Staff-to-patient ratios

Public comments:

Genevieve Clavreul, RN, PhD.  
Tricia Hunter, MN, RN, ANA/C  
Katherine Hughes, RN, SEIU, 1/1
MSC: Niemela/Mallel that the Board Support AB 2144. 7/0/1 (one member absent)

AB 2165 (Patterson) Professions and vocations: licenses
No public comment.

MSC: Klein/Mallel that the Board Oppose AB 2165. 8/0/0 (one member absent)

AB 2198 (Levine) Mental health professionals: suicide prevention training
No public comment.

MSC: Mallel/Jackson that the Board Watch AB 2198. 8/0/0 (one member absent)

AB 2247 (Williams) Postsecondary education: accreditation documents
No public comment.

MSC: Niemela/Mallel that the Board Watch AB 2247. 8/0/0 (one member absent)

AB 2346 (Gonzalez)
Nurse practitioners, certified nurse-midwives, and physician assistants: supervision
No public comment.

MSC: Niemela/Klein that the Board Watch AB 2346. 8/0/0 (one member absent)

AB 2484 (Gordon) Healing arts: telehealth
No public comment.

MSC: Klein/Jackson that the Board Watch AB 2484. 8/0/0 (one member absent)

AB 2598 (Hagman) Department of Consumer Affairs: administrative Expenses
No public comment.

MSC: Mallel/Phillips that the Board Oppose AB 2598. 8/0/0 (one member absent)

AB 2720 (Ting) State agencies: meetings: record of action taken
No public comment.

MSC: Niemela/Jackson the Board voted a Neutral on AB 2720. 8/0/0 (one member absent)

AB 2736 (Committee on Higher Education)
Postsecondary education: California State University
No public comment.
MSC: Mallel/Jackson the Board voted a Neutral on AB 2736. 7/0/0 (two members absent)

SB 911 (Block) Residential care facilities for the elderly

No public comment.

MSC: Jackson/Niemela that the Board Watch SB 911. 8/0/0 (one member absent)

9.0 Report of the Diversion/Discipline Committee
Cynthia Klein, RN, Chairperson

9.1 Complaint Intake and Investigations Update
Shannon Silberling, Complaint Intake and Investigations Deputy Chief presented this report.

BACKGROUND:

PROGRAM UPDATES

COMPLAINT INTAKE:

Staff
Complaint Intake has recently filled the vacant Office Technician position with one of our seasonal staff, Charla Newton.

Program
Fingerprint Requirement – We continue to refer the 1,222 licensees who failed to provide proof of fingerprint submission for the retroactive fingerprint project. These licenses were inactivated and are currently being referred to Complaint Intake for issuance of a citation and fine for non-compliance.

Enforcement management met with BRN fingerprint staff to develop the plan to initiate fingerprinting the large number of nurses who do not fully meet the fingerprint requirements in CCR 1419(b). BRN subject matter experts continue to work to resolve these issues with DCA BreEZe staff. It will be very difficult to have such a large group of licensees fingerprinted if we are having issues processing the results.

There is no delay entering complaints into BreEZe however we are experiencing a decrease in the number of applicant conviction complaints.

The complaint intake unit has been utilizing our new enforcement NEC to assist in determining the direction we take on cases that are more complex.

Statistics
As of October 3, 2013, we received 2,408 complaints. The average time to close a complaint not referred to discipline went from 164 days in July 2012 to 125 days.

INVESTIGATIONS:
Staff
We have hired investigators for our two vacant positions in Southern California, Hector Amaya on March 3, 2014 and Laura Shinn on February 10, 2014.

Program
The longest delay in the investigation process continues to be obtaining records. We continue to use the subpoena process and look for any ways to decrease the time it takes.

Investigators are focused on clearing all the oldest cases. There are approximately 44 cases over one year old that have not been completed.

Two northern investigators attended a meeting of the Northern Enforcement Network on February 6, 2014. The Network is a group of investigation/enforcement staff from Cal DOJ Elder Abuse, Cal Bureau of Medi-Cal Fraud and Elder Abuse, CDPH and other regulatory agencies in Northern California. We made network contact with DOJ Diversion and Elder Abuse Investigators and have already started a dialogue about nursing issues and how our cases may interact.

Our Southern Investigative Unit attended and introduced the unit at the Southern Section Consumer Protection Council in February 2014. The council consists of district attorneys, city attorneys, attorney generals and multiple other state agencies responsible for investigating and prosecuting consumer protection cases.

Staff presented the BRN 2014 power point presentation to approximately 150 RN/NP/PA’s at Mission Hospital. Continuing Education hours were offered.

Staff presented the BRN 2014 power point presentation to the Orange County Prescription Drug Abuse Task Force. This group is attended by various law enforcement, medical professionals, health agencies, and the DEA. The goal is to prevent prescription drug abuse.

Staff participated in the Riverside CARE Task Force Meeting. CARE is the Elder Abuse Multidisciplinary Team. It consists of various law enforcement agencies, social agencies, and care facilities responsible for the investigation of elder abuse and fraud.

Staff attended the Ventura County Drug Task Force meeting to introduce the unit. This unit deals with not only basic narcotics, but prescription drug issues. We were also provided with an up to date press release regarding the arrest of multiple RN’s which had recently occurred.

Staff attended and presented to the Ventura County Board of Directors for the Prescription Drug Task Force. Their primary goal is to provide education to prevent drug abuse. They provided us with very good pamphlets. They are a small up and coming group and consist of medical and law enforcement personnel.

Our new enforcement NEC is assisting in reviewing investigative cases that would have otherwise been sent out for expert review. This helps reduce our case time prior to transmitting to the AGO as well as our closure time, should the allegations not be substantiated.
Statistics

The following are internal numbers (end of month) across all investigators not broken out on the performance measurement report.

<table>
<thead>
<tr>
<th>BRN Investigation Unit</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul 2013</th>
<th>Aug 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total cases assigned</td>
<td>272</td>
<td>272</td>
<td>267</td>
<td>253</td>
<td>266</td>
<td>279</td>
</tr>
<tr>
<td>Total cases unassigned (pending)</td>
<td>123</td>
<td>117</td>
<td>72</td>
<td>104</td>
<td>83</td>
<td>64</td>
</tr>
<tr>
<td>Average days to case completion</td>
<td>261</td>
<td>272</td>
<td>238</td>
<td>292</td>
<td>275</td>
<td>263</td>
</tr>
<tr>
<td>Average cost per case</td>
<td>$3,215</td>
<td>$3,561</td>
<td>$3,028</td>
<td>$3,105</td>
<td>$3,211</td>
<td>$3,194</td>
</tr>
<tr>
<td>Cases closed</td>
<td>32</td>
<td>29</td>
<td>37</td>
<td>42</td>
<td>35</td>
<td>34</td>
</tr>
</tbody>
</table>

As of March 1, 2014, there were 471 DOI investigations pending.

Please review the enforcement statistics reports in 9.3 for additional breakdown of information.

No public comment and no motion required.

9.2 Discipline and Probation Update

Beth Scott, Discipline, Probation and Diversion Deputy Chief presented this report.

BACKGROUND:

PROGRAM UPDATE

Staff

The Probation Unit is fully staffed with 6 monitors and one Office Technician (OT).

The discipline unit is fully staffed at this time.

Interviews were conducted and the Associate Governmental Program Analyst for the Citation and Fine desk will begin on April 1, 2014.

Program – Discipline

The discipline unit is working with the Attorney General office to complete our cases in a timely manner.

Below reflects FY2014 to present (July 1, 2013 - March 20, 2014) decision statistics:
Decisions Adopted by Board | 910
---|---
Pending Processing by legal support staff | 57
Accusations/ PTR served | 1150

Staff continues to increase its usage of citation and fine as a constructive method to inform licensees and applicants of violations which do not rise to the level of formal disciplinary action. The discipline unit is concentrating on processing cite and fine cases.

The BRN continues to issue citations for address change violations pursuant to the California Code of Regulations §1409.1. On March 20, 2014, the BRN website was updated with a reminder of the address change requirement, along with a link to the address change form and directions for changing an address.

**Statistics - Discipline**

Please review additional statistical information which can be found under item 9.3.

**Program – Probation**

The case load per probation monitor is approximately 141.

**Statistics – Probation**

Below are the statistics for the Probation program from July 1, 2013 to March 19, 2014.

<table>
<thead>
<tr>
<th>Probation Data</th>
<th>Numbers</th>
<th>% of Active</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>227</td>
<td>27%</td>
</tr>
<tr>
<td>Female</td>
<td>618</td>
<td>73%</td>
</tr>
<tr>
<td>Chemical Dependency (57% incl. Conv.)</td>
<td>399</td>
<td>47%</td>
</tr>
<tr>
<td>Practice Case</td>
<td>237</td>
<td>28%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>2</td>
<td>0%</td>
</tr>
<tr>
<td>Conviction (A/D = 86 = 42% Other 121 = 58%)</td>
<td>207</td>
<td>25%</td>
</tr>
<tr>
<td>Advanced Certificates</td>
<td>82</td>
<td>9%</td>
</tr>
<tr>
<td>Southern California</td>
<td>441</td>
<td>53%</td>
</tr>
<tr>
<td>Northern California</td>
<td>388</td>
<td>46%</td>
</tr>
<tr>
<td>Totted at the AG</td>
<td>16</td>
<td>1%</td>
</tr>
<tr>
<td>Pending with AG/Board</td>
<td>96</td>
<td>11%</td>
</tr>
<tr>
<td>License Revoked YTD</td>
<td>20</td>
<td>2%</td>
</tr>
<tr>
<td>License Surrendered YTD</td>
<td>51</td>
<td>6%</td>
</tr>
<tr>
<td>Terminated YTD</td>
<td>13</td>
<td>1.5%</td>
</tr>
<tr>
<td>Completed YTD</td>
<td>96</td>
<td>11%</td>
</tr>
<tr>
<td><strong>Active in-state probationers</strong></td>
<td><strong>845</strong></td>
<td></td>
</tr>
<tr>
<td>Completed/Revoked/Terminated/Surrendered YTD</td>
<td>180</td>
<td></td>
</tr>
<tr>
<td>Totted Probationers</td>
<td>246</td>
<td></td>
</tr>
<tr>
<td><strong>Active and Totted Probationers</strong></td>
<td><strong>1,091</strong></td>
<td></td>
</tr>
</tbody>
</table>
No public comment and no motion required.

9.3 **Enforcement Statistics**
Beth Scott, Discipline, Probation and Diversion Deputy Chief presented this report.

**BACKGROUND:**
The following are statistics for the Enforcement Division.
<table>
<thead>
<tr>
<th></th>
<th>JUL-13</th>
<th>AUG-13</th>
<th>SEP-13</th>
<th>OCT-13</th>
<th>YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COMPLAINT INTAKE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMPLAINTS RECEIVED</td>
<td>189</td>
<td>496</td>
<td>399</td>
<td>25</td>
<td>1109</td>
</tr>
<tr>
<td>CLOSED W/O INV ASSIGNMENT</td>
<td>47</td>
<td>67</td>
<td>64</td>
<td>13</td>
<td>191</td>
</tr>
<tr>
<td>ASSIGNED FOR INVESTIGATION</td>
<td>133</td>
<td>457</td>
<td>350</td>
<td>34</td>
<td>974</td>
</tr>
<tr>
<td>AVG DAYS TO CLOSE OR ASSIGN</td>
<td>15</td>
<td>47</td>
<td>10</td>
<td>21</td>
<td>28</td>
</tr>
<tr>
<td>PENDING</td>
<td>130</td>
<td>104</td>
<td>86</td>
<td>64</td>
<td>64</td>
</tr>
<tr>
<td><strong>CONVICTIONS/ARREST REPORTS</strong></td>
<td>JUL-13</td>
<td>AUG-13</td>
<td>SEP-13</td>
<td>OCT-13</td>
<td>YTD</td>
</tr>
<tr>
<td>RECEIVED</td>
<td>447</td>
<td>509</td>
<td>284</td>
<td>54</td>
<td>1294</td>
</tr>
<tr>
<td>CLSD/ASSGND FOR INVESTIGATION</td>
<td>442</td>
<td>518</td>
<td>357</td>
<td>41</td>
<td>1358</td>
</tr>
<tr>
<td>AVG DAYS TO CLOSE OR ASSIGN</td>
<td>8</td>
<td>11</td>
<td>9</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>PENDING</td>
<td>89</td>
<td>80</td>
<td>7</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td><strong>TOTAL INTAKE</strong></td>
<td>JUL-13</td>
<td>AUG-13</td>
<td>SEP-13</td>
<td>OCT-13</td>
<td>YTD</td>
</tr>
<tr>
<td>RECEIVED</td>
<td>636</td>
<td>1005</td>
<td>683</td>
<td>79</td>
<td>2403</td>
</tr>
<tr>
<td>CLOSED W/O INV ASSIGNMENT</td>
<td>55</td>
<td>87</td>
<td>84</td>
<td>14</td>
<td>240</td>
</tr>
<tr>
<td>ASSIGNED FOR INVESTIGATION</td>
<td>567</td>
<td>955</td>
<td>687</td>
<td>74</td>
<td>2283</td>
</tr>
<tr>
<td>AVG DAYS TO CLOSE OR ASSIGN</td>
<td>10</td>
<td>29</td>
<td>10</td>
<td>12</td>
<td>18</td>
</tr>
<tr>
<td>PENDING</td>
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INVESTIGATIONS

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<th>OCT-13</th>
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<td>All Investigations Aging</td>
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<tr>
<td>Up to 90 Days</td>
<td>524</td>
<td>502</td>
<td>548</td>
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<td>91 to 180 Days</td>
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<td>181 Days to 1 Year</td>
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<td>105</td>
<td>69</td>
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<td>1 to 2 Years</td>
<td>74</td>
<td>113</td>
<td>112</td>
<td>16</td>
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<td>2 to 3 Years</td>
<td>17</td>
<td>28</td>
<td>31</td>
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<td>Over 3 Years</td>
<td>9</td>
<td>22</td>
<td>23</td>
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<tr>
<td>Closed W/o Discipline Referral</td>
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<td>Average Days to Close</td>
<td>91</td>
<td>162</td>
<td>114</td>
<td>196</td>
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## Enforcement Actions

### AG Cases

<table>
<thead>
<tr>
<th>Period</th>
<th>Jul-13</th>
<th>Aug-13</th>
<th>Sep-13</th>
<th>Oct-13</th>
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</thead>
<tbody>
<tr>
<td>Initiated</td>
<td>111</td>
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### SOIs/Accusations

<table>
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<tr>
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<th>Jul-13</th>
<th>Aug-13</th>
<th>Sep-13</th>
<th>Oct-13</th>
</tr>
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<tbody>
<tr>
<td>Filed</td>
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<td>9</td>
<td>4</td>
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<td>Filed</td>
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<td>133</td>
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### SOI Decisions/Stips

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<th>Aug-13</th>
<th>Sep-13</th>
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<tr>
<td>Prop/Deflt Decisions</td>
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### ACC Decisions/Stips

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### SOI Disciplinary Orders

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<th>Aug-13</th>
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</thead>
<tbody>
<tr>
<td>Final Orders (Dec/Stips)</td>
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<td>Average Days to Complete</td>
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<td>690</td>
<td>644</td>
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### ACC Disciplinary Orders

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<th>Sep-13</th>
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<td>Final Orders (Dec/Stips)</td>
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<td>671</td>
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### Total Disciplinary Orders

<table>
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<th>Aug-13</th>
<th>Sep-13</th>
<th>Oct-13</th>
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<tr>
<td>Final Orders (Dec/Stips)</td>
<td>118</td>
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<td>Average Days to Complete</td>
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<td>686</td>
<td>670</td>
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### Total Orders Aging

<table>
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<td>91 to 180 Days</td>
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<td>1 to 2 Years</td>
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<td>2 to 3 Years</td>
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<td>Over 3 Years</td>
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### SOIs Withd/Dmsd Dclnd

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<th>Sep-13</th>
<th>Oct-13</th>
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<td>0</td>
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<tr>
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<tr>
<td>Declined</td>
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<tr>
<td>Average Days to Complete</td>
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### Accusations Withd/Dmsd Dclnd

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<tr>
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<td>0</td>
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<td>Declined</td>
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<td>Sep-13</td>
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PERFORMANCE MEASURES

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<th>Sep-13</th>
<th>Oct-13</th>
<th>YTD</th>
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<td>PM1: Complaints Volume</td>
<td>189</td>
<td>496</td>
<td>399</td>
<td>25</td>
<td>1109</td>
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<tr>
<td>PM1: Conv/Arrest Rpts Volume</td>
<td>447</td>
<td>509</td>
<td>284</td>
<td>54</td>
<td>1294</td>
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<tr>
<td>PM2: Cycle Time - Intake</td>
<td>10</td>
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<td>10</td>
<td>12</td>
<td>18</td>
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<td>PM3: Cycle Time - No Discipline</td>
<td>91</td>
<td>162</td>
<td>114</td>
<td>196</td>
<td>125</td>
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<tr>
<td>PM4: Cycle Time - Discipline</td>
<td>689</td>
<td>648</td>
<td>663</td>
<td>603</td>
<td>666</td>
</tr>
</tbody>
</table>

PM1: Complaints Volume - PM1: Conv/Arrest Rpts Volume
Number of Complaints and Convictions/Arrest Orders Received within the specified time period.

PM2: Cycle Time - Intake
Average Number of Days to complete Complaint Intake during the specified time period.

PM3: Cycle Time - No Discipline
Average Number of Days to complete Complaint Intake and Investigation steps of the Enforcement process for Closed Complaints not resulting in Formal Discipline during the specified time period.

PM4: Cycle Time - Discipline
Average Number of Days to complete the Enforcement process (Complaint Intake, Investigation, and Formal Discipline steps) for Cases Closed which had gone to the Formal Discipline step during the specified time period.
No public comment and no motion required.

9.4 Diversion Program Update and Statistics
Carol Stanford, Diversion Program Manager presented this report.

BACKGROUND:

Program Update
In conjunction with some of the changes instituted by the BreEZe project, the Diversion Program is working proactively with Complaint Intake and Discipline to streamline its processes. With the temporary help of the Deputy Chief and extra team work from the Diversion Program staff, the Diversion Program cleared up a backlog of board referred complaints and is working on ways to reduce processing time. Due to the increased concentration on this process, the filing and purging of records have been consistently the last to get attention. Recently, however, with the help of a retired annuitant the program is cleaning this up as well.

Several of our DEC members continue to be frustrated with the travel reimbursement system. Many have not been putting in for their travel reimbursements due to the issues they continue to have with travel. They already donate their time and expertise and trying to work with the system is an additional burden. This may become an issue for the program as several have been on the verge of resigning. To avert this, staff has increasingly taken on more responsibility for processing the travel for the DEC members. Our goal is to be able to eventually process all of their travel requests. However at this time, Diversion only has two support staff. We have approximately 70 DEC members and processing their travel reduces time for staff to work on complaints, letters, and other Diversion Program processes. The program needs additional staff to process the increased complaint caseload, attend DEC meetings and assist the DEC members with their travel needs.

The Diversion Program will be conducting a Nurse Support Group Facilitator’s Conference within the next few months. Additional information regarding the upcoming conference will be forthcoming at the next committee meeting. This conference is conducted to develop greater communication between the facilitators, Board staff and the contractor. There will be information provided regarding the facilitator’s role and responsibilities as outlined in the Contract, SB1441, and recommended guidelines for probationers. The Diversion Program will be updating the facilitator guidelines and policies accordingly. There will be discussion regarding these changes and the facilitators will be given an opportunity to provide their input.

Contractor Update
The Request for Proposal (RFP) for the Diversion Program contract is in its final stages and will be made available for interested parties on the Department of General Services Web site at www.dgs.ca.gov around April, 2014. This has been an extensive collaborative process between several Boards, committees and the Department of Consumer affairs. BRN is looking forward to the bidding process.
**Diversion Evaluation Committees (DEC)**

There is currently one registered nurse vacancy at this time. Staff is in the process of conducting appropriate interviews to fulfill this vacant position.

**Statistics**

Following is the Statistical Summary Report for November. As of January 31, 2014, there were 1,855 successful completions.
# BOARD OF REGISTERED NURSING
## DIVERSION PROGRAM
### STATISTICAL SUMMARY

**December 1, 2013 - January 31, 2014**

<table>
<thead>
<tr>
<th>INTAKES COMPLETED</th>
<th>CURRENT MONTHS</th>
<th>YEAR TO DATE (FY)</th>
<th>PROGRAM TO DATE</th>
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<tbody>
<tr>
<td><strong>INTAKE INFORMATION</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>35</td>
<td>154</td>
<td>3,735</td>
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<tr>
<td>Male</td>
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<td>0</td>
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</tr>
<tr>
<td>Average Age</td>
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</tr>
<tr>
<td>Most Common Worksite</td>
<td>Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Most Common Specialty</td>
<td>Hospital/Med Surg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Most Common Substance Abused</td>
<td>Alcohol/Norco</td>
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<td></td>
</tr>
<tr>
<td><strong>PRESENTING PROBLEM AT INTAKE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Abuse (only)</td>
<td>25</td>
<td>98</td>
<td>3,304</td>
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<tr>
<td>Mental Illness (only)</td>
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<tr>
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<td>1,518</td>
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<tr>
<td>Self</td>
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<td>54</td>
<td>1,301</td>
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<tr>
<td><em>May change after Intake</em></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

| ETHNICITY (IF KNOWN) AT INTAKE     |                |                  |                 |
| American Indian/Alaska Native      | 1              | 2                | 35              |
| Asian/Asian Indian                 | 3              | 10               | 108             |
| African American                   | 2              | 8                | 151             |
| Hispanic                           | 3              | 7                | 194             |
| Native Hawaiian/Pacific Islander   | 2              | 3                | 22              |
| Caucasian                          | 33             | 154              | 3,924           |
| Other                              | 2              | 3                | 68              |
| Not Reported                       | 0              | 0                | 266             |

| CLOSURES                           |                |                  |                 |
| Successful Completion              | 23             | 140              | 1,855           |
| Failure to Derive Benefit          | 0              | 4                | 119             |
| Failure to Comply                  | 2              | 5                | 952             |
| Moved to Another State             | 0              | 0                | 52              |
| Not Accepted by DEC                | 0              | 2                | 52              |
| Voluntary Withdrawal Post-DEC      | 1              | 6                | 316             |
| Voluntary Withdrawal Pre-DEC       | 5              | 22               | 474             |
| Closed Public Risk                 | 9              | 37               | 290             |
| No Longer Eligible                 | 1              | 1                | 14              |
| Clinically Inappropriate           | 0              | 0                | 19              |
| Client Expired                     | 0              | 2                | 39              |
| Sent to Board Pre-DEC              | 0              | 0                | 1               |
| **TOTAL CLOSURES**                 | 41             | 219              | 4,183           |

**NUMBER OF PARTICIPANTS:** 477 (as of January 31, 2014)
No public comment and no motion required.

9.4.1 Diversion Evaluation Committee Members
Carol Stanford, Diversion Program Manager presented this report.

BACKGROUND:
In accordance with B & P Code Section 2770.2, the Board of Registered Nursing is responsible for appointing persons to serve on the Diversion Evaluation Committees. Each Committee for the Diversion Program is composed of three registered nurses, a physician and a public member with expertise in substance use disorders and/or mental health.

RESIGNATION
Below is the name of the Diversion Evaluation Committee member who had to resign for personal reasons.

<table>
<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
<th>DEC</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Judith Morgan</td>
<td>Registered Nurse</td>
<td>Los Angeles</td>
<td>3</td>
</tr>
</tbody>
</table>

No public comment and no motion required.

9.5 Update: “Uniform Standards Regarding Substance-Abusing Healing Arts Licensees” -Business and Profession Code, Section 315 et seq
Beth Scott, Discipline, Probation and Diversion Deputy Chief presented this report.

BACKGROUND:
As directed by the Board at its November 2013 meeting, staff conducted a comparative analysis of the Uniform Standards, Diversion Program, and Probation Program, including the potential fiscal impact. Staff met with Legal Counsel to discuss a number of issues related to Uniform Standards, including the specific recommendations from Doreathea Johnson, Deputy Director, DCA Legal Affairs. Legal Counsel advised the Board continue with the regulatory process, although the Attorney General’s Office has not rendered its opinion relative to the Uniform Standards. The Board will be notified if changes are necessary as a result of the opinion.

Staff submitted a report of its findings to the Committee at its March 2014 meeting.

Committee Recommendation: Review report and discuss at May 2014 committee meeting.

Public comment: Genevieve Clavreul, RN, PhD.

No motion required.
10.0 **Report of the Nursing Practice Committee**  
Trande Phillips, RN, Chairperson  
Janette Wackerly, Supervising NEC presented this report.

10.1 **Nurse Practitioner Laws and Regulations – Title 16 of the California Code of Regulations, Article 8, Sections 1480-1484.**  
Nursing Education Consultant APRN (Advanced Practice Registered Nurse) Workgroup suggested updating and revising of:

1. Section 1480 – Definitions  
2. Section 1481 – Categories of Nurse Practitioners  
3. Section 1482 – Requirements for Nurse Practitioners  
4. Section 1483 – Evaluation of Credentials  
5. Section 1483.1 – Approved APRN-NP Program Accreditation Required and Board Notification Process  
6. Section 1483.2 – Application for APRN-NP Program Approval  
7. Section 1483.3 – Changes to an Approved Program  
8. Section 1484 – APRN-NP Education

**BACKGROUND:**

The BRN staff APRN workgroup has continued review of Article 8 Nurse Practitioners Laws and Regulations, the NCSBN Model Act, and language implemented in other states. Attached from the APRN workgroup is a comparative document which includes the current regulations and draft suggested language for review and discussion.

The attached documents for discussion include some new sections (1480, 1483.1, 1483.2 and 1483.3) since the previous meeting, and revised sections (1481, 1482, 1483, and 1484) based on public comment and further workgroup review.

A cited document identifying sources is attached.

Attached is correspondence received at the BRN for March 6, 2014 Nursing Practice Committee Meeting.

a. Judy Martin-Holland, PhD., RN, CNS, FNP, FAAN Letter of 1-31-2014  

The following materials were presented at the February 6, 2014 Board meeting, and are subsequent to the January 8, 2014 Practice Committee meeting.

1. California Action Coalition Letter of 10-1-2013  
2. California Association of Certified Nurse Specialists Letter of 1-6-2014  
3. American Association of Retired Persons Letter of 1-7-2014  
4. Samuel Merritt University Letter 1-8-2014  
5. California Action Coalition Letter of 1-16-2014  

At the January 8, 2014 Nursing Practice Committee meeting, the California Nursing Association requested that materials have their sources noted. This is completed by
10.2 Approve/not approve advisory statements for RNs and APRNs

BACKGROUND:

1.0 Communicable Disease: Immunization exemption

Health care practitioner: Credentialed School Registered Nurse and Nurse Practitioner with a Furnishing Number

AB 2109 (Pan) Chapter 821 an act to amend Section 120365 of Health and Safety Code. Identified “health care practitioner” in this section include furnishing nurse practitioner and credentialed school nurse and physician and surgeon, physician assistant, osteopathic physician, naturopathic doctor. Existing law exempts a person from being fully immunized against various diseases in a school or other institutions if a person files with the governing authority a letter or affidavit stating the immunization is contrary to his or her beliefs. After January 1, 2014 a form prescribed by the State Department of Public Health shall accompany a letter or affidavit that the health care practitioner provided to the adult or guardian information regarding the benefits and risks of the immunization and the health risk of the communicable disease listed in Section 120365.

2.0 Nurse Practitioners and Certified Nurse Mid-Wives

AB 154 (Atkins) Chapter 662 an act to amend Section 2253 of, and to add 2725.4 and 3502.4 to Business and Professions Code and to amend Section 123468 of the Health and Safety Code

Nursing Practice Act adding Section 2725.4 – Abortion by aspiration techniques; Requirements effective January 1, 2014.

Public comment: Genevieve Clavreul, RN, PhD

MSC: Phillips/Niemela to approve the Communicable Disease: Immunization exemption. 9/0/0
2. Abortion

Public comment: Wendy Owen, President, CNMA

MSC: Klein/Dong to approve the Nursing Practice Act adding Section 2725.4 – Abortion by aspiration techniques, effective January 1, 2014. 9/0/0

11.0 Public Comment for Items Not on the Agenda

Jeannie King, RN- Vice President, SEIU, 1/1 RN and Nurse Alliance
Katherine Hughes, RN, SEIU, 1/1

12.0 Adjournment

The meeting adjourned at 3:34 pm.

Louise Bailey, M.Ed., RN  Raymond Mallel
Executive Officer  President
Tuesday, May 6, 2014 – 9:00 am

1.0 Call to Order – Raymond Mallel, President called the meeting to order at 9:06 am and had the members introduce themselves.

2.0 Public Comment for Items Not on the Agenda

No public comment.
3.0 Disciplinary Matters

<table>
<thead>
<tr>
<th>Reinstatements</th>
<th>Termination/Modification of Probation</th>
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<tbody>
<tr>
<td>Diane Davin</td>
<td>Lissa Ford</td>
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<td>Daniel Ernst</td>
<td>John Grabb</td>
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<td>Karen Greenwood</td>
<td>Cherie Nicanor</td>
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<td>Gregory Lane</td>
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<td>Cheryl Ravago</td>
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<td>Katherine Whipple</td>
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Meeting adjourned at 1:00 pm.

4.0 Closed Session

Disciplinary Matters
The Board convened in closed session pursuant to Government Code Section 11126(c) (3) to deliberate on the above matters and other disciplinary matters including stipulations and proposed decisions.

Raymond Mallel, President, called the closed session meeting to order at 2:23 pm.

6.0 Adjournment

The closed session adjourned at 5:04 pm.

Louise Bailey, M. Ed., RN
Executive Officer

Raymond Mallel
President
AGENDA ITEM: 7.1
DATE: June 12, 2014

ACTION REQUESTED: Vote On Whether to Ratify Minor Curriculum Revisions and Acknowledge Receipt of Program Progress Report

REQUESTED BY: Michael Jackson, MSN, RN
Chairperson, Education/Licensing Committee

BACKGROUND:

According to Board policy, Nursing Education Consultants may approve minor curriculum changes that do not significantly alter philosophy, objectives, or content. Approvals must be reported to the Education/Licensing Committee and the Board.

Minor Curriculum revisions include the following categories:
- Curriculum changes
- Work Study programs
- Preceptor programs
- Public Health Nurse (PHN) certificate programs
- Progress reports that are not related to continuing approval
- Approved Nurse Practitioner program adding a category of specialization

The following programs have submitted minor curriculum revisions that have been approved by the NECs:
- The Valley Foundation School of Nursing at San Jose State University Baccalaureate Degree Nursing program
- University of California San Francisco Entry Level Master’s Degree Nursing Program
- University of San Diego Hahn School of Nursing Entry Level Master’s Degree Nursing Program
- College of the Siskiyous Associate Degree Nursing Program
- Contra Costa College Associate Degree Nursing Program
- Copper Mountain College Associate Degree Nursing Program
- Fresno City College Associate Degree Nursing Program
- Modesto Junior College Associate Degree Nursing Program
- Sacramento City College Associate Degree Nursing Program

NEXT STEP: Notify the programs of Board action.

PERSON TO CONTACT: Leslie A. Moody, RN, MSN, MAEd, Nursing Education Consultant
### MINOR CURRICULUM REVISIONS

**Education/Licensing Committee**

**DATE:** May 7, 2014

<table>
<thead>
<tr>
<th>SCHOOL NAME</th>
<th>APPROVED BY NEC</th>
<th>DATE APPROVED</th>
<th>SUMMARY OF CHANGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Valley Foundation School of Nursing at San Jose State University Baccalaureate Degree Nursing Program</td>
<td>J Wackerly</td>
<td>04/16/2014</td>
<td>SJSU request minor curriculum change to decrease from 130 units to 120 units to comply with CSU Chancellor’s mandate on unit reduction. The following courses are no longer required Chemistry 30B 3 units; Physical Ed 2 units; English 1 B composition 3 units and 1 Area S course 3 units. Converted NURS 138 from 2 units to 3 units to meet general education requirement for both writing and cultural diversity. Nursing 138 is a Leadership and Management Professional Role Development course. Separation of NURS 126A and NURS 126B as the interconnectedness of the courses was causing conflict in course delivery. No content has been changed, just the criteria for delivery.</td>
</tr>
<tr>
<td>University of California San Francisco Entry Level Master’s Degree Nursing Program</td>
<td>K. Weinkam</td>
<td>03/18/2014</td>
<td>Effective June 2014, in order to offer a grade for each component, the program will offer the currently approved N142A Introduction to Professional Nursing, an 8 quarter unit clinical course, as two separate clinical courses: N142A Introduction to Professional Nursing: Clinical (6 units) and N142B Introduction to Professional Nursing: Clinical Skills and Simulation (2 units). These two courses will be taken concurrently with the theory course N142 Introduction to Professional Nursing.</td>
</tr>
<tr>
<td>University of San Diego Hahn School of Nursing Entry Level Master’s Degree Nursing Program</td>
<td>L. Moody</td>
<td>03/25/2014</td>
<td>Curriculum forms Required Curriculum: Content Required For Licensure (EDP-P-06) and Total Curriculum Plan (EDP-P-05) were updated to more accurately reflect in which courses the five major nursing content areas (MS, O, C, PMH, G) are presented. Requirements for the LVN 30 Unit Option were added to the form Required Curriculum: Content Required For Licensure (EDP-P-06). There were no actual revisions to the curriculum.</td>
</tr>
<tr>
<td>College of the Siskiyous Associate Degree Nursing Program</td>
<td>K. Daugherty</td>
<td>4/11/2014</td>
<td>Effective August 1, 2014 the college has eliminated the other degree 3 units reading course requirement. The CRL units remain at 68 units, other degree will total 7 units and total units for graduation will be 75 units.</td>
</tr>
<tr>
<td>Contra Costa College Associate Degree Nursing Program</td>
<td>K. Weinkam</td>
<td>4/11/14</td>
<td>QSEN competencies are reflected in the curriculum by: introducing them in Nursing 210 Fundamentals; mentioning the concepts as being applicable with the prior BRN-approved curriculum concepts; and adding the QSEN competency names next to each of the clinical evaluation criteria without changing the evaluation criteria wording in any other way.</td>
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<thead>
<tr>
<th>SCHOOL NAME</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Copper Mountain College Associate Degree Nursing Program</td>
<td>L. Moody</td>
<td>04/10/2014</td>
<td>Course N076A Nursing Transitions I is a prerequisite for LVN advanced placement students and is a required program course for LVN 30-Unit Option students. The course structure, content, outcome objectives and learning objectives were updated to be consistent with current program curriculum and professional practice standards. There was no change to course or program units.</td>
</tr>
<tr>
<td>Fresno City College Associate Degree Nursing Program</td>
<td>K. Weinkam</td>
<td>04/16/2014</td>
<td>The faculty reviewed course objectives and reallocated them for the medical/surgical nursing courses RN 41-Nursing Care of the Adult with Common Health Problems, RN 51- Nursing Care of the Adult with Complex Health Problems, and RN 61- Nursing Care of the Critically Ill Adult and Coordinator of Care in order to coincide with the NCLEX blue print and improve separation of content from simple to complex. As a result, the theory course units for RN 51 have been increased from 2.5 to 3.0 semester units, and the clinical course units for RN 62, the clinical course for RN 61, have been reduced from 4.0 to 3.5 units. This change becomes effective August 22, 2014.</td>
</tr>
<tr>
<td>Modesto Junior College Associate Degree Nursing Program</td>
<td>K. McHan</td>
<td>02/21/2014</td>
<td>Additions to required prerequisite course options; Social Problems in the United States, Advanced Composition &amp; Introduction to Literature, and Advanced Placement English Exam. Curriculum forms are updated to include the added course options.</td>
</tr>
<tr>
<td>Sacramento City College Associate Degree Nursing Program</td>
<td>K. Daugherty</td>
<td>03/12/2014</td>
<td>SCC will increase the number of hours in the preceptorship component of the final nursing capstone course N437 from 72 to 96 hours effective the end of March 2014. There are no changes in program units and CRL and TCP forms remain unchanged. The faculty decision to increase the hours was based on evaluative feedback from students and clinical hospital partners.</td>
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</table>
AGENDA ITEM:  7.2
DATE:  June 12, 2014

ACTION REQUESTED:  Vote On Whether To Approve Education/Licensing Committee Recommendations

REQUESTED BY:  Michael Jackson, MSN, RN
Chairperson, Education/Licensing Committee

BACKGROUND:  The Education/Licensing Committee met on May 7, 2014 and makes the following recommendations:

A.  Continue Approval of Prelicensure Nursing Program
   - California State University, Stanislaus Baccalaureate Degree Nursing Program
   - Cabrillo College Associate Degree Nursing Program
   - Chaffey College Associate Degree Nursing Program
   - Cypress College Associate Degree Nursing Program
   - Santa Barbara City College Associate Degree Nursing Program

B.  Defer Action to Continue Approval of Prelicensure Nursing Program
   - Merritt College Associate Degree Nursing Program

C.  Approve Major Curriculum Revision
   - San Francisco State University Entry Level Master’s Degree Nursing Program

A summary of the above requests and actions is attached.

NEXT STEPS:  Notify the programs of Board action.

PERSON TO CONTACT:  Leslie A. Moody, RN, MSN, MAEd
Nursing Education Consultant
Education/Licensing Committee Recommendations:

A. CONTINUE APPROVAL OF PRELICENSURE NURSING PROGRAM

- California State University, Stanislaus Baccalaureate Degree Nursing Program.

Dr. Debra Tavernier, Program Director.

Debra Tavernier, PhD, MS, RN has served as program director since 2011. Assistant directors are Marla Marek, PhD, MSN, RN, undergraduate program coordinator, Carolyn Martin, PhD, FNP, RN, graduate program coordinator, and Kristine Warner, PhD, MSN, RN, coordinator of the Accelerated Second-Degree Baccalaureate (ASBSN) track. A continuing approval visit was conducted February 4-6 &10, 2014 by Nursing Education Consultants Kelly McHan and Carol McKay. The program was found to be in compliance with regulation and BRN guidelines. Five recommendations were made; Section 1424(b)(1) Total Program Evaluation Plan, Section 1424(d) Resources, Section 1424(e) Faculty Release Time, and Section 1425.1(a) Faculty Responsibilities, and Section 1426(b) Required Curriculum.

CSU, Stanislaus offers two options for the prelicensure BSN degree; the generic BSN track is housed on the main campus in Turlock and the ASBSN track is offered at the university’s extended campus in Stockton. The program enrolls 50 new students annually into the six-semester generic option. Thirty students are enrolled annually through University Extended Education into the 17-month ASBSN track. The program moved into a newly renovated “green” College of Sciences building during the last week of January, 2014. Dedicated resources include smart classrooms, separate low- and mid-fidelity skills labs and a state-of-the-art simulation lab with 3 high-fidelity human simulators with appropriate supplies and accoutrements. An 8-station health assessment room is set up with exam tables, ophthalmoscopes, otoscopes and other health assessment equipment and a “community health room” is set up as a home setting. The program has access to computer labs and computer testing rooms that accommodate the entire student cohorts. The extended campus site is a former California Developmental Center. Although the building housing the ABSN is older, space, education and technology resources are equivalent to those available on the main campus. Both student groups reported appreciation for an outstanding cadre of expert and supportive faculty. The program enjoys strong and long-standing relationships with clinical facilities. Clinical liaisons verified that StanState nursing students and graduates have an excellent reputation in the facilities and in the community. NCLEX pass rates have ranged between 94.03% and 100% over the last four academic years.

ACTION: Continue Approval of California State University, Stanislaus Baccalaureate Degree Nursing Program.

- Cabrillo College Associate Degree Nursing Program.

Dorothy Nunn MSN, CNS, RN Director of Nursing

A regularly scheduled continuing approval visit was conducted from March 18- 20, 2014 by Janette Wackerly, RN, SNEC. There were no areas of non-compliance and two recommendations were written pertaining to CCR 1424 (d) faculty and CCR 1426 a theory and clinical concurrent course. The nursing program at Cabrillo College has multiple areas of strength including a dedicated and capable faculty, a supportive administration, diverse and motivated student population, a wealth of valuable campus services, a widely diversified selection of clinical facilities, strong community support, and as superior Allied Health building with collaborative learning areas in addition to dedicated nursing classroom, and simulation lab space that supports a well-designed curriculum. The visiting SNEC at the conclusion of the visit met with College Administration responding to the approval visit findings.
The Cabrillo nursing students are an ethnically diverse group of men and women ranging from recent high school graduates to students returning to school for second or third careers. They bring the strength of their previous accomplishments and as strong motivation to become competent practitioners employed in the community. A student mentor program, active student representation in program planning and dedicated faculty involvement contribute to creating cohesiveness within each cohort of nursing students. The nursing program has a dedicated capable adjunct and contract faculty who consistently work to promote student success. New faculty have been hired and orientated to the program. The majority of adjunct faculty, hired in the past five years are Master’s prepared and possess years of teaching and clinical experience. At the time of the approval visit two long term faculty are planning to retire.

**ACTION:** Continue Approval of Cabrillo College Associate Degree Nursing Program.

- **Chaffey College Associate Degree Nursing Program.**
  
  Program representative was not able to attend.
  
  Renee Ketchum, RN, MSN, CNS, has been the Program Director at Chaffey College since 2008. The program’s ACEN accreditation was reaffirmed in 2009. Forty students are admitted each Fall and Spring semester. A regularly scheduled Continuing Approval visit was conducted on March 3 – 4, 2014 by Nursing Education Consultant Laura Shainian and Supervising Nurse Education Consultant Miyo Minato. The program was found to be conducted in compliance with BRN rules and regulations. There were no findings of noncompliance and three recommendations were given: CCR 1424(b) Administration and Organization of the Nursing Program; CCR 1424(e) Administration and Organization of the Nursing Program; and CCR 1426 (b) Required Curriculum. (Recommendations are detailed in the Report of Findings and the Consultant’s Report).

  Founded in 1957, the program at Chaffey College is one of five original ADN programs established in California – located in the west end of the vibrant Inland Empire of San Bernardino County. Since 2005, the program has had one major and one minor curriculum revision. Faculty are planning a major curriculum revision that will adopt a concept-based curriculum, integrate QSEN concepts, and incorporate the Transfer Model Curriculum. Faculty have made great strides in implementing success strategies to increase student retention via a focus on student remediation. This has not only resulted in a 30% increase in retention and a 27% decrease in attrition, but also garnered reports from students of a more positive learning environment. Eighty percent of graduates are finding employment within 3-6 months even though the trend in area hospitals to seek MAGNET status has resulted in preferential hiring of Bachelor of Science (BSN) graduates and the reserving of some clinical spaces exclusively for BSN students. Fortunately, Chaffey College has not experienced any loss in clinical placement of nursing students due to its good reputation and relationship within the community. The National Council Licensure Examination (NCLEX) pass rate has consistently exceeded the minimum performance threshold of 75% for the past five years: 2007-08: 95.45%; 2008-09: 100.00%; 2009-10: 96.15%; 2010-11: 100.00%; 2011-12: 98.00%; 2012-13: 98.33% (year-to-date). And finally, in an effort to promote the hiring of its graduates, Chaffey College initiated a partnership with Cal State University, Fullerton, for students to take BSN courses in the summer while enrolled in the ADN program. The program receives strong support from college administrators and graduates are well received in the community.

**ACTION:** Continue Approval of Chaffey College Associate Degree Nursing Program.

- **Cypress College Associate Degree Nursing Program.**
  
  Dr. Darlene Fishman, Program Director.
Darlene Fishman, RN, MSN, EdD, was appointed program director in August 2002. Carol Harvey, RN, MSN, CNS serve as assistant program director. A regularly scheduled continuing approval visit was conducted on March 11-12, 2014 by Nursing Education Consultant Badrieh Caraway and Supervising Nursing Education Consultant Miyo Minato. The program was found to be in compliance with BRN rules and regulations. There were no findings of noncompliance and one recommendation was given in CCR 1426 -Curriculum (recommendation is detailed in the Report of Findings and the Consultant’s Report).

The program has a long and proud history. The program began initially in 1914 as the Orange County Hospital School of Nursing Program. In 1977 new facilities were built and the nursing program, along with nine other health programs, became part of Cypress College’s Health Science program. The program’s graduates are actively recruited for employment by hospitals and other health care agencies. A high percentage of graduates continue on to university programs to complete BSN and higher degrees in nursing. The program is accredited by the National League for Nursing (NLN). Using a criterion based scoring system, 200 (50 each semester) generic students are selected for admission to the program every August and January. Additionally, up to ten advanced placement LVN to RN Step-Up students are admitted every August into the third semester of the program. Total program enrollment at the time of the visit was 174 students.

Although the program is primarily supported by the college’s general fund budget, the program director has also been very active in raising additional funds to support the program and students. College administrators Dr. John Sciacca, Dean –Health Science, and Dr. Santanus Bandyopadhyay, Vice-President Educational Programs & Student Services, are committed to continuing the program’s current level of enrollment and services to nursing students, and assure that faculty and services currently supported by grants will be supported by the college budget or other funding resources if grant funds become unavailable. The program provides students with a robust educational experience that has been enhanced by external grant funding. From 2002-2014 the program received grant-funded projects that supported many aspects of the program including the integration of simulation in each course and use of simulation Pads for the classroom instruction. Total program evaluation by faculty is thorough and ongoing. The program’s well-qualified, professionally accomplished faculty consistently collaborates to review curriculum, program policies, program delivery, and other program issues, which results in planning and implementation of revisions, as needed. Faculty are currently working on major curriculum revision for submission to the Board for approval by 2015. The program is further strengthened by support services that include a Health Sciences Counselor, as well as three counselors that are available to counsel nursing students and develop remediation/retention plans for “at risk” students. In addition, two part-time faculty provide mentoring, and are available for the skills lab practice/remediation.

Involvement of students in program governance is encouraged and facilitated via multiple group and individual opportunities, including participation in faculty/committee meetings, group or individual meeting with the program director, and completion of course and program evaluations. Students report a high level of satisfaction with most aspects of the program and services, and demonstrate complete understanding of policies including grading/assessment. A few students expressed concern regarding the current method of test review and the clinical competency evaluation; suggestions were made by students for improving the process. The students’ suggestions were presented to faculty, and they were well received by faculty for further consideration. The NCLEX pass rate has consistently exceeded the minimum performance threshold of 75% for each of the past five years: 2009-10: 95.18%; 2010-11: 94.52%; 2011-12: 93.98%, 2012-13 85.71%; 2013-14: 84.62%. Future plans include implementation of a new curriculum, and seamless educational paths to the BSN. The program is addressing the demand for registered nurses with advanced
degrees through an established ADN to BSN collaborative with California State University Los Angeles and California State University Fullerton.

Relationships are strong between the program and clinical partners, as evidenced by clinical placement opportunities remaining consistently available to the program. The program uses advisory meeting sponsored by Orange county/Long Beach consortium for securing clinical placement. The program receives strong support from college administrators, and graduates are well received in the community.

**ACTION: Continue Approval of Cypress College Associate Degree Nursing Program.**

- **Santa Barbara City College Associate Degree Nursing Program.**
  Ms. Michelle Gottwald, Program Director.
  Michelle Gottwald, MSN, RN, has been the program director since 2012. A regularly scheduled Continuing Approval visit was conducted on December 4-5, 2013 by Nursing Education Consultant Laura Shainian and Shelley Ward. The program was found in non-compliance in three areas: CCR 1424(a) Administration and Organization of the Nursing Program; CCR 1426(a) Required Curriculum; and CCR 1425(f) Faculty Qualifications & Changes, and three recommendations were given. On February 11, 2014, the program submitted a progress report addressing the findings from the visit, with evidence of correction for two areas of noncompliance and actions to address all recommendations. The program was presented to ELC in March and the Board in April resulting in action of Defer Continuing Approval to allow the program time to address the remaining area of noncompliance related to 1426(a) Curriculum in regards to course hours. On March 11, 2014, a subsequent progress report was submitted with corrections to this final noncompliance.

  Faculty previously used a master plan which reflected clinical assignments, however, a more effective method for monitoring clinical hours of different level students in this rotation method was needed to ensure that hours were being implemented per the approved curriculum. Therefore, a new tracking system was recently developed and implemented by faculty to log each student’s clinical hours and track total number of hours. Both faculty and students find this type of clinical rotation method highly advantageous, allowing for excellent student success.

  The single remaining area of noncompliance has now been corrected and the program is operating in full compliance. NEC recommendation is for continuing approval for this program.

  **ACTION: Continue Approval of Santa Barbara City College Associate Degree Nursing Program.**

**B. DEFER ACTION TO CONTINUE APPROVAL OF PRELICENSURE NURSING PROGRAM**

- **Merritt College Associate Degree Nursing Program.**
  Ms. Dawn Williams, Program Director; Dr. Elmer Bugg, VP of Instruction
  Dawn Williams, M.S.N., RN is the Program Director. The Assistant Director is Lynn Bratchett, M.B.A, RN. Merritt College is one of four colleges in the Peralta Community College District in Alameda County. Two colleges are in Oakland, one is in Alameda, and one in Berkeley. The Program admits students once a year, and currently has 55 students enrolled in the nursing program. Both the students and the faculty at Merritt College reflect the great diversity of the East Bay.

  This NEC conducted the regularly scheduled continuing approval visit from November 19-21, 2012. Four areas of non-compliance were identified: CCR Section 1424(a) Philosophy; Section 1424(c) Administration; 1424(d) Resources; and Section 1427(c) Clinical Facilities. One recommendation was made related to Section 1424(b)(1) Total Program Evaluation. The Education/Licensing Committee reviewed the Progress Report dated January 31, 2013, at its March meeting. The report addressed the four
areas of noncompliance and the recommendation. The letter and documents had been reviewed with the outcome being a finding that, although progress has been made during the two months since the approval visit, the program continued to be in non-compliance with CCR Section 1424(c), 1424(d), and 1427(c). The Committee’s recommendation was for Deferred Action, and the Board granted this status at its April 10, 2013, meeting.

The Program systematically prepared Progress Reports that were presented to the Education/Licensing Committee and then ratified by the Board in November 2013 and February and April 2014. The program has prepared, for the Committee’s consideration, another Progress Report that was included in the agenda packet. A site visit was conducted to Merritt College on April 7, 2014. Meetings were held with the Director, the Dean (who had ten more days in this position and would then be leaving the College), the Vice President of Instruction, Dr. Elmer Bugg, the College President, Dr. Norma Ambriz-Galviz, and the faculty. Three personnel actions hadn’t been completed at the time of this visit, although interviews for the first two were being conducted: the selection of a Dean of Career and Technical Education, the 0.5 Senior Clerical Assistant (which had actually been a 1.0 FTE due to the supplementation with grant funds), and one full-time faculty position. The job descriptions for the director and assistant director are still in process as described in the Progress Report.

The portable classroom units have been relocated to another site by the gymnasium in order to accommodate construction of the sciences building and to allow a staging area for construction equipment. However, faculty have been using only the skills lab in the existing Building D. The representative from Laerdal hasn’t yet visited the campus to oversee the reconnection of the high fidelity mannequins, and students do not have access to simulation scenarios based on these mannequins. The ventilation system for these portables results in the units being either too hot or too cold, or, noise from the equipment that interferes with classroom interaction, such that the faculty are using other classrooms on campus for the lecture courses. It is now possible, depending on which mobile phone carriers are used by faculty and students, that some people in these units are able to summon help in the event of an emergency. The information provided by the program related to the agreements with the clinical facilities supports a finding that the Program is now in compliance with CCR 1427 (c). The licensing exam pass rate for first-time test takers from July of 2012 until September of 2013 (45 students) is 100%. The pass rate for the 2011-2012 academic year was 92%. The program continues to work toward full compliance.

**ACTION:** Defer Action to Continue Approval of Merritt College Associate Degree Nursing Program. Progress report due to NEC by November 2, 2014 for presentation at the January 2015 Education/Licensing Committee meeting.

C. **APPROVE MAJOR CURRICULUM REVISION**

**San Francisco State University Entry Level Master’s Degree Nursing Program.**

**Dr. Mary Ann van Dam, Associate Professor and Director.**

Mary Ann van Dam, RN, Ph.D., PNP is an associate professor and director of the San Francisco State University School of Nursing. The Board approved a major curriculum revision for San Francisco State University’s baccalaureate degree nursing program in April 2013. At that time, the School of Nursing had suspended admission into its entry-level master’s degree nursing program to allow it to consider revision of that program. San Francisco State University now requests approval of the revision and states its plan, once it receives Board approval, for re-opening the entry-level master’s program in fall 2014 with a reduced admission cohort of 20 students.
The curriculum changes have been presented to the SFSU Academic Senate and have been approved. Similar to what was approved for the baccalaureate program, the proposed curriculum will be offered over four, rather than the current five semester plan. An additional two semesters will then provide the additional graduate-level courses that lead to the master’s degree. Statistics and chemistry will be courses required for the degree, but no longer for licensure. Nutrition will not be offered as a stand-alone course, but its content will be integrated into the prelicensure nursing courses. BIOL 220, a three-unit anatomy course, will be required rather than the 4-unit BIOL 328.

The program has provided representation at area meetings related to the integration of the Quality and Safety Education for Nurses (QSEN) knowledge, skills, and abilities competencies in nursing programs’ curricula, and has used these competency categories as its framework for the curriculum. The areas are: patient centered care; teamwork and collaboration; evidence-based practice; quality improvement; safety; and informatics. The program refers to its consideration of the Top Ten Causes of Mortality in the United States (2009) in its request document. Those causes are: cardiac disease, malignant neoplasms, chronic lower respiratory disease, cerebrovascular disease, accidents (unintentional injury), Alzheimer’s disease, diabetes mellitus, influenza and pneumonia, nephritis, nephritis syndrome, and nephrosis, and intentional self-harm (suicide). The nursing process is introduced in the health promotion and health assessment classes during the first semester. Students will then refine their use of the process in subsequent theory/practicum courses for the remaining three semesters of the program. As with the nursing process, basic intervention skills in preventive, remedial, supportive, and rehabilitative nursing are introduced in the first semester in the health assessment class (integrated theory/lab course). In the lab courses in the 2nd and 3rd semester, students learn more intervention skills such as inserting catheters, IV management, NG management, wound care, etc. The labs are leveled to begin with very basic assessments and interventions and then move the students to the more complex interventions and assessments through the subsequent 2 semesters.

The ten nursing courses consist of 24 semester units of theory and 23 units of clinical for a total of 47 units. This number of units exceeds the requirement for CCR Section 1426. The program has reduced the number of physical and behavioral science units required for licensure from the previously approved 28 units to 17, and the courses will now be considered degree courses. A three-unit course was previously considered a course that met the requirement for Communication, but with this proposal, the course will still be required, but as a degree course, reducing the Communication units to 6. The total units for licensure are 70, with 60 more units required for award of the master’s degree. As part of the revision for the baccalaureate program, SFSU developed a six-unit course, NURS530 Community Health and Global Perspectives in Nursing, that will prepare the graduates for practice in public health nursing and eligibility for the Public Health Nursing certificate. This course will also be required for the entry-level master’s degree students.

**ACTION:** Approve Major Curriculum Revision for San Francisco State University Entry Level Master’s Degree Nursing Program.
AGENDA ITEM: 7.3.1
DATE: June 12, 2014

ACTION REQUESTED: Vote On Whether To Grant Initial Approval of Stanbridge College Associate Degree Nursing Program

REQUESTED BY: Michael Jackson, MSN, RN
Chairperson, Education/Licensing Committee

BACKGROUND: Terri Whit, EdD, MN, BSN, RN, is the Program Director
On April 4, 2014, Miyo Minato, SNEC, and Badrieh Caraway, NEC, conducted an Initial Program Approval site visit. The program was found to be in compliance with Board rules and regulations.

Stanbridge College (SC), privately owned, for-profit college, in Orange County, was founded in 1996- Information Technology certificate program; name was changed to current name in 2004. Mr. Yasith Weerasuriya is the CEO/President and co-founder of Stanbridge College.

Programs offered are; LVN (diploma) program; Information Technology certificate and degrees are (Associate, Baccalaureate, and Master). RN-BSN (online) program offered since June 2011. Master of Science in Information Technology and Master of Science in Nursing. Allied Health Programs include: Occupational Therapy Assistant (Associate Degree), Physical Therapy Assistant (Associate Degree) and Hemodialysis Technicians with Criminal Justice (diploma).

Stanbridge College is currently accredited by Accrediting Commission of Career Schools and Colleges (ACCSC) and approved by the Bureau of Private Postsecondary Education (BPPE) to award Associate of Science Degrees in Nursing. The total number of enrollment for the college is 812 students.

The vocational Program is approved by the Bureau of Vocational Nursing & Psychiatric Technicians (BVPNT), and their pass rates are:

<table>
<thead>
<tr>
<th>Year</th>
<th>QRT 1-4</th>
<th>Taken</th>
<th>Passed</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td></td>
<td>123</td>
<td>99%</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>QRT 1-4</td>
<td>150</td>
<td>92%</td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>QRT 1-4</td>
<td>218</td>
<td>89%</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>QRT 1-4</td>
<td>193</td>
<td>81%</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>QRT 1-4</td>
<td>28</td>
<td>82%</td>
<td></td>
</tr>
</tbody>
</table>

Dr. Terri Whitt was hired on January 4, 2013 as the Director of the ADN program. She has developed the curriculum working with curriculum consultants. Their curriculum consultants are Catherine McJannet, RN, MN, Director of Southwestern College, Nursing Program, and Dr. Diane Morey, PhD, MSN, RN, Nursing Program Director from College of the Canyon.
The Board accepted the feasibility study from Stanbridge College at the Board meeting on June 25, 2011. Stanbridge is establishing a generic ADN Program to start in October, 2014.

The proposed curriculum is based on the National League for Nursing (NLN) Education Competencies Model. The integrating concepts used in this model include: context and environment, knowledge and science, personal/professional development, quality and safety, relationship-centered care, and teamwork. The core values are: caring, diversity, ethics, excellence, holism, integrity and patient centeredness. The curriculum incorporates the nursing process throughout courses. Learning outcomes include: Professional Behaviors, Assessment, Communication, Clinical Decision-Making, Teaching and Learning, Collaboration, and Managing Care. These integrating concepts lead to the outcomes within this model that include four domains: human flourishing, nursing judgment, professional identity, and spirit of inquiry. Each domain has competencies that incorporate the NLN educational competencies for ADN graduates, as well as the competencies from the Quality and Safety Education for Nurses (QSEN).

The curriculum covers two years, eight quarters, with each quarter being 10 weeks in length. The total curriculum has 119.5 quarter units: Nursing units are 78 (49.5 Theory and 28.5 clinical); Communications are 9 units; Sciences are 28.5 units and other degree requirements are 4 units. The curriculum plan includes LVN to ADN option and the required 45 unit LVN non-degree option.

Stanbridge College has sufficient space and resources for the nursing program. There are 10 smart classrooms; each accommodates 32-48 students. Skills Lab has 9 beds and one gurney with 7 low fidelity and 2 medium fidelity simulators for patient care scenarios. The state of the art simulation lab has 7 beds. The simulation lab can accommodate 20 students. The simulation lab has three hi-fidelity, four medium and seven low fidelity manikins, including Sim Man, Noelle, infant and child are available for patient care scenarios. Full time simulation lab coordinator (software development specialist) has been hired to assist faculty with simulation lab scenarios. There are currently 32 scenarios for use by students (20 M-S, and 12 OB & Neonatal Care).

The College Learning Resource System (LRS) includes the Learning Resource Center (LRC) which offers study resources and tutorial assistance to students. Students will have laptops, the college has WIFI capabilities, and portable electronic devices will be used for students’ resource needs. Stanbridge digital library is available to access online resources, such as the ProQuest. IT department provides network support. Students are provided access code to get current media available.

Director has been on board since January 4, 2013, and the plan includes specific timeline for adding faculty as student numbers increase. Assistant Director/Faculty, Administrative Assistant, are added for the first quarter. Projected total faculty number is 25: 9 FT, 16 PT (2 Administrators, 22 Faculty, and one Administrative Assistant). The self-study includes a plan as to when and the number of faculty are hired as the program grows (please see attached documents).
The program proposes to admit 30 students once in 2014, twice in 2015 (60), three times in 2016 (90), and then every other quarter, or five times every two years. The program has committed clinical sites from twenty (20) clinical agencies (please see attached document).

There are 20 signed and 3 pending contracts. Four sites were visited on April 4, 2014, and NECs verified with agency representatives for any displaced students due to the new clinical cohort, and adequacy for the required five content areas. Additionally, the program plans to use off shifts, such as night shifts, for areas such as OB, Pediatrics and Advanced M-S (Intensive Care Unit). Program works with the Long Beach/ Orange consortium and the current number of agencies will be adequate for placement of students, although program is continuing to expand the list of clinical agencies as the number of students grows. (Please see attached projected clinical facility rotation documents)

The program has had inquiries about the proposed program and has a number of interested students without having advertisements. Their resources for admission and other support services, such as financial aid and tutoring services are already in place and ready for the proposed program opening. Administration has been planning and is committed to making this program a successful program similar to their LVN program.

NEC Recommendation: Grant initial approval of Associate Degree Nursing Program.

ELC Recommendation: Grant initial approval of Stanbridge College Associate Degree Nursing program.

NEXT STEPS: Notify program of Board action.

PERSON TO CONTACT: Badrieh Caraway, NEC (909) 599-8720
# CONSULTANT APPROVAL REPORT

## INITIAL PRELICENSURE PROGRAM VISIT

EDP-S-05 (Rev. 09/13)

PROGRAM NAME: Stanbridge Associate Degree Nursing Program  
SS Review date: March 20, 2014  
DATES OF VISIT: April 4, 2014

<table>
<thead>
<tr>
<th>APPROVAL CRITERIA</th>
<th>EVIDENCE</th>
<th>COMP</th>
<th>NON-COMP</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I. ADMINISTRATION AND ORGANIZATION OF THE NURSING PROGRAM</strong></td>
<td></td>
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<tr>
<td>SECTION 1424(a)  There shall be a written statement of philosophy and objectives that serves as a basis for curriculum structure. Such statement shall take into consideration the individual differences of students, including their cultural and ethnic background, learning styles, goals and support systems. It shall also take into consideration the concepts of nursing and man in terms of nursing activities, the environment, the health-illness continuum, and relevant knowledge from related disciplines.</td>
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</tr>
<tr>
<td>SSR- 2-23 Appendix- F and Appendix-B</td>
<td>X</td>
<td>Mission of Stanbridge college is to provide quality education and career training that meets the needs of students, communities, and employers and operates on a set of seven core values that serve as a basis for their philosophy: caring, diversity, excellence, holism, ethics, Integrity, and patient-centeredness. Built upon these core values are six integrating concepts: context and environment, knowledge and science, personal/professional development, quality and safety, relationship-centered care, and teamwork. These integrating concepts lead to the outcomes within this model that include four domains: human flourishing, nursing judgment, professional identity, and spirit of inquiry. The conceptual framework for the nursing program is the National League for Nursing (NLN) Education Competencies Model (2010). The curriculum reflects the philosophy of the program and is integrated into the outcomes intended for the nursing students. The NLN educational competencies for ADN graduates, as well as the competencies from the Quality and Safety Education for Nurses (QSEN) are incorporated into the entry level competencies of their graduates as managers of care. Concepts are organized from simple to complex.</td>
<td></td>
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</tbody>
</table>
SECTION 1424(b) The policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy and objectives of the program, and shall be available to all students.

(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.

(2) The program shall have a procedure for resolving student grievances.

SECTION 1424 (c) There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication with the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.

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<thead>
<tr>
<th>EVIDENCE</th>
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<th>COMMENTS</th>
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<tbody>
<tr>
<td>SSR-24-38 Appendix G-College Catalog Appendix F-Student Hand Book</td>
<td>X</td>
<td></td>
<td>Student and Faculty Handbooks include the policies and procedures, as well as the catalog. Nursing Department admission standards and progression policies have higher standards than other Stanbridge non-nursing programs. Transfer policies and advanced placement options for LVNs are identified. Policies to ensure success for students are outlined for at-risk students.</td>
</tr>
<tr>
<td>SSR 38-59 Appendix I</td>
<td>X</td>
<td></td>
<td>There is Total Program Evaluation plan to monitor program implementation, and an Evaluation Committee is identified as the group that will oversee all matters related to assessment and monitoring of the evaluation plan.</td>
</tr>
<tr>
<td>SSR 60-62</td>
<td>X</td>
<td></td>
<td>There is a policy to resolve student concerns and grievances</td>
</tr>
<tr>
<td>SSR 62-65 Appendix-M</td>
<td>X</td>
<td></td>
<td>There is an organization chart which identifies the relationships, lines of authority and channels of communication with the program between the program and other administrative segments of the institution with which it is affiliated and between the program, the institution and the clinical agencies.</td>
</tr>
</tbody>
</table>
SECTION 1424(d) The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment, including technology to achieve the program’s objectives.

Facility: Stanbridge College has sufficient space and resources for the nursing program. There are 10 smart classrooms; each accommodates 32-48 students. Each classroom includes a computer or laptop to allow use of the simulation lab scenario training and study resources; science lab and computer assisted virtual lab. Skills Lab has 9 beds and one gurney with 7 low fidelity and 2 medium fidelity simulators for patient care scenarios. The state of the art simulation lab has 7 beds. The simulation lab can accommodate 20 students. The simulation lab has three hi-fidelity and four medium and seven low fidelity manikins, including Sim Man, Noelle, infant and child are available for patient care scenarios. There are currently 32 scenarios for use by students (20 M-S, and 12 OB & Neonatal Care). Full time simulation lab coordinator (software development specialist) has been hired to assist faculty with simulation lab scenarios.

Learning Resource System: The College Learning Resource System (LRS) includes the Learning Resource Center (LRC) which offers study resources and tutorial assistance to students. Students will have laptops, the college has WIFI capabilities, and portable electronic devices will be used for students’ resource needs. Stanbridge digital library is available to access online resources, such as the ProQuest. IT department provides network support. Students are provided access code to get current media available.
SECTION 1424(d) The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment, including technology to achieve the program's objectives.

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<tbody>
<tr>
<td>SSR 66-69 Appendix R</td>
<td>X</td>
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</table>

**Faculty**: Director has been on board since January 4, 2013, and the plan includes specific timeline for adding faculty as student numbers increase. Assistant Director/Faculty, Administrative Assistant, are added for the first quarter. Projected total faculty number is 25: 9 FT, 16 PT (2 Administrators, 22 Faculty, and one Administrative Assistant). The self-study include a plan as to when and the number of faculty are hired as the program grows.

**Computer Access/Library**: College has WIFI capabilities and laptops and portable electronic device will be used for students’ resource needs. The College Learning Resource System (LRS) includes the Learning Resource Center (LRC) which offers study resources and tutorial assistance to students. Each student is provided portable electronic device to access online information. Stanbridge digital library is available to access online resources, such as the ProQuest. IT department provides network support. Students are provided access code to get current media available.

**Support Services**: Financial aid, advisement, career preparation, personal counseling, and Student Success Seminar are available to students. The Dean of Student Services, an Assistant Director and five full time student service officers oversee the tutorial and other learning needs of students.
SECTION 1424(e) The director and the assistant director shall dedicate sufficient time for the administration of the program.

SECTION 1424(f) The program shall have a board approved assistant director who is knowledgeable and current regarding the program and the policies and procedures by which it is administered and who is delegated the authority to perform the director’s duties in the director’s absence.

SECTION 1424(g) Faculty members shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.

SECTION 1424(h) The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing required by section 1426 (d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.

SECTION 1424(i) When a non-faculty individual participates in the instruction and supervision of students obtaining clinical experience, his or her responsibilities shall be described in writing and kept on file by the nursing program.

SECTION 1424(j) The assistant director shall function under the supervision of the director. Instructors shall function under the supervision of the director or the assistant director. Assistant instructors and clinical teaching assistants shall function under the supervision of an instructor.
SECTION 1424(k) The student/teacher ratio in the clinical setting shall be based on the following criteria:

1) Acuity of patient needs;
2) Objectives of the learning experience;
3) Class level of the students;
4) Geographic placement of students;
5) Teaching methods; and
6) Requirements established by the clinical agency.

II. FACULTY QUALIFICATIONS AND CHANGES

SECTION 1425
All faculty, the director, and the assistant director shall be approved by the board pursuant to the document, “Faculty Qualifications and Changes Explanation of CCR 1425 (EDP-R-02 Rev 02/09), which is incorporated herein by reference. A program shall report to the board all changes in faculty, including changes in teaching areas, prior to employment of or within 30 days after termination of employment of a faculty member. Such changes shall be reported on forms provided by the board: Faculty Approval/Resignation Notification form (EDP-P-02, Rev 02/09) and Director or Assistant Director Approval form (EDP-P-03, Rev 02/09), which are herein incorporated by reference. Each faculty member, director and assistant director shall hold a clear and active license issued by the board and shall possess the following qualifications:

SECTION 1425(a) The director of the program shall meet the following minimum qualifications:

(1) A Master’s or higher degree from an accredited college or university which includes course work in nursing, education or administration;

(2) One (1) year’s experience as an administrator with validated performance of administrative responsibilities consistent with section 1420 (h);

(3) Two (2) years’ experience teaching in pre-or post-licensure registered nursing programs; and;

<table>
<thead>
<tr>
<th>EVIDENCE</th>
<th>USE CODE(S) LISTED BELOW FOR LOCATION OF EVIDENCE.</th>
<th>COMP</th>
<th>NON-COMP</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSR72</td>
<td>X</td>
<td></td>
<td></td>
<td>Ratio is to be 1 faculty to 10 students.</td>
</tr>
<tr>
<td>SSR72</td>
<td>BRN approval Form</td>
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<td></td>
<td>Director approval January 4, 2013.</td>
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<tr>
<td>Approval Form</td>
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<td>Doctor of Education (EdD), 1985 Nova Southeastern University, Florida. MSN - 1975 UCLA</td>
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<td></td>
<td>08-98-12-98-Director of Nursing Program-Saddleback College. 07-97-07-98-Assistant Director-Nursing Program-Saddleback College.</td>
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<tr>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>07-76-12-09- Faculty- Saddleback College.</td>
</tr>
</tbody>
</table>
APPROVAL CRITERIA

(4) One (1) year’s continuous, full time or its equivalent experience providing direct patient care as a registered nurse; or

(5) Equivalent experience and/or education as determined by the board.

(b) The assistant director shall meet the education requirements set forth in subsections (a)(1) above and the experience requirements set forth in subsections (a)(3) and (a)(4) above, or such experience as the board determines to be equivalent.

SECTION 1425(c) An instructor shall meet the following minimum qualifications:

1. The education requirements set forth in subsection (a)(1); and
2. Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by:

   A. One (1) year’s continuous, full time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or

   B. One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency; and

3. Completion of at least one (1) year’s experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing.

SECTION 1425(d) An assistant instructor shall meet the following minimum qualifications:

1. A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice;

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<tr>
<th>EVIDENCE</th>
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<tbody>
<tr>
<td>X</td>
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<td>05-71-05-76-St. Vincent Hospital –Los Angeles-Charge Nurse. 1-73-01-91- Project concern International-SD, Nurse Educator</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Not hired at this time</td>
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<td>N/A</td>
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<td>Hired faculty will meet BRN requirements.</td>
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</table>

EDP-S-05 SS – Self Study CAT – Catalog HB – Handbook HO – Handouts CONSULTANT APPROVAL REPORT FOR: Stanbridge Associate Degree Nursing Program DATE OF VISITS: April 4, 2014 6.12 Page 7 of 17
### APPROVAL CRITERIA

(2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she will be assigned, which can be met by:
(A) One (1) year’s continuous, full time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or
(B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency.

SECTION 1425(e) A clinical teaching assistant shall have at least one (1) year’s continuous full time or its equivalent experience in the designated nursing area within the previous five (5) years as a registered nurse providing direct patient care.

SECTION 1425(f) A content expert shall be an instructor and shall possess the following minimum qualifications:
(1) A master’s degree in the designated nursing area; or
(2) A master’s degree that is not in the designated nursing area and shall:
(A) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and
(B) Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years.

### II. a. FACULTY RESPONSIBILITIES

SECTION 1425.1(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.

SECTION 1425.1(b) Each faculty member shall participate in an orientation program, including, but not limited to, the program’s curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation.

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<td>SSR74-76</td>
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<td>X</td>
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<tr>
<td>Appendix N</td>
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<td></td>
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</tr>
<tr>
<td>SSR 78-80</td>
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<td>X</td>
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</table>

All faculty will share the same responsibilities in theory or clinical courses, program development, implementation, evaluation, and are expected to participate in program meetings.

Newly hired faculty are expected to participate in the orientation program to the College and to the Nursing Department.
SECTION 1425.1(c) A registered nurse faculty member shall be responsible for clinical supervision only of those students enrolled in the registered nursing program.

SECTION 1425.1 (d) Each faculty member shall be clinically competent in the nursing area in which he or she teaches.

III. REQUIRED CURRICULUM

SECTION 1426(a) The curriculum of a nursing program shall be that set forth in this section and shall be approved by the board. Any revised curriculum shall be approved by the board prior to its implementation.

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<tbody>
<tr>
<td>SSR80-81</td>
<td>X</td>
<td></td>
<td>Faculty who do not meet the requirement will participate in remediation to demonstrate clinical competency.</td>
</tr>
</tbody>
</table>
SECTION 1426(b) The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a student who completes the program will have the knowledge, skills and abilities necessary to function in accordance with the registered nurse scope of practice as defined in code section 2725, and to meet minimum competency standards of a registered nurse.

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<th>EVIDENCE</th>
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<tr>
<td>SS R 81-82 and Syllabi</td>
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<td></td>
<td>The proposed curriculum is based on the National League for Nursing (NLN) Education Competencies Model. The integrating concepts used in this model include: context and environment, knowledge and science, personal/professional development, quality and safety, relationship-centered care, and teamwork. The core values are: caring, diversity, ethics, holism, integrity and patient centeredness. The curriculum incorporates the nursing process throughout curriculum. Learning outcomes include: Professional Behaviors, Assessment, Communication, Clinical Decision-Making, Teaching and Learning, Collaboration, and Managing Care. These integrating concepts lead to the outcomes within this model that include four domains: human flourishing, nursing judgment, professional identity, and spirit of inquiry. Each domain has competencies that incorporate the NLN educational competencies for ADN graduates, as well as the competencies from the Quality and Safety Education for Nurses (QSEN).</td>
</tr>
<tr>
<td>SSR 86-87</td>
<td></td>
<td></td>
<td>Program is conducted in 10 week quarters and consists of 8 quarters. Total units required for licensure and graduation is 119.5 quarter units.</td>
</tr>
<tr>
<td>EDP-P05 &amp;06 forms</td>
<td>X</td>
<td></td>
<td>Nursing units are 78 (49.5 Theory and 28.5 clinical).</td>
</tr>
<tr>
<td>EDP05 &amp; 06 forms</td>
<td></td>
<td></td>
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<tr>
<td>EDP-P-06; 05</td>
<td>X</td>
<td></td>
<td>Communications are 9 units.</td>
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</tbody>
</table>

SECTION 1426(c) The curriculum shall consist of not less than fifty-eight (58) semester units, or eighty-seven (87) quarter units, which shall include at least the following number at least the following number of units in the specified course areas:

1) Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice.

2) Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of oral, written and group communication.
(3) Related natural sciences, (anatomy, physiology, and microbiology courses with labs) behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units.

SECTION 1426(d) Theory and clinical practice shall be concurrent in the following nursing areas: geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics, and pediatrics. Instructional outcomes will focus on delivering safe, therapeutic, effective, patient-centered care; practicing evidence-based practice; working as part of interdisciplinary teams; focusing on quality improvement; and using information technology. Instructional content shall include, but is not limited to, the following: critical thinking, personal hygiene, patient protection and safety, pain management, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, patient advocacy, legal, social and ethical aspects of nursing, and nursing leadership and management.

SECTION 1426(e) The following shall be integrated throughout the entire nursing curriculum.

<table>
<thead>
<tr>
<th>Course syllabi</th>
<th>COMP</th>
<th>NON-COMP</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) The nursing process;</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) basic intervention skills in preventive, remedial, supportive and rehabilitative nursing;</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) physical, behavioral and social aspects of human development from birth through all age levels;</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) the knowledge and skills required to develop collegial relationships with health care providers from other disciplines;</td>
<td>X</td>
<td></td>
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<tr>
<td>(5) communication skills including principles of oral, written and group communications;</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) natural sciences including human anatomy, physiology and microbiology; and</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>(7) related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness.</td>
<td>X</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Course syllabi</th>
<th>COMP</th>
<th>NON-COMP</th>
<th>COMMENTS</th>
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<tbody>
<tr>
<td>Sciences are 28.5 units.</td>
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</table>

Theory and clinical are conducted concurrently; Course objectives are consistent with curriculum framework and show increase in expectations with knowledge and nursing skills from beginning courses to the last course. Course content reflects emphasis on concept learning, evidence-based and clinical judgment focus, and quality and safety concepts.

Course syllabi review shows content areas covered.
APPROVAL CRITERIA

(f) The program shall have tools to evaluate a student’s academic progress, performance, and clinical learning experiences that are directly related to course objectives.

SECTION 1426(g) The course of instruction shall be presented in semester or quarter units or the equivalent under the following formula:

(1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.

(2) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting.

SECTION 1426.1 PRECEPTORSHIP

A preceptorship is a course, or component of a course, presented at the end of a board-approved curriculum, that provides students with a faculty-planned and supervised experience comparable to that of an entry-level registered nurse position. A program may choose to include a preceptorship in its curriculum. The following shall apply:

(a) The course shall be approved by the board prior to its implementation.

(b) The program shall have written policies and shall keep policies on file for conducting the preceptorship that includes all of the following:

(1) Identification of criteria used for preceptor selection;

(2) Provision for a preceptor orientation program that covers the policies of the preceptorship and preceptor, student and faculty responsibilities;

(3) Identification of preceptor qualifications for both the primary and relief preceptor that include the following requirements:

(A) An active, clear license issued by the board; and

(B) Clinically competent and meet the minimum qualifications specified in section 1425 (e); and

(C) Employed by the health care agency for a minimum of one (1) year; and

(D) Completed a preceptor orientation program prior to serving as a preceptor;

(E) A relief preceptor, who is similarly qualified to be the preceptor and present and available on the primary preceptor’s days off.

EDP-S-05 SS – Self Study CAT – Catalog CONSULTANT APPROVAL REPORT FOR: Stanbridge Associate Degree Nursing Program ( Rev: 9/13) HB – Handbook HO – Handouts DATE OF VISITS: April 4, 2014 6.12 Page 12 of 17
**SECTION 1426.1 PRECEPTORSHIP (continued)**

(4) Communication plan for faculty, preceptor, and student to follow during the preceptorship that addresses:
   - (A) The frequency and method of faculty/preceptor/student contact;
   - (B) Availability of faculty and preceptor to the student during his or her preceptorship experience;
      1. Preceptor is present and available on the patient care unit the entire time the student is rendering nursing services during the preceptorship.
      2. Faculty is available to the preceptor and student during the entire time the student is involved in the preceptorship learning activity.

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<th>EVIDENCE</th>
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<td>Use Code(s) listed below for location of evidence.</td>
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<td>N/A</td>
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</table>

(5) Description of responsibilities of the faculty, preceptor, and student for the learning experiences and evaluation during preceptorship, that include the following activities:
   - (A) Faculty member conducts periodic on-site meetings/conferences with the preceptor and the student;
   - (B) Faculty member completes and conducts the final evaluation of the student with input from the preceptor;
   - (6) Maintenance of preceptor records that include names of all current preceptors, registered nurse licenses, and dates of preceptorships.
   - (7) Plan for ongoing evaluation regarding the continued use of preceptors.
   - (c) Faculty/student ratio for preceptorship shall be based on the following criteria:
      1. Student/preceptor needs;
      2. Faculty’s ability to effectively supervise;
      3. Students’ assigned nursing area; and
      4. Agency/facility requirements.

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</table>
IV. CLINICAL FACILITIES

SECTION 1427(a) A nursing program shall not utilize agencies and/or community facilities for clinical experience without prior approval by the board. Each program must submit evidence that it has complied with the requirements of subdivisions (b) and (c) of this section and the policies outlined by the board.

The program has committed clinical sites from twenty (20) clinical agencies. There are 20 signed and 4 pending contracts. Four sites were visited on April 4, 2014, and NECs verified with agency representatives for any displaced students due to the new clinical cohort, and adequacy for the required five content areas. Additionally, the program plans to use off shifts, such as night shifts, for areas such as OB, Pediatrics and Advanced M-S (Intensive Care Unit). Program work with the Long Beach/Orange consortium and the current number of agencies will be adequate for placement of students, although program is continuing to expand the list of clinical agencies as the number of students grows.

Four sites were visited on April 4, 2014: Garden Grove Hospital and Medical Center, Western Anaheim Medical Center, Western Medical Center Santa Ana, and Health Bridge Children’s Hospital. The above acute care hospitals covered the five specialty areas: Medical-Surgical, Obstetrics, Pediatrics, Psychiatric/Mental Health, and Geriatrics.

SECTION 1427(b) A program that utilizes an agency or facility for clinical experience shall maintain written objectives for student learning in such facilities, and shall assign students only to facilities that can provide the experience necessary to meet those objectives.

Plan includes meeting with agencies and providing information.

SECTION 1427(c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following:

Written agreement includes (1) – (6)
(1) Assurance of the availability and appropriateness of the learning environment in relation to the program’s written objectives;

(2) Provision for orientation of faculty and students;

(3) A specification of the responsibilities and authority of the facility’s staff as related to the program and to the educational experience of the students;

(4) Assurance that staff is adequate in number and quality to ensure safe and continuous health care services to patients;

(5) Provisions for continuing communication between the facility and the program; and

(6) A description of the responsibilities of faculty assigned to the facility utilized by the program.

(d) In selecting a new clinical agency or facility for student placement, the program shall take into consideration the impact that an additional group of students would have on students of other nursing programs already assigned to the agency or facility.

Site visit.

Agencies visited indicated that there were adequate placements without displacing current students that use their facility.

V. STUDENT PARTICIPATION

SECTION 1428 Students shall be provided the opportunity to participate with the faculty in the identification of policies and procedures related to students including but not limited to:

(a) Philosophy and objectives;

(b) Learning experience; and

(c) Curriculum, instruction, and evaluation of the various aspects of the program, including clinical facilities.

SSR 146-147 Faculty committee membership

Student representatives are members of faculty committees. Students will participate in course evaluations and clinical experience evaluation.

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**VI. LICENSED VOCATIONAL NURSES THIRTY/45 UNIT OPTION**

SECTION 1429(a) An applicant who is licensed in California as a vocational nurse is eligible to apply for licensure as a registered nurse if such applicant has successfully completed the courses prescribed below and meets all the other requirements set forth in section 2736 of the code. Such applicant shall submit evidence to the board, including a transcript of successful completion of the requirements set forth in subsection (c) and of successful completion or challenge of courses in physiology and microbiology comparable to such courses required for licensure as a registered nurse.

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<th>EVIDENCE</th>
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<tbody>
<tr>
<td>SSR 147-148</td>
<td>X</td>
<td></td>
<td>Program has advanced placement option for LVNs as well as the 45 Unit-LVN Option. There is NUR 1302, LVN-RN Role Transition 3 units’ course.</td>
</tr>
<tr>
<td>SSR 148-151</td>
<td>X</td>
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<td></td>
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<tr>
<td>SSR 151 Student Handbook, and College Catalog</td>
<td>X</td>
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SECTION 1429(b) The school shall offer objective counseling of this option and evaluate each licensed vocational nurse applicant for admission to its registered nursing program on an individual basis. A school’s determination of the prerequisite courses required of a licensed vocational nurse applicant shall be based on an analysis of each applicant’s academic deficiencies, irrespective of the time such courses were taken.

SECTION 1429(c) The additional education required of licensed vocational nurse applicants shall not exceed a maximum of thirty (30) semester or forty-five (45) quarter units. Courses required for vocational nurse licensure do not fulfill the additional education requirement. However, other courses comparable to those required for licensure as a registered nurse, as specified in section 1426, may fulfill the additional education requirement.

Nursing courses shall be taken in an approved nursing program and shall be beyond courses equivalent to the first year of professional nursing courses. The nursing content shall include nursing intervention in acute, preventive, remedial, supportive, rehabilitative and teaching aspects of nursing. Theory and courses with concurrent clinical practice shall include advanced medical-surgical, mental health, psychiatric nursing and geriatric nursing.

The nursing content shall include the basic standards for competent performance prescribed in section 1443.5 of these regulations.
## VII. PREVIOUS EDUCATION CREDIT

**Section 1430** An approved nursing program shall have a process for a student to obtain credit for previous education or for other acquired knowledge in the field of nursing through equivalence, challenge examinations, or other methods of evaluation. The program shall make the information available in published documents, such as college catalog or student handbook, and online.

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<th>EVIDENCE</th>
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<th>NON-COMP</th>
<th>COMMENTS</th>
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<tbody>
<tr>
<td>SSR 151, Student Handbook, and College Catalog.</td>
<td>X</td>
<td></td>
<td>Policies include transfer and challenge options available to students for prior education and experience.</td>
</tr>
</tbody>
</table>

## VIII. LICENSING EXAMINATION PASS RATE STANDARD

**Section 1431** The nursing program shall maintain a minimum pass rate of seventy-five percent (75%) for first time licensing examination candidates.

(a) A program exhibiting a pass rate below seventy-five percent (75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate and shall submit a written report to the board. The report shall include the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe.

(b) A board-approval visit will be conducted if a program exhibits a pass rate below seventy-five percent (75%) for first time candidates for two (2) consecutive academic years.

(c) The board may place a program on warning status with intent to revoke the program’s approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to section 2788 of the code.

<table>
<thead>
<tr>
<th>COMMENTS</th>
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<tbody>
<tr>
<td>Programs to provide assistance to high-risk students are planned to ensure success of students in achievement of the program goals.</td>
<td></td>
</tr>
</tbody>
</table>

**DATE OF VISITS:** April 4, 2014
Stanbridge ADN Program Outcomes

1. Identify and apply evidence-based concepts and theories relating to caring and the development of holism in the mindbodyspirit and the nursing process to assist patients, families and the community to develop or live within an optimal range of functioning across the lifespan.

2. Apply principles of health promotion, illness prevention and restorative or end of life care to assist patients, families and the community across the lifespan to their optimum level of human flourishing.

3. Demonstrate critical thinking and nursing judgment in situations that require acute, chronic and complex care and teaching utilizing knowledge of the sciences, current evidence and the nursing process.

4. Describes and demonstrates the ability to utilize information technology for communication with the healthcare team, development of knowledge and prevention of errors to support nursing judgment in clinical practice.

5. Recognize and practice personal professional development, including lifelong learning that leads to evidence-based nursing judgment for patients, families and communities across the lifespan.

6. Apply the principles of quality and safety to patient and family care in all healthcare locations including ethical decision making, patient advocacy and demonstration of integrity that is integral to the professional identity of the nurse.

7. Describe and demonstrate patient centered care with communication practices (verbal, nonverbal, electronic) that develop relationships with the patient and family and acknowledge diversity, cultural competence and demonstrate the professional identity of the nurse.

8. Implement the role and professional identity of an entry level registered nurse, utilizing evidence based practice, demonstrating responsibility, caring, advocacy and ethics while providing quality and safe care to patients, family and the community.

9. Develop and use interdisciplinary teamwork in the spirit of inquiry to achieve patient centered care for patients, families and the community across the lifespan.
## Stanbridge College
### Associate Degree Nursing Program
#### Faculty hiring schedule

- **Initial Enrolling Cohort**
  - **Director of Nursing**: 1 FTE, Already Hired
  - **Assistant Director of Nursing**: 1 FTE, July 2014
  - **Administrative Assistant**: 1 FTE, August 2014
  - **Nursing Skills Lab Coordinator**: 1 PTE, August 2014
  - **Content Expert - Medical/Surgical**: 1 FTE, August 2014
  - **Medical Surgical/ Psych/mental health**: 4 PTE, August 2014
  - **Content expert- Geriatric with medical-surgical focus (Will become fulltime with second cohort)**: 1 PTE, August 2014
  - **Content Expert-Psychiatric with M/S**: 1 FTE, August 2014

  **New Hire Total: 2 FTE Faculty, 5 PTE Faculty (start with 6, reduce to 5 in October)**
  - 2 FTE Administrators
  - 1 FT Administrative Assistant

- **2nd Enrolling Cohort - New Hires**
  - **Content Expert-Geriatric with medical-surgical focus**: 1 FTE, February 2015
  - **Faculty Member-Mental health**: 2 PTE, February 2015
  - **Content Expert - Obstetrics**: 1 FTE, June 2015
  - **Faculty Member Obstetrics**: 3 PTE, July 2015
  - **Content Expert – Pediatrics**: 1 FTE, July 2015

  **New Hire Total: 3 FTE, 5 PTE Faculty**

- **3rd Enrolling Cohort - New Hires**
  - **Faculty Member Pediatrics**: 3 PTE, September 2015
  - **Content Expert – Advanced Nursing**: 1 FTE, October 2015
  - **Faculty Member Advanced Nursing**: 3 PTE, October 2015

  **Total: 1 FTE 6 PTE Faculty**

**GRAND TOTAL: 9 FTE, 16 PTE (2 Administrators, 22 Faculty Members, and 1 Administrative Assistant)**
June 16, 2014  Launch Instructor Search
   a. Working Nurse
   b. Nurseweek
   c. Referrals

July 14, 2014  Paper Screening

July 28, 2014  Candidate Interviews and Teaching Demonstration
   a. Program Director
   b. Vice President and Dean of Instruction

August 4, 2014  References Verified – Offers Extended

August 11, 2014  New Faculty Orientation/Training

1. Stanbridge College is making a commitment to achieve and support compliance with all applicable standards of the California Board of Registered Nursing.

   It is the sincere desire for Stanbridge College to provide the students choosing to enroll in the Associate Degree Nursing Program all opportunities necessary for them to attain their ultimate goal of becoming a Registered Nurse. Stanbridge College is also committed to compliance with all applicable rules and regulations established by the California Board of Registered Nursing.

2. A Nursing Skills lab, Anatomy and Physiology and Microbiology lab and Nursing Simulation lab have been developed to support the lab learning needs of the students.

   Stanbridge College has developed a new Nursing Skills lab, Anatomy and Physiology lab and Simulation lab to support the learning needs of the students.
<table>
<thead>
<tr>
<th>Clinical Site</th>
<th>Acute</th>
<th>Sub Acute, Community</th>
<th>Contract Signed</th>
<th>Medical Surgical, Mental Health, Obstetrics, Pediatrics, Geriatrics</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Confirmed: EDPs on file!</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>1. Garden Grove Hospital &amp; Medical Center 12601 Garden Grove Blvd Garden Grove, Ca 92843</td>
<td>Acute</td>
<td>Yes</td>
<td>Medical Surgical 3-11 W, Th Sat/Sun Obstetrics 7p-7a T, W, Th Geriatrics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. HealthBridge Children’s Hospital 393 S. Tustin St Orange CA 92866</td>
<td>Acute (Day Shifts)</td>
<td>Yes</td>
<td>Pediatrics W, Th, F</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Huntington Beach Hospital 17772 Beach Blvd Huntington Beach, Ca 92647</td>
<td>Acute</td>
<td>Yes</td>
<td>Medical Surgical all units 7p-7a Mental Health Th, F. Sat Geriatrics</td>
<td></td>
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<tr>
<td>4. La Palma Intercommunity Hospital 7901 Walker Street La Palma, Ca 90623</td>
<td>Acute (Day Shifts)</td>
<td>Yes</td>
<td>Medical Surgical/Geriatrics T, W, Th, F, Sat</td>
<td></td>
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<tr>
<td>5. West Anaheim Medical Center 3303 W. Orange Avenue Anaheim, Ca 92804</td>
<td>Acute (Day Shifts)</td>
<td>Yes</td>
<td>Medical Surgical/Geriatrics T, W, Sun Mental Health M, T, W Pediatrics</td>
<td></td>
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<tr>
<td>6. Western Medical Center, Anaheim 1025 South Anaheim Blvd Anaheim, CA 92805</td>
<td>Acute (Day shifts)</td>
<td>Yes</td>
<td>Medical Surgical Mon- Fri Days Mental Health M, T, W, Th Days</td>
<td></td>
<td></td>
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<tr>
<td>7. Western Medical Center, Santa Ana 1001 N Tustin Avenue Santa Ana, Ca 92705</td>
<td>Acute (Days and PMs)</td>
<td></td>
<td>Medical Surgical/Geriatrics M, W Day Shift Obstetrics M, W 3-11</td>
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<td></td>
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<tr>
<td>8. Saddleback Memorial Medical Center 24451 Health Center Drive Laguna Hills CA 92653</td>
<td>Acute</td>
<td>Yes</td>
<td>Medical Surgical/Geriatrics M – Sun 7a -7p Obstetrics M – Sun 7p -7a</td>
<td>Nights for OB</td>
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<tr>
<td>9. Centinela Hospital &amp; Medical Center 555 E. Hardy St Inglewood, Ca 90301</td>
<td>Acute</td>
<td>Yes</td>
<td>Medical Surgical/ Geriatrics Obstetrics</td>
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<tr>
<td>10. Orange Coast Memorial Medical Center 9920 Talbert Ave, Fountain Valley, CA 92708</td>
<td>Acute</td>
<td>Yes</td>
<td>Medical Surgical /Geriatrics M-Sun 7p-7a Obstetrics (day and night shifts)</td>
<td>Days &amp; nights for OB</td>
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<td>11. Mesa Verde Convalescent Hospital 661 Center Drive Costa Mesa, CA 92627</td>
<td>Subacute</td>
<td>(Day Shifts)</td>
<td>Yes</td>
<td>Geriatrics/Medical Surgical M - Sun</td>
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<tr>
<td>12. Capistrano Beach Care Center 35410 DelRay Capistrano Beach, CA 92624</td>
<td>Subacute (Day Shifts)</td>
<td>Yes</td>
<td>Geriatrics/Medical Surgical M - Sun</td>
<td></td>
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<td>13. Lestonnac Free Clinic 1215 East Chapman #1 Orange, Ca 92866</td>
<td>Community (Day Shifts)</td>
<td>Yes</td>
<td>Medical Surgical/Geriatrics</td>
<td></td>
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<tr>
<td>14. MHA Outreach Program &amp; Veterans Outreach - Mental Health Association of OC</td>
<td>Community (Day Shifts)</td>
<td>Yes</td>
<td>Mental Health</td>
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<tr>
<td>2416 South Main Street</td>
<td>Community (Day Shifts)</td>
<td>Yes</td>
<td>Mental Health</td>
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<th>Rio-San Clemente: Rehabilitation Institute of So California 2021 Calle Frontera San Clemente, Ca 92673</th>
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<tr>
<th>Alzheimer’s Family Services of OC 9451 Indianapolis Ave Huntington Beach, Ca 92646</th>
<th>Community (Day Shifts)</th>
<th>Yes</th>
<th>Geriatrics</th>
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<tr>
<th>Age Well Senior Services, Inc. 24300 El Toro Road Bldg A #2000 Laguna Woods, Ca 92653</th>
<th>Community (Day Shifts)</th>
<th>Yes</th>
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<tr>
<th>Saddleback College Student Health Center 28000 Marguerite Pkwy Mission Viejo, Ca 92692</th>
<th>Community (Day Shifts)</th>
<th>Yes</th>
<th>Medical Surgical Pediatrics</th>
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<tr>
<th>Saddleback College Child Care Development Center 28000 Marguerite Pkwy Mission Viejo, Ca 92692</th>
<th>Community (Day Shifts)</th>
<th>Pediatrics</th>
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<table>
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<tr>
<th>AIDS Service Foundation of OC 17982 Sky Park Cir Irvine, CA 92614</th>
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<th>Medical Surgical</th>
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<th>Medical Surgical/Geriatrics Mental Health Obstetrics</th>
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<th>C</th>
<th>P</th>
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<th>O</th>
<th>C</th>
<th>P</th>
<th>G</th>
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<td>7.5 9 4.5 13.5 74 103.5</td>
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* Number of weeks per semester / quarter
** Type in number weeks for each course, replacing "1"; do not type over "1" if there are extra lines and course is blank
Fill in for each course: number for total units, lecture units, lab units / Do not type in where "0" appears
# TOTAL CURRICULUM PLAN

Submit in duplicate

Name of School: Stanbridge College

Date Submitted: 3/7/2014

Type of Program: Baccalaureate

Revision: Major

Effective Date: 10/1/2014

List name and number of all courses of the program in sequence, beginning with the first academic term. Include general education courses.

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<thead>
<tr>
<th>Quarter/Semester</th>
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### Quarter 2

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### Quarter 3

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<th>Lab</th>
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Total 12 7 7 5 15 70 150

### Quarter 4

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Total 10.5 7 7 3.5 10.5 70 105
**Number of weeks per semester / quarter**

**Type in number weeks for each course, replacing "1"; do not type over "1" if there are extra lines and course is blank**

Fill in for each course: number for total units, lecture units, lab units / Do not type in where "0" appears

EDP-P-05a (Rev. 08/10)

TOTAL CURRICULUM PLAN

Submit in duplicate

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<th>Date Submitted: 3/7/2014</th>
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<tr>
<td>Revision: ☐ Major ☐ Minor</td>
<td>Effective Date: 10/1/2014</td>
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<tr>
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<tr>
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<tr>
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<tr>
<td>ENG 1050 Speech Communication</td>
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<td>Quarter 6</td>
<td>M</td>
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<tr>
<td>NUR 1600 Family Child Nursing</td>
<td>10</td>
</tr>
<tr>
<td>SOC 1010 Sociology</td>
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</tr>
<tr>
<td>Quarter 7</td>
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<tr>
<td>NUR 1700 Advanced Nursing I</td>
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</table>

(916) 322-3350

TOTAL CURRICULUM PLAN

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(916) 322-3350

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<td>Quarter 7</td>
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<td>NUR 1700 Advanced Nursing I</td>
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(916) 322-3350
* Number of weeks per semester / quarter
** Type in number weeks for each course, replacing "1"; do not type over "1" if there are extra lines and course is blank
Fill in for each course: number for total units, lecture units, lab units / Do not type in where "0" appears

TOTAL CURRICULUM PLAN

Submit in duplicate

Name of School: Stanbridge College

Date Submitted: 3/7/2014

Type of Program: □ Entry Level Master □ Baccalaureate □ Associate Degree

Revision: □ Major □ Minor

Effective Date: 10/1/2014

List name and number of all courses of the program in sequence, beginning with the first academic term. Include general education courses.

Check appropriate year:

☐ 1 ☑ 2 ☐ 3 ☐ 4

Check: □ Semester ☑ Quarter *Wk: 10

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Quarter/Semester

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Quarter/Semester

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* Number of weeks per semester / quarter
** Type in number weeks for each course, replacing "1"; do not type over "1" if there are extra lines and course is blank
Fill in for each course: number for total units, lecture units, lab units / Do not type in where "0" appears

(916) 322-3350

For BRN Office Use Only

□ Approved □ Not Approved

List name and number of all courses of the program in sequence, beginning with the first academic term. Include general education courses.

Submit in duplicate
REQUIRED CURRICULUM:
CONTENT REQUIRED FOR LICENSURE

Submit in DUPLICATE.

Program Name: Stanbridge College

Type of Program:
- [ ] Entry Level Master
- [ ] Baccalaureate
- [x] Associate

Requesting new Curriculum Approval: [x] Major

Date of Implementation: October 2014

Academic System: [x] Quarter

Semester: ______ weeks/semester

Quarter: 10 weeks/quarter

REQUrested for Licensure as Stated in CCR Section 1426

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<th>Proposed Curriculum Revision</th>
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List the course number(s) and title(s) in which content may be found for the following required content areas:

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<th>REQUIRED CONTENT</th>
<th>Course Number(s)</th>
<th>Course Titles</th>
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<tr>
<td>Alcohol &amp; chemical dependency</td>
<td>NUR1100, NUR1201, NUR1500, NUR1600, NUR1700</td>
<td>Fundamentals of Nursing I, Psychiatric Mental Health Nursing, Maternal – Newborn Nursing, Family and Child Nursing, Advanced Nursing I</td>
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<td>NUR 1100</td>
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<tr>
<td>Human Sexuality</td>
<td>Gerontology</td>
<td>Fundamentals of Nursing I</td>
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<tr>
<td>Client Abuse</td>
<td>Gerontology</td>
<td>Fundamentals of Nursing I</td>
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<td>Cultural Diversity</td>
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<td>Legal Aspects</td>
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</table>
Information needed to evaluate transcripts of applicants for licensure (Section 1426, Chapter 14, Title 16 of the California Code of Regulations) is listed in the left column below. Indicate the name(s) and the number(s) of the course(s) which include this content.

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### BASIC SCIENCES

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<tr>
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<tr>
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### COMMUNICATION

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*TOTAL UNITS* 115.5

*The “TOTAL UNITS” should match “TOTAL UNITS FOR LICENSURE” on page 1.

### LVN 45 UNIT OPTION

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**TOTAL UNITS** 41

Signature Program Director/Designee: [Signature]

Date: [Date]
AGENDA ITEM: 7.4.1  
DATE: June 12, 2014

ACTION REQUESTED:  Vote On Whether To Accept the Feasibility Study for Glendale Career College Associate Degree Nursing Program

REQUESTED BY:  Michael Jackson, MSN, RN  
Chairperson, Education/Licensing Committee

BACKGROUND:
Dr. Sybil Damon and Judy Corless, MN RN, consultants, submitted the Feasibility Study (FS) for a new Associate Degree Nursing Program on behalf of Glendale Career College (GCC).

GCC was in the process of having a FS proposal reviewed when the BRN placed a moratorium on accepting FS in June 2011. The GCC FS dated December 20, 2013, is the first feasibility study submitted since the Board lifted the moratorium April 1, 2013. Following initial review of the 12/20/2013 FS, the BRN requested additional information in order to determine compliance with BRN requirements. GCC submitted the requested information on April 14, 2014.

The following summary describes how the proposed program plans to meet the BRN requirements as outlined in Step 3 of the Instructions for Institutions Seeking Approval of New Prelicensure Registered Nursing Program (EDP-1-01(REV 03/10).

Description of the Institution

Since being established in 1946, Glendale Career College has had both ownership and name changes, expanded program offerings, and in 1993 established a branch campus Nevada Career Institute in Las Vegas, Nevada. In 2008, Glendale Career Schools, Inc. was acquired by North-West College (West Covina, CA). Currently, Glendale Career College, North-West College and Nevada Career College form a system of three Career Colleges held under the parent organization titled Southwest College of Medical and Dental Assistants and Practical Nurses, a privately held business corporation.

GCC offers eight health related programs: Health Administration, Central Service Technician, Computerized Office Assistant, Licensed Vocational Nurse, Massage Therapy, Medical Assistant, Medical Office Specialist, and Surgical Technology. All of these are non-degree programs with the exception of the Health Administration program which awards an Associate of Science degree upon completion. The enrollment for Spring 2014 at GCC is 276 students (132 LVNs).

GCC and its branch campus Nevada Career Institute in Las Vegas were initially accredited by the Accrediting Bureau of Health Education Schools (ABHES) on December 17, 2010. This accreditation was valid through December 31, 2013. At the January 2014 ABHES meeting, the
Commission acted to extend GCC’s current grant of accreditation through August 31, 2014 and to defer action on continued accreditation until its July 2014 meeting. The deficiency relates to the Massage Therapy and Medical Office Specialists programs at the Nevada Career Institute. (Details to the deficiency may be found in the attached report from GCC).

The approval of GCC by the California Bureau of Private Postsecondary Education is via its ABHES accreditation. At this time, the BPPE has granted GCC approval until August 31, 2014. (Official correspondence between GCC and both ABHES and the BPPE are in the attached report from GCC).

The NCLEX-PN pass rates for graduates of GCC vocational nursing program for the past five years are: 2009-77% (N48), 2010-74% (N62), 2011-77% (N44), 2012-82% (N45), and 2013 81%(N59). The minimum pass rate standard used by the BRN to monitor how successful RN programs are in preparing graduates for NCLEX-RN is 75%.

**Geographic Area**

GCC hired a private company to conduct a market analysis to determine the demand in the Glendale/Los Angeles County area for a nursing program. The Executive Summary (ES) from the study is located in the 12/20/2013 GCC FS (Section B). The ES included a market overview of the following: geographic definition, public health overview, and competition overview. The study concludes there is moderate to good potential for success regarding a nursing program in the area.

**Type of Program**

GCC is planning to offer a generic ADN program. General education and science courses may be completed at GCC or may be transferred from other accredited institutions. The nursing courses will be offered in four 16-week semesters over a two year period. The proposed program meets the BRN requirement that an approved prelicensure nursing program not be less than 2 academic years.

**Applicant Pool**

GCC intends to draw applicants from graduates of its own health related programs, as well as qualified individuals who were not accepted by other RN programs in the geographic region. From 2011-2013, there were 1400 hundred inquiries to North-West College (owner of GCC) from individuals interested in the RN program. The GCC FS includes a description of its marketing plan.

GCC plans to enroll a total of 90 students annually: 30 generic students twice per year (March 1 and July 1) and 30 LVN Advanced placement students once per year (October 1). The LVN Advanced Placement students will be integrated into the ongoing generic program. Maximum program enrollment will be 180 students.

The proposed start date for the CCC ADN program is March 2015. GCC has been advised of the BRN recommendation of a two year time frame between acceptance of a college’s FS and the projected enrollment date of the first student cohort.
Curriculum

The proposed ADN curriculum consists of 72 academic semester units: 31 prerequisite nursing units and 41 nursing semester units (22 nursing theory and 19 of clinical practice). The Feasibility Study includes a brief description of the courses and the proposed course sequence. GCC plans to award an Associate of Science Degree upon successful completion of the program.

Resources

GCC is located at 221 N Brand Blvd, in Glendale, CA. This entire two story commercial building will be dedicated to the RN program and is waiting remodeling. The plans for renovation of the second floor (10,209 square feet) identify space allocation for 3 classrooms (each accommodate 30 plus students), a science lab, a four-bed skills lab, a state-of-the-art simulation center, computer lab with 30 computers, and administration and faculty offices. The renovation timeline for the building is included in the April 10, 2014 GCC FS.

GCC anticipates hiring a total of 26 faculty members to support the program at full enrollment: 18 full-time and eight part-time. GCC already has a full array of student services in place.

Budget

The GCC FS includes a budget forecast for the first five years of program implementation which demonstrates the ability of the college to support the proposed program. The tuition for the ADN program will be $75,000.

GCC has allocated several million dollars for implementation of the RN program, as well as secured a line of credit for an additional $2 million dollars. The executive team for GCC is fully prepared to fund this program well into the future. Contingency funds are built into the budget. These funds are modest the first few years of program implementation, but grow to $1.75 million dollars by academic year 5.

Clinical Placements

The GCC-FS includes Facility Verification Forms (FVF) from 49 health care facilities. The following list identifies the acute care facility forms submitted. Sites which offer specialty clinical experiences are also identified.

Acute Care Facilities (9)

Citrus Valley Health Partners, Intercommunity Campus
Average Daily Census: 111
M/S Experience

Citrus Valley Health Partners, Queen of the Valley
Average Daily Census Facility: 200-225 patients
M/S, OB and Pediatric Experience
Foothill Presbyterian Hospital
Average Daily Census: 58
M/S Experience

Keck Hospital of USC
Average Daily Census Facility: 240-260
M/S Experience

USC Norris Cancer Center
Acute/Ambulatory
Average Daily Census: M/S Unit-28, Ambulatory Units-300 out patients

Victor Valley Global Medical Center
Average Daily Census: 65
M/S, OB, Pediatric Experience

Hemet Hospital
Average Daily Census: 90-100
M/S and Geriatric Experience

Providence St. Joseph Medical Center/ St. Elizabeth Center
Average Daily Census: 220
M/S and Geriatric Experience

Olympia Medical Center
Average Daily Census: 85
M/S and Psychiatric Experience

Psych/Mental Health Facilities (5)

Aurora Behavioral/Charter Oak
(inpatient and outpatient care for children, adolescents and adults with acute psychiatric and chemical dependency problems)
Average Daily Census: 130

Silverado Senior Living, Sierra Vista
Assisted Living
Average Daily Census: 84
Psych/MH and Geri Experience

Silverado Senior Living, Alhambra
Residential Care Facility
Average Daily Census: 30
Psych/MH and Geri Experience
Alliance Cherry Lee  
SNF, Rehab, Psych  
Average Daily Census: 46  
Psych/MH, M/S, and Geri Experience

Alliance El Monte  
SNF, Rehab, Psych  
Average Daily Census: 59  
Psych/MH, M/S, Geri Experience

Outpatient Clinic

Mother Child Health Center (City of Industry)  
Average Daily Census: 60 (30 Peds and 30 OB)

With respect to BRN FS requirement and clinical facilities, GCC meets the requirement. There is at least one clinical placement in each BRN required clinical areas (MS, OB, Peds, Psych and Geri) with the ability to accommodate at least eight students. Further, there are in-patient experiences available in each BRN required clinical area on the day or evening shift.

Currently, the LA county area does not have a clinical placement consortium. Clinical placements are secured directly by the SON and the health care facility. GCC is aware that new program placements should not result in displacement of existing students. The GCC FS consultants have done extensive work securing clinical placements. In some instances, grids were presented to document existing SON placements would not be effected by a GCC placement.

Conclusion

The California Career College Feasibility Study meets all the BRN Feasibility Study requirements.

ELC Recommendation: Accept the Feasibility Study for Glendale Career College Associate Degree Nursing Program.

NEXT STEPS: Notify program of Board action.

PERSON(S) TO CONTACT: Carol Mackay, MN, RN
March 21, 2014

Judy Corless, Consultant
Dr. Sybil Damon, Consultant
Glendale Career College
2121 West Garvey Avenue North
West Covina, CA 91790
Los Angeles, CA 90004

Glendale Career College Feasibility Study dated December 20, 2013 for an Associate Degree Nursing Program

Dear Judy and Dr. Damon,

The following is in reference to the Glendale Career College (GCC) Feasibility Study (FS) dated December 20, 2013. This document has been reviewed to determine if the information, which it presents, meets the requirements of the California Board of Registered Nursing (BRN).

At this time, the Glendale Career College Feasibility Study does not meet all the BRN requirements as outlined in Step 3 of the Instructions for Institutions Seeking Approval of New Prelicensure Registered Nursing Program [EDP-I-01 (REV 03/10)]. In order to meet outstanding requirements, the following additional information is required.

Description of the Institution

What is the GCC enrollment Spring 2014 for the total campus and by program?

Please provide a description of the existing GCC campus/building. Thank you for the renovation details.

Accreditation

Has GCC accreditation with the Accrediting Bureau of Health Education Schools (ABHES) and the Bureau of Private Postsecondary Education (BPPE) been renewed? What are the new expiration dates? Please provide official documentation.

Enrollment

Are the projected enrollment numbers, three cohorts of 30 students annually realistic?

How many students will be enrolled at full program implementation?
**Start Date**

Please adjust the program’s start date. The BRN recommends a two year time frame between when a school anticipates its FS will be BRN approved and the projected student enrollment date for the new program. This time frame allows the proposed program to acquire the needed resources and successfully complete the Self Study phase of the initial approval process. Further, this enrollment date does not preclude a school from starting earlier if the Self-Study phase of the initial approval process is successfully concluded before then.

**Proposed Prelicensure Program**

In which semester of the proposed generic ADN program will the LVN student cohort be admitted?

Two course descriptions (ADN098 and ADN 099) were included in the FS (Tab E), however these courses were not found in the proposed course sequence. Are these courses part of the proposed curriculum? Where will they be placed in the course sequence?

**Resources**

What is the projected total number of faculty needed to implement the program at full enrollment? Of this number, how many are projected to be full time faculty and how many part time faculty? What is the time line for adding faculty to the program based on the evolving program needs? Does the projected faculty budget line support these numbers?

With respect to the renovation, the three classrooms and the science lab each with a proposed student capacity of 24 are not able to accommodate the proposed enrollment of 30 students.

Are the financial resources available to support a simulation Lab with five new high fidelity mannequins and other associated equipment?

Based on the current utilization and size of the LVN Skills Lab, is it adequate to meet the learning needs of the proposed ADN program?

**Budget**

With respect to the projected Budget FY 2014-FY2019, are the Operating Expenditures listed under Administration for GCC or the proposed ADN program? The projected operating expenditures for the proposed ADN program are requested.

Please clarify where in Section F the actual expenditures to date for development of the proposed program are located. Also, please clarify where the contingency funds are built into the budget.

Please provide a breakdown of anticipated program development costs from now until the program open, specifically for the Simulation Lab mannequins and equipment, additional skills lab equipment for RN students, furniture for classrooms and offices, RN AV and computer learning programs, etc.

Also, please include a space renovation timeline.
What is the anticipated salary for the ADN program director and faculty?

The BRN expects that proposed nursing programs will be financially supported in part by the institution, and not solely by student tuition. Please clarify how GCC will meet this requirement?

**Clinical Facilities**

Thank you for your extensive work in this area. With respect to the placements for Psychiatric nursing experience, please provide additional information regarding the psychiatric experiences at the two Silverado Senior Living Facilities and at the three Alliance facilities. I attempted to conduct a thorough review of all the clinical facility forms in the FS and I may have missed it, but was a form submitted for an inpatient experience with other patient populations and conditions out side of Geri-Psych? This type of experience would strengthen your FS.

**Next Steps**

According to the BRN *Instructions for Institutions Seeking Approval of New Prelicensure Registered Nursing Program*, institutions are limited to two Feasibility Study submissions to demonstrate compliance with the BRN requirements. This means that Glendale Career College has one more opportunity to satisfactorily meet BRN requirements.

If the second Glendale Career College FS is successful, the FS will be placed on an Education Licensing Committee (ELC) agenda. The next ELC meeting is scheduled for May 7, 2014 in Northern California (the exact location is to be determined). In order to be placed on this agenda, your response to the questions and requests in this document must be submitted no later than April 14, 2014.

If the second Glendale Career College FS is unsuccessful, the entire process must be started again with a Letter of Intent, etc. These Instructions … can be viewed on the BRN web site.

Please submit two hard copies and one electronic version of the revisions to the Glendale Career College FS to the Sacramento office.

I trust this information is helpful. Should you have questions, please contact me.

Sincerely,

Carol Mackay, MN, RN  
Nursing Education Consultant  
Board of Registered Nursing  
Carol_Mackay@dca.ca.gov  
760-583-7844
Letter of response:

Feasibility Study

April 10, 2014
April 10, 2014

Board of Registered Nursing
1747 North Market Blvd, Ste 150
Sacramento, CA 95834

Dear Mrs. Carol Mackay,

Regarding Glendale Career College Response to Feasibility Study

Please find our response to all of your questions and or concerns with respect to Glendale Career College ADN program.

Please contact us if you have any further questions, and we look forward to seeing you at the May 2014 meeting in Sacramento.

Warmest regards,

Dr. Sybil Wells Damon

Dr. Sybil Damon
Email: ddsdab81@aol.com
Mobile: 909-553-6975

Judy Corless, MN, RN

Judy Corless, MN RN
Email: Judy@VentureStrategic.com
Mobile: 951-258-4447
March 21, 2014

Judy Corless, Consultant  
Dr. Sybil Damon, Consultant  
Glendale Career College  
2121 West Garvey Avenue North  
West Covina, CA 91790e  
Los Angeles, CA 90004

Glendale Career College Feasibility Study dated December 20, 2013 for an Associate Degree Nursing Program

Dear Judy and Dr. Damon,

The following is in reference to the Glendale Career College (GCC) Feasibility Study (FS) dated December 20, 2013. This document has been reviewed to determine if the information, which it presents, meets the requirements of the California Board of Registered Nursing (BRN).

At this time, the Glendale Career College Feasibility Study does not meet all the BRN requirements as outlined in Step 3 of the Instructions for Institutions Seeking Approval of New Prelicensure Registered Nursing Program [EDP-1-01 (REV 03/10)]. In order to meet outstanding requirements, the following additional information is required.
Description of the Institution

1) What is the GCC enrollment Spring 2014 for the total campus and by program? The enrollment for Spring 2014 at the GCC, is 276 and awaiting ADN remodel Summer 2014. Enrollment figures for Glendale Career College for 2014 enrollment is:

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<tr>
<td>MA2</td>
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</tr>
<tr>
<td>MOS</td>
<td>8</td>
</tr>
<tr>
<td>ST</td>
<td>90</td>
</tr>
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</table>

2) Please provide a description of the existing GCC campus/building. Thank you for the renovation details.

The proposed ADN program will operate at 221 N Brand Blvd, Glendale Ca. This is a two story commercial building, zoned for commercial use, in the city of Glendale Ca 91203. The second floor is 10,209 sq ft, will be where the main classroom, laboratories, and faculty offices, along with a brand new state of the art simulation center. A computer lab, science lab, conference areas, mechanical rooms, on site storage, and a faculty break room are also located on the second floor. This facility has a stairwell on both ends of the building flanking elevators within. Parking for facility is available 7 days a week. Also please see attached drawing of space plan.
Accreditation

3) Has GCC accreditation with the Accrediting Bureau of Health Education Schools (ABHES) and the Bureau of Private Postsecondary Education (BPPE) been renewed? What are the new expiration dates? Please provide official documentation.

Please find the following documents from ABHES and BPPE.
The Nevada Career Institute, which is a branch of Glendale Career College, is due for re-accreditation August 31, 2014; there were some documentation questions which have all been addressed. In the event you would like to review the response we have a copy in our file.
Ms. Connie Bell  
Interim Campus Director  
Glendale Career College  
240 N. Brand Boulevard, Lower Level  
Glendale, CA 91203

Dear Ms. Bell:

Glendale Career College, Glendale, California, ID#: I-220  
Nevada Career Institute, Las Vegas, Nevada, ID#: I-220-01

The Commission, at its January 2014 meeting, reviewed your institution's application for a continued grant of accreditation, including the Self-Evaluation Report, the on-site Visitation Report, the institution's response to the report, the response to previous deferral action, and other information related to the application. Based on review and discussion, the Commission acted to extend the current grant of accreditation through August 31, 2014, and to again defer action on the application until its July 2014 meeting based on the following from the Accreditation Manual:

**Las Vegas Campus**

1. Supervision and evaluation of student performance is provided during the clinical experiences (V.B.4.c.). (Massage Therapy and Medical Office Specialist)

Therefore, the institution is directed to submit the following:

- A class schedule that identifies class time and clinical externship times for the Massage Therapy program.
- A complete student roster for the Massage Therapy program. For each student on the roster please submit clinical evaluations that evidence evaluations of all clinical competencies. The evaluation sheets must be signed by the instructor and the student, and be dated to reflect the time competencies were demonstrated.
- A class schedule that identifies class time and clinical externship times for the Medical Office Specialist program.
- A complete student roster for the Medical Office Specialist program. For each student on the roster please submit clinical evaluations that evidence evaluations of all clinical competencies. The evaluation sheets must be signed by the instructor and the student, and be dated to reflect the time competencies were demonstrated.
- An ABHES faculty data sheet, transcripts and 30 day evaluation for the newly hired Massage Therapy program instructor Kristin Davis Hunsaker.
2. Students are satisfied with the training and educational services offered by an institution or program (V.D.3.b.). (Medical Assisting and Medical Office Specialist)

Therefore, the institution is directed to submit the following:

A current roster for all students in the Medical Assisting and Medical Office Specialist programs and student surveys that correspond to the number of students listed on the roster. The results of the survey must be summarized and a detailed plan of action addressing the results must be provided. An outline of the progress in following the action plan, and a narrative description of how those actions have improved student satisfaction in the Medical Assisting and Medical Office Specialist programs must also be provided.

3. Students are provided academic progress reports and academic advising to meet their individual educational needs (V.D.4.). (Massage Therapy)

Therefore, the institution is directed to submit the following:

A current roster of all Massage Therapy students specifically identifying each Massage Therapy student who has required advising at any point in their study. For those students identified as requiring advising, a progress report and copy of their grades must be provided. If applicable, a detailed plan of action to remediate any continuing deficiencies must be included. The reports should be dated and signed by the student and the instructor.

4. Faculty is provided time, resources, and opportunities for professional development (V.E.5.). (Medical Assisting)

Therefore, the institution is directed to submit the following:

Documentation of professional development activity, for each Medical Assisting faculty member, that has occurred within the last twelve months. A roster of all Medical Assisting faculty must also be included. The previous response submitted did not include a faculty roster and therefore the Commission could not verify whether all Medical Assisting faculty had completed the required professional development.

5. A program must be served by an individual consultant or advisory board of program-related specialists to assist administration and faculty in fulfilling stated educational objectives (MA.B.2.c.). (Medical Assisting)

Therefore, the institution is directed to submit the following:

A curriculum vitae or resume for the physician representative added to the advisory board (Rogelio Q. Veloso, MD), as well as documentation that demonstrates that the physician, or another advisory board member who meets the definition of physician, physician assistant or nurse practitioner, is currently licensed in a jurisdiction within the United States.
This final deferral of action on the application for accreditation is the result of failure of the institution to 
demonstrate compliance with the standards as set forth above. This action, at the discretion of the 
Commission, provides an extension to allow the institution to demonstrate compliance with the cited 
violated standards. The institution is reminded that the burden is on it to demonstrate compliance with all 
accreditation requirements and that failure to do so by its response to this deferral can result in a negative 
action as the next possible action by the Commission.

Please be aware of the maximum period of time the Commission may allow for an institution to be brought 
into compliance with ABHES requirements. Chapter III, Section C of the Accreditation Manual states, in 
part:

_The Commission may in its discretion provide an opportunity for the institution or program to bring itself into compliance within a time period specified by the commission. That time period will not exceed:_

a. Twelve months, if the longest program is less than one year in length.

b. Eighteen months, if the longest program is at least one year, but less than two years in length.

c. Two years, if the longest program is at least two years in length.

**Response Requirements**

The institution’s response to this letter, including the cover letter, narrative, exhibits, and the completed 
“Notice for Commissioner Recusal” form included with this letter must be submitted on a USB (stick) 
drive or on a CD Rom, in accordance with the instructions “Preparing Your Institution’s Response” found 
under the Forms Tab on the ABHES Website at [www.abhes.org/forms](http://www.abhes.org/forms). Please be advised, according to 
the instructions, electronic bookmarks must be used to identify supporting exhibits in the response. A 
response, which does not include electronic bookmarked exhibits, will not be accepted.

The response must be received by ABHES no later than *May 1, 2014*. It is imperative that the USB drive 
or the CD Rom is properly labeled with the (1) institution’s name, (2) city/state, (3) ABHES ID #, (4) 
Response to February 2014 Letter, and (5) date.

The institution is advised that failure to respond per the Response Requirements outlined above by 
the due date will result in a late-fee assessment in accordance with Appendix I of the Accreditation 
Manual.

If you have any questions concerning this correspondence, please contact staff liaison, Pete Etchells, at 
[patchells@abhes.org](mailto:patchells@abhes.org) or at (571) 282-0059.

Sincerely,

Carol A. Moneymaker
Executive Director

*Nationally Recognized by the U.S. Department of Education*
Enclosure: Notice for Commissioner Recusal

c. Mr. Patrick Pierson, Campus Director, Nevada Career Institute
March 27, 2014

Melissa Brunson
Glendale Career College
2121 West Garvey Avenue North
West Covina, CA 91790

RE: Approval to Operate an Accredited Institution - Institution #1901431, Application #26954

Dear Ms. Brunson:

The Bureau for Private Postsecondary Education (Bureau) completed the review of your application for approval to operate an accredited institution, received on January 8, 2014. The information included with the application was determined to be in compliance with the requirements of Title 5, California Code of Regulations (CCR) section 71390. Therefore, Glendale Career College is granted approval to operate under the terms of California Education Code (CEC) section 94890(a)(1) until August 31, 2014 per CEC section 94890(b).

Glendale Career College is approved to offer the programs on the most recent "Approved Educational Program List" at 240 N. Brand Blvd., Glendale, CA 91203.

Glendale Career College is required to maintain compliance with the California Private Postsecondary Education Act of 2009 and Title 5, California Code of Regulations 7.5 Private Postsecondary Education and is subject to inspection by Bureau staff at any time for the purpose of monitoring compliance.

Ownership information: Bureau records will reflect the following ownership for Glendale Career College (School Code 1901431)

Marsha Fuerst 51%
Mitchell Fuerst 49%

If you require additional assistance on this matter, please contact Kimberly Harris at (916) 431-6918.

Sincerely,

ERICA SMITH, Manager
Licensing Unit

Enclosure
**Enrollment**

4) Are the projected enrollment numbers, three cohorts of 30 students annually realistic?

Yes, we believe that the 30 students three times a year is realistic based on our name recognition in the area, financial stability with several years of program reserve funds, history of success in the community since 1966, and we have also allocated one entire building just for the ADN program. In addition, we have enough training sites to support the proposed enrollment.

5) How many students will be enrolled at full program implementation?

**180 students will be enrolled at full capacity. Please refer to the budget sheet attached line item B, (also listed below).**

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<th>Year</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
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<td>180</td>
<td>180</td>
</tr>
<tr>
<td>FY 2015</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY 2016</td>
<td></td>
<td></td>
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<tr>
<td>FY 2017</td>
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<tr>
<td>FY 2018</td>
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</tr>
<tr>
<td>FY 2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**B  Student Enrollment Nursing Program**
**Start Date**

6) Please adjust the program’s start date. The BRN recommends a two year time frame between when a school anticipates its FS will be BRN approved and the projected student enrollment date for the new program. This time frame allows the proposed program to acquire the needed resources and successfully complete the Self Study phase of the initial approval process. Further, this enrollment date does not preclude a school from starting earlier if the Self-Study phase of the initial approval process is successfully concluded before then.

With a March 1st, 2015 student enrollment projection we will be within the 2 + year window of suggested time allocation by the BRN. The resources are already in place and available to sustain for several years.
Section C – Description of the Type of Program Being Proposed, Enrollment Projection, and Method of Determining the Projected Enrollment

Glendale Career College is proposing a Generic ADN Program with two (2) tracks and one (1) (LVN Advanced Placement track, Thirty (30) Unit Option). The intended start date is Spring 2015. Please see the five year enrollment projection in the table below.

The method used to determine the projected enrollment is based on the demographic information presented in Sections B and D of this study as well as the size of the physical space of the College and Faculty/Director requirements/availability along with the budgeted allocation of funds.

The projected enrollment is as follows:

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>Number of Students</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>March 1, 2015</td>
<td>30</td>
<td>Generic</td>
</tr>
<tr>
<td>July 1, 2015</td>
<td>30</td>
<td>Generic</td>
</tr>
<tr>
<td>October 1, 2015</td>
<td>30</td>
<td><strong>Advanced Placement</strong></td>
</tr>
<tr>
<td>FY 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>March 1, 2016</td>
<td>30</td>
<td>Generic</td>
</tr>
<tr>
<td>July 1, 2016</td>
<td>30</td>
<td>Generic</td>
</tr>
<tr>
<td>October 1, 2016</td>
<td>30</td>
<td><strong>Advanced Placement</strong></td>
</tr>
<tr>
<td>FY 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>March 1, 2017</td>
<td>30</td>
<td>Generic</td>
</tr>
<tr>
<td>July 1, 2017</td>
<td>30</td>
<td>Generic</td>
</tr>
<tr>
<td>October 1, 2017</td>
<td>30</td>
<td><strong>Advanced Placement</strong></td>
</tr>
<tr>
<td>FY 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>March 1, 2018</td>
<td>30</td>
<td>Generic</td>
</tr>
<tr>
<td>July 1, 2018</td>
<td>30</td>
<td>Generic</td>
</tr>
<tr>
<td>October 1, 2018</td>
<td>30</td>
<td><strong>Advanced Placement</strong></td>
</tr>
<tr>
<td>FY 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>March 1, 2019</td>
<td>30</td>
<td>Generic</td>
</tr>
<tr>
<td>July 1, 2019</td>
<td>30</td>
<td>Generic</td>
</tr>
<tr>
<td>October 1, 2019</td>
<td>30</td>
<td><strong>Advanced Placement</strong></td>
</tr>
</tbody>
</table>
8) In which semester of the proposed generic ADN program will the LVN student cohort be admitted?

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>Number of Students</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>March 1, 2015</td>
<td><strong>30</strong></td>
<td>Generic</td>
</tr>
<tr>
<td>July 1, 2015</td>
<td><strong>30</strong></td>
<td>Generic</td>
</tr>
<tr>
<td>October 1, 2015</td>
<td><strong>30</strong></td>
<td><strong>Advanced Placement</strong></td>
</tr>
<tr>
<td>FY 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>March 1, 2016</td>
<td><strong>30</strong></td>
<td>Generic</td>
</tr>
<tr>
<td>July 1, 2016</td>
<td><strong>30</strong></td>
<td>Generic</td>
</tr>
<tr>
<td>October 1, 2016</td>
<td><strong>30</strong></td>
<td>Advanced Placement</td>
</tr>
<tr>
<td>FY 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>March 1, 2017</td>
<td><strong>30</strong></td>
<td>Generic</td>
</tr>
<tr>
<td>July 1, 2017</td>
<td><strong>30</strong></td>
<td>Generic</td>
</tr>
<tr>
<td>October 1, 2017</td>
<td><strong>30</strong></td>
<td>Advanced Placement</td>
</tr>
<tr>
<td>FY 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>March 1, 2018</td>
<td><strong>30</strong></td>
<td>Generic</td>
</tr>
<tr>
<td>July 1, 2018</td>
<td><strong>30</strong></td>
<td>Generic</td>
</tr>
<tr>
<td>October 1, 2018</td>
<td><strong>30</strong></td>
<td>Advanced Placement</td>
</tr>
<tr>
<td>FY 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>March 1, 2019</td>
<td><strong>30</strong></td>
<td>Generic</td>
</tr>
<tr>
<td>July 1, 2019</td>
<td><strong>30</strong></td>
<td>Generic</td>
</tr>
<tr>
<td>October 1, 2019</td>
<td><strong>30</strong></td>
<td>Advanced Placement</td>
</tr>
</tbody>
</table>
8) Two course descriptions (ADN098 and ADN099) were included in the FS (Section E), however these courses were not found in the proposed course sequence. Are these courses part of the proposed curriculum? Where will they be placed in the course sequence?

Yes, they are for advanced placement courses ADN098 & ADN099 are two of the required courses. Yes, they are in course sequence. These courses must be passed in order to be accepted into the Advanced Placement nursing program.

<table>
<thead>
<tr>
<th>Section E – Proposed Provisions for Required Subject Matter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Placement (LVN) Program</td>
</tr>
<tr>
<td>Required Prior to Starting Nursing Sequence – (18.5 Units):</td>
</tr>
<tr>
<td>The first six classes identified below</td>
</tr>
<tr>
<td>(18.5 Units) must be completed prior to starting the Nursing Sequence.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Natural Sciences:</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy 201</td>
<td>3 lecture, 1 lab (3 hours lab = 1 Unit)</td>
</tr>
<tr>
<td>Physiology 202</td>
<td>3 lecture, 1 lab</td>
</tr>
<tr>
<td>Microbiology 203</td>
<td>3 lecture, 2 lab</td>
</tr>
<tr>
<td><strong>Total Natural Sciences</strong></td>
<td><strong>13.0</strong></td>
</tr>
</tbody>
</table>

| Nursing: (This course must be passed with a grade of "C" or better before entering ADN 104 and ADN 105) |

<table>
<thead>
<tr>
<th>ADN 098 - Role Transition</th>
<th>1.5 hours/week for 16 weeks</th>
<th>1.5</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADN 099 - Role Transition Campus Laboratory</td>
<td>3 hours/week for 16 weeks</td>
<td>1.0</td>
</tr>
<tr>
<td><strong>Total Nursing</strong></td>
<td><strong>2.5</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communication:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>English 101</td>
<td></td>
<td>3.0</td>
</tr>
<tr>
<td>Courses completed Prior to or Along with the Nursing Sequence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communications 101 – Oral Communications (Speech)</td>
<td></td>
<td>3.0</td>
</tr>
<tr>
<td><strong>Total Communications</strong></td>
<td><strong>6.0</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behavioral Sciences:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychology 101 - General Psychology</td>
<td></td>
<td>3.0</td>
</tr>
<tr>
<td>Psychology 102 - Growth and Development</td>
<td></td>
<td>3.0</td>
</tr>
<tr>
<td>Sociology 101</td>
<td></td>
<td>3.0</td>
</tr>
<tr>
<td><strong>Total Behavioral Sciences</strong></td>
<td><strong>9.0</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Critical Thinking:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Philosophy 201 - Critical Reasoning</td>
<td></td>
<td>3.0</td>
</tr>
<tr>
<td><strong>Total Critical Thinking</strong></td>
<td><strong>3.0</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Units for Nursing Courses - This Section</th>
<th>2.5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Units for General Education Courses</td>
<td><strong>31.0</strong></td>
</tr>
</tbody>
</table>
9) What is the projected total number of faculty needed to implement the program at full enrollment? Of this number, how many are projected to be full time faculty and how many part time faculty?

<table>
<thead>
<tr>
<th>Academic Staff</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campus Director</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Faculty Full Time</td>
<td>12</td>
<td>18</td>
<td>18</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Faculty Part Time</td>
<td>4</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>

10) What is the time line for adding faculty to the program based on the evolving program needs?

This is explained in the above chart where we are stating with 12 full time faculty, and 4 part time faculty in 2015, this will increase each year with enrollment and by the above referenced figures. Does the projected faculty budget line support these numbers? Yes, please see the chart below which is an exert from the budget line 22.

11) With respect to the renovation, the three classrooms (24 student capacity per room) and the science lab (24 student capacity) are not able to accommodate the proposed enrollment of 30 students.

In the proposed remodel the classrooms are all set for over 30+ students.

12) Are the financial resources available to support a simulation Lab with five new high fidelity mannequins and other associated equipment?

Yes we have accounted for all high fidelity simulation equipment and all related materials for the entire simulation lab, located under Operation and Maintenance of Facility under line 38 Buying ALL Equipment. In addition, the labs will be fully operational by the end of the remodel.
13) Based on the current utilization and size of the LVN Skills Lab, is it adequate to meet the learning needs of the proposed ADN program?

Yes only the ADN program will be housed at the following address 221 North Brand Blvd, Glendale, CA, which is awaiting remodel. There will be no LVNs housed in this location.

Budget

14) With respect to the projected Budget FY 2014-FY2019, are the Operating Expenditures listed under Administration for GCC or for the proposed ADN program?

The entire budget is for the ADN program only; the entire building is dedicated to the RN program and is awaiting remodeling.

15) The projected operating expenditures for the proposed ADN program are requested.

This is the budget for the ADN program with the exception of the Chief Nursing Officer.

16) Please clarify where in Section F the actual expenditures to date for development of the proposed program are located.

This budget was submitted in 2013 with proposed expenses starting in 2014 thru 2019, our expenditures for 2014 are purely administrative at the time of this response and are located in the salary section labeled administrative line 6 & 7 are projected.

17) Also, please clarify where the contingency funds are built into the budget.

The contingency fund is listed below, which is an excerpt from the overall budget line 46.
18) Please provide a breakdown of anticipated program development costs from now until the program is scheduled to open, specifically for the Simulation Lab mannequins and equipment, additional skills lab equipment for RN students, furniture for classrooms and offices, RN AV and computer learning programs, etc. (please see full budget on the follow page)
# Operating Budget: Projected Revenues and Expenditures

## Year 1 Pre-Operational Year

### Budget 2014-2019

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A Per Pupil Tuition Nursing</td>
<td>0</td>
<td>37,500</td>
<td>37,500</td>
<td>38,250</td>
<td>38,250</td>
<td>39,016</td>
</tr>
<tr>
<td>B Student Enrollment Nursing Program</td>
<td>0</td>
<td>50</td>
<td>180</td>
<td>180</td>
<td>180</td>
<td>180</td>
</tr>
<tr>
<td>C Staff FTE: (1.0 FTE - 60 hours)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C1. Network Staff</td>
<td>3.0</td>
<td>7.0</td>
<td>9.0</td>
<td>9.0</td>
<td>9.0</td>
<td>9.0</td>
</tr>
<tr>
<td>C2. Professional Staff</td>
<td>3.0</td>
<td>5.0</td>
<td>5.0</td>
<td>5.0</td>
<td>5.0</td>
<td>5.0</td>
</tr>
<tr>
<td>C3. Academic Staff</td>
<td>3.0</td>
<td>21.0</td>
<td>32.0</td>
<td>32.0</td>
<td>32.0</td>
<td>32.0</td>
</tr>
<tr>
<td>D Staff FTE: Subtotal</td>
<td>11.0</td>
<td>33.0</td>
<td>46.0</td>
<td>46.0</td>
<td>46.0</td>
<td>46.0</td>
</tr>
</tbody>
</table>

### Operating Revenues

1. Tuition | 0 | 3,375,000 | 6,750,000 | 6,885,000 | 6,885,000 | 7,022,700 |
2. Increase off set of Financial Aid | 0 | 0 | 744,000 | 1,116,000 | 1,147,500 | 1,170,450 |
3. Decrease off set of Financial Aid | 0 | (744,000) | (1,116,000) | (1,147,500) | (1,170,450) | (1,170,450) |
4. Investment Income | 4,000,000 | 1,055,000 | 0 | 0 | 0 | 0 |
5. Other: Bank Loans & Other | 0 | 0 | 0 | 0 | 0 | 0 |

### Operating Expenditures

#### Administration

6. Salaries - Administrative (Professional) | 450,000 | 903,000 | 930,090 | 957,993 | 986,732 | 1,016,334 |
7. Salaries - Administrative (Support/Clerical) | 175,000 | 205,333 | 241,500 | 225,000 | 234,000 | 247,500 |
8. Office Supplies and Materials | 50,000 | 52,500 | 55,125 | 57,881 | 60,775 | 63,814 |
9. Dues, Licenses, and Subscriptions | 20,000 | 20,000 | 20,000 | 20,000 | 20,000 | 20,000 |
10. Recruitment/Advertising | 280,000 | 367,860 | 362,680 | 479,745 | 460,344 | 491,589 |
11. Other: Events, food | 15,000 | 36,000 | 35,000 | 40,000 | 40,000 | 45,000 |
12. Other: Postage and Printing | 30,000 | 30,000 | 30,000 | 30,000 | 30,000 | 30,000 |
13. Subtotal | 4,000,000 | 6,331,000 | 6,378,000 | 6,853,800 | 6,862,050 | 7,022,700 |

#### Instructional Services

14. Salaries - Teachers | 0 | 1,338,000 | 2,217,384 | 2,283,906 | 2,352,423 | 2,422,995 |
15. Instructional Technology in Classrooms | 35,000 | 30,000 | 30,000 | 30,500 | 30,500 | 30,500 |
16. Instructional Supplies & Materials | 15,000 | 48,000 | 48,000 | 48,000 | 48,000 | 48,000 |
17. Testing & Assessment | 15,000 | 45,000 | 90,000 | 90,000 | 90,000 | 90,000 |
18. Professional Development, Instructional | 10,000 | 15,000 | 15,000 | 15,000 | 15,000 | 15,000 |
19. Subtotal | 150,000 | 1,318,000 | 2,440,384 | 2,506,906 | 2,575,423 | 2,645,995 |

#### Other Student Services

20. Salaries - Other Student Services | 0 | 45,000 | 45,000 | 45,000 | 45,000 | 50,000 |
21. Other: Library | 35,000 | 12,000 | 12,000 | 12,000 | 12,000 | 12,000 |
22. Subtotal | 55,000 | 57,000 | 57,000 | 57,000 | 57,000 | 62,000 |

#### Operation and Maintenance of Facility

23. Salaries - Operation and Maintenance | 65,000 | 65,000 | 70,000 | 70,000 | 75,000 | 80,000 |
24. Utilities | 29,400 | 29,400 | 29,400 | 29,400 | 29,400 | 29,400 |
25. Maintenance of Buildings & Grounds | 20,000 | 20,000 | 20,000 | 20,000 | 20,000 | 20,000 |
26. Maintenance of Equipment | 0 | 50,000 | 50,000 | 50,000 | 50,000 | 50,000 |
27. Buying ALL Equipment | 1,750,000 | 0 | 0 | 0 | 0 | 0 |
28. Capital Debt Service | 0 | 1,500,000 | 1,750,000 | 1,750,000 | 0 | 0 |
29. Renovation/Construction | 800,000 | 0 | 0 | 0 | 0 | 0 |
30. Other: Waste Management | 6,000 | 6,000 | 6,000 | 6,000 | 6,000 | 6,000 |
31. Other: Inspections, Water, Security | 7,500 | 7,500 | 7,500 | 7,500 | 7,500 | 7,500 |
32. Subtotal | 2,727,300 | 187,900 | 1,682,900 | 1,932,900 | 1,937,900 | 192,900 |

#### Community Services

33. Community Projects/Outreach | 50,000 | 150,000 | 200,000 | 200,000 | 200,000 | 200,000 |
34. Subtotal | 50,000 | 150,000 | 200,000 | 200,000 | 200,000 | 200,000 |

#### Contingency Fund

35. Contingency Fund | 25,000 | 50,000 | 100,000 | 125,000 | 150,000 | 1,750,000 |

#### TOTAL OPERATING EXPENDITURES

36. TOTAL OPERATING EXPENDITURES | 3,994,150 | 3,610,235 | 6,311,879 | 6,703,153 | 6,843,083 | 6,886,246 |

#### SURPLUS/(DEFICIT)

37. SURPLUS/(DEFICIT) | 5,850 | 20,705 | 66,121 | 150,347 | 18,970 | 136,455 |
<table>
<thead>
<tr>
<th>Staffing</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Network Staff</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration staff</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Admissions Staff</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Technology Staff</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Financial Aid Staff</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Recruitment</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Articulation Officer</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Remediation Coordinator</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total Network Staff</strong></td>
<td>7</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td><strong>Professional Staff</strong></td>
<td>2015</td>
<td>2016</td>
<td>2017</td>
<td>2018</td>
<td>2019</td>
</tr>
<tr>
<td>Chief Nursing Education Officer SHARED</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Director of Nursing</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Assistant DON</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Director of Student Support (Affairs)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Nurse Success Counselor</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total Instructional Staff</strong></td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td><strong>Academics Staff</strong></td>
<td>2015</td>
<td>2016</td>
<td>2017</td>
<td>2018</td>
<td>2019</td>
</tr>
<tr>
<td>Campus Director</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Faculty Full Time</td>
<td>12</td>
<td>18</td>
<td>18</td>
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<tr>
<td>Faculty Part Time</td>
<td>4</td>
<td>8</td>
<td>8</td>
<td>8</td>
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</tr>
<tr>
<td>Registrar</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Secretary</td>
<td>1</td>
<td>2</td>
<td>2</td>
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<tr>
<td>Assistants</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total Operational Staff</strong></td>
<td>21</td>
<td>32</td>
<td>32</td>
<td>32</td>
<td>32</td>
</tr>
<tr>
<td><strong>Total Staff</strong> (including Network FTE equivalents)</td>
<td>33</td>
<td>46</td>
<td>46</td>
<td>46</td>
<td>46</td>
</tr>
</tbody>
</table>
19) Also, please include a space renovation timeline.

GCC ADN School Planner

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>PLAN START</th>
<th>PLAN DURATION</th>
<th>ACTUAL START</th>
<th>ACTUAL DURATION PERIODS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permits</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Design Process/Color Boards</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Demo</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Electrical</td>
<td>2</td>
<td>3</td>
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<td>3</td>
</tr>
<tr>
<td>Plumbing</td>
<td>2</td>
<td>6</td>
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<tr>
<td>Gas</td>
<td>2</td>
<td>3</td>
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<tr>
<td>Drywall</td>
<td>3</td>
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<td>3</td>
<td>6</td>
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<tr>
<td>Flooring</td>
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<td>3</td>
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<tr>
<td>Paint</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Cabinetry/Millwork</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>It/Av build out &amp; Installation</td>
<td>5</td>
<td>5</td>
<td>2</td>
<td>7</td>
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<tr>
<td>Computer build out</td>
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<tr>
<td>Telephone</td>
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<td>Signage Building</td>
<td>6</td>
<td>5</td>
<td>6</td>
<td>2</td>
</tr>
</tbody>
</table>

20) What is the anticipated salary for the ADN program director and faculty?

Please see below.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Nursing Education Officer SHARED</td>
<td>$60,000</td>
<td>$61,800</td>
<td>$63,654</td>
<td>$65,564</td>
<td>$67,531</td>
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<tr>
<td>Director of Nursing</td>
<td>$150,000</td>
<td>$154,500</td>
<td>$159,135</td>
<td>$163,909</td>
<td>$168,826</td>
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<tr>
<td>Campus Director</td>
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<td>$92,700</td>
<td>$95,481</td>
<td>$98,345</td>
<td>$101,296</td>
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<tr>
<td>Full Time Faculty</td>
<td>$92,000</td>
<td>$94,760</td>
<td>$97,003</td>
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<td>$65,000</td>
<td>$66,950</td>
<td>$68,969</td>
<td>$71,027</td>
<td>$73,158</td>
</tr>
</tbody>
</table>

21) The BRN expects that proposed nursing programs will be financially supported in part by the institution, and not solely by student tuition. Please clarify how GCC will meet this requirement?

The institution GCC has allocated several million dollars for implementation of this program as well as secured a line of credit for an additional $2,000,000.00 and the executive management team is fully prepared to fund this program well into future.
Clinical Facilities

22) Thank you for your extensive work in this area. With respect to the placements for Psychiatric nursing experience, please provide additional information regarding the psychiatric experiences at the two Silverado Senior Living Facilities and at the three Alliance facilities. I attempted to conduct a thorough review of all the clinical facility forms in the FS and I may have missed it, and if I did I apologize. Was a clinical facility form submitted for an inpatient psych experience with a full range of psychiatric conditions and patients of varied ages? This type of experience would strengthen your FS.

### Aurora Charter Oak
No. of Beds: 95
- Treatment of acute psychiatric and chemical dependency problems;
- Inpatient and outpatient care;
- Adults;
- Adolescents;
- Children

<table>
<thead>
<tr>
<th>PSYCH *acute or Hospital Psych</th>
<th>SUN</th>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THURS</th>
<th>FRIDAY</th>
<th>SAT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adventures</strong></td>
<td>32</td>
<td>32</td>
<td>32</td>
<td>32</td>
<td>32</td>
<td>32</td>
<td>32</td>
</tr>
<tr>
<td><strong>Facility</strong></td>
<td>Silverado - Assu</td>
<td>Silverado - Assu</td>
<td>Silverado - Assu</td>
<td>Silverado - Assu</td>
<td>Silverado - Assu</td>
<td>Silverado - Assu</td>
<td>Silverado - Assu</td>
</tr>
<tr>
<td><strong>Days/Shift</strong></td>
<td>Day/PM</td>
<td>Day/PM</td>
<td>Day/PM</td>
<td>Day/PM</td>
<td>Day/PM</td>
<td>Day/PM</td>
<td>Day/PM</td>
</tr>
<tr>
<td><strong>Adventures</strong></td>
<td>30</td>
<td>30</td>
<td>30</td>
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<td>30</td>
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<td>30</td>
</tr>
<tr>
<td><strong>Facility</strong></td>
<td>Silverado - Alham</td>
<td>Silverado - Alham</td>
<td>Silverado - Alham</td>
<td>Silverado - Alham</td>
<td>Silverado - Alham</td>
<td>Silverado - Alham</td>
<td>Silverado - Alham</td>
</tr>
<tr>
<td><strong>Days/Shift</strong></td>
<td>Day/PM</td>
<td>Day/PM</td>
<td>Day/PM</td>
<td>Day/PM</td>
<td>Day/PM</td>
<td>Day/PM</td>
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<tr>
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<td>1 - shift (2)</td>
<td>1 - shift (2)</td>
<td>1 - shift (2)</td>
<td>1 - shift (2)</td>
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<td><strong>Facility</strong></td>
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<td>US Healthworks Urgent Center</td>
<td>US Healthworks Urgent Center</td>
<td>US Healthworks Urgent Center</td>
<td>US Healthworks Urgent Center</td>
<td>US Healthworks Urgent Center</td>
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<tr>
<td><strong>Days/Shift</strong></td>
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<td>16 ea shift 32</td>
<td>16 ea shift 32</td>
<td>16 ea shift 32</td>
<td>16 ea shift 32</td>
<td>16 ea shift 32</td>
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</tr>
<tr>
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<td>7:30-11:30</td>
<td>7:30-11:30</td>
<td>7:30-11:30</td>
<td>7:30-11:30</td>
<td>7:30-11:30</td>
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</tr>
<tr>
<td><strong>Facility</strong></td>
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<td>*Aurora Charter Oak</td>
<td>*Aurora Charter Oak</td>
<td>*Aurora Charter Oak</td>
<td>*Aurora Charter Oak</td>
<td>*Aurora Charter Oak</td>
<td>*Aurora Charter Oak</td>
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<tr>
<td><strong>Days/Shift</strong></td>
<td>8 (4 pr shift)</td>
<td>8 (4 pr shift)</td>
<td>8 (4 pr shift)</td>
<td>8 (4 pr shift)</td>
<td>8 (4 pr shift)</td>
<td>8 (4 pr shift)</td>
<td>8 (4 pr shift)</td>
</tr>
<tr>
<td><strong>Adventures</strong></td>
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<td>7:30-11:00</td>
<td>7:30-11:00</td>
<td>7:30-11:00</td>
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<td>7:30-11:00</td>
<td>7:30-11:00</td>
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<tr>
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<td>Casa Homes - 1</td>
<td>Casa Homes - 1</td>
<td>Casa Homes - 1</td>
<td>Casa Homes - 1</td>
<td>Casa Homes - 1</td>
<td>Casa Homes - 1</td>
</tr>
<tr>
<td><strong>Days/Shift</strong></td>
<td>8 (4 pr shift)</td>
<td>8 (4 pr shift)</td>
<td>8 (4 pr shift)</td>
<td>8 (4 pr shift)</td>
<td>8 (4 pr shift)</td>
<td>8 (4 pr shift)</td>
<td>8 (4 pr shift)</td>
</tr>
<tr>
<td><strong>Adventures</strong></td>
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<td>7:30-11:00</td>
<td>7:30-11:00</td>
<td>7:30-11:00</td>
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</tr>
<tr>
<td><strong>Days/Shift</strong></td>
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<td>8 (4 pr shift)</td>
<td>8 (4 pr shift)</td>
<td>8 (4 pr shift)</td>
<td>8 (4 pr shift)</td>
<td>8 (4 pr shift)</td>
<td>8 (4 pr shift)</td>
</tr>
<tr>
<td><strong>Adventures</strong></td>
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<td>7:30-11:00</td>
<td>7:30-11:00</td>
<td>7:30-11:00</td>
<td>7:30-11:00</td>
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<tr>
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<td>8 (4 pr shift)</td>
<td>8 (4 pr shift)</td>
<td>8 (4 pr shift)</td>
<td>8 (4 pr shift)</td>
<td>8 (4 pr shift)</td>
<td>8 (4 pr shift)</td>
</tr>
<tr>
<td><strong>Adventures</strong></td>
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<td>7:30-3:00</td>
<td>7:30-3:00</td>
<td>7:30-3:00</td>
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<td>7:30-3:00</td>
<td>7:30-3:00</td>
</tr>
<tr>
<td><strong>Facility</strong></td>
<td>Casa Homes</td>
<td>Casa Homes</td>
<td>Casa Homes</td>
<td>Casa Homes</td>
<td>Casa Homes</td>
<td>Casa Homes</td>
<td>Casa Homes</td>
</tr>
<tr>
<td><strong>Days/Shift</strong></td>
<td>8 (4 pr shift)</td>
<td>8 (4 pr shift)</td>
<td>8 (4 pr shift)</td>
<td>8 (4 pr shift)</td>
<td>8 (4 pr shift)</td>
<td>8 (4 pr shift)</td>
<td>8 (4 pr shift)</td>
</tr>
</tbody>
</table>
FACILITY VERIFICATION FORM

The nursing program must verify that clinical facilities offer necessary learning experiences to meet course/clinical objectives. The facility validates that clinical spaces for new students are available and the impact on existing clinical placements of nursing programs was reviewed.

<table>
<thead>
<tr>
<th>Name of the School:</th>
<th>Glendale Career College</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>240 N. Brand Avenue, Lower Level</td>
</tr>
<tr>
<td></td>
<td>Glendale, California 91203</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Director/Designee:</th>
<th>Mr. Adnan Almouazzen, DON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number:</td>
<td>818 243 1131</td>
</tr>
<tr>
<td>E-Mail Address:</td>
<td><a href="mailto:AdnanM@success.edu">AdnanM@success.edu</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of health care facility:</th>
<th>Aurora Behavioral HealthLink</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of health care facility (Acute, OPD, SNF, etc.)</td>
<td>Psych Mental Health</td>
</tr>
<tr>
<td>Average Daily Census for the agency:</td>
<td>130</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Director of Nursing/Designee:</th>
<th>Sheila Cardova</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number:</td>
<td>626 859 5236</td>
</tr>
<tr>
<td>E-Mail Address:</td>
<td><a href="mailto:SCardova@AuroraBehavioral.com">SCardova@AuroraBehavioral.com</a></td>
</tr>
<tr>
<td>Address of Facility:</td>
<td>1101 E. Ronna Blvd. Corona, CA 91720</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of units where students can be placed in the health care facility (Place X in the column)</th>
<th>Medical-Surgical</th>
<th>Obstetrics</th>
<th>Pediatrics</th>
<th>Psych Mental Health</th>
<th>Geriatrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average daily census for each area</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average personnel staffing for the shift for a unit (Include number of RNs, LVNs, CNAs, separately)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of students placed in the unit at any one time.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify shifts and days available for placement of students in the program</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Provide the following information on all other schools utilizing your facility:

<table>
<thead>
<tr>
<th>Schools</th>
<th>Category of students (RN, LVN, CNA, etc.)</th>
<th>Number of students</th>
<th>Days &amp; Hours</th>
<th>Semesters (Fall, Spr.)</th>
<th>Units used</th>
</tr>
</thead>
<tbody>
<tr>
<td>MT SAC</td>
<td>RN</td>
<td>12</td>
<td>W-F</td>
<td>Fall-Spring, Spring</td>
<td>1</td>
</tr>
<tr>
<td>APU</td>
<td>RN</td>
<td>12</td>
<td>Mon-Thur</td>
<td>Fall-Spr</td>
<td>1</td>
</tr>
</tbody>
</table>

☐ This agency does not have spaces to offer clinical spaces to the new program.

☒ This agency intends to offer clinical placement(s) to this new program.

Agency Representative/completing this form: Randy Adams
Date: 7/11/13

EDP-I-01 (REV 03/10; Approved 03/10)
23) The two Silverado Senior Living facilities, Azusa facility is an 84 Bed, Assisted living with Psychiatric Mental Health and Geriatric facility, which includes dementia, alzheimer’s, Parkinson’s, post stroke, hospice, short and long term rehab center. The Silverado Senior Living Alhambra facility, is a 30 bed facility, Assisted living with Psychiatric Mental Health and Geriatric facility, which includes dementia, alzheimer’s, Parkinson’s, post stroke, hospice, short term rehab center.

Silverado-Alhambra
No. of Beds: 30
- Dementia care services;
- Alzheimer’s;
- Parkinson’s;
- Lewy body disease;
- Stroke related;
- Hospice care;
- Short term care;
- Rehabilitation

Silverado-Azusa
No. of Beds: 87
- Dementia care services;
- Alzheimer’s;
- Parkinson’s;
- Lewy body disease;
- Stroke related;
- Hospice care;
- Short term care;
- Rehabilitation
The nursing program must verify that clinical facilities offer necessary learning experiences to meet course/clinical objectives. The facility validates the clinical spaces for new students are available and the impact on existing clinical placements of nursing programs was reviewed.

| Name of the School: | Glendale Career College  
| 240 N. Brand Avenue, Lower Level  
| Glendale, California 91203 | Name of Director/Designee:  
| Mr. Adnan Almuazzen, DON | Telephone Number:  
| 818 243 1131 | E-Mail Address:  
| AdnanM@success.edu |

| Name of health care facility: | Silverado Senior Living  
| Type of health care facility (Acute, OP, Inf, etc.):  
| ASisted Living | Name of Director of Nursing/Designee:  
| JEAN DE GUZMAN | Telephone Number:  
| 626-812-9777 | E-Mail Address:  
| DEGUZMAN@SILVERADOSENIOR.COM | Address of Facility:  
| 125-130 SANTA MONICA BLVD,  
| LOS ANGELES, CA 90025 |

<table>
<thead>
<tr>
<th>Type of units where students can be placed in the health care facility (Place X in the column)</th>
<th>Medical</th>
<th>Surgical</th>
<th>Obstetrics</th>
<th>Pediatrics</th>
<th>Psych</th>
<th>Mental Health</th>
<th>Geriatrics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Average daily census for each area</th>
<th>84</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Average personnel staffing for the shift for a unit (Include number of RNs, LVNs, CNAs, separately)</th>
<th>1 RN, 1 LVN, 1 CNA</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Number of students placed in the unit at any one time.</th>
<th>16</th>
</tr>
</thead>
</table>

| Identify shifts and days available for placement of students in the program | Monday - Friday  
| AM & PM shifts | Monday - Friday  
| AM & PM flexible | Monday - Friday  
| AM & PM flexible | Monday - Friday  |

<table>
<thead>
<tr>
<th>Provide the following information on all other schools utilizing your facility:</th>
<th>Attach additional sheets if needed.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Schools</th>
<th>Category of students (RN, LVN, CMA, etc.)</th>
<th>Number of students</th>
<th>Days &amp; Hours</th>
<th>Semesters (Fall, Spr.)</th>
<th>Units used</th>
</tr>
</thead>
<tbody>
<tr>
<td>MT. SAN ANTONIO COLLEGE</td>
<td>RN</td>
<td>5</td>
<td>18</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>NORTHWEST COLLEGE</td>
<td>LVN</td>
<td>12</td>
<td>15</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

□ This agency does not have spaces to offer clinical spaces to the new program.
□ This agency intends to offer clinical placements(s) to this new program.

Agency Representative completing this form:  
Jean De Guzman  
Date: 06-05-13
MEMORANDUM OF UNDERSTANDING (MOU)

SILVERADO SENIOR LIVING - SIEGRA VISTA (Facility) agrees to participate in a clinical training arrangement with Glendale Career College (GCC) should their proposed Registered Nurse training Program be approved by the California Board of Registered Nursing. Our facility is able to accommodate the number of students as delineated on the 'Clinical Facility Verification Form' as required by the California BRN. We pledge in good faith to honor such arrangement.

We are not responsible for potential decline in the daily census, or changes in operations of the Facility. Should the California BRN need further clarification please do not hesitate to contact me.

Respectfully,

Name: JEAN DE GUIZIEN
Title: RN - DIRECTOR OF HEALTH SERVICES
Date Signed: 06-05-13
Signature: [Signature]
The nursing program must verify that clinical facilities offer necessary learning experiences to meet course/clinical objectives. The facility validates that clinical spaces for new students are available and the impact on existing clinical placements of nursing programs was reviewed.

<table>
<thead>
<tr>
<th>Name of the School</th>
<th>Name of Director/Designee</th>
<th>Telephone Number</th>
<th>E-Mail Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glendale Career College</td>
<td>Mr. Adnan Almousaizeen, DON</td>
<td>818 248 1131</td>
<td><a href="mailto:AdnanM@success.edu">AdnanM@success.edu</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of health care facility</th>
<th>Name of Director of Nursing/Designee</th>
<th>Telephone Number</th>
<th>E-Mail Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Silverado Senior Living</td>
<td>April Ullao, ADNS</td>
<td>626 537-9146</td>
<td><a href="mailto:Ullao@silveradosenior.com">Ullao@silveradosenior.com</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of units where students can be placed in the health care facility (Place X in the column)</th>
<th>Medical-Surgical</th>
<th>Obstetrics</th>
<th>Pediatrics</th>
<th>Psych - Mental Health</th>
<th>Variations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average daily census for each area</td>
<td>30</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average personnel staffing for the shift for a unit (include number of RN, LPN, CNA, separately)</td>
<td></td>
<td></td>
<td>Please see attached list</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of students placed in the unit at any one time</td>
<td>15</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provide the following information on all other schools utilizing your facility: Attach additional sheets if needed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schools</td>
</tr>
<tr>
<td>INN, Sec</td>
</tr>
<tr>
<td>Plummer Career College</td>
</tr>
<tr>
<td>American Med-Schools Cal.</td>
</tr>
<tr>
<td>Westcoast Ultrasound</td>
</tr>
</tbody>
</table>

☑ This agency does not have spaces to offer clinical spaces to the new program.

☑ This agency intends to offer clinical placement(s) to this new program.

Agency Representative completing this form: [Signature]

Date: 5/30/2013
MEMORANDUM OF UNDERSTANDING (MOU)

(Signed by Facility) agrees to participate in a clinical training arrangement with Glendale Career College (GCC) should their proposed Registered Nurse training Program be approved by the California Board of Registered Nursing. Our facility is able to accommodate the number of students as delineated on the 'Clinical Facility Verification Form' as required by the California BRN. We pledge in good faith to honor such arrangement.

We are not responsible for potential decline in the daily census, or changes in operations of the Facility. Should the California BRN need further clarification please do not hesitate to contact me.

Respectfully,

Name: April Walsh
Title: ADN/BS
Date Signed: 5/29/2013
Signature: [Signature]
24) With respect to the Alliance facilities, (there are only two Alliance facilities listed below) the Cherry Lee facility in El Monte, is a skilled nursing facility, rehabilitation hospital and a psychiatric/mental health facility. Patients range schizophrenia, bipolar, psychosis, depression, and anxiety, as well as geriatric, and medical surgical long term diagnosis. Alliance El Monte #2, is a 59 bed facility is a skilled nursing facility, rehabilitation hospital and a psychiatric/mental health facility. Patients range schizophrenia, bipolar, psychosis, depression, and anxiety, as well as geriatric, and medical surgical long term diagnosis.

**Alliance Cherry Lee**

No. of Beds: 46
- Skilled nursing facility;
- Schizophrenia, Bipolar, Psychosis, Depression, Anxiety and other psychiatric disorders.

**Alliance El Monte**

No. of Beds: 46
- Schizophrenia;
- Bipolar;
- Psychosis;
- Depression;
- Anxiety; and
- Other Psychiatric disorders
FACILITY VERIFICATION FORM

The nursing program must verify that clinical facilities offer necessary learning experiences to meet course/clinical objectives. The facility validates that clinical spaces for new students are available and the impact on existing clinical placements of nursing programs was reviewed.

Name of the School: Glendale Career College
Name of Director/Designee: Mr. Adrian Almouazen, DON
240 N. Brand Avenue, Lower Level
Telephone Number: 818 243 1131
Glendale, California 91203
E-Mail Address: AdrianM@succeed.com
Name of health care facility:
Bienestar Health Care
SNF Psychiatric
SNF Rehabilitation
SNF Respiratory
Average Daily Census for the agency: 410

Name of Director of Nursing/Designee:
H. Minh Le
Telephone Number: (626) 449-3243
E-Mail Address: MinhLe@AllianceHealth.com
Address of Facility: 603 N. 2nd Rd El Monte, CA 91731

Type of units where students can be placed in the health care facility (Place X in the column)

<table>
<thead>
<tr>
<th>Medical-Surgical</th>
<th>Obstetrics</th>
<th>Pediatrics</th>
<th>Psych-Mental Health</th>
<th>Geriatrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Average daily census for each area: 410

Average personnel staffing for the shift for a unit (Include number of RNs, LVNs, CAs, separately)

<table>
<thead>
<tr>
<th>RN</th>
<th>LVN</th>
<th>CA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Number of students placed in the unit at any one time: 8

Identify shifts and days available for placement of students in the program:

<table>
<thead>
<tr>
<th>Days &amp; Hours</th>
<th>1-5 Sun</th>
<th>1-5 Mon-Fri</th>
<th>1-5 Sat</th>
<th>1-5 Sun</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-14:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Provide the following information on all other schools utilizing your facility:

Attach additional sheets if needed.

Schools

<table>
<thead>
<tr>
<th>Category of students (RN, LVN, CNA, etc.)</th>
<th>Number of students</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This agency does not have spaces to offer clinical spaces to the new program.

This agency intends to offer clinical placement(s) to this new program.

Agency Representative completing this form 8/14/13

Date

EDP-I-01 (REV 03/10; Approved 03/10)
The nursing program must verify that clinical facilities offer necessary learning experiences to meet course/clinical objectives. The facility validates that clinical spaces for new students are available and the impact on existing clinical placements of nursing programs was reviewed.

| Name of the School: | Glendale Career College  
| 240 N. Brand Avenue, Lower Level  
| Glendale, California 91203 | Name of Director/Designee: | Mr. Adnan Almouazzen, DON  
| Telephone Number: | 818 243 1131 | E-Mail Address: | AdnanM@success.edu |

| Name of health care facility: | Alliance El Monte  
| Type of health care facility (Acute, OPD, SNF, etc.): | SNT, Rehab, Psych  
| Average Daily Census for the agency: | 59 |

| Type of units where students can be placed in the health care facility (Place X in the column): | Medical-Surgical | Obstetrics | Pediatrics | Psych-Mental Health | Geriatrics |
| Average daily census for each area: | 59 | 20 | 39 |
| Average personnel staffing for the shift for a unit (Include number of RNs, LVNs, CNAs, separately): | RN 1  
| LVN 2  
| CNA 2 |  
| AN 1  
| LVN 2  
| CNA 3  
| CNA 9  
| Number of students placed in the unit at any one time: | 10  
| 10  

| Identify shifts and days available for placement of students in the program: | 7-3 Sun  
| 3-3 Sat  
| 3-11 Sat  
| 3-11 Sun |

Provide the following information on all other schools utilizing your facility:

<table>
<thead>
<tr>
<th>Schools</th>
<th>Category of students (RN, LVN, CNA, etc.)</th>
<th>Number of students</th>
<th>Days &amp; Hours</th>
<th>Semesters (Fall, Spr.)</th>
<th>Units used</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ This agency does not have spaces to offer clinical spaces to the new program.

☒ This agency intends to offer clinical placement(s) to this new program.

Agency Representative completing this form: [Signature]  
Date: 8/14/13

EDP-1-01 (REV 03/10; Approved 03/10)
According to the BRN Instructions for Institutions Seeking Approval of New Prelicensure Registered Nursing Program, institutions are limited to two Feasibility Study submissions to demonstrate compliance with the BRN requirements. This means that Glendale Career College has one more opportunity to satisfactorily meet BRN requirements.

If the second Glendale Career College FS is successful, the FS will be placed on an Education Licensing Committee (ELC) agenda. The next ELC meeting is scheduled for May 7, 2014 in Northern California (the exact location is to be determined). In order to be placed on this agenda, your response to the questions and requests in this document must be submitted no later than April 14, 2014.

If the second Glendale Career College FS is unsuccessful, the entire process must be started again with a Letter of Intent, etc. These Instructions … can be viewed on the BRN web site.

Please submit two hard copies and one electronic version of the revisions to the Glendale Career College FS to the Sacramento office.

I trust this information is helpful. Should you have questions, please contact me.

Sincerely,

Carol Mackay, MN, RN
Nursing Education Consultant
Board of Registered Nursing
Carol_Mackay@dca.ca.gov
760-583-7844
AGENDA ITEM: 7.5
DATE: June 12, 2014

ACTION REQUESTED: 2012-2013 Post Licensure Program Annual Report

REQUESTED BY: Michael Jackson, MSN, RN
Chairperson, Education/Licensing Committee

BACKGROUND:
In 2004-2005, as part of the pre-licensure nursing program survey, the BRN also began inviting programs to provide data on their post-licensure programs. The 2012-2013 Post-Licensure Nursing Program Report presents analysis of the current year data in comparison with data from previous years of the survey.

Since post-licensure nursing programs offer a wide range of degrees, this report is presented in program sections, including RN to BSN Programs, Master’s Degree Programs and Doctoral Programs. Data items addressed in each program section include the number of nursing programs, enrollments, graduations, and student census data. Faculty census data is included in a separate section as it is collected by school, not by degree program. Faculty data has been updated since the report version presented at the Education Licensing Committee meeting on May 7, 2014.

NEXT STEPS: Make the information available to the public.

PERSON(S) TO CONTACT: Julie Campbell-Warnock
Research Program Specialist
(916) 574-7681
California Board of Registered Nursing
2012-2013 Annual School Report

Data Summary and Historical Trend Analysis

A Presentation of Post-Licensure Nursing Education Programs in California

May 14, 2014

Prepared by:
Renae Waneka, MPH
Joanne Spetz, PhD
University of California, San Francisco
3333 California Street, Suite 265
San Francisco, CA 94118
PREFACE

Nursing Education Survey Background

Development of the 2012-2013 Board of Registered Nursing (BRN) School Survey was the work of the Board’s Education Issues Workgroup, which consists of nursing education stakeholders from across California. A list of workgroup members is included in the Appendices. The University of California, San Francisco was commissioned by the BRN to develop the online survey instrument, administer the survey, and report data collected from the survey. Pre-licensure nursing education programs that also offer post-licensure programs were invited to provide data on their post-licensure programs for the first time in 2004-2005. Revisions to the post-licensure sections of the survey may prevent comparability of some data.

Funding for this project was provided by the California Board of Registered Nursing.

Organization of Report

The survey collects data about nursing programs and their students and faculty from August 1 through July 31. Annual data presented in this report represent August 1, 2012 through July 31, 2013. Demographic information and census data were requested for October 15, 2013.

Data from pre- and post-licensure nursing education programs are presented in separate reports and will be available on the BRN website. Data are presented in aggregate form and describe overall trends in the areas and over the times specified and, therefore, may not be applicable to individual nursing education programs.

Statistics for enrollments and completions represent two separate student populations. Therefore, it is not possible to directly compare enrollment and completion data.

Value of the Survey

This survey has been developed to support nursing, nursing education and workforce planning in California. The Board of Registered Nursing believes that the results of this survey will provide data-driven evidence to influence policy at the local, state, federal and institutional levels.

The BRN extends appreciation to the Education Issues Workgroup and all survey respondents. Your participation has been vital to the success of this project.
Survey Participation

Pre-licensure nursing education programs that also offer post-licensure programs were invited to provide data on their post-licensure programs for the first time in 2004-2005. In 2012-2013, 32 RN to BSN programs, 36 Master’s degree programs, and 12 doctoral programs responded to the survey. A list of survey respondents is provided in Appendix A.

Since 2004-2005, the number of post-licensure programs in California grew by 23% (n=6) for RN to BSN programs, 50% (n=12) for Master’s degree programs, and 140% (n=7) for doctoral programs.

Table 1. Number of Post-Licensure Programs, by Academic Year

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>RN to BSN</td>
<td>26</td>
<td>27</td>
<td>31</td>
<td>32</td>
<td>32</td>
<td>31**</td>
<td>34</td>
<td>33</td>
<td>32</td>
</tr>
<tr>
<td>Master’s Degree</td>
<td>24</td>
<td>27</td>
<td>30</td>
<td>29*</td>
<td>29</td>
<td>31</td>
<td>36</td>
<td>36</td>
<td>36</td>
</tr>
<tr>
<td>Doctoral</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>9</td>
<td>10</td>
<td>12</td>
</tr>
</tbody>
</table>

Since some nursing schools admit students in more than one program, the number of nursing programs is greater than the number of nursing schools.

*Although there were 29 master’s degree programs in 2007-2008, only 28 programs reported data that year.

**One of the RN to BSN programs had been counted twice when the 2009-2010 report was published. The data have been corrected in this report.
DATA SUMMARY AND HISTORICAL TREND ANALYSIS

This analysis presents data from post-licensure nursing programs that responded to the 2012-2013 BRN School Survey in comparison with data from previous years of the survey. Since post-licensure programs offer a range of degrees, this report is presented in three sections: RN to BSN programs, Master’s degree programs, and doctoral programs. Data presented include the number of nursing programs, enrollments, completions, and student and faculty census data. Faculty census data are presented separately since they are collected by school, not by program type.

RN to BSN Programs

Number of Nursing Programs

The number of RN to BSN programs has increased by 23% (n=6) over the last nine years, from 26 programs in 2004-2005 to 32 programs in 2012-2013. Most of this growth occurred between 2004-2005 and 2007-2008. Since then, the number of RN to BSN programs has fluctuated. The share of RN to BSN programs offered at private schools has shown an overall increase over the last nine years, with some fluctuation over the last three years. However, the majority of programs remain public. In 2012-2013, 53.1% (n=17) of RN to BSN programs were offered at public schools.

Table 2. Number of RN to BSN Programs, by Academic Year

<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td># Programs</td>
<td>26</td>
<td>27</td>
<td>31</td>
<td>32</td>
<td>32</td>
<td>31</td>
<td>34</td>
<td>33</td>
<td>32</td>
</tr>
<tr>
<td>Public</td>
<td>65.4%</td>
<td>63.0%</td>
<td>61.3%</td>
<td>59.4%</td>
<td>59.4%</td>
<td>58.1%</td>
<td>55.9%</td>
<td>57.6%</td>
<td>53.1%</td>
</tr>
<tr>
<td>Private</td>
<td>34.6%</td>
<td>37.0%</td>
<td>38.7%</td>
<td>40.6%</td>
<td>40.6%</td>
<td>41.9%</td>
<td>44.1%</td>
<td>42.4%</td>
<td>46.9%</td>
</tr>
</tbody>
</table>

Program Information

Most RN to BSN programs use distance learning and flexible course scheduling as methods of increasing RN access to the program. In 2012-2013, offering courses via distance education increased to its highest level (83.3%) in eight years. While flexible course scheduling remains a common method that programs use to increase RN access to the program, the share of programs using flexible course scheduling has remained about the same over the last three years. Some programs offer courses in work settings (30.0%) and use partial funding of classes by work settings (30.0%).

Table 3. Approaches to Increase RN Access to the Program, by Academic Year

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Teleconferencing, online, and other</td>
<td>46.2%</td>
<td>51.9%</td>
<td>58.1%</td>
<td>68.0%</td>
<td>66.7%</td>
<td>57.7%</td>
<td>56.7%</td>
<td>71.0%</td>
<td>83.3%</td>
</tr>
<tr>
<td>distance education modes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flexibility in course scheduling (block</td>
<td>61.5%</td>
<td>63.0%</td>
<td>64.5%</td>
<td>72.1%</td>
<td>74.1%</td>
<td>80.7%</td>
<td>63.3%</td>
<td>67.7%</td>
<td>63.3%</td>
</tr>
<tr>
<td>schedules, evening/weekend courses)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Courses provided in work settings</td>
<td>30.8%</td>
<td>37.0%</td>
<td>29.0%</td>
<td>40.1%</td>
<td>33.3%</td>
<td>38.5%</td>
<td>33.3%</td>
<td>41.9%</td>
<td>30.0%</td>
</tr>
<tr>
<td>Partial funding of classes by work setting</td>
<td>30.8%</td>
<td>44.4%</td>
<td>41.9%</td>
<td>32.0%</td>
<td>33.3%</td>
<td>46.2%</td>
<td>56.7%</td>
<td>35.5%</td>
<td>30.0%</td>
</tr>
<tr>
<td>Number of programs</td>
<td>26</td>
<td>27</td>
<td>31</td>
<td>25</td>
<td>27</td>
<td>26</td>
<td>30</td>
<td>31</td>
<td>30</td>
</tr>
</tbody>
</table>
Most RN to BSN programs have direct articulation of ADN coursework (73.3%). In the last five years, the share of programs using partnerships with ADN programs, or similar collaborative agreements, to award credit for prior education and experience to their students has increased, while the share of programs using a specific program advisor has decreased. In 2012-2013, 53.3% of RN to BSN programs used partnerships or collaborative agreements, and 43.3% of programs used a specific program advisor. A limited number of programs use specific upper division courses, portfolios to document competencies, or testing to award credit to ADN-prepared nurses entering the program.

### Table 4. Mechanisms to Award Credit for Prior Education and Experience, by Academic Year

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct articulation of ADN coursework</td>
<td>73.1%</td>
<td>55.6%</td>
<td>73.3%</td>
<td>64.0%</td>
<td>70.0%</td>
<td>71.4%</td>
<td>64.5%</td>
<td>71.0%</td>
<td>73.3%</td>
</tr>
<tr>
<td>Partnerships with ADN programs or similar collaborations</td>
<td>7.7%</td>
<td>18.5%</td>
<td>10.0%</td>
<td>16.0%</td>
<td>23.3%</td>
<td>28.6%</td>
<td>45.2%</td>
<td>45.2%</td>
<td>53.3%</td>
</tr>
<tr>
<td>Specific program advisor</td>
<td>46.2%</td>
<td>59.3%</td>
<td>36.7%</td>
<td>52.0%</td>
<td>60.0%</td>
<td>53.6%</td>
<td>51.6%</td>
<td>45.2%</td>
<td>43.3%</td>
</tr>
<tr>
<td>Tests to award credit*</td>
<td>23.1%</td>
<td>40.7%</td>
<td>36.7%</td>
<td>36.0%</td>
<td>20.0%</td>
<td>17.9%</td>
<td>22.6%</td>
<td>22.6%</td>
<td>20.0%</td>
</tr>
<tr>
<td>Specific upper division courses</td>
<td>11.5%</td>
<td>37.0%</td>
<td>26.7%</td>
<td>16.0%</td>
<td>30.0%</td>
<td>28.6%</td>
<td>19.4%</td>
<td>12.9%</td>
<td>13.3%</td>
</tr>
<tr>
<td>Portfolios to document competencies</td>
<td>15.4%</td>
<td>18.5%</td>
<td>13.3%</td>
<td>24.0%</td>
<td>16.7%</td>
<td>14.3%</td>
<td>19.4%</td>
<td>16.1%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Number of programs</td>
<td>26</td>
<td>27</td>
<td>31</td>
<td>25</td>
<td>30</td>
<td>28</td>
<td>31</td>
<td>31</td>
<td>30</td>
</tr>
</tbody>
</table>

*NLN achievement tests or challenge exams

### New Student Enrollments

Admission spaces available for new student enrollments in RN to BSN programs more than tripled since 2004-2005. In 2012-2013, there were 3,224 admission spaces that were filled with a total of 2,488 students. Since an online RN to BSN program accepts all qualified applicants, the number of new students enrolling in these programs can vary dramatically depending on interest in the program rather than on program resources. In 2010-2011, 385 students enrolled in this program, while 507 enrolled in 2011-2012 and 412 enrolled in 2012-2013.

### Table 5. Availability and Utilization of Admission Spaces*, by Academic Year

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Spaces Available</td>
<td>1,006</td>
<td>1,851</td>
<td>2,296</td>
<td>1,998</td>
<td>2,286</td>
<td>2,346</td>
<td>2,287</td>
<td>2,978</td>
<td>3,224</td>
</tr>
<tr>
<td>New Student Enrollments</td>
<td>681</td>
<td>1,665</td>
<td>1,438</td>
<td>1,754</td>
<td>1,985</td>
<td>2,101</td>
<td>1,913</td>
<td>1,998</td>
<td>2,488</td>
</tr>
<tr>
<td>% Spaces Filled with New Student Enrollments</td>
<td>67.7%</td>
<td>90.0%</td>
<td>62.6%</td>
<td>87.8%</td>
<td>86.8%</td>
<td>89.6%</td>
<td>83.6%</td>
<td>67.1%</td>
<td>77.2%</td>
</tr>
</tbody>
</table>

*If admission spaces were not provided in the data, the number of new enrollments was used as the number of available admission spaces.
New student enrollment in both private and public RN to BSN programs has increased since 2004-2005. Private programs had a ten-fold increase in their new enrollments from 2004-2005 until 2009-2010 and have seen slight declines in enrollment since then. Public programs saw more modest increases in enrollment between 2004-2005 and 2007-2008, followed by a period of enrollment decline until 2011-2012, when enrollment began increasing again and reached its highest level in 2012-2013 (n=1,578).

Table 6. RN to BSN New Student Enrollment by Program Type, by Academic Year

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Public Programs</td>
<td>681</td>
<td>1,665</td>
<td>1,438</td>
<td>1,754</td>
<td>1,985</td>
<td>2,101</td>
<td>1,913</td>
<td>1,998</td>
<td>2,488</td>
</tr>
<tr>
<td>Private Programs</td>
<td>572</td>
<td>732</td>
<td>687</td>
<td>978</td>
<td>867</td>
<td>788</td>
<td>788</td>
<td>1,083</td>
<td>1,578</td>
</tr>
</tbody>
</table>

In 2012-2013, RN to BSN programs received 3,069 qualified applications for admission, the largest number of applications in nine years. With greater numbers of applications, programs have continued to increase enrollment. Only 18.9% of qualified applications were not accepted for admission, one of the lowest shares in the nine-year period shown below.

Table 7. Applications* for Admission to RN to BSN Programs, by Academic Year

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Qualified Applications</td>
<td>978</td>
<td>3,041</td>
<td>2,341</td>
<td>2,769</td>
<td>2,364</td>
<td>2,651</td>
<td>2,424</td>
<td>1,998</td>
<td>3,069</td>
</tr>
<tr>
<td>Accepted</td>
<td>681</td>
<td>1,665</td>
<td>1,438</td>
<td>1,754</td>
<td>1,985</td>
<td>2,101</td>
<td>1,913</td>
<td>1,998</td>
<td>2,488</td>
</tr>
<tr>
<td>Not Accepted</td>
<td>297</td>
<td>1,376</td>
<td>903</td>
<td>1,015</td>
<td>379</td>
<td>550</td>
<td>511</td>
<td>0</td>
<td>581</td>
</tr>
<tr>
<td>% Qualified Applications Not Enrolled</td>
<td>30.4%</td>
<td>45.2%</td>
<td>38.6%</td>
<td>36.7%</td>
<td>16.0%</td>
<td>20.7%</td>
<td>21.1%</td>
<td>0%</td>
<td>18.9%</td>
</tr>
</tbody>
</table>

*These data represent applications, not individuals. A change in the number of applications may not represent an equivalent change in the number of individuals applying to nursing school.

Student Census Data

The total number of students enrolled in RN to BSN programs more than tripled from 1,243 on October 15, 2005 to 4,091 nine years later. Both public and private programs had increases in their student census since 2011. In 2013, both public (n=2,624) and private (n=1,467) programs had more students enrolled in their programs than in any of the previous eight years.

Table 8. Student Census Data*, RN to BSN Programs, by Academic Year

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Programs</td>
<td>1,046</td>
<td>1,915</td>
<td>2,068</td>
<td>2,033</td>
<td>2,055</td>
<td>1,873</td>
<td>2,086</td>
<td>2,182</td>
<td>2,624</td>
</tr>
<tr>
<td>Private Programs</td>
<td>197</td>
<td>1,279</td>
<td>1,068</td>
<td>921</td>
<td>1,427</td>
<td>1,374</td>
<td>1,013</td>
<td>1,223</td>
<td>1,467</td>
</tr>
<tr>
<td>Total Nursing Students</td>
<td>1,243</td>
<td>3,194</td>
<td>3,136</td>
<td>2,954</td>
<td>3,482</td>
<td>3,247</td>
<td>3,099</td>
<td>3,405</td>
<td>4,091</td>
</tr>
</tbody>
</table>

*Census data represent the number of students on October 15th of the given year.
**Student Completions**

The number of students that completed an RN to BSN program in California more than quadrupled in the past nine years, from 439 in 2004-2005 to 1,826 in 2012-2013. Even though there has been dramatic growth in the number of graduates in both public and private programs over this time period, public programs have graduated a larger share of RN to BSN students than private programs over the past three years.

<table>
<thead>
<tr>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Programs</td>
<td>350</td>
<td>428</td>
<td>502</td>
<td>548</td>
<td>608</td>
<td>613</td>
<td>696</td>
<td>850</td>
<td>1,030</td>
</tr>
<tr>
<td>Private Programs</td>
<td>89</td>
<td>545</td>
<td>542</td>
<td>458</td>
<td>831</td>
<td>761</td>
<td>572</td>
<td>750</td>
<td>796</td>
</tr>
<tr>
<td>Total Student Completions</td>
<td>439</td>
<td>973</td>
<td>1,044</td>
<td>1,006</td>
<td>1,439</td>
<td>1,374</td>
<td>1,268</td>
<td>1,600</td>
<td>1,826</td>
</tr>
</tbody>
</table>

**Summary**

RN to BSN programs enrolled and graduated significantly more students in 2012-2013 than in 2004-2005. Even though the number of RN to BSN programs has fluctuated over the last five years, the number of students enrolling in and graduating from these programs has continued to grow. The share of qualified applications that did not enroll in an RN to BSN program in 2012-2013 (18.9%) was one of the lowest in the last nine years.

**Master’s Degree Programs**

Master's degree programs offer post-licensure nursing education in functional areas such as nursing education and administration, as well as advanced practice nursing areas (i.e. nurse practitioner, clinical nurse specialist, nurse midwife, nurse anesthetist, and school nurse).

In 2012-2013, 36 schools offered a Master's degree program including at least one of the aforementioned components. The number of programs has remained the same since 2010-2011. Of the schools that offer a Master's degree program, 52.8% are public programs.

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</tr>
</thead>
<tbody>
<tr>
<td>Public</td>
<td>24</td>
<td>27</td>
<td>30</td>
<td>28*</td>
<td>29</td>
<td>31</td>
<td>36</td>
<td>36</td>
<td>36</td>
</tr>
<tr>
<td>Private</td>
<td>58.3%</td>
<td>55.6%</td>
<td>56.7%</td>
<td>57.1%</td>
<td>55.2%</td>
<td>58.1%</td>
<td>52.8%</td>
<td>52.8%</td>
<td>52.8%</td>
</tr>
<tr>
<td></td>
<td>41.7%</td>
<td>44.4%</td>
<td>43.3%</td>
<td>42.9%</td>
<td>44.8%</td>
<td>41.9%</td>
<td>47.2%</td>
<td>47.2%</td>
<td>47.2%</td>
</tr>
</tbody>
</table>

*Although there were 29 Master’s degree programs in 2007-08, only 28 programs reported data that year.*
New Student Enrollments

Admission spaces available for new student enrollments in Master’s degree programs have increased 70% in the last nine years, from 1,452 in 2004-2005 to 2,472 in 2012-2013. These spaces were filled with a total of 2,274 students. After reaching a high of 2,938 available admission spaces in 2011-2012, the number of available admission spaces declined by 15.9% (n=466) in 2012-2013. While new student enrollment has grown considerably since 2004-2005, there was a slight decline between 2009-2010 and 2011-2012, which was followed by a 3.4% (n=74) increase in new students over the last year.

Table 11. Availability and Utilization of Admission Spaces*, Master’s Degree Programs, by Academic Year

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Spaces Available</td>
<td>1,452</td>
<td>1,700</td>
<td>1,977</td>
<td>2,136</td>
<td>2,491</td>
<td>2,671</td>
<td>2,474</td>
<td>2,938</td>
<td>2,472</td>
</tr>
<tr>
<td>New Student Enrollments</td>
<td>1,169</td>
<td>1,510</td>
<td>1,722</td>
<td>1,956</td>
<td>2,147</td>
<td>2,464</td>
<td>2,454</td>
<td>2,200</td>
<td>2,274</td>
</tr>
<tr>
<td>% Spaces Filled with New Student Enrollments</td>
<td>80.5%</td>
<td>88.8%</td>
<td>87.1%</td>
<td>91.6%</td>
<td>86.2%</td>
<td>92.3%</td>
<td>99.2%</td>
<td>74.9%</td>
<td>92.0%</td>
</tr>
</tbody>
</table>

*If admission spaces were not provided in the data, the number of new enrollments was used as the number of available admission spaces.

In the past nine years, private Master’s degree programs have seen the most growth in new students enrolling in their programs. While new student enrollment in public programs has declined each year since 2010-2011, new enrollment in private programs reported a decrease between 2009-2010 and 2010-2011 but since then has increased. In 2012-2013, more than half of new students (52.6%, n=1,197) enrolled in private programs.

Table 12. New Student Enrollment, Master’s Degree Programs, by Academic Year

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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>New Student Enrollment</td>
<td>1,169</td>
<td>1,510</td>
<td>1,722</td>
<td>1,956</td>
<td>2,147</td>
<td>2,464</td>
<td>2,454</td>
<td>2,200</td>
<td>2,274</td>
</tr>
<tr>
<td>Public</td>
<td>901</td>
<td>853</td>
<td>1,028</td>
<td>1,196</td>
<td>1,221</td>
<td>1,204</td>
<td>1,353</td>
<td>1,083</td>
<td>1,077</td>
</tr>
<tr>
<td>Private</td>
<td>268</td>
<td>657</td>
<td>694</td>
<td>760</td>
<td>926</td>
<td>1,260</td>
<td>1,101</td>
<td>1,117</td>
<td>1,197</td>
</tr>
</tbody>
</table>

Applications to these programs increased over last year, and programs continue to receive more applications than can be accommodated. In 2012-2013, 39.6% (n=1,490) of applications were not accepted for admission, indicating that a greater share of applications were denied admission this year in comparison to the previous two years.

Table 13. Applications* for Admission to Master’s Degree Programs, by Academic Year

<table>
<thead>
<tr>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualified Applications</td>
<td>2,338</td>
<td>2,954</td>
<td>2,696</td>
<td>2,175</td>
<td>2,760</td>
<td>3,723</td>
<td>3,001</td>
<td>3,214</td>
<td>3,764</td>
</tr>
<tr>
<td>Accepted</td>
<td>1,169</td>
<td>1,510</td>
<td>1,722</td>
<td>1,956</td>
<td>2,147</td>
<td>2,464</td>
<td>2,454</td>
<td>2,200</td>
<td>2,274</td>
</tr>
<tr>
<td>Not Accepted</td>
<td>1,169</td>
<td>1,444</td>
<td>974</td>
<td>219</td>
<td>613</td>
<td>1,259</td>
<td>547</td>
<td>1,014</td>
<td>1,490</td>
</tr>
<tr>
<td>% Qualified Applications Not Enrolled</td>
<td>50.0%</td>
<td>48.9%</td>
<td>36.1%</td>
<td>10.1%</td>
<td>22.2%</td>
<td>33.8%</td>
<td>18.2%</td>
<td>31.5%</td>
<td>39.6%</td>
</tr>
</tbody>
</table>

*These data represent applications, not individuals. A change in the number of applications may not represent an equivalent change in the number of individuals applying to nursing school.
**Student Census Data**

The total number of students enrolled in Master’s degree programs almost doubled in the past nine years. After a decline in total enrollment in between 2010 and 2011, enrollment in these programs increased to 5,015 students in 2013. While private programs have had dramatic increases in total student enrollment in since 2005, in the last five years, these programs have also had more fluctuation in their year-to-year enrollment than public programs and account for 51.3% of enrollment.

*Table 14. Student Census Data*, Master’s Degree Programs, by Academic Year

<table>
<thead>
<tr>
<th>Program Type</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Programs</td>
<td>1,838</td>
<td>2,418</td>
<td>2,601</td>
<td>2,643</td>
<td>2,775</td>
<td>2,613</td>
<td>2,722</td>
<td>2,557</td>
<td>2,572</td>
</tr>
<tr>
<td>Private Programs</td>
<td>537</td>
<td>1,206</td>
<td>1,388</td>
<td>1,180</td>
<td>1,583</td>
<td>2,093</td>
<td>1,835</td>
<td>2,062</td>
<td>2,443</td>
</tr>
<tr>
<td>Total Nursing Students</td>
<td>2,375</td>
<td>3,624</td>
<td>3,989</td>
<td>3,823</td>
<td>4,358</td>
<td>4,706</td>
<td>4,557</td>
<td>4,619</td>
<td>5,015</td>
</tr>
</tbody>
</table>

*Census data represent the number of students on October 15th of the given year.

**Student Completions**

Although the number of students that completed a Master’s degree program in California has more than doubled in the last nine years, there was a slight decline (6.8%, n=129) in the number of students that completed one of these programs over the last year. In 2012-2013, 1,762 students completed Master’s degree programs. While both public and private programs graduated more students this year than they did in 2004-2005, private programs had more dramatic growth during this time.

*Table 15. Student Completions, Master’s Degree Programs, by Academic Year*

<table>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Programs</td>
<td>740</td>
<td>703</td>
<td>849</td>
<td>844</td>
<td>892</td>
<td>904</td>
<td>952</td>
<td>1,034</td>
<td>933</td>
</tr>
<tr>
<td>Private Programs</td>
<td>137</td>
<td>389</td>
<td>390</td>
<td>452</td>
<td>646</td>
<td>687</td>
<td>612</td>
<td>857</td>
<td>829</td>
</tr>
<tr>
<td>Total Student Completions</td>
<td>877</td>
<td>1,092</td>
<td>1,239</td>
<td>1,296</td>
<td>1,538</td>
<td>1,591</td>
<td>1,564</td>
<td>1,891</td>
<td>1,762</td>
</tr>
</tbody>
</table>
Nurse practitioners represent the largest share of graduates from Master’s degree programs in each of the last seven years and the number of graduates in this specialty area continues to increase from year to year. Ambulatory Care, Nurse Generalist and Health Policy had the greatest declines in the number of students completing those specialty areas over the last year. Nursing Education, Nurse Practitioner, and Community/Public Health were the only areas that had increases in graduates in 2012-2013 over the previous year.

Table 16. Student Completions by Program Track or Specialty Area*, Master’s Degree Programs, by Academic Year

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Education</td>
<td>151</td>
<td>183</td>
<td>233</td>
<td>232</td>
<td>211</td>
<td>163</td>
<td>170</td>
</tr>
<tr>
<td>Nursing Administration</td>
<td>205</td>
<td>126</td>
<td>154</td>
<td>163</td>
<td>210</td>
<td>220</td>
<td>129</td>
</tr>
<tr>
<td>Clinical Nurse Specialist</td>
<td>128</td>
<td>179</td>
<td>213</td>
<td>189</td>
<td>125</td>
<td>167</td>
<td>156</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>597</td>
<td>567</td>
<td>622</td>
<td>624</td>
<td>713</td>
<td>845</td>
<td>994</td>
</tr>
<tr>
<td>Certified Nurse Midwife</td>
<td>21</td>
<td>26</td>
<td>15</td>
<td>27</td>
<td>30</td>
<td>22</td>
<td>16</td>
</tr>
<tr>
<td>Certified Nurse Anesthetist</td>
<td>59</td>
<td>54</td>
<td>71</td>
<td>76</td>
<td>72</td>
<td>71</td>
<td>64</td>
</tr>
<tr>
<td>School Nurse</td>
<td>3</td>
<td>10</td>
<td>10</td>
<td>47</td>
<td>24</td>
<td>26</td>
<td>19</td>
</tr>
<tr>
<td>Clinical Nurse Leader</td>
<td>67</td>
<td>55</td>
<td>95</td>
<td>196</td>
<td>139</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Management</td>
<td>11</td>
<td>33</td>
<td>36</td>
<td>42</td>
<td>41</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Health/Public Health</td>
<td>2</td>
<td>19</td>
<td>10</td>
<td>10</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulatory Care</td>
<td>19</td>
<td>19</td>
<td>26</td>
<td>41</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse Generalist</td>
<td>139</td>
<td>53</td>
<td>25</td>
<td>22</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Policy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>50</td>
<td>3</td>
</tr>
<tr>
<td>Nursing Science and Leadership</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>48</td>
<td>43</td>
</tr>
<tr>
<td>Other specialty</td>
<td>75</td>
<td>153</td>
<td>42</td>
<td>97</td>
<td>11</td>
<td>16</td>
<td>18</td>
</tr>
<tr>
<td><strong>Total Student Completions</strong></td>
<td><strong>1,239</strong></td>
<td><strong>1,298</strong></td>
<td><strong>1,538</strong></td>
<td><strong>1,591</strong></td>
<td><strong>1,564</strong></td>
<td><strong>1,891</strong></td>
<td><strong>1,762</strong></td>
</tr>
</tbody>
</table>

Blank cells indicate that the information was not requested in the given year.

*These data were not collected prior to 2006-2007.

1- Students who double-majored were counted in each specialty area for the first time in 2008-09. Therefore, the sum of completions by specialty area may be greater than the total completions, which represent individual students that completed a MSN program in the given year.
Family nursing continues to be the most common specialty area for nurse practitioners (NPs). In 2012-2013, 70.9% of NPs graduated with a specialty in family nursing. Other common specialty areas in 2012-2013 include adult care (6.0%), acute care (7.1%) and pediatrics (4.2%). The share of NPs graduating in family nursing is at its highest level in seven years and had a sizeable increase in its share of all NP graduates over the last year. Women’s health and acute care saw modest increases in their share of graduates in the last year, while all other specialty areas had decreased representation among NP graduates.

Table 17. Student Completions by Nurse Practitioner Specialty*, by Academic Year

<table>
<thead>
<tr>
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<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute care</td>
<td>7.2%</td>
<td>8.8%</td>
<td>9.0%</td>
<td>12.0%</td>
<td>10.4%</td>
<td>6.2%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Adult</td>
<td>6.5%</td>
<td>14.8%</td>
<td>4.7%</td>
<td>8.3%</td>
<td>14.3%</td>
<td>7.1%</td>
<td>6.0%</td>
</tr>
<tr>
<td>Family</td>
<td>58.3%</td>
<td>53.1%</td>
<td>62.5%</td>
<td>58.0%</td>
<td>53.0%</td>
<td>67.2%</td>
<td>70.9%</td>
</tr>
<tr>
<td>Gerontology</td>
<td>3.5%</td>
<td>3.0%</td>
<td>2.9%</td>
<td>2.7%</td>
<td>2.4%</td>
<td>1.7%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Neonatal</td>
<td>0.2%</td>
<td>1.2%</td>
<td>0.8%</td>
<td>1.1%</td>
<td>1.4%</td>
<td>1.2%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Occupational health</td>
<td>1.0%</td>
<td>0.7%</td>
<td>1.3%</td>
<td>1.9%</td>
<td>1.4%</td>
<td>0.6%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Pediatric</td>
<td>7.5%</td>
<td>6.2%</td>
<td>8.5%</td>
<td>9.1%</td>
<td>8.4%</td>
<td>6.2%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Psychiatric/mental health</td>
<td>2.8%</td>
<td>1.9%</td>
<td>1.6%</td>
<td>3.2%</td>
<td>5.9%</td>
<td>4.6%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Women's health</td>
<td>8.4%</td>
<td>7.4%</td>
<td>5.0%</td>
<td>1.9%</td>
<td>2.4%</td>
<td>3.0%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Other</td>
<td>4.5%</td>
<td>2.8%</td>
<td>3.7%</td>
<td>1.8%</td>
<td>0.4%</td>
<td>2.4%</td>
<td>2.9%</td>
</tr>
<tr>
<td><strong>Total Number of Nurse Practitioners</strong></td>
<td><strong>597</strong></td>
<td><strong>567</strong></td>
<td><strong>622</strong></td>
<td><strong>624</strong></td>
<td><strong>713</strong></td>
<td><strong>845</strong></td>
<td><strong>994</strong></td>
</tr>
</tbody>
</table>

*These data were not collected prior to 2006-07.

Summary

Master’s programs continue to receive more qualified applications than can be accommodated. Over the last year, these programs saw increases in qualified applications and enrollment of new students, but a decrease in space available to accommodate those submitting qualified applications. The number of students that completed one of these programs has more than doubled in the last nine years and reached its highest in 2011-2012 (n=1,891). Although fewer students completed Master’s programs in 2012-2013 than in the previous year, the 1,762 students that completed in 2012-2013 represent one of the greatest number of completions over the last nine years. While Nurse Practitioners (NPs) continue to be the most common specialty for students completing a Master’s degree, Clinical Nurse Leaders have seen a two-fold increase in graduates in the last five years. In 2012-2013, a large majority (70.9%) of graduating NPs specialized in family nursing.
Doctoral Programs

Limited data were requested from doctoral programs in 2004-2005. Therefore, some of the data presented do not include data from that year of the survey.

The number of doctoral nursing programs in California has more than doubled since 2004-2005. In 2012-2013, there were 12 nursing doctoral programs in California – half of which are public programs.

Table 18. Number of Doctoral Degree Programs, by Academic Year

<table>
<thead>
<tr>
<th></th>
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<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td># Programs</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>9</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>Public</td>
<td>40.0%</td>
<td>40.0%</td>
<td>33.3%</td>
<td>28.6%</td>
<td>28.6%</td>
<td>28.6%</td>
<td>33.3%</td>
<td>40.0%</td>
<td>50.0%</td>
</tr>
<tr>
<td>Private</td>
<td>60.0%</td>
<td>60.0%</td>
<td>66.7%</td>
<td>71.4%</td>
<td>71.4%</td>
<td>71.4%</td>
<td>66.7%</td>
<td>60.0%</td>
<td>50.0%</td>
</tr>
</tbody>
</table>

New Student Enrollments

Admission spaces available for new student enrollments in doctoral programs have more than quadrupled since 2005-2006. After recovering from a slight decline in availability of admission spaces in 2009-2010, the number of available spaces has more than doubled since then. Despite fluctuations in the availability of admission spaces, new student enrollments have been increasing since 2006-2007. In 2012-2013, 314 new students enrolled in doctoral programs.

Table 19. Availability and Utilization of Admission Spaces*, Doctoral Programs, by Academic Year

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Spaces Available</td>
<td>89</td>
<td>74</td>
<td>109</td>
<td>163</td>
<td>159</td>
<td>165</td>
<td>203</td>
<td>362</td>
</tr>
<tr>
<td>New Student Enrollments</td>
<td>71</td>
<td>57</td>
<td>106</td>
<td>112</td>
<td>158</td>
<td>186</td>
<td>227</td>
<td>314</td>
</tr>
<tr>
<td>% Spaces Filled with New Student Enrollments</td>
<td>79.8%</td>
<td>77.0%</td>
<td>97.2%</td>
<td>68.7%</td>
<td>99.4%</td>
<td>112.7%</td>
<td>111.8%</td>
<td>86.7%</td>
</tr>
</tbody>
</table>

*If admission spaces were not provided in the data, the number of new enrollments was used as the number of available admission spaces.

Public programs had a large increase in enrollment over the last year, mostly due to two new doctoral programs. Private programs continue to show growth in new student enrollment.

Table 20. New Student Enrollment, Doctoral Programs, by Academic Year

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>New Student Enrollment</td>
<td>71</td>
<td>57</td>
<td>106</td>
<td>112</td>
<td>158</td>
<td>186</td>
<td>203</td>
<td>314</td>
</tr>
<tr>
<td>Public</td>
<td>42</td>
<td>36</td>
<td>37</td>
<td>31</td>
<td>38</td>
<td>32</td>
<td>41</td>
<td>142</td>
</tr>
<tr>
<td>Private</td>
<td>29</td>
<td>21</td>
<td>69</td>
<td>81</td>
<td>120</td>
<td>154</td>
<td>162</td>
<td>172</td>
</tr>
</tbody>
</table>
The number of qualified applications to doctoral programs has fluctuated dramatically since 2009-2010. In 2012-2013, doctoral programs received 431 qualified applications to their programs, 27.1% of which were not accepted for admission.

Table 21. Applications* for Admission to Doctoral Programs, by Academic Year

<table>
<thead>
<tr>
<th>Year</th>
<th>Qualified Applications</th>
<th>Accepted</th>
<th>Not Accepted</th>
<th>% Qualified Applications Not Enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005-2006</td>
<td>75</td>
<td>57</td>
<td>18</td>
<td>24.0%</td>
</tr>
<tr>
<td>2006-2007</td>
<td>109</td>
<td>106</td>
<td>3</td>
<td>2.8%</td>
</tr>
<tr>
<td>2007-2008</td>
<td>120</td>
<td>112</td>
<td>8</td>
<td>6.7%</td>
</tr>
<tr>
<td>2008-2009</td>
<td>201</td>
<td>158</td>
<td>43</td>
<td>21.4%</td>
</tr>
<tr>
<td>2009-2010</td>
<td>420</td>
<td>186</td>
<td>234</td>
<td>55.7%</td>
</tr>
<tr>
<td>2010-2011</td>
<td>203</td>
<td>203</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>2011-2012</td>
<td>203</td>
<td>314</td>
<td>117</td>
<td>27.1%</td>
</tr>
</tbody>
</table>

*These data represent applications, not individuals. A change in the number of applications may not represent an equivalent change in the number of individuals applying to nursing school.

Student Census Data

The total number of students enrolled in doctoral programs more than tripled in nine years, from 251 students on October 15, 2005 to 827 in 2013. Both private and public programs had increases in total student enrollment over the last five years. However, private programs have had a five-fold increase in the number of students enrolled in their programs since 2005, while public programs have seen more modest change in their total student enrollment during the same time period. The large increase in public program enrollment over the last year is mostly due to two new public programs.

Table 22. Student Census Data*, Doctoral Programs, by Academic Year

<table>
<thead>
<tr>
<th>Program Type</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Programs</td>
<td>177</td>
<td>193</td>
<td>173</td>
<td>161</td>
<td>155</td>
<td>163</td>
<td>176</td>
<td>216</td>
<td>376</td>
</tr>
<tr>
<td>Private Programs</td>
<td>74</td>
<td>89</td>
<td>118</td>
<td>148</td>
<td>252</td>
<td>268</td>
<td>391</td>
<td>412</td>
<td>451</td>
</tr>
<tr>
<td>Total Nursing Students</td>
<td>251</td>
<td>282</td>
<td>291</td>
<td>309</td>
<td>407</td>
<td>431</td>
<td>567</td>
<td>628</td>
<td>827</td>
</tr>
</tbody>
</table>

*Census data represent the number of students on October 15th of the given year.

Student Completions

The number of students that completed a nursing doctoral program in California more than tripled in the past nine years, from 29 in 2004-2005 to 126 in 2012-2013. Private programs had a large increase in the number of students graduating from their programs in the last two years, while public programs had fewer students complete their programs during the same time period.

Table 23. Student Completions, Doctoral Programs, by Academic Year

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Programs</td>
<td>19</td>
<td>23</td>
<td>41</td>
<td>28</td>
<td>22</td>
<td>20</td>
<td>30</td>
<td>23</td>
<td>21</td>
</tr>
<tr>
<td>Private Programs</td>
<td>10</td>
<td>19</td>
<td>16</td>
<td>11</td>
<td>27</td>
<td>44</td>
<td>46</td>
<td>61</td>
<td>105</td>
</tr>
<tr>
<td>Total Student Completions</td>
<td>29</td>
<td>42</td>
<td>57</td>
<td>39</td>
<td>49</td>
<td>64</td>
<td>76</td>
<td>84</td>
<td>126</td>
</tr>
</tbody>
</table>
Summary

The number of schools offering doctoral degrees and the number of students pursuing those degrees have increased over the past nine years. Two public doctoral programs began accepting students for the first time in 2012-2013. As more students complete these programs, more nursing researchers and more qualified applicants for nursing faculty positions will enter the nursing workforce. Historically, private doctoral programs have been responsible for most of the increases in new student enrollments, student census and student completions since 2004-2005. With the addition of two public programs in 2012-2013, the share of new students and total students represented in public programs has increased.

Faculty Census Data

Faculty data for post-licensure programs were requested for the first time in the 2005-2006 survey. These data were collected by school, not by degree program. Therefore, faculty data represent post-licensure programs as a whole, not a specific degree program.

On October 15, 2013, post-licensure programs reported a total of 1,086 faculty that taught post-licensure courses, even if the faculty member also had a teaching role in the pre-licensure programs offered at the school. Over the last eight years, there have been fluctuations in the number of faculty teaching post-licensure students. Some of these fluctuations may be due to changes in the survey in 2009-2010, while others are likely due to online programs that have large fluctuations in enrollment and, hence, large fluctuations in faculty numbers from year to year.

Of the 44 schools that offered post-licensure nursing programs in 2012-2013, 86.4% (n=38) reported sharing faculty with the pre-licensure programs offered at their school. Twenty-six schools reported that they have some faculty that exclusively taught post-licensure students. Since many programs use the same faculty for pre- and post-licensure programs, 30.2% (n=328) of the 1,086 total post-licensure faculty reported in 2013 were also reported as pre-licensure faculty. Post-licensure nursing programs reported 57 vacant faculty positions in 2013. These vacancies represent a 5.0% faculty vacancy rate.

Table 24. Faculty Census Data*, by Year

<table>
<thead>
<tr>
<th></th>
<th>2006**</th>
<th>2007**</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Faculty</td>
<td>1,544</td>
<td>1,605</td>
<td>1,909</td>
<td>1,813</td>
<td>1,169</td>
<td>1,598</td>
<td>1,446</td>
<td>1,086</td>
</tr>
<tr>
<td>Faculty (post-licensure only)</td>
<td>816</td>
<td>1,138</td>
<td>953</td>
<td>758</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-time</td>
<td>498</td>
<td>628</td>
<td>639</td>
<td>656</td>
<td>267</td>
<td>302</td>
<td>320</td>
<td>237</td>
</tr>
<tr>
<td>Part-time</td>
<td>1,046</td>
<td>977</td>
<td>1,270</td>
<td>1,157</td>
<td>549</td>
<td>836</td>
<td>633</td>
<td>332</td>
</tr>
<tr>
<td>Faculty (also teach pre-licensure)</td>
<td>1,544</td>
<td>1,605</td>
<td>1,909</td>
<td>1,813</td>
<td>353</td>
<td>460</td>
<td>493</td>
<td>328</td>
</tr>
<tr>
<td>Vacancy Rate***</td>
<td>3.1%</td>
<td>6.0%</td>
<td>4.8%</td>
<td>3.4%</td>
<td>4.9%</td>
<td>1.2%</td>
<td>4.9%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Vacancies</td>
<td>49</td>
<td>102</td>
<td>96</td>
<td>63</td>
<td>60</td>
<td>19</td>
<td>75</td>
<td>57</td>
</tr>
</tbody>
</table>

* Census data represent the number of faculty on October 15th of the given year.
** The sum of full- and part-time faculty did not equal the total faculty reported in these years.
*** Vacancy rate = number of vacancies/(total faculty + number of vacancies)

Prior to 2009-2010, if schools reported that pre-licensure faculty were used to teach post-licensure programs, it was assumed that all pre-licensure faculty had a post-licensure teaching role. Feedback from nursing school deans and directors indicated that this assumption was not always true. Therefore, these questions were modified in 2009-2010 to collect data on the number of faculty that exclusively teach post-licensure students and the share of the pre-licensure faculty that also teach post-licensure courses.
# APPENDICES

## APPENDIX A – List of Post-Licensure Nursing Education Programs

### RN to BSN Programs (32)

- Azusa Pacific University
- California Baptist University
- CSU Bakersfield
- CSU Channel Islands
- CSU Chico
- CSU Dominguez Hills
- CSU East Bay
- CSU Fresno
- CSU Fullerton
- CSU Long Beach
- CSU Los Angeles
- CSU Sacramento
- CSU San Bernardino
- CSU San Marcos
- CSU Stanislaus
- Concordia University, Irvine
- Holy Names University
- Loma Linda University
- National University
- Pacific Union College
- Point Loma Nazarene University
- San Diego State University
- San Francisco State University
- Simpson University
- Sonoma State University
- United States University
- University of Phoenix - Northern California
- University of Phoenix - Southern California
- The Valley Foundation School of Nursing at San Jose State University
- West Coast University – Los Angeles
- West Coast University – Inland Empire

### Master's Degree Programs (36)

- Azusa Pacific University
- California Baptist University
- CSU Chico
- CSU Dominguez Hills
- CSU Fresno
- CSU Fullerton
- CSU Long Beach
- CSU Los Angeles
- CSU Sacramento
- CSU San Bernardino
- CSU San Marcos
- CSU Stanislaus
- Charles R. Drew University of Medicine and Science
- Dominican University of California
- Holy Names University
- Loma Linda University
- Mount Saint Mary's College
- Holy Names University
- Samuel Merritt University
- Point Loma Nazarene University
- Samuel Merritt University
- San Diego State University
- San Francisco State University
- Sonoma State University
- United States University
- University of California Davis
- University of California Irvine
- University of California Los Angeles
- University of California San Francisco
- University of Phoenix - Northern California
- University of Phoenix - Southern California
- University of San Diego
- University of San Francisco
- University of Southern California
- The Valley Foundation School of Nursing at San Jose State University
- West Coast University – Los Angeles
- Western University of Health Sciences

### Doctoral Programs (12)

- Azusa Pacific University
- *CSU Fresno
- CSU Fullerton
- *CSU Los Angeles
- Loma Linda University
- Samuel Merritt University
- University of California Davis
- University of California Los Angeles
- University of California San Francisco
- University of San Diego
- University of San Francisco
- Western University of Health Sciences

* - New programs in 2012-2013
### APPENDIX B – BRN Education Issues Workgroup Members

<table>
<thead>
<tr>
<th>Members</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loucine Huckabay, Chair</td>
<td>California State University, Long Beach</td>
</tr>
<tr>
<td>Audrey Berman</td>
<td>Samuel Merritt University</td>
</tr>
<tr>
<td>Brenda Fong</td>
<td>Community College Chancellor’s Office</td>
</tr>
<tr>
<td>Patricia Girczyc</td>
<td>College of the Redwoods</td>
</tr>
<tr>
<td>Marilyn Herrmann</td>
<td>Loma Linda University</td>
</tr>
<tr>
<td>Deloras Jones</td>
<td>Independent Consultant, Former Executive Director of California Institute for Nursing and Health Care</td>
</tr>
<tr>
<td>Stephanie Leach</td>
<td>Kaiser Permanente National Patient Care Services</td>
</tr>
<tr>
<td>Judy Martin-Holland</td>
<td>University of California, San Francisco</td>
</tr>
<tr>
<td>Tammy Rice</td>
<td>Saddleback College</td>
</tr>
<tr>
<td>Paulina Van</td>
<td>California State University, East Bay</td>
</tr>
</tbody>
</table>

**Ex-Officio Member**

| Louise Bailey            | California Board of Registered Nursing                                      |

**Project Manager**

| Julie Campbell-Warnock  | California Board of Registered Nursing                                      |
ACTION REQUESTED: Licensing Program Report

REQUESTED BY: Michael Jackson, MSN, RN, Chairperson
Education/Licensing Committee

PROGRAM UPDATE:

The Licensing unit evaluators are currently processing the initial review of applications cashiered in late April. According to our in house statistics and manual counts, we have already received and are processing the majority of the California Spring graduates as the influx of applications we normally receive was earlier this season than in previous years.

As we enter our busiest month, the licensing unit is well prepared for the release of rosters and receipt of transcripts. Temporary staff the Board has brought on is greatly assisting the transition from Department of Consumer Affairs borrowed staff to the dependence of solely Board staff. It is anticipated that by the end of June, the Licensing unit will be fully self-sufficient with Board staff.

The online exam application has proven successful however due to the early submissions of applications the numbers are lower than initially anticipated. This has proven beneficial however as the Licensing unit has had to implement new procedures for a new type of application. All Licensing staff is fully trained on processing web submitted applications. We anticipate there will be a higher percentage of online application for the fall graduation season.

With the implementation of the new reporting regulation, the Licensing unit has begun to see a significant decrease in the number of files that require a second level review through enforcement. The Board has updated the website with this information and is in the process of updating the licensing and renewal forms.

The Board website is regularly updated to reflect the most current information in regards to Licensing, Renewal and Verification timeframes. Links have been provided at the top of the home page to assist both applicants and licensee’s with the current timeframes and hot topics or trends the Board needs to communicate.

Larlee Walters, senior international analyst retired from the Board on April 28, 2014. We are currently recruiting for her position along with a support staff position recently vacated by Kathleen ‘Kat’ Tran who received a promotion to the Department of Motor Vehicles,
Investigations. Both employees were strong effective members of our team and will be missed. Our US evaluator licensing staff is now fully staffed with the addition of two employees, Dean Fairfield and Suzanne Smith; both with previous licensing experience.

STATISTICS:

Statistics and reports are currently unavailable in the BreEZe system however we have determined that since we went live with BREEZE we have licensed 9,964 RN’s. Applicants we have licensed include endorsement, new exam, and reapply applicants.

<table>
<thead>
<tr>
<th>Applicants Licensed</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10/08/2014 – 04/01/2014</td>
<td>6200</td>
</tr>
<tr>
<td>4/01/2014 – 05/27/2014</td>
<td>3,764</td>
</tr>
<tr>
<td>Total</td>
<td>9,964</td>
</tr>
</tbody>
</table>

Board staff and the Licensing manager have been attending joint meetings with DCA BREEZE staff and other release one Board staff to develop licensing and applicant reports. This collaboration was designed to allow boards to work together on reports and create fewer DCA wide reports that will benefit the boards instead of hundreds of individual reports that are Board specific. This process will also assist everyone to more quickly get the reports we need available when we need them.

NEXT STEPS: None

PERSON TO CONTACT: Gina Sanchez, Staff Services Manager I Licensing Standards and Evaluations (916) 515-5258
AGENDA ITEM: Information Only: NCLEX Pass Rate Update

REQUESTED BY: Katie Daugherty, NEC

BACKGROUND: The Board of Registered Nursing receives quarterly reports from the National Council of State Boards of Nursing (NCSBN) about the NCLEX-RN test results by quarter and with an annual perspective. The following tables show this information for the last 12 months and by each quarter.

NCLEX RESULTS – FIRST TIME CANDIDATES
April 1, 2013–March 31, 2014*

<table>
<thead>
<tr>
<th>JURISDICTION</th>
<th>TOTAL TAKING TEST</th>
<th>PERCENT PASSED %</th>
</tr>
</thead>
<tbody>
<tr>
<td>California*</td>
<td>9,467</td>
<td>82.23</td>
</tr>
<tr>
<td>United States and Territories</td>
<td>152,393</td>
<td>81.49</td>
</tr>
</tbody>
</table>

CALIFORNIA NCLEX RESULTS – FIRST TIME CANDIDATES
By Quarters and Year April 1, 2013-March 31, 2014*

<table>
<thead>
<tr>
<th></th>
<th>4/01/13-6/30/13</th>
<th>7/01/13-9/30/13</th>
<th>10/01/13-12/31/13</th>
<th>1/01/14-3/31/14</th>
<th>4/01/13-3/31/14</th>
</tr>
</thead>
<tbody>
<tr>
<td># cand.</td>
<td>% pass</td>
<td># cand. % pass</td>
<td># cand. % pass</td>
<td># cand. % pass</td>
<td># cand. % pass</td>
</tr>
<tr>
<td>2,335</td>
<td>83.00</td>
<td>4,057</td>
<td>81.69</td>
<td>946</td>
<td>69.45</td>
</tr>
</tbody>
</table>

*Includes (3), (4), (5) and (2) “re-entry” candidates. April 1, 2013 the 2013 NCLEX-RN Test Plan and the higher Passing Standard of 0.00 logit was implemented and remains effective through March 31, 2016. A logit is a unit of measurement to report relative differences between candidate ability estimates and exam item difficulties.

Nursing Education Consultants (NECs) monitor the NCLEX results of their assigned programs. If a program’s first time pass rate is below 75% pass rate for an academic year (July 1-June 30), the NEC sends the program written notification of non-compliance (CCR 1431) and requests the program submit a written assessment and corrective action plan to improve results. The NEC will summarize the program’s report for NCLEX improvement for the ELC/Board meetings per the Licensing Examination Passing Standard EDP-I-29 document approved 11/6/13. If a second consecutive year of substandard performance occurs, a continuing approval visit will be scheduled within six months, and the NEC’s continuing approval visit findings reported to ELC with program representatives in attendance.

Note: Effective April 1, 2014, NCSBN/Pearson VUE transitioned from a 5 digit school education program code system to a 10 digit system. All exam candidates must use the 10 digit program code to register to take the exam with Pearson VUE and all NCSBN/Pearson VUE Pass Rate reports use the 10 digit codes.

NEXT STEP(s): Continue to monitor results

PERSON(S) TO CONTACT: Katie Daugherty, MN, RN
(916) 574-7685
California Board of Registered Nursing

NCLEX-RN Pass Rates First Time Candidates
Comparison of National US Educated and CA Educated Pass Rates
By Degree Type

Academic Year July 1, 2013-June 30, 2014

<table>
<thead>
<tr>
<th>Academic Year July 1-June 30</th>
<th>July-Sept #Tested</th>
<th>% Pass</th>
<th>Oct-Dec #Tested</th>
<th>% Pass</th>
<th>Jan-Mar #Tested</th>
<th>% Pass</th>
<th>April-June #Tested</th>
<th>%Pass</th>
<th>2013-2014 Cumulative Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>National US Educated- All degree types *</td>
<td>53,734</td>
<td>(80.7)</td>
<td>12,565</td>
<td>(69.0)</td>
<td>38,275</td>
<td>(84.6)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CA Educated- All degree types*</td>
<td>4,057</td>
<td>(81.6)</td>
<td>946</td>
<td>(69.4)</td>
<td>2,129</td>
<td>(88.1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>National-Associate Degree rates**</td>
<td>28,656</td>
<td>(79.5)</td>
<td>7,406</td>
<td>(64.8)</td>
<td>21,304</td>
<td>(82.1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CA-Associate Degree rates**</td>
<td>2,327</td>
<td>(83.3)</td>
<td>434</td>
<td>(67.0)</td>
<td>1,039</td>
<td>(90.4)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>National-BSN+ELM rates**/***</td>
<td>23,710</td>
<td>(82.0)</td>
<td>4,880</td>
<td>(75.3)</td>
<td>16,371</td>
<td>(87.9)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CA-BSN+ELM rates**/***</td>
<td>1,724</td>
<td>(79.4)</td>
<td>507</td>
<td>(71.4)</td>
<td>1,088</td>
<td>(85.8)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*National rate for All Degree types includes four categories of results: Diploma, AD, BSN+ELM, and Special Codes. Use of the Special Codes category may vary from state to state. In CA, the Special Codes category is most commonly used for re-entry candidates such as eight year retake candidates wishing to reinstate an expired license per CCR 1419.3(b). The CA aggregate rate for the All degree types includes AD, BSN+ELM, and Special Codes but no diploma program rates since there are no diploma programs in CA. CA rates by specific degree type exclude special code counts since these are not reported by specific degree type.

**National and CA rates reported by specific degree type include only the specific results for the AD or BSN+ELM categories.

***ELM program rates are included in the BSN degree category by NCSBN.

Note: This report includes quarter to quarter corrections NCSBN has made in data. April 1, 2013 the NCLEX RN Test Plan changed and the Passing Standard became 0.00 logit.
Source: National Council of State Boards Pass Rate Reports
AGENDA ITEM: 8.1  
DATE: June 12, 2014

ACTION REQUESTED:  Adopt/Modify Positions on Bills of Interest to the Board, and any other Bills of Interest to the Board introduced during the 2013-2014 Legislative Session.

REQUESTED BY: Kay Weinkam, M.S., RN, CNS  
Nursing Education Consultant

BACKGROUND:

<table>
<thead>
<tr>
<th>Assembly Bills</th>
<th>Senate Bills</th>
</tr>
</thead>
<tbody>
<tr>
<td>AB 186</td>
<td>SB 430</td>
</tr>
<tr>
<td>AB 548</td>
<td>SB 723</td>
</tr>
<tr>
<td>AB 790</td>
<td>SB 911</td>
</tr>
<tr>
<td>AB 809</td>
<td>SB 1159</td>
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<td>AB 1677</td>
<td>SB 1239</td>
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<td>AB 1841</td>
<td>SB 1299</td>
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<td>AB 2058</td>
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<td>AB 2062</td>
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<td>AB 2102</td>
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<td>AB 2144</td>
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<td>AB 2165</td>
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<td>AB 2183</td>
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<td>AB 2198</td>
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<td>AB 2247</td>
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<td>AB 2346</td>
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<td>AB 2396</td>
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<td>AB 2484</td>
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<td>AB 2514</td>
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<td>AB 2598</td>
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<tr>
<td>AB 2720</td>
<td></td>
</tr>
<tr>
<td>AB 2736</td>
<td></td>
</tr>
</tbody>
</table>

NEXT STEPS:

FISCAL IMPACT, IF ANY:

PERSON(S) TO CONTACT: Kay Weinkam, NEC  
Phone: (916) 574-7600  
E-mail: kay.weinkam@dca.ca.gov
<table>
<thead>
<tr>
<th>BILL #</th>
<th>AUTHOR</th>
<th>SUBJECT</th>
<th>COMM POSITION (date)</th>
<th>BOARD POSITION (date)</th>
<th>BILL STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>AB 186</td>
<td>Maienschein</td>
<td>Professions and vocations: military spouses: temporary licenses</td>
<td>Watch (8/7/13)</td>
<td>Watch (9/11/13)</td>
<td>Senate BP&amp;ED</td>
</tr>
<tr>
<td>AB 548</td>
<td>Salas</td>
<td>Public postsecondary education: community college registered nursing programs</td>
<td>Watch (4/3/14)</td>
<td></td>
<td>Senate APPR</td>
</tr>
<tr>
<td>AB 790</td>
<td>Gomez</td>
<td>Child abuse: reporting</td>
<td>Support (8/7/13)</td>
<td>Support (9/11/13)</td>
<td>Senate APPR</td>
</tr>
<tr>
<td>AB 809</td>
<td>Logue</td>
<td>Healing arts: telehealth</td>
<td>Watch (4/3/14)</td>
<td></td>
<td>Senate Health</td>
</tr>
<tr>
<td>AB 1677</td>
<td>Gomez</td>
<td>Nursing education: service in public hospitals and veterans’ facilities</td>
<td>Watch (4/3/14)</td>
<td></td>
<td>APPR</td>
</tr>
<tr>
<td>AB 1841</td>
<td>Mullin</td>
<td>Medical assistants</td>
<td>Watch (5/7/14)</td>
<td>Watch with concerns (4/3/14)</td>
<td>Senate BP&amp;ED</td>
</tr>
<tr>
<td>AB 2058</td>
<td>Wilk</td>
<td>Open meetings</td>
<td>Oppose (5/7/14)</td>
<td>Oppose (4/3/14)</td>
<td>Senate Rules</td>
</tr>
<tr>
<td>AB 2062</td>
<td>Hernández</td>
<td>Health facilities: surgical technologists</td>
<td>Watch (5/7/14)</td>
<td>Watch (4/3/14)</td>
<td>Senate Health</td>
</tr>
<tr>
<td>AB 2102</td>
<td>Ting</td>
<td>Licensees: data collection</td>
<td>Watch (5/7/14)</td>
<td>Watch (4/3/14)</td>
<td>Senate BP&amp;ED</td>
</tr>
<tr>
<td>AB 2144</td>
<td>Yamada</td>
<td>Staff- to- patient ratios</td>
<td>Support (5/7/14)</td>
<td>Support (4/3/14)</td>
<td>APPR</td>
</tr>
<tr>
<td>AB 2165</td>
<td>Patterson</td>
<td>Professions and vocations: licenses</td>
<td>Oppose (5/7/14)</td>
<td>Oppose (4/3/14)</td>
<td>BP&amp;CP</td>
</tr>
<tr>
<td>AB 2183</td>
<td>Bocanegra</td>
<td>Nursing</td>
<td>Oppose (5/7/14)</td>
<td></td>
<td>APPR</td>
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<tr>
<td>AB 2198</td>
<td>Levine</td>
<td>Mental health professionals: suicide prevention training</td>
<td>Watch (5/7/14)</td>
<td>Watch (4/3/14)</td>
<td>Senate BP&amp;ED</td>
</tr>
<tr>
<td>AB 2247</td>
<td>Williams</td>
<td>Postsecondary education: accreditation documents</td>
<td>Watch (5/7/14)</td>
<td>Watch (4/3/14)</td>
<td>Senate Education</td>
</tr>
</tbody>
</table>

**Bold** denotes a bill that is a new bill for Board consideration or has been amended since last Board consideration.
<table>
<thead>
<tr>
<th>BILL #</th>
<th>AUTHOR</th>
<th>SUBJECT</th>
<th>COMM POSITION (date)</th>
<th>BOARD POSITION (date)</th>
<th>BILL STATUS</th>
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</thead>
<tbody>
<tr>
<td>AB 2396</td>
<td>Bonta</td>
<td>Convictions: expungement: licenses</td>
<td>Watch (5/7/14)</td>
<td></td>
<td>Senate Rules</td>
</tr>
<tr>
<td>AB 2484</td>
<td>Gordon</td>
<td>Healing arts: telehealth</td>
<td>Watch (4/3/14)</td>
<td></td>
<td>BP&amp;CP</td>
</tr>
<tr>
<td>AB 2514</td>
<td>Pan</td>
<td>Income taxes: credits: rural health care professionals</td>
<td>Watch (5/7/14)</td>
<td></td>
<td>APPR</td>
</tr>
<tr>
<td>AB 2598</td>
<td>Hagman</td>
<td>Department of Consumer Affairs: administrative expenses</td>
<td>Oppose (4/3/14)</td>
<td></td>
<td>BP&amp;CP</td>
</tr>
<tr>
<td>AB 2720</td>
<td>Ting</td>
<td>State agencies: meetings: record of action taken</td>
<td>Watch (5/7/14)</td>
<td>Neutral (4/3/14)</td>
<td>Senate Governmental Organization</td>
</tr>
<tr>
<td>AB 2736</td>
<td>Committee on Higher Education</td>
<td>Postsecondary education: California State University</td>
<td>Neutral (4/3/14)</td>
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<td>Senate Education</td>
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</tbody>
</table>

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<th>SUBJECT</th>
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<th>BOARD POSITION (date)</th>
<th>BILL STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SB 430</td>
<td>Wright</td>
<td>Pupil health: vision examination: binocular function</td>
<td>Watch (8/7/13)</td>
<td>Watch (9/11/13)</td>
<td>Assembly Health</td>
</tr>
<tr>
<td>SB 723</td>
<td>Correa</td>
<td>Veterans</td>
<td>Watch (5/8/13)</td>
<td>Watch (9/11/13)</td>
<td>Vetoed 10/10/13</td>
</tr>
<tr>
<td>SB 911</td>
<td>Block</td>
<td>Residential care facilities for the elderly</td>
<td>Watch (5/7/14)</td>
<td>Watch (4/3/14)</td>
<td>Assembly Desk</td>
</tr>
<tr>
<td>SB 1159</td>
<td>Lara</td>
<td>Professions and vocations: license applicants: federal identification number</td>
<td>Watch (5/7/14)</td>
<td></td>
<td>Assembly BP&amp;CP</td>
</tr>
<tr>
<td>SB 1239</td>
<td>Wolk</td>
<td>Pupil health care services: school nurses</td>
<td>Watch (5/7/14)</td>
<td></td>
<td>APPR</td>
</tr>
<tr>
<td>SB 1299</td>
<td>Padilla</td>
<td>Workplace violence prevention plans</td>
<td></td>
<td></td>
<td>Assembly Desk</td>
</tr>
</tbody>
</table>

**Bold** denotes a bill that is a new bill for Board consideration or has been amended since last Board consideration.
SUMMARY:
This bill was originally introduced on February 20, 2013, to apply to the California Workforce Investment Board. It was amended January 7, 2014, to the current subject.

Existing law establishes the California Community Colleges under the administration of the Board of Governors of the California Community Colleges. Existing law establishes community college districts throughout the state, under the administration of community college district governing boards, and authorizes these districts to provide instruction at the community college campuses operated by the districts.

Existing law requires a community college registered nursing program that elects to use a multicriteria screening process to evaluate applicants for admission to nursing programs to include specified criteria. Existing law authorizes a program using a multicriteria screening process to use an approved diagnostic assessment tool before, during, or after the multicriteria screening process. Existing law also requires a district that uses multicriteria screening measures to report its nursing program admissions policies to the chancellor annually, in writing. Existing law repeals these provisions on January 1, 2016.

ANALYSIS:
This bill would delete the repeal date, thus continuing the operation of these provisions indefinitely.

Amended analysis as of 5/21:
This bill would extend the operation of these provisions related to community college nursing programs until January 1, 2020, and would require the Chancellor of the California Community Colleges to submit a report on or before March 1, 2015, and annually thereafter to the Legislature and the Governor that examines and includes, but is not necessarily limited to, specified information on nursing students admitted through the multicriteria screening process.

BOARD POSITION: Watch (April 3, 2014)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Not previously considered. The bill was amended after most recent Committee meeting.
SUPPORT:
California Hospital Association
Kern Community College District (CCD)
Los Angeles CCD
Los Rios CCD
Mt. San Jacinto CCD
Rio Hondo CCD
South Orange County CCD
United Nurses Associations of California / Union of Health Care Professionals
Yosemite CCD

OPPOSE:
None on file.
An act to amend and repeal Section 78261.5 of the Education Code, relating to public postsecondary education.

LEGISLATIVE COUNSEL’S DIGEST

AB 548, as amended, Salas. Public postsecondary education: community college registered nursing programs.

Existing law establishes the California Community Colleges under the administration of the Board of Governors of the California Community Colleges. Existing law establishes community college districts throughout the state, under the administration of community college district governing boards, and authorizes these districts to provide instruction at the community college campuses operated by the districts.

Existing law requires a community college registered nursing program that elects to use a multicriteria screening process to evaluate applicants for admission to nursing programs to include specified criteria. Existing law authorizes a program using a multicriteria screening process to use an approved diagnostic assessment tool before, during, or after the multicriteria screening process. Existing law also requires a district that uses multicriteria screening measures to report its nursing program admissions policies to the chancellor annually, in writing. Existing law repeals these provisions on January 1, 2016.
This bill would delete the repeal date, thus continuing to extend the operation of these provisions indefinitely related to community college nursing programs until January 1, 2020, and would require the Chancellor of the California Community Colleges to submit a report on or before March 1, 2015, and annually thereafter to the Legislature and the Governor that examines and includes, but is not necessarily limited to, specified information on nursing students admitted through the multicriteria screening process.


The people of the State of California do enact as follows:

SECTION 1. Section 78261.5 of the Education Code is amended to read:

78261.5. (a) A community college registered nursing program that determines that the number of applicants to that program exceeds its capacity may admit students in accordance with any of the following procedures:

(1) Administration of a multicriteria screening process, as authorized by Section 78261.3, in a manner that is consistent with the standards set forth in subdivision (b).

(2) A random selection process.

(3) A blended combination of random selection and a multicriteria screening process.

(b) A community college registered nursing program that elects, on or after January 1, 2008, to use a multicriteria screening process to evaluate applicants pursuant to this article shall apply those measures in accordance with all of the following:

(1) The criteria applied in a multicriteria screening process under this article shall include, but shall not necessarily be limited to, all of the following:

(A) Academic degrees or diplomas, or relevant certificates, held by an applicant.

(B) Grade-point average in relevant coursework.

(C) Any relevant work or volunteer experience.

(D) Life experiences or special circumstances of an applicant, including, but not necessarily limited to, the following experiences or circumstances:

(i) Disabilities.
(ii) Low family income.
(iii) First generation of family to attend college.
(iv) Need to work.
(v) Disadvantaged social or educational environment.
(vi) Difficult personal and family situations or circumstances.
(vii) Refugee or veteran status.
(E) Proficiency or advanced level coursework in languages other than English. Credit for languages other than English shall be received for languages that are identified by the chancellor as high-frequency languages, as based on census data. These languages may include, but are not necessarily limited to, any of the following:
   (i) American Sign Language.
   (ii) Arabic.
   (iii) Chinese, including its various dialects.
   (iv) Farsi.
   (v) Russian.
   (vi) Spanish.
   (vii) Tagalog.
   (viii) The various languages of the Indian subcontinent and Southeast Asia.
   (2) Additional criteria, such as a personal interview, a personal statement, letter of recommendation, or the number of repetitions of prerequisite classes, or other criteria, as approved by the chancellor, may be used, but are not required.
(3) A community college registered nursing program using a multicriteria screening process under this article may use an approved diagnostic assessment tool, in accordance with Section 78261.3, before, during, or after the multicriteria screening process.
(4) As used in this section:
   (A) “Disabilities” has the same meaning as used in Section 2626 of the Unemployment Insurance Code.
   (B) “Disadvantaged social or educational environment” includes, but is not necessarily limited to, the status of a student who has participated in Extended Opportunity Programs and Services (EOPS).
   (C) “Grade-point average” refers to the same fixed set of required prerequisite courses that all applicants to the nursing program administering the multicriteria screening process are required to complete.
(D) “Low family income” shall be measured by a community college registered nursing program in terms of a student’s eligibility for, or receipt of, financial aid under a program that may include, but is not necessarily limited to, a fee waiver from the board of governors under Section 76300, the Cal Grant Program under Chapter 1.7 (commencing with Section 69430) of Part 42 of Division 5, the federal Pell Grant program, or CalWORKs.

(E) “Need to work” means that the student is working at least part time while completing academic work that is a prerequisite for admission to the nursing program.

(5) A community college registered nursing program that uses a multicriteria screening process pursuant to this article shall report its nursing program admissions policies to the chancellor annually, in writing. The admissions policies reported under this paragraph shall include the weight given to any criteria used by the program, and shall include demographic information relating to both the persons admitted to the program and the persons of that group who successfully completed that program.

(c) The chancellor is encouraged to develop, and make available to community college registered nursing programs by July 1, 2008, a model admissions process based on this section.

(d) (1) The chancellor shall submit a report on or before March 1, 2015, and on or before each March 1 thereafter, to the Legislature and the Governor that examines and includes, but is not necessarily limited to, both of the following:

(A) The participation, retention, and completion rates in community college registered nursing programs of students admitted through a multicriteria screening process, as described in Section 78261.5, disaggregated by the age, gender, ethnicity, and the language spoken at the home of those students.

(B) Information on the annual impact, if any, the Seymour-Campbell Student Success Act had on the matriculation services for students admitted through the multicriteria screening process, as described in Section 78261.5.

(2) The chancellor shall submit the annual report required in paragraph (1) in conjunction with its annual report on associate degree nursing programs required by subdivision (h) of Section 78261.
(e) This section shall remain in effect only until January 1, 2020, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2020, deletes or extends that date.
AUTHOR: Logue  BILL NUMBER: AB 809
SPONSOR: Logue  BILL STATUS: Senate Committee on Health
SUBJECT: Healing arts: telehealth  DATE LAST AMENDED: May 19, 2014

SUMMARY:
Existing law requires a health care provider, as defined, prior to the delivery of health care services via telehealth, as defined, to verbally inform the patient that telehealth may be used and obtain verbal consent from the patient for this use. Existing law also provides that failure to comply with this requirement constitutes unprofessional conduct.

ANALYSIS:
Reflecting amendments of 4/3, 4/29, and 6/25/2013, this bill would require the health care provider initiating the use of telehealth at the originating site to obtain verbal or written consent from the patient for the use of telehealth during a specified course of health care and treatment. The bill would require the health care provider to document the consent in the patient’s medical record and to transmit that documentation with the initiation of any telehealth to any distant-site health care provider from whom telehealth is requested or obtained. The bill would require a distant-site health care provider to either obtain confirmation of the patient’s consent from the operating site provider or separately obtain and document consent from the patient about the use of telehealth as an acceptable mode of delivering health care services and public health during a specified course of health care and treatment.

Amended analysis as of 5/19:
This bill retains the provision regarding documentation of the verbal or written consent in the patient’s medical record and deletes those provisions related to transmission of such documentation by the provider or activities expected of the distant-site provider.

BOARD POSITION: Watch (April 3, 2014)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Not previously considered. The bill was amended after the most recent Committee meeting.

SUPPORT:
Medical Board of California
Association of California Healthcare Districts
California Academy of Physician Assistants
California Association of Physician Groups

OPPOSE:
American Federation of State, County and Municipal Employees (AFSCME)
An act to amend Section 2290.5 of the Business and Professions Code, relating to telehealth, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL’S DIGEST

AB 809, as amended, Logue. Healing arts: telehealth.

Existing law requires a health care provider, as defined, prior to the delivery of health care services via telehealth, as defined, to verbally inform the patient that telehealth may be used and obtain verbal consent from the patient for this use. Existing law also provides that failure to comply with this requirement constitutes unprofessional conduct.

This bill would require the health care provider initiating the use of telehealth at the originating site to obtain verbal or written consent from the patient for the use of telehealth, as specified. The bill would require that health care provider to document the consent in the patient’s medical record and to transmit that documentation with the initiation of any telehealth to any distant-site health care provider from whom telehealth is requested or obtained. The bill would require a distant-site health care provider to receive the consent documentation and to document the receipt of this documentation in the patient’s medical record.
care provider to either obtain confirmation of the patient’s consent from
the originating site provider or separately obtain and document consent
from the patient about the use of telehealth, as specified. record.

This bill would declare that it is to take effect immediately as an
urgency statute.

State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. Section 2290.5 of the Business and Professions
Code is amended to read:
2290.5. (a) For purposes of this division, the following
definitions shall apply:
(1) “Asynchronous store and forward” means the transmission
of a patient’s medical information from an originating site to the
health care provider at a distant site without the presence of the
patient.
(2) “Distant site” means a site where a health care provider who
provides health care services is located while providing these
services via a telecommunications system.
(3) “Health care provider” means a person who is licensed under
this division.
(4) “Originating site” means a site where a patient is located at
the time health care services are provided via a telecommunications
system or where the asynchronous store and forward service
originates.
(5) “Synchronous interaction” means a real-time interaction
between a patient and a health care provider located at a distant
site.
(6) “Telehealth” means the mode of delivering health care
services and public health via information and communication
technologies to facilitate the diagnosis, consultation, treatment,
education, care management, and self-management of a patient’s
health care while the patient is at the originating site and the health
care provider is at a distant site. Telehealth facilitates patient
self-management and caregiver support for patients and includes
synchronous interactions and asynchronous store and forward
transfers.
(b) Prior to the delivery of health care via telehealth, the health care provider initiating the use of telehealth at the originating site shall inform the patient about the use of telehealth and obtain verbal or written consent from the patient for the use of telehealth as an acceptable mode of delivering health care services and public health during a specified course of health care and treatment. The consent shall be documented in the patient’s medical record, and the documentation shall be transmitted with the initiation of any telehealth for that specified course of health care and treatment to any distant-site health care provider from whom telehealth is requested or obtained. A distant-site health care provider shall either obtain confirmation of the patient’s consent from the originating site provider or separately obtain and document consent from the patient about the use of telehealth as an acceptable mode of delivering health care services and public health during a specified course of health care and treatment.

(c) Nothing in this section shall preclude a patient from receiving in-person health care delivery services during a specified course of health care and treatment after agreeing to receive services via telehealth.

(d) The failure of a health care provider to comply with this section shall constitute unprofessional conduct. Section 2314 shall not apply to this section.

(e) This section shall not be construed to alter the scope of practice of any health care provider or authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized by law.

(f) All laws regarding the confidentiality of health care information and a patient’s rights to his or her medical information shall apply to telehealth interactions.

(g) This section shall not apply to a patient under the jurisdiction of the Department of Corrections and Rehabilitation or any other correctional facility.

(h) (1) Notwithstanding any other provision of law and for purposes of this section, the governing body of the hospital whose patients are receiving the telehealth services may grant privileges to, and verify and approve credentials for, providers of telehealth services based on its medical staff recommendations that rely on information provided by the distant-site hospital or telehealth
entity, as described in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

(2) By enacting this subdivision, it is the intent of the Legislature to authorize a hospital to grant privileges to, and verify and approve credentials for, providers of telehealth services as described in paragraph (1).

(3) For the purposes of this subdivision, “telehealth” shall include “telemedicine” as the term is referenced in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

SEC. 2. This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the Constitution and shall go into immediate effect. The facts constituting the necessity are:

In order to protect the health and safety of the public due to a lack of access to health care providers in rural and urban medically underserved areas of California, the increasing strain on existing providers expected to occur with the implementation of the federal Patient Protection and Affordable Care Act, and the assistance that further implementation of telehealth can provide to help relieve these burdens, it is necessary for this act to take effect immediately.
SUMMARY:
Existing law, the Medical Practice Act, provides for the licensure and regulation of the practice of medicine by the Medical Board of California. The act authorizes a medical assistant to administer medication only by intradermal, subcutaneous, or intramuscular injections and to perform skin tests and additional technical supportive services upon the specific authorization and supervision of a licensed physician and surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife. Existing law defines the term “technical supportive services” to mean simple routine medical tasks and procedures that may be safely performed by a medical assistant who has limited training and who functions under the supervision of a licensed physician and surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife. Existing law, the Pharmacy Law, prohibits a prescriber, as defined, from dispensing drugs to patients in his or her office unless specified conditions are satisfied, and authorizes a certified nurse-midwife, a nurse practitioner, a physician assistant, or a naturopathic doctor who functions pursuant to a specified protocol or procedure to hand to a patient of his or her supervising physician a properly labeled and prepackaged prescription drug.

Existing law authorizes specified facilities licensed by the California State Board of Pharmacy to purchase drugs at wholesale for administration or dispensing, under the direction of a physician and surgeon, to patients registered for care at those facilities.

ANALYSIS:
This bill would specify that the “technical supportive services” a medical assistant may perform also includes handing to a patient a properly labeled and prepackaged prescription drug, other than a controlled substance, ordered by a licensed physician and surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife.

Amended analysis as of 4/21:
This bill has been amended to add: In every instance, prior to handing the medication to a patient, the properly labeled and prepackaged prescription drug shall have the patient’s name affixed to the package and a licensed physician and surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife shall verify that it is the correct medication and dosage for that specific patient.
Amended analysis as of 6/2:
This bill would provide that the “technical supportive services” a medical assistant may perform in those California State Board of Pharmacy licensed facilities also includes handing to a patient a properly labeled and prepackaged prescription drug, other than a controlled substance, ordered by a licensed physician and surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife, as specified.

This bill also would provide that the licensed physician and surgeon, licensed podiatrist, physician assistant, nurse practitioner, or nurse-midwife, in addition to verifying that it is the correct medication for the particular patient, shall provide the appropriate patient consultation regarding use of the drug prior to the medical assistant handing the properly labeled and prepackaged prescription drug to the patient.

BOARD POSITION: Watch with concerns (April 3, 2014)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Watch (May 7, 2014)

SUPPORT:
Planned Parenthood Affiliates of California (sponsor)
Association of California Healthcare Districts
California Academy of Physician Assistants
California Association for Nurse Practitioners
California Family Health Council
California Nurse-Midwives Association
California Primary Care Association
Planned Parenthood Advocacy Project Los Angeles County
Planned Parenthood Mar Monte
Planned Parenthood of Orange and San Bernardino Counties
Planned Parenthood of Santa Barbara, Ventura, and San Luis Obispo Counties, Inc.
Planned Parenthood of the Pacific Southwest
Planned Parenthood Pasadena and San Gabriel Valley
Planned Parenthood Shasta Pacific Action Fund
Six Rivers Planned Parenthood

OPPOSE:
SEIU Local 1000
An act to amend Section 2069 of the Business and Professions Code, relating to medicine.

LEGISLATIVE COUNSEL’S DIGEST

AB 1841, as amended, Mullin. Medical assistants.

Existing law, the Medical Practice Act, provides for the licensure and regulation of the practice of medicine by the Medical Board of California. The act authorizes a medical assistant to administer medication only by intradermal, subcutaneous, or intramuscular injections and to perform skin tests and additional technical supportive services upon the specific authorization and supervision of a licensed physician and surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife. Existing law defines the term “technical supportive services” to mean simple routine medical tasks and procedures that may be safely performed by a medical assistant who has limited training and who functions under the supervision of a licensed physician and surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife. Existing law, the Pharmacy Law, prohibits a prescriber, as defined, from dispensing drugs to patients in his or her office unless specified conditions are satisfied, and authorizes a certified nurse-midwife, a
nurse practitioner, a physician assistant, or a naturopathic doctor who functions pursuant to a specified protocol or procedure to hand to a patient of his or her supervising physician a properly labeled and prepackaged prescription drug. Existing law authorizes specified facilities licensed by the California State Board of Pharmacy to purchase drugs at wholesale for administration or dispensing, under the direction of a physician and surgeon, to patients registered for care at those facilities.

This bill would specify that the “technical supportive services” a medical assistant may perform in those California State Board of Pharmacy licensed facilities also includes handing to a patient a properly labeled and prepackaged prescription drug, other than a controlled substance, ordered by a licensed physician and surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife, as specified.


The people of the State of California do enact as follows:

SECTION 1. Section 2069 of the Business and Professions Code is amended to read:

1 2069. (a) (1) Notwithstanding any other law, a medical
2 assistant may administer medication only by intradermal,
3 subcutaneous, or intramuscular injections and perform skin tests
4 and additional technical supportive services upon the specific
5 authorization and supervision of a licensed physician and surgeon
6 or a licensed podiatrist. A medical assistant may also perform all
7 these tasks and services upon the specific authorization of a
8 physician assistant, a nurse practitioner, or a certified
9 nurse-midwife.
10 (2) The supervising physician and surgeon may, at his or her
11 discretion, in consultation with the nurse practitioner, certified
12 nurse-midwife, or physician assistant, provide written instructions
13 to be followed by a medical assistant in the performance of tasks
14 or supportive services. These written instructions may provide that
15 the supervisory function for the medical assistant for these tasks
16 or supportive services may be delegated to the nurse practitioner,
17 certified nurse-midwife, or physician assistant within the
18 standardized procedures or protocol, and that tasks may be
performed when the supervising physician and surgeon is not onsite, if either of the following apply:

(A) The nurse practitioner or certified nurse-midwife is functioning pursuant to standardized procedures, as defined by Section 2725, or protocol. The standardized procedures or protocol, including instructions for specific authorizations, shall be developed and approved by the supervising physician and surgeon and the nurse practitioner or certified nurse-midwife.

(B) The physician assistant is functioning pursuant to regulated services defined in Section 3502, including instructions for specific authorizations, and is approved to do so by the supervising physician and surgeon.

(b) As used in this section and Sections 2070 and 2071, the following definitions apply:

(1) “Medical assistant” means a person who may be unlicensed, who performs basic administrative, clerical, and technical supportive services in compliance with this section and Section 2070 for a licensed physician and surgeon or a licensed podiatrist, or group thereof, for a medical or podiatry corporation, for a physician assistant, a nurse practitioner, or a certified nurse-midwife as provided in subdivision (a), or for a health care service plan, who is at least 18 years of age, and who has had at least the minimum amount of hours of appropriate training pursuant to standards established by the board. The medical assistant shall be issued a certificate by the training institution or instructor indicating satisfactory completion of the required training. A copy of the certificate shall be retained as a record by each employer of the medical assistant.

(2) “Specific authorization” means a specific written order prepared by the supervising physician and surgeon or the supervising podiatrist, or the physician assistant, the nurse practitioner, or the certified nurse-midwife as provided in subdivision (a), authorizing the procedures to be performed on a patient, which shall be placed in the patient’s medical record, or a standing order prepared by the supervising physician and surgeon or the supervising podiatrist, or the physician assistant, the nurse practitioner, or the certified nurse-midwife as provided in subdivision (a), authorizing the procedures to be performed, the duration of which shall be consistent with accepted medical
practice. A notation of the standing order shall be placed on the patient’s medical record.

(3) “Supervision” means the supervision of procedures authorized by this section by the following practitioners, within the scope of their respective practices, who shall be physically present in the treatment facility during the performance of those procedures:

(A) A licensed physician and surgeon.

(B) A licensed podiatrist.

(C) A physician assistant, nurse practitioner, or certified nurse-midwife as provided in subdivision (a).

(4) (A) “Technical supportive services” means simple routine medical tasks and procedures that may be safely performed by a medical assistant who has limited training and who functions under the supervision of a licensed physician and surgeon or a licensed podiatrist, or a physician assistant, a nurse practitioner, or a certified nurse-midwife as provided in subdivision (a).

(B) Notwithstanding any other law, in a facility licensed by the California State Board of Pharmacy under Section 4180 or 4190, other than a facility operated by the state, “technical supportive services” also includes handing to a patient a properly labeled and prepackaged prescription drug, excluding a controlled substance, that is labeled in compliance with Section 4170 and all other applicable state and federal laws and ordered by a licensed physician and surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife in accordance with subdivision (a). In every instance, prior to handing the medication to a patient pursuant to this subparagraph, the properly labeled and prepackaged prescription drug shall have the patient’s name affixed to the package and a licensed physician and surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife shall verify that it is the correct medication and dosage for that specific patient and shall provide the appropriate patient consultation regarding use of the drug.

(c) Nothing in this section shall be construed as authorizing any of the following:

(1) The licensure of medical assistants.

(2) The administration of local anesthetic agents by a medical assistant.
The board to adopt any regulations that violate the prohibitions on diagnosis or treatment in Section 2052.

(4) A medical assistant to perform any clinical laboratory test or examination for which he or she is not authorized by Chapter 3 (commencing with Section 1200).

(5) A nurse practitioner, certified nurse-midwife, or physician assistant to be a laboratory director of a clinical laboratory, as those terms are defined in paragraph (8) of subdivision (a) of Section 1206 and subdivision (a) of Section 1209.

(d) A nurse practitioner, certified nurse-midwife, or physician assistant shall not authorize a medical assistant to perform any clinical laboratory test or examination for which the medical assistant is not authorized by Chapter 3 (commencing with Section 1200). A violation of this subdivision constitutes unprofessional conduct.

(e) Notwithstanding any other law, a medical assistant shall not be employed for inpatient care in a licensed general acute care hospital, as defined in subdivision (a) of Section 1250 of the Health and Safety Code.
BILL ANALYSIS

AUTHOR: Wilk
BILL NUMBER: AB 2058

SPONSOR: Wilk
BILL STATUS: Senate Committee on Rules

SUBJECT: Open meetings
DATE LAST AMENDED: April 9, 2014

SUMMARY:
The Bagley-Keene Open Meeting Act requires that all meetings of a state body, as defined, be open and public and that all persons be permitted to attend and participate in any meeting of a state body, subject to certain conditions and exceptions.

ANALYSIS:
This bill would modify the definition of “state body” to exclude an advisory body with less than 3 individuals, except for certain standing committees. This bill would also make legislative findings and declarations in this regard. This bill would declare that it is to take effect immediately as an urgency statute.

Amended analysis as of 4/9:
This bill deletes the legislative findings and declarations and provides some language of clarification.

BOARD POSITION: Oppose (April 3, 2014)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Oppose (May 7, 2014)

SUPPORT: None on file.

OPPOSE: California Board of Accountancy
An act to amend Section 11121 of the Government Code, relating to state government, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL’S DIGEST

AB 2058, as amended, Wilk. Open meetings.

The Bagley-Keene Open Meeting Act requires that all meetings of a state body, as defined, be open and public and that all persons be permitted to attend and participate in any meeting of a state body, subject to certain conditions and exceptions. This bill would modify the definition of “state body” to exclude an advisory body with less than 3 individuals, except for certain standing committees. This bill would also make legislative findings and declarations in this regard.

This bill would declare that it is to take effect immediately as an urgency statute.


The people of the State of California do enact as follows:
SECTION 1. The Legislature finds and declares all of the following:

(a) The unpublished decision of the Third District Court of Appeals in Funeral Security Plans v. State Board of Funeral Directors (1994) 28 Cal. App. 4th 1470 is an accurate reflection of legislative intent with respect to the applicability of the Bagley-Keene Open Meeting Act (Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code) (Bagley-Keene Act) to a two-member standing advisory committee of a state body. A two-member standing committee of a state body, even if operating solely in an advisory capacity, already is a “state body,” as defined in subdivision (d) of Section 11121 of the Government Code, irrespective of its size, if a member of the state body sits on the committee and the committee receives funds from the state body. For this type of two-member standing advisory committee, this bill is declaratory of existing law.

(b) A two-member standing committee of a state body, even if operating solely in an advisory capacity, already is a “state body,” as defined in subdivision (b) of Section 11121 of the Government Code, irrespective of its composition, if it exercises any authority of a state body delegated to it by that state body. For this type of two-member standing advisory committee, this bill is declaratory of existing law.

(c) All two-member standing advisory committees of a local body are subject to open meeting requirements under the Ralph M. Brown Act (Chapter 9 (commencing with Section 54950) of Part 1 of Division 2 of Title 5 of the Government Code) (Brown Act). It is the intent of the Legislature in this act to reconcile language in the Brown Act and Bagley-Keene Act with respect to all two-member standing advisory committees, including, but not limited to, those described in subdivisions (a) and (b).

SEC. 2.

SECTION 1. Section 11121 of the Government Code is amended to read:

11121. As used in this article, “state body” means each of the following:

(a) Every state board, or commission, or similar multimember body of the state that is created by statute or required by law to
conduct official meetings and every commission created by executive order.

(b) A board, commission, committee, or similar multimember body that exercises any authority of a state body delegated to it by that state body.

(c) An advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body of a state body, if created by formal action of the state body or of any member of the state body. 

An advisory body created to consist of fewer than three individuals are not a state body, except that a standing committee of a state body, irrespective of its composition, which have has a continuing subject matter jurisdiction, or a meeting schedule fixed by resolution, policies, bylaws, or formal action of a state body are a state body for the purposes of this chapter.

(d) A board, commission, committee, or similar multimember body on which a member of a body that is a state body pursuant to this section serves in his or her official capacity as a representative of that state body and that is supported, in whole or in part, by funds provided by the state body, whether the multimember body is organized and operated by the state body or by a private corporation.

SEC. 2. This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the Constitution and shall go into immediate effect. The facts constituting the necessity are:

In order to avoid unnecessary litigation and ensure the people’s right to access of the meetings of public bodies pursuant to Section 3 of Article 1 of the California Constitution, it is necessary that act take effect immediately.
AUTHOR: Hernández  BILL NUMBER: AB 2062

SPONSOR: California State Council of the Service Employees International Union (SEIU California)  BILL STATUS: Senate Committee on Health

SUBJECT: Health facilities: surgical technologists  DATE LAST AMENDED: May 1, 2014

SUMMARY:
Existing law provides for the licensure and regulation of health facilities by the State Department of Public Health. A violation of the provisions governing health facilities constitutes a misdemeanor. Existing law requires specified health facilities to employ a dietitian and requires health facilities owned and operated by the state offering care within the scope of practice of a psychologist to establish rules and medical staff bylaws that include provisions for medical staff membership and clinical privileges for clinical psychologists, as specified.

ANALYSIS:
This bill would prohibit a health facility from employing a surgical technologist or contracting with an individual to practice surgical technology at the facility unless the individual possesses specified training and certification or was practicing surgical technology at a health facility at any time between January 1, 2013, and January 1, 2015, inclusive. The bill would exempt a facility from this requirement if the facility documents its inability to recruit a sufficient number of individuals that meet the bill’s requirements, and would require that certain individuals complete continuing education in surgical technology annually, as specified. The bill would specify that a violation of these requirements is not a crime.

Amended analysis as of 4/10:
The bill as amended would: Add another organization as one whose certification of surgical technologists would be accepted; removes the provision that the person must have been employed as a surgical technologist after January 1, 2013, and adds that the person had been practicing at any time prior to January 1, 2015; mandates that an employer for whom the surgical technologist had been employed in the past must verify the dates of that employment to another health facility or the surgical technologist who requests such information; removes the requirement for continuing education; and defines “health facility.”

Amended analysis as of 5/1:
The bill would exempt a facility from this requirement if the facility documents its inability to recruit a sufficient number of individuals who meet the requirements regarding training and certification or prior practice.

BOARD POSITION: Watch (April 3, 2014)
LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Watch (May 7, 2014)

SUPPORT:
California State Council of the Service Employees International Union (sponsor)
Association of Surgical Technologists
California Dietetic Association
California Health Collaborative
California Labor Federation
National Board of Surgical Technology and Surgical Assisting
One individual surgeon

OPPOSE: None on file
ASSEMBLY BILL No. 2062

Introduced by Assembly Member Roger Hernández

February 20, 2014

An act to add Section 1316.1 to the Health and Safety Code, relating to health facilities.

LEGISLATIVE COUNSEL’S DIGEST


Existing law provides for the licensure and regulation of health facilities by the State Department of Public Health. A violation of the provisions governing health facilities constitutes a misdemeanor. Existing law requires specified health facilities to employ a dietitian and requires health facilities owned and operated by the state offering care within the scope of practice of a psychologist to establish rules and medical staff bylaws that include provisions for medical staff membership and clinical privileges for clinical psychologists, as specified.

This bill would prohibit a health facility, as defined, from employing a surgical technologist or contracting with an individual to practice surgical technology at the facility, unless the individual possesses specified training and certification or was practicing surgical technology at a health facility at any time prior to January 1, 2015. The bill would exempt a facility from this requirement if the facility documents its inability to recruit a sufficient number of individuals that meet the
requirements of this act regarding training and certification or prior practice, as specified. The bill would specify that a violation of these requirements is not a crime.


The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares the following:

(a) Surgical technologists are coresponsible for the environmental disinfection, safety, and efficiency of the operating room, and their knowledge and experience with aseptic surgical techniques qualifies them for a role of importance in the surgical suite.

(b) The surgical technology profession has grown to meet the continuing demand for well-educated, highly skilled, and versatile individuals to work with physicians and surgeons and other skilled professionals to deliver the highest possible level of patient care.

(c) As surgical site infections have been found to be the second most common hospital-acquired infections in the United States, a key purpose of this act is to encourage the education, training, and utilization of surgical technologists in California, given their role in surgical settings in order to take specific steps to prevent surgical site infections.

SEC. 2. Section 1316.1 is added to the Health and Safety Code, to read:

1316.1. (a) A health facility shall not employ a surgical technologist or otherwise contract with an individual to practice surgical technology at the facility, unless the individual meets either of the following requirements:

(1) Meets both of the following requirements:

(A) Has successfully completed a nationally accredited educational program for surgical technologists or a either of the following:

(i) A surgical technology educational program accredited by the Commission on Accreditation of Allied Health Education Programs or by an organization recognized by the Council for Higher Education Accreditation or the United States Department of Education.
(ii) A training program for surgical technology provided by the United States Army, Navy, Air Force, Marine Corps, Coast Guard, or Public Health Service.

(B) Holds and maintains certification as a surgical technologist by the National Board of Surgical Technology and Surgical Assisting or its successor, or from the National Center for Competency Testing or its successor by a credentialing organization with a surgical technologist certification program that is accredited by either the National Commission for Certifying Agencies or the American National Standards Institute.

(2) Provides evidence that the individual was employed to practice surgical technology in a health facility at any time prior to January 1, 2015.

(b) For purposes of paragraph (2) of subdivision (a), a health facility that employs or contracts with surgical technologists shall, upon request of another health facility pursuant to this section, or upon request of a surgical technologist who is employed by, or has contracted with, or who was formerly employed by or had contracted with, the health facility to perform surgical technology tasks, verify the dates of employment of, or a contract with, the surgical technologist.

(c) Notwithstanding subdivision (a), both of the following shall apply:

(1) A health facility may employ a surgical technologist or contract with an individual to practice surgical technology at the facility during the 12-month period immediately following the individual’s successful completion of an educational or training program for surgical technology described in subparagraph (A) of paragraph (1) of subdivision (a). The employment or contract shall cease at the end of that 12-month period unless the individual satisfies subparagraph (B) of paragraph (1) of subdivision (a).

(2) A health facility may employ a surgical technologist or otherwise contract with an individual to practice surgical technology at the facility who does not meet the requirements of subdivision (a) or paragraph (1) if both of the following requirements are satisfied:

(A) After a diligent and thorough effort has been made, the health facility is unable to employ or contract with a sufficient number of surgical technologists who meet the requirements of subdivision (a) or paragraph (1).
(B) The health facility makes a written record of the efforts described in subparagraph (A) and retains that record at the facility.
(d) This section shall not be construed to prohibit a licensed health care practitioner from performing tasks that fall within the practice of surgical technology if the individual is acting within the scope of practice of his or her license.
(e) A violation of this section shall not be subject to Section 1290.
(f) For purposes of this section, the following definitions shall apply:
   (1) “Health facility” means any health facility that is defined pursuant to Section 1204 or 1250, and includes any outpatient setting described in Section 1248.
   (2) “Health care practitioner” means a person who engages in acts that are the subject of licensure or regulation under Division 2 (commencing with Section 500) of the Business and Professions Code or under any initiative act referred to in that division.
   (3) “Surgical technologist” means an individual who practices surgical technology.
   (4) “Surgical technology” means intraoperative surgical patient care as follows:
      (A) At the direction of, or subject to supervision by, a physician and surgeon, or registered nurse, preparing the operating room for surgical procedures by ensuring that surgical equipment is functioning properly and safely.
      (B) At the direction of, or subject to supervision by, a physician and surgeon, or registered nurse, preparing the operating room and the sterile field for surgical procedures by preparing sterile supplies, instruments, and equipment using sterile technique.
      (C) Anticipating the needs of the surgical team based on knowledge of human anatomy and pathophysiology and how they relate to the surgical patient and the patient’s surgical procedure.
      (D) As directed in an operating room setting, performing the following tasks at the sterile field:
         (i) Passing supplies, equipment, or instruments.
         (ii) Sponging or suctioning an operative site.
         (iii) Preparing and cutting suture material.
         (iv) Transferring and pouring irrigation fluids.
         (v) Transferring but not administering drugs within the sterile field.
(vi) Handling specimens.
(vii) Holding retractors and other instruments.
(viii) Applying electrocautery to clamps on bleeders.
(ix) Connecting drains to suction apparatus.
(x) Applying dressings to closed wounds.
(xi) Assisting in counting sponges, needles, supplies, and instruments with the registered nurse circulator.
(xii) Cleaning and preparing instruments for sterilization on completion of the surgery.
(xiii) Assisting the surgical team with cleaning of the operating room on completion of the surgery.
AUTHOR: Ting  BILL NUMBER: AB 2102

SPONSOR: California Pan-Ethnic Health Network Latina Coalition for a Healthy California  BILL STATUS: Senate Committee on Business, Professions and Economic Development

SUBJECT: Licensees: data collection  DATE LAST AMENDED: June 2, 2014

SUMMARY:
Existing law requires the Board of Registered Nursing, the Physician Assistant Board, the Respiratory Care Board of California, and Board of Vocational Nursing and Psychiatric Technicians of the State of California to regulate and oversee the practice the healing arts within their respective jurisdictions.

ANALYSIS:
This bill would require these boards to annually collect and report specific demographic data relating to its licensees to Office of Statewide Health Planning and Development.

This bill deletes the authorization for the Board of Registered Nursing to expend $145,000 from the Board of Registered Nursing Fund in the Professions and Vocations Fund for the purpose of implementing this section.

Amended analysis as of 3/28:
This bill adds “gender” as one of the data items to be collected.

Amended analysis as of 4/24:
This bill would require these boards to collect and report specific demographic data relating to its licensees, subject to a licensee’s discretion to report his or her race or ethnicity, to Office of Statewide Health Planning and Development. The bill would require the Board of Registered Nursing to collect this data at least biennially, and would require those other boards to collect this data at the time of issuing an initial license or a renewal license.

Amended analysis as of 6/2:
This bill would restore the authorization for the Board of Registered Nursing to expend $145,000 from the Board of Registered Nursing Fund in the Professions and Vocations Fund for the purpose of implementing this section.

This bill provides that the boards, not restricted to the Board of Registered Nursing, collect the data at least biennially at the times of both issuing an initial license and a renewal license.

This bill adds that information related to location of practice includes city, county, and ZIP code.

BOARD POSITION: Watch (April 3, 2014)
LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Watch (May 7, 2014)

SUPPORT:
California Pan-Ethnic Health Network (sponsor)
Latino Coalition for a Healthy California (sponsor)
ACLU of California
Asian & Pacific Islander American Health Forum
Asian Pacific Policy & Planning Council
Borrego Community Health Foundation
Greenlining Institute
Having Our Say
Worksite Wellness LA

OPPOSE: None on file.
An act to amend Section 2717 of, and to add Sections 2852.5, 3518.1, 3770.1, and 4506 to, the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL’S DIGEST

AB 2102, as amended, Ting. Licensees: data collection.
Existing law requires the Board of Registered Nursing, the Physician Assistant Board, the Respiratory Care Board of California, and Board of Vocational Nursing and Psychiatric Technicians of the State of California to regulate and oversee the practice the healing arts within their respective jurisdictions.

This bill would require these boards to collect and report specific demographic data relating to its licensees, subject to a licensee’s discretion to report his or her race or ethnicity, to Office of Statewide Health Planning and Development. The bill would require the Board of Registered Nursing these boards to collect this data at least biennially, and would require those other boards to collect this data at the time of both issuing an initial license or and issuing a renewal license. This bill would also delete an obsolete provisions provision.

The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares the following:
(a) The Office of Statewide Health Planning and Development prepares an annual report to the Legislature on the gaps in the health care workforce in California.
(b) The Employment Development Department’s Labor Market Information Division and state licensing boards share data with the Office of Statewide Health Planning and Development.
(c) All regulatory boards collect information about their licensees through the licensing process.
(d) California’s regulated health professions collect information that is often limited and not always regularly updated.
(e) The information collected is inconsistent among the various regulatory agencies using different definitions and categories.
(f) The collection of demographic data on certain allied health professions will allow for the consistent determination of geographic areas in the state where there are shortages of health care workers with cultural and linguistic competency.

SEC. 2. Section 2717 of the Business and Professions Code is amended to read:
2717. (a) The board shall collect and analyze workforce data from its licensees for future workforce planning. The board may collect the data at the time of license renewal or from a scientifically selected random sample of its licensees. The board shall produce reports on the workforce data it collects, at a minimum, on a biennial basis. The board shall maintain the confidentiality of the information it receives from licensees under this section and shall only release information in an aggregate form that cannot be used to identify an individual. The workforce data collected by the board shall include, at a minimum, employment information such as hours of work, number of positions held, time spent in direct patient care, clinical practice area, type of employer, and work location. The data shall also include future work intentions, reasons for leaving or reentering nursing, job satisfaction ratings, and demographic data.
(b) Aggregate information collected pursuant to this section shall be placed on the board’s Internet Web site.
(c) (1) Notwithstanding subdivision (a), the board shall collect, at least biennially, at the times of both issuing an initial license
and issuing a renewal license, all of the following data on nurses licensed under this chapter:

(A) Location of practice, including city, county, and ZIP Code.
(B) Race or ethnicity, subject to paragraph (3).
(C) Gender.
(D) Languages spoken.
(E) Educational background.

(2) The board shall annually provide the data collected pursuant to paragraph (1) to the Office of Statewide Health Planning and Development in a manner directed by the office that allows for inclusion of the data into the annual report required by Section 128052 of the Health and Safety Code.

(3) A licensee may, but is not required to, report his or her race or ethnicity to the board.

(d) The board is authorized to expend the sum of one hundred forty-five thousand dollars ($145,000) from the Board of Registered Nursing Fund in the Professions and Vocations Fund for the purpose of implementing this section.

SEC. 3. Section 2852.5 is added to the Business and Professions Code, to read:

2852.5. (a) The board shall collect, at least biennially, at the time times of both issuing an initial license or and issuing a renewal license, all of the following data on vocational nurses licensed under this chapter:

(1) Location of practice, including city, county, and ZIP Code.
(2) Race or ethnicity, subject to subdivision (c).
(3) Gender.
(4) Languages spoken.
(5) Educational background.

(b) The board shall annually provide the data collected pursuant to subdivision (a) to the Office of Statewide Health Planning and Development in a manner directed by the office that allows for inclusion of the data into the annual report required by Section 128052 of the Health and Safety Code.

(c) A licensee may, but is not required to, report his or her race or ethnicity to the board.

SEC. 4. Section 3518.1 is added to the Business and Professions Code, to read:

3518.1. (a) The board shall collect, at least biennially, at the time times of both issuing an initial license or and issuing a renewal
license, all of the following data on physician assistants licensed under this chapter:

(1) Location of practice, including city, county, and ZIP Code.
(2) Race or ethnicity, subject to subdivision (c).
(3) Gender.
(4) Languages spoken.
(5) Educational background.

(b) The board shall annually provide the data collected pursuant to subdivision (a) to the Office of Statewide Health Planning and Development in a manner directed by the office that allows for inclusion of the data into the annual report required by Section 128052 of the Health and Safety Code.

(c) A licensee may, but is not required to, report his or her race or ethnicity to the board.

SEC. 5. Section 3770.1 is added to the Business and Professions Code, to read:

3770.1. (a) The board shall collect, at least biennially, at the time of both issuing an initial license or and issuing a renewal license, all of the following data on respiratory therapists licensed under this chapter:

(1) Location of practice, including city, county, and ZIP Code.
(2) Race or ethnicity, subject to subdivision (c).
(3) Gender.
(4) Languages spoken.
(5) Educational background.

(b) The board shall annually provide the data collected pursuant to subdivision (a) to the Office of Statewide Health Planning and Development in a manner directed by the office that allows for inclusion of the data into the annual report required by Section 128052 of the Health and Safety Code.

(c) A licensee may, but is not required to, report his or her race or ethnicity to the board.

SEC. 6. Section 4506 is added to the Business and Professions Code, to read:

4506. (a) The board shall collect, at least biennially, at the time of both issuing an initial license or and issuing a renewal license, all of the following data on psychiatric technicians licensed under this chapter:

(1) Location of practice, including city, county, and ZIP Code.
(2) Race or ethnicity, subject to subdivision (c).
1 (3) Gender.
2 (4) Languages spoken.
3 (5) Educational background.
4 (b) The board shall annually provide the data collected pursuant
5 to subdivision (a) to the Office of Statewide Health Planning and
6 Development in a manner directed by the office that allows for
7 inclusion of the data into the annual report required by Section
9 (c) A licensee may, but is not required to, report his or her race
10 or ethnicity to the board.
## BOARD OF REGISTERED NURSING  
### LEGISLATIVE COMMITTEE  
#### June 12, 2014  

### BILL ANALYSIS

<table>
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<th>Yamada</th>
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<td>Yamada</td>
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<td>Committee on Appropriations</td>
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<td>SUBJECT:</td>
<td>Staff-to-patient ratios</td>
<td>DATE LAST AMENDED:</td>
<td>April 10, 2014</td>
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### SUMMARY:
Existing law provides for the licensure and regulation of health facilities, including acute psychiatric hospitals, by the State Department of Public Health. A violation of those provisions is a crime.

### ANALYSIS:
This bill would require the department to adopt regulations by January 1, 2016, that establish minimum, specific, and numerical licensed nursing staff-to-patient ratios by licensing classification and minimum, specific, and numerical ancillary staff-to-patient ratios for acute psychiatric hospitals, as prescribed.

**Amended analysis as of 4/10:**
This bill requires that, by January 1, 2016, the State Department of Public Health adopt regulations that establish minimum, specific, and numerical licensed nursing staff-to-patient ratios by licensed nursing classifications and ancillary staff-to-patient ratios for all health facilities licensed pursuant to Section 1250 that are operated by the State Department of State Hospitals.

### BOARD POSITION:
Support (April 3, 2014)

### LEGISLATIVE COMMITTEE RECOMMENDED POSITION:
Support (May 7, 2014)

### SUPPORT:
- American Federation of State, County and Municipal Employees, AFL-CIO
- California Association of Psychiatric Technicians
- National Association of Social Workers, California Chapter
- Service Employees International Union Local 1000
- Union of American Physicians and Dentists/AFSCME-Local 206

### OPPOSE:
None on file.
An act to add Section 1276.45 to the Health and Safety Code, relating to health facilities.

LEGISLATIVE COUNSEL’S DIGEST

AB 2144, as amended, Yamada. Staff-to-patient ratios.
Existing law provides for the licensure and regulation of health facilities, including acute psychiatric hospitals, by the State Department of Public Health. A violation of those provisions is a crime. Existing law establishes the State Department of State Hospitals and sets forth its powers and duties relating to the administration of state hospitals.

This bill would require the State Department of Public Health to adopt regulations by January 1, 2016, that establish minimum, specific, and numerical licensed nursing staff-to-patient ratios by licensing classification and minimum, specific, and numerical ancillary staff-to-patient ratios for acute psychiatric hospitals, health facilities that are operated by the State Department of State Hospitals, as prescribed. By expanding the scope of a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.
The people of the State of California do enact as follows:

SECTION 1. Section 1276.45 is added to the Health and Safety Code, immediately following Section 1276.4, to read:

1276.45. (a) By January 1, 2016, the State Department of Public Health shall adopt regulations that establish minimum, specific, and numerical licensed nursing staff-to-patient ratios by licensed nursing classification and minimum, specific, and numerical ancillary staff-to-patient ratios for all health facilities licensed pursuant to subdivision (b) of Section 1250. Section 1250 that are operated by the State Department of State Hospitals.

(1) Administrative, supervisory, and non-unit-based staff shall not be included when calculating staff-to-patient ratios. Ratios shall be calculated on a unit-by-unit basis. Averaged figures across units shall not be used in determining staff-to-patient ratios.

(2) Under no circumstances shall the minimum, specific, and numerical licensed nursing staff-to-patient ratios by licensed nursing staff classification or ancillary staff-to-patient ratios be below the following standards for safe staffing and effective psychiatric care purposes:

(A) For long-term units, the ratio for each of the four ancillary staff classifications described in paragraph (1) of subdivision (g) shall be not less than one ancillary staff person for each 25 residents. Nursing staff-to-patient ratios for these units shall be not less than one licensed nurse or psychiatric technician for each six residents during day and evening shifts, and not less than one licensed nurse or psychiatric technician for each 12 residents during overnight shifts.

(B) For admissions units, the ratio for each of the four ancillary staff classifications described in paragraph (1) of subdivision (g) shall be not less than one ancillary staff person for each 15 residents. Nursing staff ratios for these units shall be not less than one licensed nurse or psychiatric technician for each six residents during day and evening shifts and not less than one licensed nurse or psychiatric technician for each 12 residents during overnight shifts.
(C) For units that have severely aggressive or severely self-injurious patients, including, but not limited to, enhanced treatment units and units that practice dialectical behavioral therapy, the ratio for each of the four ancillary staff classifications described in paragraph (1) of subdivision (g) shall not be less than one ancillary staff person for each 12 residents. Nursing staff ratios for these units shall be not less than one licensed nurse or psychiatric technician for each six residents during day and evening shifts and not less than one licensed nurse or psychiatric technician for each 12 residents during overnight shifts.

(b) The department shall review these regulations five years after adoption and shall report to the Legislature regarding any proposed changes.

(c) These ratios shall constitute the minimum number of staff that shall be allocated. Additional staff shall be assigned in accordance with a documented patient classification system for determining nursing care requirements, including the severity of the illness, the need for specialized equipment and technology, the complexity of clinical judgment needed to design, implement, and evaluate the patient care plan and the ability for self-care, and the licensure of the personnel required for care.

(d) The department may grant a waiver to this section if the waiver does not jeopardize the health, safety, and well-being of patients and staff affected and is needed for increased operational efficiency.

(e) In case of a conflict between this section and any provision or regulation implementing that provision defining the scope of practice for nursing staff or ancillary staff, the scope of practice provisions shall control.

(f) The regulations adopted by the department pursuant to this section shall augment and not replace existing nurse-to-patient ratios that exist in law and regulation.

(g) For purposes of this section, the following definitions shall apply:

(1) “Ancillary staff” means rehabilitation therapists, licensed social workers, psychologists, and psychiatrists.

(2) “Nursing staff” means registered nurses and licensed psychiatric technicians.
the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.
BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
June 12, 2014

BILL ANALYSIS

AUTHOR: Patterson
BILL NUMBER: AB 2165

SPONSOR: Patterson
BILL STATUS: Committee on Business, Professions and Consumer Protection

SUBJECT: Professions and vocations: licenses
DATE LAST AMENDED: April 10, 2014

SUMMARY:
Under existing law, boards within the Department of Consumer Affairs license and regulate persons practicing various healing arts, professions, vocations, and businesses. Existing law requires these boards to establish eligibility and application requirements, including examinations, to license, certificate, or register each applicant who successfully satisfies applicable requirements.

ANALYSIS:
This bill would require each board to complete within 45 days the application review process with respect to each person who has filed with the board an application for issuance of a license, and to issue, within that 45 days, a license to an applicant who successfully satisfied all licensure requirements.

The bill also requires each board to offer each examination the board provides for the applicant’s passage of which is required for licensure, a minimum of 6 times per year.

Amended analysis as of 4/10:
This bill clarifies that an applicant has satisfied all of the requirements for licensure under the applicable licensing act only if all of the documents required by the licensing board for licensure have been submitted to the board, regardless of whether those documents are to be submitted by the applicant with his or her application or separately by any other person or entity, such as for purposes of, among other things, verification of completion of the applicant’s coursework, training, or clinical experience, if required under the applicable licensing act.

This bill would allow a person who has satisfied the educational requirements of the licensing act, such as graduation from a state-approved or state-accredited school of which graduation is required by the applicable licensing act, to immediately apply for and take the professional examination required for licensure regardless of whether his or her application for licensure is then pending with the board for which he or she seeks licensure.

BOARD POSITION: Oppose (April 3, 2014)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Oppose (May 7, 2014)

SUPPORT:

OPPOSE:
An act to add Section 101.8 to the Business and Professions Code, relating to licensing professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 2165, as amended, Patterson. Professions and vocations: licenses. Under existing law, boards within the Department of Consumer Affairs license and regulate persons practicing various healing arts, professions, vocations, and businesses. Existing law requires these boards to establish eligibility and application requirements, including examinations, to license, certificate, or register each applicant who successfully satisfies applicable requirements.

This bill would require each board, as defined, to complete within 45 days the application review process with respect to each person who has filed with the board an application for issuance of a license, and to issue, within those 45 days, a license to an applicant who has successfully satisfied all licensure requirements, as specified. The bill would also require each board to offer each examination the board provides for the applicant’s passage of which is required for licensure, a minimum of 6 times per year, unless the board uses a national examination. The bill would also authorize a person who has satisfied the educational requirements of the licensing act of which he or she seeks licensure to immediately apply for and take the professional examination required for licensure regardless of whether his or her
application for licensure is then pending with the board for which he or she seeks licensure.


The people of the State of California do enact as follows:

SECTION 1. Section 101.8 is added to the Business and Professions Code, to read:

101.8. (a) Notwithstanding any other law, every board, as defined in Section 22, within 45 days following the filing date of an application with the board for issuance of a license, as defined in Section 23.7, to engage in the business or profession regulated by that board, the board shall do both of the following:

1. (1) Complete the application review process.
2. (2) If the applicant has satisfied all of the requirements for licensure under the applicable licensing act, issue the applicant the applicable license.

(b) For purposes of paragraph (2) of subdivision (a), an applicant has satisfied all of the requirements for licensure under the applicable licensing act only if all of the documents required by the licensing board for licensure have been submitted to the board, regardless of whether those documents are to be submitted by the applicant with his or her application or separately by any other person or entity, such as for purposes of, among other things, verification of completion of the applicant’s coursework, training, or clinical experience, if required under the applicable licensing act.

(c) Every board that offers an examination that an applicant is required to complete successfully for licensure, shall offer that examination a minimum of six times per year, unless the board uses a national examination.

(d) Notwithstanding any other law, a person who has satisfied the educational requirements of the licensing act of which he or she seeks licensure, such as graduation from a state-approved or state-accredited school of which graduation is required by the applicable licensing act, may immediately apply for and take the professional examination required for licensure, regardless of
whether his or her application for licensure is then pending with the board for which he or she seeks licensure.
SUMMARY:
The author introduced this bill with another subject. It was amended on April 7 to now apply to licensure by the Board of Registered Nursing.

Under the Nursing Practice Act, the Board of Registered Nursing licenses and regulates registered nurses. Existing law requires an applicant for licensure as a registered nurse to comply with certain requirements, including successful completion of the courses of instruction prescribed by the board in a program in this state accredited by the board for training registered nurses, or successful completion of courses of instruction in a school of nursing outside of this state, if, in the opinion of the board, the courses of instruction are equivalent to the minimum requirements of the board for licensure in this state. Existing law authorizes the board to issue a license without examination by endorsement to any applicant who is licensed or registered as a nurse in any other state, district, or territory of the United States or Canada, if specified requirements are met, including the requirement that the applicant have successfully completed an equivalent course of instruction as an applicant in this state.

ANALYSIS:
This bill would require the Board of Registered Nursing to adopt specific criteria for determining the equivalency of course of instruction when assessing the qualifications of an out-of-state applicant who is filing for licensure by endorsement. In adopting that criteria, the bill would require the board to place an emphasis on licensed clinical experience.

Amended analysis as of 4/29:
Existing law requires the Board of Registered Nursing to prescribe, by regulation, the education for which credit is to be given to an applicant for licensure and the amount of credit to be given to each type of education.

This bill would require the Board to include in those regulations clinical or theoretical knowledge acquired through any prior professional experience, such as through the military or while licensed in any other health care field.

BOARD POSITION: Not previously considered

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Oppose (May 7, 2014)
SUPPORT:
Association of California Healthcare Districts
Excelsior College
Three individuals

OPPOSE:
California Nurses Association
American Nurses Association/California
An act to amend Sections 2736 and 2786.6 of the Business and Professions Code, relating to nursing.

LEGISLATIVE COUNSEL’S DIGEST

AB 2183, as amended, Bocanegra. Nursing.

Under the Nursing Practice Act, the Board of Registered Nursing licenses and regulates registered nurses. Existing law requires an applicant for licensure as a registered nurse to comply with certain requirements, including successful completion of the courses of instruction prescribed by the board in a program in this state accredited by the board for training registered nurses, or successful completion of courses of instruction in a school of nursing outside of this state, if, in the opinion of the board, the courses of instruction are equivalent to the minimum requirements of the board for licensure in this state. Existing law authorizes the board to issue a license without examination by endorsement to any applicant who is licensed or registered as a nurse in any other state, district, or territory of the United States or Canada, if specified requirements are met, including the requirement that the applicant have successfully completed an equivalent course of instruction as an applicant in this state.

This bill would require the Board of Registered Nursing to adopt specific criteria for determining the equivalency of course of instruction
when assessing the qualifications of an out-of-state applicant who is filing for licensure by endorsement. In adopting that criteria, the bill would require the board to place an emphasis on licensed clinical experience.

Existing law requires the Board of Registered Nursing to approve or disapprove schools of nursing, as prescribed. Existing law requires the board to determine the required subjects of instruction to be completed in an approved school of nursing. Existing law requires the board to prescribe, by regulation, the education for which credit is to be given to an applicant for licensure and the amount of credit to be given to each type of education.

This bill would require the Board of Registered Nursing to include in those regulations clinical or theoretical knowledge acquired through any prior professional experience, such as through the military or while licensed in any other health care field. The bill would make other conforming changes to related provisions.


The people of the State of California do enact as follows:

SECTION 1. Section 2736 of the Business and Professions Code is amended to read:

2736. (a) An applicant for licensure as a registered nurse shall comply with each of the following:

(1) Have completed such general preliminary education requirements as shall be determined by the board.

(2) Have successfully completed the courses of instruction prescribed by the board for licensure, in a program in this state accredited by the board for training registered nurses, or have successfully completed courses of instruction in a school of nursing outside of this state which, in the opinion of the board at the time the application is filed with the board, are equivalent to the minimum requirements of the board for licensure established for an accredited program in this state. The board shall adopt specific criteria for determining the equivalency of course instruction when assessing the qualifications of an applicant who is already licensed or registered as a nurse outside of this state and who is filing for licensure by endorsement pursuant to subdivision (b) of Section
2732.1. In adopting that criteria, the board shall place primary emphasis on applicants who possess licensed clinical experience.

(3) Not be subject to denial of licensure under Section 480.

(b) An applicant who has received his or her training from a school of nursing in a country outside the United States and who has complied with the provisions of subdivision (a), or has completed training equivalent to that required by subdivision (a), shall qualify for licensure by successfully passing the examination prescribed by the board.

SEC. 2. Section 2786.6 of the Business and Professions Code is amended to read:

2786.6. (a) The board shall deny the application for approval made by, and shall revoke the approval given to, any school of nursing which does either of the following:

(a) Does not give to student applicants credit, in the field of nursing, for previous education and the opportunity to obtain credit for other acquired clinical or theoretical knowledge acquired through any prior professional experience by the use of challenge examinations or other methods of evaluation; or

(b) Is operated by a community college and discriminates against an applicant for admission to a school solely on the grounds that the applicant is seeking to fulfill the units of nursing required by Section 2736.6.

(b) (1) The board shall prescribe, by regulation, the education for which credit is to be given and the amount of credit that is to be given for each type of education, including clinical or theoretical knowledge acquired through any prior professional experience. In developing those regulations, the board shall also consider any relevant military education or experience, as well as any education or experience obtained while licensed in any other health care field. The board shall not delegate the authority to prescribe those regulations to any approved school of nursing.

(2) The board shall prescribe, by regulation, the education for which credit is to be given and the amount of credit that is to be given for each type of education, including clinical or theoretical knowledge acquired through any prior professional experience. In developing those regulations, the board shall also consider any relevant military education or experience, as well as any education or experience obtained while licensed in any other health care field. The board shall not delegate the authority to prescribe those regulations to any approved school of nursing.

The word “credit,” as used in the preceding sentence paragraph (1), is limited to credit for licensure only. The board is
not authorized to prescribe the credit which that an approved school of nursing shall give toward an academic certificate or degree.
BILL ANALYSIS

AUTHOR: Williams  BILL NUMBER: AB 2247
SPONSOR: Williams  BILL STATUS: Senate Committee on Education
SUBJECT: Postsecondary education: accreditation documents  DATE LAST AMENDED: April 24, 2014

SUMMARY:
Under existing law, there are 4 segments of postsecondary education in this state. These segments include the three public segments: the University of California, the California State University, and the California Community Colleges. Private postsecondary educational institutions and independent institutions of higher education constitute the other segment.

ANALYSIS:
This bill would require each campus or other unit of the segments listed above that receives public funding through state or federal financial aid programs, is accredited by an accrediting agency recognized by the United States Department of Education, and offers education and training programs to California students to make final accreditation documents available to the public via the institution’s Internet Web site.

Amended analysis as of 4/24:
This bill would require that only the institution’s institutional accreditation documents be made available on its Web site. This bill would define “Institutional accreditation documents” to be the institution’s institutional accreditation self-study report, the institutional accreditation visiting team’s final report, and the accreditation agency’s final action letter. This bill would require that the institution display the documents in a prominent location on the institution’s Internet Web site, with a link to these documents on the institutional Web site homepage.

BOARD POSITION: Watch (April 3, 2014)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Watch (May 7, 2014)

SUPPORT:
California Competes
Center for Public Interest Law (CPIL) at the University of San Diego School of Law
Children's Advocacy Institute (CAI) at the University of San Diego School of Law
Public Advocates
The Institute for College Access and Success (TICAS)

OPPOSE: University of Phoenix
An act to add Section 66014.8 to the Education Code, relating to postsecondary education.

LEGISLATIVE COUNSEL’S DIGEST


Under existing law, there are 4 segments of postsecondary education in this state. These segments include the three public segments: the University of California, the California State University, and the California Community Colleges. Private postsecondary educational institutions and independent institutions of higher education constitute the other segment.

This bill would require each campus or other unit of the segments listed above that receives public funding through state or federal financial aid programs, is institutionally accredited by an accrediting agency recognized by the United States Department of Education, and offers education and training programs to California students to make final institutional accreditation documents available to the public via the institution’s Internet Web site, as specified.

To the extent that this bill would require community college districts to provide this service, the bill would impose a state-mandated local program.
The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.


The people of the State of California do enact as follows:

SECTION 1. Section 66014.8 is added to the Education Code, to read:

66014.8. (a) All campuses or other units of any segment of postsecondary education that receive public funding through state or federal financial aid programs, are institutionally accredited by an accrediting agency recognized by the United States Department of Education, and offer education and training programs to California students shall make final institutional accreditation documents available to the public via display in a prominent location on the institution’s Internet Web site, with a link to these documents on the institutional Web site homepage.

(b) For purposes of this section, the following terms have the following meanings:

(1) “Accreditation—Institutional accreditation documents” means the institution’s institutional accreditation self-study report, the institutional accreditation visiting team’s final report, and the institutional accreditation agency’s final action letter.

(2) “Segment of postsecondary education” means the California Community Colleges, the California State University, the University of California, the independent institutions of higher education, as defined in Section 66010, or the private postsecondary educational institutions, as defined in Section 94858.

SEC. 2. If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made...
pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.
SUMMARY:

This bill was originally introduced to change a section of the Penal Code. It was amended in March to now only apply to Business and Professions Code Section 480.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs.

Existing law authorizes a board to deny, suspend, or revoke a license on various grounds, including, but not limited to, conviction of a crime if the crime is substantially related to the qualifications, functions, or duties of the business or profession for which the license was issued.

Existing law prohibits a board from denying a license on the ground that the applicant has committed a crime if the applicant shows that he or she obtained a certificate of rehabilitation in the case of a felony, or that he or she has met all applicable requirements of the criteria of rehabilitation developed by the board, as specified, in the case of a misdemeanor.

Existing law permits a defendant to withdraw his or her plea of guilty or plea of nolo contendere and enter a plea of not guilty in any case in which a defendant has fulfilled the conditions of probation for the entire period of probation, or has been discharged prior to the termination of the period of probation, or has been convicted of a misdemeanor and not granted probation and has fully complied with and performed the sentence of the court, or has been sentenced to a county jail for a felony, or in any other case in which a court, in its discretion and the interests of justice, determines that a defendant should be granted this or other specified relief and requires the defendant to be released from all penalties and disabilities resulting from the offense of which he or she has been convicted.

ANALYSIS:

Amended analysis as of 3/28 and 4/21:
This bill would prohibit a board from denying a license based solely on a conviction that has been dismissed pursuant to the above provisions.

Amended analysis as of 5/15:
This bill contains a nonsubstantive change.

BOARD POSITION: Not previously considered.
LEGISLATIVE COMMITTEE RECOMMENDED POSITION:  Watch (May 7, 2014)

SUPPORT:
Alameda County Board of Supervisors (sponsor)
Lawyers' Committee for Civil Rights of the San Francisco Bay Area
Legal Services for Prisoners with Children
National Employment Law Project
The Women's Foundation of California

OPPOSE:
None on file.
An act to amend Section 480 of the Business and Professions Code, relating to expungement.

LEGISLATIVE COUNSEL’S DIGEST


Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law authorizes a board to deny, suspend, or revoke a license on various grounds, including, but not limited to, conviction of a crime if the crime is substantially related to the qualifications, functions, or duties of the business or profession for which the license was issued. Existing law prohibits a board from denying a license on the ground that the applicant has committed a crime if the applicant shows that he or she obtained a certificate of rehabilitation in the case of a felony, or that he or she has met all applicable requirements of the criteria of rehabilitation developed by the board, as specified, in the case of a misdemeanor.

Existing law permits a defendant to withdraw his or her plea of guilty or plea of nolo contendere and enter a plea of not guilty in any case in which a defendant has fulfilled the conditions of probation for the entire
period of probation, or has been discharged prior to the termination of
the period of probation, or has been convicted of a misdemeanor and
not granted probation and has fully complied with and performed the
sentence of the court, or has been sentenced to a county jail for a felony,
or in any other case in which a court, in its discretion and the interests
of justice, determines that a defendant should be granted this or other
specified relief and requires the defendant to be released from all
penalties and disabilities resulting from the offense of which he or she
has been convicted.

This bill would prohibit a board from denying a license based solely
on a conviction that has been dismissed pursuant to the above provisions.


The people of the State of California do enact as follows:

SECTION 1. Section 480 of the Business and Professions Code
is amended to read:

480. (a) A board may deny a license regulated by this code
on the grounds that the applicant has one of the following:

(1) Been convicted of a crime. A conviction within the meaning
of this section means a plea or verdict of guilty or a conviction
following a plea of nolo contendere. Any action that a board is
permitted to take following the establishment of a conviction may
be taken when the time for appeal has elapsed, or the judgment of
conviction has been affirmed on appeal, or when an order granting
probation is made suspending the imposition of sentence,
irrespective of a subsequent order under the provisions of Section
1203.4, 1203.4a, or 1203.41 of the Penal Code.

(2) Done any act involving dishonesty, fraud, or deceit with the
intent to substantially benefit himself or herself or another, or
substantially injure another.

(3) (A) Done any act that if done by a licentiate of the business
or profession in question, would be grounds for suspension or
revocation of license.

(B) The board may deny a license pursuant to this subdivision
only if the crime or act is substantially related to the qualifications,
functions, or duties of the business or profession for which
application is made.
(b) Notwithstanding any other provision of this code, a person
shall not be denied a license solely on the basis that he or she has
been convicted of a felony if he or she has obtained a certificate
of rehabilitation under Chapter 3.5 (commencing with Section
4852.01) of Title 6 of Part 3 of the Penal Code or that he or she
has been convicted of a misdemeanor if he or she has met all
applicable requirements of the criteria of rehabilitation developed
by the board to evaluate the rehabilitation of a person when
considering the denial of a license under subdivision (a) of Section
482.
(c) Notwithstanding any other provisions of this code, a person
shall not be denied a license solely on the basis of a conviction
that has been dismissed pursuant to Section 1203.4, 1203.4a, or
1203.41 of the Penal Code.
(d) A board may deny a license regulated by this code on the
ground that the applicant knowingly made a false statement of fact
that is required to be revealed in the application for the license.

O
BOARD OF REGISTERED NURSING  
LEGISLATIVE COMMITTEE  
June 12, 2014

BILL ANALYSIS

AUTHOR: Pan  
BILL NUMBER: AB 2514

SPONSOR: Co-sponsor: Union of American Physicians and Dentists  
BILL STATUS: Committee on Appropriations

SUBJECT: Income taxes: credits: rural health care professionals  
DATE LAST AMENDED: May 15, 2014

SUMMARY:  
The author introduced this bill under another subject. It was amended 4/1 to the current subject, and would apply to advanced practice nurses.

The Personal Income Tax Law allows various credits against the taxes imposed by that law.

ANALYSIS:  
The bill, for taxable years beginning on or after January 1, 2014, and before January 1, 2019, would allow a credit against the taxes imposed under that law to a qualified taxpayer, as defined, that is a health care professional who resides and practices in a rural health care professional shortage area pursuant to an agreement with the State Department of Health Care Services in a specified amount of the qualified taxpayer’s student loans, as provided.

Amended analysis as of 5/15:  
This bill would make the credit available after January 1, 2015, and before January 1, 2020, and does not restrict the professional to only rural health care professional shortage areas.

BOARD POSITION: Not previously considered.

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Watch (May 7, 2014)

SUPPORT: 
Union of American Physicians and Dentists (co-sponsor)  
American Federation of State, County and Municipal Employees, AFL-CIO  
Association of California Healthcare Districts  
California Arthritis Foundation Council  
California Chapter of the American College of Emergency Physicians  
California Rheumatology Alliance  
Rural County Representatives of California  
11 individuals

OPPOSE: 
California Tax Reform Association
ASSEMBLY BILL No. 2514

Introduced by Assembly Member Pan

February 21, 2014

An act to add and repeal Section 17053.44 of the Revenue and Taxation Code, relating to taxation, to take effect immediately, tax levy.

LEGISLATIVE COUNSEL’S DIGEST

AB 2514, as amended, Pan. Income taxes: credits: rural health care professionals.

The Personal Income Tax Law allows various credits against the taxes imposed by that law.

The bill, for taxable years beginning on or after January 1, 2014 and before January 1, 2019, would allow a credit against the taxes imposed under that law to a qualified taxpayer, as defined, that is a health care professional who resides and practices in a rural health care professional shortage area pursuant to an agreement with the State Department of Health Care Services in a specified amount of the qualified taxpayer’s student loans, as provided.

This bill would take effect immediately as a tax levy.

The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares that, in order for all geographic areas of California to have the opportunity for economic development, it is vital that excellent health care be available throughout the state. The Legislature further finds and declares that payment of student loans is an incentive used by rural communities and health care institutions to attract health care professionals to practice. It is therefore the intent of the Legislature to provide a tax credit for the purpose of payment of student loans as an incentive to encourage health care professionals to locate in medically underserved areas of the State of California.

SEC. 2. Section 17053.44 is added to the Revenue and Taxation Code, to read:

17053.44. (a) (1) For taxable years beginning on or after January 1, 2014, and before January 1, 2019, there shall be allowed to a qualified taxpayer a credit against the “net tax,” as defined by Section 17039, in an amount as determined by paragraph (2), of the qualified taxpayer’s student loans.

(2) The amount of the credit allowed by this section shall be the lesser of the following:

(A) One third of the balance due on the qualified taxpayer’s student loans as of January 1 of the taxable year in which the credit is allowed.

(B) The total balance due on the qualified taxpayer’s student loans as of January 1 of the taxable year in which the credit is allowed minus the total amount of credit allowed in previous taxable years pursuant to this section.

(2) The amount of the student loan payments made by the qualified taxpayer during the taxable year, not to exceed one third of the remaining balance of the qualified taxpayer’s student loans as of January 1 of the taxable year in which the credit is allowed.

(3) A credit may be allowed pursuant to this section for five consecutive taxable years.

(b) For purposes of this section:

(1) “Full time” means at least 20 hours per week on average for 180 days for the first taxable year in which a credit is allowed pursuant to this section, and at least 20 hours per week on average for at least 10 months in subsequent taxable years.
(2) “Qualified taxpayer” means an individual who meets all of the following conditions:

(A) Is a dentist, physician, physician assistant, or advanced practice nurse who is licensed or certified to practice within California.

(B) Resides and practices full-time in a rural health care professional shortage area and has committed to residing and practicing in that area for at least three years and up to five years pursuant to an agreement between him or her and the State Department of Health Care Services.

(C) Is a borrower on student loans under a recognized loan program used by him or her for higher education opportunities resulting in a graduate or professional degree that enables him or her to be licensed or certified as a health care professional in this state.

(3) “Rural health care professional shortage area” means any area of the state that is not a metropolitan statistical area as described in the publication “State and Metropolitan Area Data Book,” 2010, published by the United States Census Bureau and that is located 30 or more miles from the nearest hospital containing 30 or more licensed beds or is a medically underserved area, as defined in Section 128552 of the Health and Safety Code.

(4) “Student loan” means a student obligation note or other debt evidencing a loan to any individual for higher education purposes or for the purpose of consolidating or refinancing a loan for higher education purposes, which is either a guaranteed student loan, an educational loan, or a loan eligible for consolidation or refinancing under Part B of Title IV of the Higher Education Act of 1965, as amended (20 U.S.C. Sec. 1070 et seq.).

(c) A credit shall be allowed pursuant to this section only for those taxable years in which:

(1) The qualified taxpayer is not delinquent on his or her student loan payments.

(2) The qualified taxpayer resides and practices in a rural health care professional shortage area pursuant to an agreement with the State Department of Health Care Services.

(3) The qualified taxpayer’s student loan has an outstanding balance for at least a part of the taxable year.

(d) If the qualified taxpayer does not reside and practice within a rural health care professional shortage area during the period in
which he or she was committed to reside and practice in that area or pays his or her student loan in full by means of any other loan repayment program, any remaining unapplied credit shall be canceled and any previously applied credit for the taxable year in which the move occurred, in which the practice ended, or in which the loan was paid in full shall be recaptured, and the qualified taxpayer shall be liable for any increase in tax attributable to the recapture of any credit previously allowed under this section.

(d) If the qualified taxpayer ceases to reside and practice in the health care professional shortage area, or his or her student loan is paid in full by means of any other loan repayment program, the tax imposed by this part for the taxable year in which that cessation occurs shall be increased by an amount equal to the credit allowed under this section that was applied to reduce tax otherwise payable under this part by the qualified taxpayer. Additionally, any unused credit carried over by the qualified taxpayer shall be forfeited.

(e) (1) In the case where the credit allowed under this section exceeds the “tax,” the excess credit may be carried over to reduce the “tax” in the following taxable year, and succeeding five taxable years, if necessary, until the credit has been exhausted.

(2) The credit allowed by this section is in lieu of any other deduction or credit which the qualified taxpayer may otherwise claim pursuant to this part with respect to the same item of expense.

(f) The State Department of Health Care Services and the Franchise Tax Board shall promulgate rules and regulations as necessary or appropriate to implement this section.

(g) This section shall remain in effect only until December 1, 2019, 2020, and as of that date is repealed.

SEC. 3. This act provides for a tax levy within the meaning of Article IV of the Constitution and shall go into immediate effect.
SUMMARY:
The Bagley-Keene Open Meeting Act requires, with specified exceptions, that all meetings of a state body, as defined, be open and public and all persons be permitted to attend any meeting of a state body. The act defines various terms for its purposes, including “action taken,” which means a collective decision made by the members of a state body, a collective commitment or promise by the members of the state body to make a positive or negative decision, or an actual vote by the members of a state body when sitting as a body or entity upon a motion, proposal, resolution, order, or similar action.

ANALYSIS:
This bill would, if the action taken by the members of a state body is a recorded vote, require that the vote be counted and identified in the minutes of the state body.

Amended analysis as of 4/2:
This bill deletes the definition of “action taken”, and provides that the state body shall publicly report any action taken and the vote or abstention on that action of each member present for the action.

BOARD POSITION: Neutral (April 3, 2014)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Watch (May 7, 2014)

SUPPORT:
California Newspaper Publishers Association
California Taxpayers Association

OPPOSE:
None on file.
ASSEMBLY BILL No. 2720

Introduced by Assembly Member Ting

February 21, 2014

An act to amend Section 11122 11123 of the Government Code, relating to public meetings.

LEGISLATIVE COUNSEL’S DIGEST


The Bagley-Keene Open Meeting Act requires, with specified exceptions, that all meetings of a state body, as defined, be open and public and all persons be permitted to attend any meeting of a state body. The act defines various terms for its purposes, including “action taken,” which means a collective decision made by the members of a state body, a collective commitment or promise by the members of the state body to make a positive or negative decision, or an actual vote by the members of a state body when sitting as a body or entity upon a motion, proposal, resolution, order, or similar action.

This bill would, if the action taken by the members of a state body is a recorded vote, require that the vote be counted and identified in the minutes of the state body require a state body to publicly report any action taken and the vote or abstention on that action of each member present for the action.

The people of the State of California do en act as follows:

SECTION 1. Section 11123 of the Government Code is amended to read:

11123. (a) All meetings of a state body shall be open and public and all persons shall be permitted to attend any meeting of a state body except as otherwise provided in this article.

(b) (1) This article does not prohibit a state body from holding an open or closed meeting by teleconference for the benefit of the public and state body. The meeting or proceeding held by teleconference shall otherwise comply with all applicable requirements or laws relating to a specific type of meeting or proceeding, including the following:

(A) The teleconferencing meeting shall comply with all requirements of this article applicable to other meetings.

(B) The portion of the teleconferenced meeting that is required to be open to the public shall be audible to the public at the location specified in the notice of the meeting.

(C) If the state body elects to conduct a meeting or proceeding by teleconference, it shall post agendas at all teleconference locations and conduct teleconference meetings in a manner that protects the rights of any party or member of the public appearing before the state body. Each teleconference location shall be identified in the notice and agenda of the meeting or proceeding, and each teleconference location shall be accessible to the public. The agenda shall provide an opportunity for members of the public to address the state body directly pursuant to Section 11125.7 at each teleconference location.

(D) All votes taken during a teleconferenced meeting shall be by rollcall.

(E) The portion of the teleconferenced meeting that is closed to the public may not include the consideration of any agenda item being heard pursuant to Section 11125.5.

(F) At least one member of the state body shall be physically present at the location specified in the notice of the meeting.

(2) For the purposes of this subdivision, “teleconference” means a meeting of a state body, the members of which are at different locations, connected by electronic means, through either audio or both audio and video. This section does not prohibit a state body from providing members of the public with additional locations.
in which the public may observe or address the state body by
electronic means, through either audio or both audio and video.

(3) The state body shall publicly report any action taken and
the vote or abstention on that action of each member present for
the action.

SECTION 1.—Section 11122 of the Government Code is
amended to read:

11122. As used in this article “action taken” means a collective
decision made by the members of a state body, a collective
commitment or promise by the members of the state body to make
a positive or negative decision, or an actual vote by the members
of a state body when sitting as a body or entity upon a motion,
proposal, resolution, order or similar action. If the action taken by
the members of a state body is a recorded vote, the vote shall be
counted and identified in the minutes of the state body.
SUMMARY:
Existing law, the California Residential Care Facilities for the Elderly Act, provides for the licensure and regulation of residential care facilities for the elderly by the State Department of Social Services. A person who violates the act is guilty of a misdemeanor and subject to civil penalty and suspension or revocation of license.

Please refer to the bill for existing law on the sections not specifically involving RNs.

ANALYSIS:
As introduced, this bill made provision for oversight by an RN for patients, as specified. As amended March 4th, the bill would require a residential care facility for the elderly that accepts or retains residents with restricted or prohibited health conditions to employ a registered nurse on a full-time or part-time basis, as appropriate, to oversee the care provided to those residents. A residential care facility for the elderly that accepts or retains residents with restricted or prohibited health conditions would be required to have a registered nurse on call 24 hours per day, as specified.

This bill also contains numerous provisions related specifically to the operation of these facilities by the Department of Social Services.

Amended analysis as of 3/27:
This bill would delete the provisions that relate to oversight by an RN or for RNs to be on call if the facility accepts residents with restricted or prohibited health conditions. The bill now requires the facility to ensure that residents receive home health or hospice services sufficient in scope and hours by appropriately skilled professionals, acting within their scope of practice, to ensure that residents receive medical care as prescribed by the resident’s physician and contained in the resident’s service plan. This bill would define an “appropriately skilled professional” as an individual who has training and is licensed to perform the necessary medical procedures prescribed by a physician, which includes, but is not limited to, a registered nurse, licensed vocational nurse, physical therapist, occupational therapist, or respiratory therapist.

This bill would further revise the training and continuing training for licensees and administrators of the facility and of the staff providing direct care.
Amended analysis as of 5/27:
This bill makes further revisions to the training and continued training requirements for licensees and administrators of residential care facilities for the elderly, including for those who provide direct care to residents with dementia or to those with postural supports, restricted health conditions or health services, or who receive hospice care.

This bill would require that no licensee, or officer or employee of the licensee, shall discriminate or retaliate against any person receiving the services of the licensee’s residential care facility for the elderly, or against any employee of the licensee’s facility, on the basis, or for the reason that, the person, employee, or any other person dialed or called 911.

This bill would make its provisions operative on January 1, 2016.

BOARD POSITION: Watch (April 3, 2014)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Watch (May 7, 2014)

SUPPORT:
Hazel's Army (co-sponsor)
Stand Up for Rosie (co-sponsor)
AFSCME
California Advocates for Nursing Home Reform
California Assisted Living Association
California Continuing Care Residents Association
California Senior Legislature
Catholic Charities Diocese of Stockton
Consumer Attorneys of California
Consumer Federation of California
County of San Diego
Elder Law and Advocacy
Jewish Family service of Los Angeles
Johnson Moore Trial Lawyers
Long-Term Care Ombudsman of Ventura County
Office of the State Long-Term Care Ombudsman
Ombudsman & HICAP Services of Northern California
Ombudsman Services of Contra Costa
Valentine Law Group

OPPOSE:
Angel Care Community Services, Inc.
California Assisted Living Association
California Assoc. for Health Services at Home (unless amended)
California Association of Health Facilities (unless amended)
California Right to Life Committee, Inc.
Leading Age California (unless amended)
An act to amend, repeal, and add Sections 1569.23, 1569.62, 1569.625, 1569.626, and 1569.69 of, and to add Sections 1569.371, 1569.39, and 1569.696 to, the Health and Safety Code, relating to residential care facilities for the elderly.

LEGISLATIVE COUNSEL’S DIGEST

SB 911, as amended, Block. Residential care facilities for the elderly.

(1) Existing law, the California Residential Care Facilities for the Elderly Act, provides for the licensure and regulation of residential care facilities for the elderly by the State Department of Social Services. A person who violates the act is guilty of a misdemeanor and subject to civil penalty and suspension or revocation of license.

Existing law requires an applicant for a license to complete, at a minimum, a 40-hour certification program approved by the department that includes instruction in a uniform code of knowledge, and to pass a written test.

This bill would change the minimum hours of classroom instruction to 100 hours, of which 80 hours are classroom instruction, and would
add additional topics to the uniform code of knowledge, including, but not limited to, the adverse effects of psychotropic drugs for use in controlling the behavior of persons with dementia. The bill would also require the department to annually review the test and update it as necessary to reflect changes in the law and regulations.

This bill would require that no licensee, or officer or employee of the licensee, shall discriminate or retaliate against any person receiving the services of the licensee’s residential care facility for the elderly, or against any employee of the licensee’s facility, on the basis, or for the reason that, the person, employee, or any other person dialed or called 911.

This bill would require a residential care facility for the elderly that accepts or retains residents with prohibited health conditions, as defined by the department, to ensure that residents receive home health or hospice services sufficient in scope and hours by appropriately skilled professionals, acting within their scope of practice, to ensure that residents receive medical care as prescribed by the resident’s physician and contained in the resident’s service plan. This bill would define an “appropriately skilled professional” as an individual who has training and is licensed to perform the necessary medical procedures prescribed by a physician, which includes, but is not limited to, a registered nurse, licensed vocational nurse, physical therapist, occupational therapist, or respiratory therapist.

(2) Existing law requires the Director of Social Services to ensure that licensees, administrators, and staffs of residential care facilities for the elderly have appropriate training to provide the care and services for which a license or certificate is issued. The department is required to develop a uniform code of knowledge for the continuing education of administrators of residential care facilities for the elderly.

This bill would also require the department to develop a uniform code of knowledge jointly with the California Department of Aging for the initial certification of administrators, and add additional topics to the uniform code of knowledge, including, but not limited to, applicable laws and regulations and residents’ rights.

(3) Existing law requires the department to adopt regulations to require staff members of residential care facilities for the elderly who assist residents with personal activities of daily living to receive 10 hours of training within the first 4 weeks of employment, and 4 hours of training annually thereafter on topics, including, but not limited to, policies and procedures regarding medications.
This bill would increase that training to 40 hours of training within the first 4 weeks of employment, 20 hours of training annually thereafter, and would also require that at least 24 hours of training be completed prior to providing direct care to residents. This bill would exempt certified nurse assistants with valid certification from those requirements, provided that certified nurse assistants receive 8 hours of training, prior to providing direct care to residents, on resident characteristics, plans of care, resident records, and facility practices and procedures. This bill would also authorize the department to develop a certification training program with a standardized test for specified staff.

(4) Existing law requires all direct care staff of a residential care facility for the elderly, which advertises or promotes special care, programming, or environment for persons with dementia, receive 6 hours of resident care orientation within the first 4 weeks of employment and 8 hours of in-service training per year.

This bill would increase that training to 15 hours of resident care orientation, prior to providing direct care to residents, and 12 hours of in-service training per year on the subject of providing care and supervision to residents with dementia.

(5) Existing law requires that employees who assist residents with the self-administration of medications at a licensed residential care facility for the elderly, which provides care for 16 or more persons, complete 16 hours of initial training, consisting of 8 hours of hands-on shadowing training and 8 hours of other training or instruction, to be completed within the first 2 weeks of employment. If that facility provides care for 15 or fewer persons, employees are required to complete 6 hours of initial training, consisting of 2 hours of hands-on shadowing training and 4 hours of other training or instruction, to be completed within the first 2 weeks of employment.

This bill would require employees at a licensed residential care facility for the elderly that provides care for 16 or more persons, to complete 32 hours of initial training, consisting of 12 hours of hands-on shadowing training and 20 hours of other training or instruction, to be completed within the first 4 weeks of employment. For facilities providing care for 15 or fewer persons, this bill would increase those training requirements to 16 hours of initial training, consisting of 8 hours of hands-on shadowing training, and 8 hours of other training.

This bill would require all direct care staff of residential care facilities for the elderly that serve residents with postural supports, or restricted
health conditions or health services, or who receive hospice care services, as described in specified regulations, in addition to other training requirements, receive 15 hours of training on the care, supervision, and special needs of those residents, prior to providing direct care to residents. This bill also would require 12 hours of in-service training per year on the subject of serving those residents.

(6) Because a violation of any of the above provisions would be a misdemeanor, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

(7) This bill would make its provisions operative on January 1, 2016.

State-mandated local program: yes.

The people of the State of California do enact as follows:

SECTION 1. Section 1569.23 of the Health and Safety Code is amended to read:

1569.23. (a) As a requirement for licensure, the applicant shall demonstrate that he or she has successfully completed a certification program approved by the department.

(b) The certification program shall be for a minimum of 100 hours, of which 80 hours are classroom instruction, and include a uniform core of knowledge which shall include all of the following:

1. Law, regulations, policies, and procedural standards that impact the operations of residential care facilities for the elderly.
2. Business operations.
3. Management and supervision of staff.
4. Psychosocial need of the elderly residents.
5. Physical needs for elderly residents.
6. Community and support services.
7. Use, misuse, and interaction of drugs commonly used by the elderly, and the adverse effects of psychotropic drugs for use in controlling the behavior of persons with dementia.
8. Nonpharmacologic, person-centered approaches to dementia care.
9. Resident admission, retention, and assessment procedures.
Residents’ rights, and the importance of initial and ongoing training for all staff to ensure residents’ rights are fully respected and implemented.

(c) Successful completion of the certification program shall be demonstrated by passing a written test and submitting a fee of one hundred dollars ($100) to the department for the issuance of a certificate of completion.

(d) The department shall establish by regulation the program content, the testing instrument, process for approving certification programs, and criteria to be used for authorizing individuals or organizations to conduct certification programs. These regulations shall be developed with the participation of provider organizations and other stakeholder groups. The department shall review the test annually and update it as necessary to reflect changes in law and regulations.

(e) This section shall apply to all applications for licensure unless the applicant provides evidence that he or she has a current license for another residential care facility for the elderly which was initially licensed prior to July 1, 1989, or has successfully completed an approved certification program within the prior five years.

(f) If the applicant is a firm, partnership, association, or corporation, the chief executive officer, or other person serving in a like capacity, or the designated administrator of the facility shall provide evidence of successfully completing an approved certification program.

SECTION 1. Section 1569.23 of the Health and Safety Code is amended to read:

1569.23. (a) As a requirement for licensure, the applicant shall demonstrate that he or she has successfully completed a certification program approved by the department.

(b) The certification program shall be for a minimum of 40 hours of classroom instruction and include a uniform core of knowledge which shall include all of the following:

(1) Law, regulations, policies, and procedural standards that impact the operations of residential care facilities for the elderly.

(2) Business operations.

(3) Management and supervision of staff.

(4) Psychosocial need of the elderly residents.

(5) Physical needs for elderly residents.
(6) Community and support services.

(7) Use, misuse, and interaction of drugs commonly used by the elderly.

(8) Resident admission, retention, and assessment procedures.

(c) Successful completion of the certification program shall be demonstrated by passing a written test and submitting a fee of one hundred dollars ($100) to the department for the issuance of a certificate of completion.

(d) The department shall establish by regulation the program content, the testing instrument, process for approving certification programs, and criteria to be used for authorizing individuals or organizations to conduct certification programs. These regulations shall be developed with the participation of provider organizations.

(e) This section shall apply to all applications for licensure unless the applicant provides evidence that he or she has a current license for another residential care facility for the elderly which was initially licensed prior to July 1, 1989, or has successfully completed an approved certification program within the prior five years.

(f) If the applicant is a firm, partnership, association, or corporation, the chief executive officer, or other person serving in a like capacity, or the designated administrator of the facility shall provide evidence of successfully completing an approved certification program.

(g) This section shall remain in effect only until January 1, 2016, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2016, deletes or extends that date.

SEC. 2. Section 1569.23 is added to the Health and Safety Code, to read:

1569.23. (a) As a requirement for licensure, the applicant shall demonstrate that he or she has successfully completed a certification program approved by the department.

(b) The certification program shall be for a minimum of 100 hours, of which 80 hours are classroom instruction, and include a uniform core of knowledge which shall include all of the following:

(1) Law, regulations, policies, and procedural standards that impact the operations of residential care facilities for the elderly.

(2) Business operations.

(3) Management and supervision of staff.
(4) Psychosocial needs of the elderly residents.
(5) Physical needs of the elderly residents.
(6) Community and support services.
(7) Use, misuse, and interaction of drugs commonly used by the elderly, and the adverse effects of psychotropic drugs for use in controlling the behavior of persons with dementia.
(8) Nonpharmacologic, person-centered approaches to dementia care.
(9) Resident admission, retention, and assessment procedures.
(10) Residents’ rights, and the importance of initial and ongoing training for all staff to ensure residents’ rights are fully respected and implemented.
(c) Successful completion of the certification program shall be demonstrated by passing a written test and submitting a fee of one hundred dollars ($100) to the department for the issuance of a certificate of completion.
(d) The department shall establish by regulation the program content, the testing instrument, process for approving certification programs, and criteria to be used for authorizing individuals or organizations to conduct certification programs. These regulations shall be developed with the participation of provider organizations and other stakeholder groups. The department shall review the test annually and update it as necessary to reflect changes in law and regulations.
(e) This section shall apply to all applications for licensure unless the applicant provides evidence that he or she has a current license for another residential care facility for the elderly which was initially licensed prior to July 1, 1989, or has successfully completed an approved certification program within the prior five years.
(f) If the applicant is a firm, partnership, association, or corporation, the chief executive officer, or other person serving in a like capacity, or the designated administrator of the facility shall provide evidence of successfully completing an approved certification program.
(g) This section shall become operative on January 1, 2016.

SEC. 2.

SEC. 3. Section 1569.371 is added to the Health and Safety Code, to read:
1569.371. (a) No licensee, or officer or employee of the
licensee, shall discriminate or retaliate in any manner against any
person receiving the services of the licensee’s residential care
facility for the elderly, or against any employee of the licensee’s
facility, on the basis, or for the reason that, the person, employee,
or any other person dialed or called 911.
(b) A violation of this section is subject to civil penalty pursuant
to Section 1569.49.
(c) This section shall become operative on January 1, 2016.
SEC. 3.
SEC. 4. Section 1569.39 is added to the Health and Safety
Code, to read:
1569.39. (a) A residential care facility for the elderly that
accepts or retains residents with prohibited health conditions, as
defined by the department, in Section 87615 of Title 22 of the
California Code of Regulations, shall ensure that residents receive
home health or hospice services sufficient in scope and hours to
ensure that residents receive medical care as prescribed by the
resident’s physician and contained in the resident’s service plan.
(b) A residential care facility for the elderly that accepts or
retains residents with restricted health conditions, as defined by
the department, shall ensure that residents receive medical care as
prescribed by the resident’s physician and contained in the
resident’s service plan by appropriately skilled professionals acting
within their scope of practice.
(c) An “appropriately skilled professional” means, for purposes
of this section, an individual who has training and is licensed to
perform the necessary medical procedures prescribed by a
physician. This includes, but is not limited to, a registered nurse,
licensed vocational nurse, physical therapist, occupational therapist,
or respiratory therapist. These professionals may include, but are
not limited to, those persons employed by a home health agency,
the resident, or a facility, and who are currently licensed in this
state.
(d) Failure to meet or arrange to meet the needs of those
residents who require specialized health-related services;
as specified in the resident’s written record of care, defined
pursuant to Section 1569.80, or failure to notify the physician of
a resident’s illness or injury that poses a danger of death or serious
bodily harm is a licensing violation and subject to civil penalty pursuant to Section 1569.49.

(e) This section shall become operative on January 1, 2016.

SEC. 4. Section 1569.62 of the Health and Safety Code is amended to read:

1569.62. (a) The director shall ensure that licensees, administrators, and staffs of residential care facilities for the elderly have appropriate training to provide the care and services for which a license or certificate is issued:

(b) The department shall develop jointly with the California Department of Aging requirements for a uniform core of knowledge for the required initial certification and continuing education for administrators, and their designated substitutes, and for recertification of administrators of residential care facilities for the elderly. This knowledge base shall include, as a minimum, basic understanding of the psychosocial and physical care needs of elderly persons, applicable laws and regulations, residents' rights, and administration. This training shall be developed in consultation with individuals or organizations with specific expertise in residential care facilities for the elderly or assisted living services, or by an outside source with expertise in residential care facilities for the elderly or assisted living services:

(1) The initial certification training for administrators shall consist of at least 100 hours.

(2) The continuing education requirement for administrators is at least 60 hours of training during each two-year certification period:

(c) (1) The department shall develop a uniform resident assessment tool to be used by all residential care facilities for the elderly. The assessment tool shall, in lay terms, help to identify resident needs for service and assistance with activities of daily living:

(2) The departments shall develop a mandatory training program on the utilization of the assessment tool to be given to administrators and their designated substitutes:

SEC. 5. Section 1569.625 of the Health and Safety Code is amended to read:

1569.625. (a) The Legislature finds that the quality of services provided to residents of residential care facilities for the elderly is dependent upon the training and skills of staff.
(b) The current training requirements for staff of residential care facilities for the elderly are insufficient to meet the range of care needs of the residents of those facilities. It is the intent of the Legislature in enacting this section to ensure that direct care staff have the knowledge and proficiency to carry out the tasks of their jobs.

(e) The department shall adopt regulations to require staff members of residential care facilities for the elderly who assist residents with personal activities of daily living to receive appropriate training. This training shall consist of 40 hours of training within the first four weeks of employment, at least 24 hours of which shall be completed prior to providing direct care to residents, and 20 hours annually thereafter. This training shall be administered on the job, or in a classroom setting, or any combination of the two. The department shall establish the subject matter required for this training. This training shall be developed in consultation with individuals or organizations with specific expertise in residential care facilities for the elderly or assisted living services, or by an outside source with expertise in residential care facilities for the elderly or assisted living services, as defined in Section 1771.

(d) The training shall include, but not be limited to, the following:

1. Physical limitations and needs of the elderly.
2. Importance and techniques for personal care services.
3. Residents’ rights.
4. Policies and procedures regarding medications.
5. Use, misuse, and interaction of drugs commonly used by the elderly, and the adverse effects of psychotropic drugs for use in controlling the behavior of persons with dementia.
6. The special needs of persons with Alzheimer’s disease and dementia, including nonpharmacologic person-centered approaches to dementia care.
7. Psychosocial needs of the elderly.
8. This subdivision shall not apply to certified nurse assistants, certified pursuant to Section 1337.2, except that certified nurse assistants with valid certification shall receive eight hours of training prior to providing direct care to residents, on resident characteristics, resident records, and facility practices and procedures.
(e) The department may develop a certification training program
with a standardized test for staff pursuant to this section and
Sections 1569.626, 1569.69, and 1569.696.
SEC. 6. Section 1569.626 of the Health and Safety Code is
amended to read:
1569.626. All residential care facilities for the elderly that
advertise or promote special care, special programming, or a special
environment for persons with dementia, in addition to complying
with the training requirements described in Section 1569.625, shall
meet the following training requirements for all direct care staff:
(a) Fifteen hours of resident care orientation prior to providing
direct care to residents. All 15 hours shall be devoted to the care
of persons with dementia. The facility may utilize various methods
of instruction including, but not limited to, preceptorship,
mentoring, and other forms of observation and demonstration. The
orientation time shall be exclusive of any administrative instruction.
(b) Twelve hours of in-service training per year on the subject
of providing care and supervision to residents with dementia. This
training shall be developed in consultation with individuals or
organizations with specific expertise in dementia care or by an
outside source with expertise in dementia care. In formulating and
providing this training, reference may be made to written materials
and literature on dementia and the care and treatment of persons
with dementia. This training requirement may be provided at the
facility or offsite and may include a combination of observation
and practical application.
SEC. 7. Section 1569.69 of the Health and Safety Code is
amended to read:
1569.69. (a) Each residential care facility for the elderly
licensed under this chapter shall ensure that each employee of the
facility who assists residents with the self-administration of
medications meets the following training requirements:
(1) In facilities licensed to provide care for 16 or more persons,
the employee shall complete 32 hours of initial training. This
training shall consist of 12 hours of hands-on shadowing training,
which shall be completed prior to assisting with the
self-administration of medications, and 20 hours of other training
or instruction, as described in subdivision (f), which shall be
completed within the first four weeks of employment.
(2) In facilities licensed to provide care for 15 or fewer persons, the employee shall complete 16 hours of initial training. This training shall consist of eight hours of hands-on shadowing training, which shall be completed prior to assisting with the self-administration of medications, and eight hours of other training or instruction, as described in subdivision (f), which shall be completed within the first two weeks of employment.

(3) An employee shall be required to complete the training requirements for hands-on shadowing training described in this subdivision prior to assisting any resident in the self-administration of medications. The training and instruction described in this subdivision shall be completed, in their entirety, within the first two weeks of employment.

(4) The training shall cover all of the following areas:

(A) The role, responsibilities, and limitations of staff who assist residents with the self-administration of medication, including tasks limited to licensed medical professionals.

(B) An explanation of the terminology specific to medication assistance.

(C) An explanation of the different types of medication orders: prescription, over-the-counter, controlled, and other medications.

(D) An explanation of the basic rules and precautions of medication assistance.

(E) Information on medication forms and routes for medication taken by residents.

(F) A description of procedures for providing assistance with the self-administration of medications in and out of the facility, and information on the medication documentation system used in the facility.

(G) An explanation of guidelines for the proper storage, security, and documentation of centrally stored medications.

(H) A description of the processes used for medication ordering, refills, and the receipt of medications from the pharmacy.

(I) An explanation of medication side effects, adverse reactions, errors, the adverse effects of psychotropic drugs for use in controlling the behavior of persons with dementia, and the increased risk of death when elderly residents with dementia are given antipsychotic medications.

(5) To complete the training requirements set forth in this subdivision, each employee shall pass an examination that tests
the employee's comprehension of, and competency in, the subjects listed in paragraph (4).

(6) Residential care facilities for the elderly shall encourage pharmacists and licensed medical professionals to use plain English when preparing labels on medications supplied to residents. As used in this section, "plain English" means that no abbreviations, symbols, or Latin medical terms shall be used in the instructions for the self-administration of medication.

(7) The training requirements of this section are not intended to replace or supplant those required of all staff members who assist residents with personal activities of daily living as set forth in Sections 1569.625 and 1569.696.

(8) The training requirements of this section shall be repeated if either of the following occurs:

(A) An employee returns to work for the same licensee after a break of service of more than 180 consecutive calendar days.

(B) An employee goes to work for another licensee in a facility in which he or she assists residents with the self-administration of medication.

(b) Each employee who received training and passed the examination required in paragraph (5) of subdivision (a), and who continues to assist with the self-administration of medicines, shall also complete eight hours of in-service training on medication-related issues in each succeeding 12-month period.

(c) The requirements set forth in subdivisions (a) and (b) do not apply to persons who are licensed medical professionals.

(d) Each residential care facility for the elderly that provides employee training under this section shall use the training material and the accompanying examination that are developed by, or in consultation with, a licensed nurse, pharmacist, or physician. The licensed residential care facility for the elderly shall maintain the following documentation for each medical consultant used to develop the training:

(1) The name, address, and telephone number of the consultant.

(2) The date when consultation was provided.

(3) The consultant's organization affiliation, if any, and any educational and professional qualifications specific to medication management.

(4) The training topics for which consultation was provided.
(e) Each person who provides employee training under this section shall meet the following education and experience requirements:

(1) A minimum of five hours of initial, or certified continuing, education or three semester units, or the equivalent, from an accredited educational institution, on topics relevant to medication management.

(2) The person shall meet any of the following practical experience or licensure requirements:

(A) Two years of full-time experience, within the last four years, as a consultant with expertise in medication management in areas covered by the training described in subdivision (a).

(B) Two years of full-time experience, or the equivalent, within the last four years, as an administrator for a residential care facility for the elderly, during which time the individual has acted in substantial compliance with applicable regulations.

(C) Two years of full-time experience, or the equivalent, within the last four years, as a direct care provider assisting with the self-administration of medications for a residential care facility for the elderly, during which time the individual has acted in substantial compliance with applicable regulations.

(D) Possession of a license as a medical professional.

(3) The licensed residential care facility for the elderly shall maintain the following documentation on each person who provides employee training under this section:

(A) The person’s name, address, and telephone number.

(B) Information on the topics or subject matter covered in the training.

(C) The time, dates, and hours of training provided.

(f) Other training or instruction, as required in paragraphs (1) and (2) of subdivision (a), may be provided offsite, and may use various methods of instruction, including, but not limited to, all of the following:

(1) Lectures by presenters who are knowledgeable about medication management.

(2) Video-recorded instruction, interactive material, online training, and books.

(3) Other written or visual materials approved by organizations or individuals with expertise in medication management.
(g) Residential care facilities for the elderly licensed to provide care for 16 or more persons shall maintain documentation that demonstrates that a consultant pharmacist or nurse has reviewed the facility’s medication management program and procedures at least twice a year.

(h) Nothing in this section authorizes unlicensed personnel to directly administer medications.

SEC. 5. Section 1569.62 of the Health and Safety Code is amended to read:

1569.62. (a) The director shall ensure that licensees, administrators, and staffs of residential care facilities for the elderly have appropriate training to provide the care and services for which a license or certificate is issued.

(b) The department shall develop jointly with the Department of Aging, with input from provider organizations, requirements for a uniform core of knowledge within the required 20 hours of continuing education for administrators, and their designated substitutes, and for recertification of administrators of residential care facilities for the elderly. This knowledge base shall include, as a minimum, basic understanding of the psychosocial and physical care needs of elderly persons and administration. The department shall develop jointly with the Department of Aging, with input from provider organizations, a uniform resident assessment tool to be used by all residential care facilities for the elderly. The assessment tool shall, in lay terms, help to identify resident needs for service and assistance with activities of daily living.

The departments shall develop a mandatory training program on the utilization of the assessment tool to be given to administrators and their designated substitutes.

(c) This section shall remain in effect only until January 1, 2016, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2016, deletes or extends that date.

SEC. 6. Section 1569.62 is added to the Health and Safety Code, to read:

1569.62. (a) The director shall ensure that licensees, administrators, and staff of residential care facilities for the elderly have appropriate training to provide the care and services for which a license or certificate is issued.
(b) The department shall develop jointly with the California Department of Aging requirements for a uniform core of knowledge for the required initial certification and continuing education for administrators, and their designated substitutes, and for recertification of administrators of residential care facilities for the elderly. This knowledge base shall include, as a minimum, basic understanding of the psychosocial and physical care needs of elderly persons, applicable laws and regulations, residents’ rights, and administration. This training shall be developed in consultation with individuals or organizations with specific expertise in residential care facilities for the elderly or assisted living services, or by an outside source with expertise in residential care facilities for the elderly or assisted living services.

(1) The initial certification training for administrators shall consist of at least 100 hours.

(2) The continuing education requirement for administrators is at least 60 hours of training during each two-year certification period.

(c) (1) The department shall develop a uniform resident assessment tool to be used by all residential care facilities for the elderly. The assessment tool shall, in lay terms, help to identify resident needs for service and assistance with activities of daily living.

(2) The departments shall develop a mandatory training program on the utilization of the assessment tool to be given to administrators and their designated substitutes.

(d) This section shall become operative on January 1, 2016.

SEC. 7. Section 1569.625 of the Health and Safety Code is amended to read:

1569.625. (a) The Legislature finds that the quality of services provided to residents of residential care facilities for the elderly is dependent upon the training and skills of staff. It is the intent of the Legislature in enacting this section to ensure that direct-care staff have the knowledge and proficiency to carry out the tasks of their jobs.

(b) The department shall adopt regulations to require staff members of residential care facilities for the elderly who assist residents with personal activities of daily living to receive appropriate training. This training shall consist of 10 hours of training within the first four weeks of employment and four hours
annually thereafter. This training shall be administered on the job, or in a classroom setting, or any combination of the two. The department shall establish, in consultation with provider organizations, the subject matter required for this training.

(c) The training shall include, but not be limited to, the following:

1. Physical limitations and needs of the elderly.
2. Importance and techniques for personal care services.
3. Residents’ rights.
4. Policies and procedures regarding medications.
5. Psychosocial needs of the elderly.

(d) This section shall remain in effect only until January 1, 2016, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2016, deletes or extends that date.

SEC. 8. Section 1569.625 is added to the Health and Safety Code, to read:

1569.625. (a) The Legislature finds that the quality of services provided to residents of residential care facilities for the elderly is dependent upon the training and skills of staff.

(b) The current training requirements for staff of residential care facilities for the elderly are insufficient to meet the range of care needs of the residents of those facilities. It is the intent of the Legislature in enacting this section to ensure that direct care staff have the knowledge and proficiency to carry out the tasks of their jobs.

(c) The department shall adopt regulations to require staff members of residential care facilities for the elderly who assist residents with personal activities of daily living to receive appropriate training. This training shall consist of 40 hours of training within the first four weeks of employment, at least 24 hours of which shall be completed prior to providing direct care to residents, and 20 hours annually thereafter. This training shall be administered on the job, or in a classroom setting, or any combination of the two. The department shall establish the subject matter required for this training. This training shall be developed in consultation with individuals or organizations with specific expertise in residential care facilities for the elderly or assisted living services, or by an outside source with expertise in residential care facilities for the elderly or assisted living services, as defined in Section 1771.
(d) The training shall include, but not be limited to, the following:

(1) Physical limitations and needs of the elderly.
(2) Importance and techniques for personal care services.
(3) Residents’ rights.
(4) Policies and procedures regarding medications.
(5) Use, misuse, and interaction of drugs commonly used by the elderly, and the adverse effects of psychotropic drugs for use in controlling the behavior of persons with dementia.
(6) The special needs of persons with Alzheimer’s disease and dementia, including nonpharmacologic person-centered approaches to dementia care.
(7) Psychosocial needs of the elderly.
(8) This subdivision shall not apply to certified nurse assistants, certified pursuant to Section 1337.2, except that certified nurse assistants with valid certification shall receive eight hours of training prior to providing direct care to residents, on resident characteristics, resident records, and facility practices and procedures.

(e) This section shall become operative on January 1, 2016.

SEC. 9. Section 1569.626 of the Health and Safety Code is amended to read:

1569.626. All residential care facilities for the elderly that advertise or promote special care, special programming, or a special environment for persons with dementia, in addition to complying with the training requirements described in Section 1569.625, shall meet the following training requirements for all direct care staff:

(a) Six hours of resident care orientation within the first four weeks of employment. All six hours shall be devoted to the care of persons with dementia. The facility may utilize various methods of instruction including, but not limited to, preceptorship, mentoring, and other forms of observation and demonstration. The orientation time shall be exclusive of any administrative instruction.

(b) Eight hours of in-service training per year on the subject of serving residents with dementia. This training shall be developed in consultation with individuals or organizations with specific expertise in dementia care or by an outside source with expertise in dementia care. In formulating and providing this training, reference may be made to written materials and literature on dementia and the care and treatment of persons with dementia.
This training requirement may be satisfied in one day or over a period of time. This training requirement may be provided at the facility or offsite and may include a combination of observation and practical application.

(c) This section shall remain in effect only until January 1, 2016, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2016, deletes or extends that date.

SEC. 10. Section 1569.626 is added to the Health and Safety Code, to read:

1569.626. All residential care facilities for the elderly that advertise or promote special care, special programming, or a special environment for persons with dementia, in addition to complying with the training requirements described in Section 1569.625, shall meet the following training requirements for all direct care staff:

(a) Fifteen hours of resident care orientation prior to providing direct care to residents. All 15 hours shall be devoted to the care of persons with dementia. The facility may utilize various methods of instruction including, but not limited to, preceptorship, mentoring, and other forms of observation and demonstration. The orientation time shall be exclusive of any administrative instruction.

(b) Twelve hours of in-service training per year on the subject of providing care and supervision to residents with dementia. This training shall be developed in consultation with individuals or organizations with specific expertise in dementia care or by an outside source with expertise in dementia care. In formulating and providing this training, reference may be made to written materials and literature on dementia and the care and treatment of persons with dementia. This training requirement may be provided at the facility or offsite and may include a combination of observation and practical application.

(c) This section shall become operative on January 1, 2016.

SEC. 11. Section 1569.69 of the Health and Safety Code is amended to read:

1569.69. (a) Each residential care facility for the elderly licensed under this chapter shall ensure that each employee of the facility who assists residents with the self-administration of medications meets the following training requirements:
(1) In facilities licensed to provide care for 16 or more persons, the employee shall complete 16 hours of initial training. This training shall consist of eight hours of hands-on shadowing training, which shall be completed prior to assisting with the self-administration of medications, and eight hours of other training or instruction, as described in subdivision (f), which shall be completed within the first two weeks of employment.

(2) In facilities licensed to provide care for 15 or fewer persons, the employee shall complete six hours of initial training. This training shall consist of two hours of hands-on shadowing training, which shall be completed prior to assisting with the self-administration of medications, and four hours of other training or instruction, as described in subdivision (f), which shall be completed within the first two weeks of employment.

(3) An employee shall be required to complete the training requirements for hands-on shadowing training described in this subdivision prior to assisting any resident in the self-administration of medications. The training and instruction described in this subdivision shall be completed, in their entirety, within the first two weeks of employment.

(4) The training shall cover all of the following areas:
   (A) The role, responsibilities, and limitations of staff who assist residents with the self-administration of medication, including tasks limited to licensed medical professionals.
   (B) An explanation of the terminology specific to medication assistance.
   (C) An explanation of the different types of medication orders: prescription, over-the-counter, controlled, and other medications.
   (D) An explanation of the basic rules and precautions of medication assistance.
   (E) Information on medication forms and routes for medication taken by residents.
   (F) A description of procedures for providing assistance with the self-administration of medications in and out of the facility, and information on the medication documentation system used in the facility.
   (G) An explanation of guidelines for the proper storage, security, and documentation of centrally stored medications.
   (H) A description of the processes used for medication ordering, refills, and the receipt of medications from the pharmacy.
(I) An explanation of medication side effects, adverse reactions, and errors.

(5) To complete the training requirements set forth in this subdivision, each employee shall pass an examination that tests the employee’s comprehension of, and competency in, the subjects listed in paragraph (4).

(6) Residential care facilities for the elderly shall encourage pharmacists and licensed medical professionals to use plain English when preparing labels on medications supplied to residents. As used in this section, “plain English” means that no abbreviations, symbols, or Latin medical terms shall be used in the instructions for the self-administration of medication.

(7) The training requirements of this section are not intended to replace or supplant those required of all staff members who assist residents with personal activities of daily living as set forth in Section 1569.625.

(8) The training requirements of this section shall be repeated if either of the following occurs:

(A) An employee returns to work for the same licensee after a break of service of more than 180 consecutive calendar days.

(B) An employee goes to work for another licensee in a facility in which he or she assists residents with the self-administration of medication.

(b) Each employee who received training and passed the examination required in paragraph (5) of subdivision (a), and who continues to assist with the self-administration of medicines, shall also complete four hours of in-service training on medication-related issues in each succeeding 12-month period.

(c) The requirements set forth in subdivisions (a) and (b) do not apply to persons who are licensed medical professionals.

(d) Each residential care facility for the elderly that provides employee training under this section shall use the training material and the accompanying examination that are developed by, or in consultation with, a licensed nurse, pharmacist, or physician. The licensed residential care facility for the elderly shall maintain the following documentation for each medical consultant used to develop the training:

(1) The name, address, and telephone number of the consultant.

(2) The date when consultation was provided.
(3) The consultant’s organization affiliation, if any, and any educational and professional qualifications specific to medication management.

(4) The training topics for which consultation was provided.

(e) Each person who provides employee training under this section shall meet the following education and experience requirements:

1. A minimum of five hours of initial, or certified continuing, education or three semester units, or the equivalent, from an accredited educational institution, on topics relevant to medication management.

2. The person shall meet any of the following practical experience or licensure requirements:

   (A) Two years of full-time experience, within the last four years, as a consultant with expertise in medication management in areas covered by the training described in subdivision (a).

   (B) Two years of full-time experience, or the equivalent, within the last four years, as an administrator for a residential care facility for the elderly, during which time the individual has acted in substantial compliance with applicable regulations.

   (C) Two years of full-time experience, or the equivalent, within the last four years, as a direct care provider assisting with the self-administration of medications for a residential care facility for the elderly, during which time the individual has acted in substantial compliance with applicable regulations.

   (D) Possession of a license as a medical professional.

(3) The licensed residential care facility for the elderly shall maintain the following documentation on each person who provides employee training under this section:

   (A) The person’s name, address, and telephone number.

   (B) Information on the topics or subject matter covered in the training.

   (C) The time, dates, and hours of training provided.

(f) Other training or instruction, as required in paragraphs (1) and (2) of subdivision (a), may be provided offsite, and may use various methods of instruction, including, but not limited to, all of the following:

   (1) Lectures by presenters who are knowledgeable about medication management.
(2) Video recorded instruction, interactive material, online training, and books.

(3) Other written or visual materials approved by organizations or individuals with expertise in medication management.

(g) Residential care facilities for the elderly licensed to provide care for 16 or more persons shall maintain documentation that demonstrates that a consultant pharmacist or nurse has reviewed the facility’s medication management program and procedures at least twice a year.

(h) Nothing in this section authorizes unlicensed personnel to directly administer medications.

(i) This section shall remain in effect only until January 1, 2016, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2016, deletes or extends that date.

SEC. 12. Section 1569.69 is added to the Health and Safety Code, to read:

1569.69. (a) Each residential care facility for the elderly licensed under this chapter shall ensure that each employee of the facility who assists residents with the self-administration of medications meets all of the following training requirements:

(1) In facilities licensed to provide care for 16 or more persons, the employee shall complete 32 hours of initial training. This training shall consist of 12 hours of hands-on shadowing training, which shall be completed prior to assisting with the self-administration of medications, and 20 hours of other training or instruction, as described in subdivision (f), which shall be completed within the first four weeks of employment.

(2) In facilities licensed to provide care for 15 or fewer persons, the employee shall complete 16 hours of initial training. This training shall consist of eight hours of hands-on shadowing training, which shall be completed prior to assisting with the self-administration of medications, and eight hours of other training or instruction, as described in subdivision (f), which shall be completed within the first two weeks of employment.

(3) An employee shall be required to complete the training requirements for hands-on shadowing training described in this subdivision prior to assisting any resident in the self-administration of medications. The training and instruction described in this subdivision shall be completed, in their entirety, within the first two weeks of employment.
The training shall cover all of the following areas:

(A) The role, responsibilities, and limitations of staff who assist residents with the self-administration of medication, including tasks limited to licensed medical professionals.

(B) An explanation of the terminology specific to medication assistance.

(C) An explanation of the different types of medication orders: prescription, over-the-counter, controlled, and other medications.

(D) An explanation of the basic rules and precautions of medication assistance.

(E) Information on medication forms and routes for medication taken by residents.

(F) A description of procedures for providing assistance with the self-administration of medications in and out of the facility, and information on the medication documentation system used in the facility.

(G) An explanation of guidelines for the proper storage, security, and documentation of centrally stored medications.

(H) A description of the processes used for medication ordering, refills, and the receipt of medications from the pharmacy.

(I) An explanation of medication side effects, adverse reactions, errors, the adverse effects of psychotropic drugs for use in controlling the behavior of persons with dementia, and the increased risk of death when elderly residents with dementia are given antipsychotic medications.

(5) To complete the training requirements set forth in this subdivision, each employee shall pass an examination that tests the employee’s comprehension of, and competency in, the subjects listed in paragraph (4).

(6) Residential care facilities for the elderly shall encourage pharmacists and licensed medical professionals to use plain English when preparing labels on medications supplied to residents. As used in this section, “plain English” means that no abbreviations, symbols, or Latin medical terms shall be used in the instructions for the self-administration of medication.

(7) The training requirements of this section are not intended to replace or supplant those required of all staff members who assist residents with personal activities of daily living as set forth in Sections 1569.625 and 1569.696.
(8) The training requirements of this section shall be repeated if either of the following occur:

(A) An employee returns to work for the same licensee after a break of service of more than 180 consecutive calendar days.

(B) An employee goes to work for another licensee in a facility in which he or she assists residents with the self-administration of medication.

(b) Each employee who received training and passed the examination required in paragraph (5) of subdivision (a), and who continues to assist with the self-administration of medicines, shall also complete eight hours of in-service training on medication-related issues in each succeeding 12-month period.

(c) The requirements set forth in subdivisions (a) and (b) do not apply to persons who are licensed medical professionals.

(d) Each residential care facility for the elderly that provides employee training under this section shall use the training material and the accompanying examination that are developed by, or in consultation with, a licensed nurse, pharmacist, or physician. The licensed residential care facility for the elderly shall maintain the following documentation for each medical consultant used to develop the training:

1. The name, address, and telephone number of the consultant.
2. The date when consultation was provided.
3. The consultant's organization affiliation, if any, and any educational and professional qualifications specific to medication management.
4. The training topics for which consultation was provided.

(e) Each person who provides employee training under this section shall meet the following education and experience requirements:

1. A minimum of five hours of initial, or certified continuing, education or three semester units, or the equivalent, from an accredited educational institution, on topics relevant to medication management.
2. The person shall meet any of the following practical experience or licensure requirements:
3. (A) Two years of full-time experience, within the last four years, as a consultant with expertise in medication management in areas covered by the training described in subdivision (a).
(B) Two years of full-time experience, or the equivalent, within the last four years, as an administrator for a residential care facility for the elderly, during which time the individual has acted in substantial compliance with applicable regulations.

(C) Two years of full-time experience, or the equivalent, within the last four years, as a direct care provider assisting with the self-administration of medications for a residential care facility for the elderly, during which time the individual has acted in substantial compliance with applicable regulations.

(D) Possession of a license as a medical professional.

(3) The licensed residential care facility for the elderly shall maintain the following documentation on each person who provides employee training under this section:

(A) The person’s name, address, and telephone number.

(B) Information on the topics or subject matter covered in the training.

(C) The times, dates, and hours of training provided.

(f) Other training or instruction, as required in paragraphs (1) and (2) of subdivision (a), may be provided offsite, and may use various methods of instruction, including, but not limited to, all of the following:

(1) Lectures by presenters who are knowledgeable about medication management.

(2) Video recorded instruction, interactive material, online training, and books.

(3) Other written or visual materials approved by organizations or individuals with expertise in medication management.

(g) Residential care facilities for the elderly licensed to provide care for 16 or more persons shall maintain documentation that demonstrates that a consultant pharmacist or nurse has reviewed the facility’s medication management program and procedures at least twice a year.

(h) Nothing in this section authorizes unlicensed personnel to directly administer medications.

(i) This section shall become operative on January 1, 2016.

SEC. 8. SEC. 13. Section 1569.696 is added to the Health and Safety Code, to read:

1569.696. (a) All residential care facilities for the elderly that serve residents with postural supports, as described in Section
87608 of Title 22 of the California Code of Regulations, or restricted health conditions or health services, as described in Section 87612 of Title 22 of the California Code of Regulations, or who receive hospice services, as described in Section 87633 of Title 22 of the California Code of Regulations, in addition to complying with the training requirements in Section 1569.625, shall meet the following training requirements for all direct care staff:

(1) Fifteen hours of training on the care, supervision, and special needs of those residents, prior to providing direct care to residents. The facility may utilize various methods of instruction, including, but not limited to, preceptorship, mentoring, and other forms of observation and demonstration. The orientation time shall be exclusive of any administrative instruction.

(2) Twelve hours thereafter of in-service training per year on the subject of serving those residents.

(b) This training shall be developed in consultation with individuals or organizations with specific expertise in the care of those residents described in subdivision (a). In formulating and providing this training, reference may be made to written materials and literature. This training requirement may be provided at the facility or offsite and may include a combination of observation and practical application.

(c) This section shall become operative on January 1, 2016.

SEC. 9.

SEC. 14. No reimbursement is required by this act pursuant to Section 6 of Article XIX B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIX B of the California Constitution.
AUTHOR: Lara  BILL NUMBER: SB 1159
SPONSOR: Lara  BILL STATUS: Assembly Committee on Business, Professions and Consumer Protection
SUBJECT: Professions and vocations: license applicants: federal tax identification number  DATE LAST AMENDED: April 7, 2014

SUMMARY:
As amended 4/7:
Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs, among other licensing bodies. Existing law requires those licensing bodies to require a licensee, at the time of issuance of the license, to provide its federal employer identification number, if the licensee is a partnership, or his or her social security number for all other licensees. Existing law requires those licensing bodies to report to the Franchise Tax Board any licensee who fails to provide the federal employer identification number or social security number, and subjects the licensee to a penalty for failing to provide the information after notification, as specified.

ANALYSIS:
As introduced in March, the subject of this bill was Professions and vocations: license suspension or restriction. As amended in April, the new subject is referenced, above.

Amended analysis as of 4/7:
This bill would those licensing bodies to require an applicant other than a partnership to provide either a federal tax identification number or social security number, if one has been issued to the applicant, and would require the licensing bodies to report to the Franchise Tax Board, and subject a licensee to a penalty, for failure to provide that information, as described above.

BOARD POSITION: Not previously considered.

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Watch (May 7, 2014)

SUPPORT:
ACLU
California Immigrant Policy Center
Coalition for Humane Immigrant Rights of Los Angeles
Educators for Fair Consideration
Pre-Health Dreamers

**OPPOSE:** None on file.
An act to amend Section 49430 of the Business and Professions Code, and to amend Section 19528 of the Revenue and Taxation Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

SB 1159, as amended, Lara. Professions and vocations: license suspension or restriction: applicants: federal tax identification number.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs, among other entities licensing bodies. Existing law authorizes a board or an administrative law judge to, upon petition, issue an interim order suspending a licensee or imposing license restrictions if the petition demonstrates that the licensee has engaged in specified violations of law or has been convicted of a crime related to the licensed activity and permitting the licensee to continue to practice would endanger the public.

This bill would make technical, nonsubstantive changes to that provision.
than a partnership to provide either a federal tax identification number or social security number, if one has been issued to the applicant, and would require the licensing bodies to report to the Franchise Tax Board, and subject a licensee to a penalty, for failure to provide that information, as described above. The bill would make other conforming changes.


The people of the State of California do enact as follows:

SECTION 1. Section 30 of the Business and Professions Code is amended to read:

30. (a) Notwithstanding any other law, any board, as defined in Section 22, and the State Bar and the Bureau of Real Estate shall at the time of issuance of the an initial or renewal license require that the—licensee applicant provide its federal employer identification number, if the licensee applicant is a partnership, or his or her the applicant’s federal taxpayer identification number or social security number, if one has been issued, for all others other applicants.

(b) Any—licensee applicant failing to provide the federal employer identification number, or the federal taxpayer identification number or social security number, if one has been issued to the individual, shall be reported by the licensing board to the Franchise Tax Board and, if failing Board. If the applicant fails to provide that information after notification pursuant to paragraph (1) of subdivision (b) of Section 19528 of the Revenue and Taxation Code, the applicant shall be subject to the penalty provided in paragraph (2) of subdivision (b) of Section 19528 of the Revenue and Taxation Code.

(c) In addition to the penalty specified in subdivision (b), a licensing board may not process an application for an original initial license unless the applicant—licensee provides its federal employer identification number, or federal taxpayer identification number or social security number, if one has been issued to the individual, where requested on the application.

(d) A licensing board shall, upon request of the Franchise Tax Board, furnish to the Franchise Tax Board the following information with respect to every licensee:
(1) Name.
(2) Address or addresses of record.
(3) Federal employer identification number if the entity (licensee) is a partnership, or the licensee’s federal taxpayer identification number or social security number, if one has been issued to the individual, for all others other licensees.
(4) Type of license.
(5) Effective date of license or a renewal.
(6) Expiration date of license.
(7) Whether license is active or inactive, if known.
(8) Whether license is new or a renewal.
(e) For the purposes of this section:
(1) “Licensee” means any a person or entity, other than a corporation, authorized by a license, certificate, registration, or other means to engage in a business or profession regulated by this code or referred to in Section 1000 or 3600.
(2) “License” includes a certificate, registration, or any other authorization needed to engage in a business or profession regulated by this code or referred to in Section 1000 or 3600.
(3) “Licensing board” means any board, as defined in Section 22, the State Bar, and the Bureau of Real Estate.
(f) The reports required under this section shall be filed on magnetic media or in other machine-readable form, according to standards furnished by the Franchise Tax Board.
(g) Licensing boards shall provide to the Franchise Tax Board the information required by this section at a time that the Franchise Tax Board may require.
(h) Notwithstanding Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code, the social security number and a federal employer identification number, federal taxpayer identification number, or social security number furnished pursuant to this section shall not be deemed to be a public record and shall not be open to the public for inspection.
(i) Any deputy, agent, clerk, officer, or employee of any licensing board described in subdivision (a), or any former officer or employee or other individual who in the course of his or her employment or duty has or has had access to the information required to be furnished under this section, may not disclose or make known in any manner that information, except as provided
in this section to the Franchise Tax Board or as provided in subdivision (k).

(j) It is the intent of the Legislature in enacting this section to utilize the social security account number or federal employer identification number, federal taxpayer identification number, or social security number for the purpose of establishing the identification of persons affected by state tax laws and for purposes of compliance with Section 17520 of the Family Code and, to that end, the information furnished pursuant to this section shall be used exclusively for those purposes.

(k) If the board utilizes a national examination to issue a license, and if a reciprocity agreement or comity exists between the State of California and the state requesting release of the federal taxpayer identification number or social security number, any deputy, agent, clerk, officer, or employee of any licensing board described in subdivision (a) may release a federal taxpayer identification number or social security number to an examination or licensing entity, only for the purpose of verification of licensure or examination status.

(l) For the purposes of enforcement of Section 17520 of the Family Code, and notwithstanding any other provision of law, any board, as defined in Section 22, and the State Bar and the Bureau of Real Estate shall at the time of issuance of the license require that each licensee provide the federal taxpayer identification number or social security number, if any has been issued to the licensee, of each individual listed on the license and any person who qualifies the license. For the purposes of this subdivision, “licensee” means any entity that is issued a license by any board, as defined in Section 22, the State Bar, the Bureau of Real Estate, and the Department of Motor Vehicles.

SEC. 2. Section 19528 of the Revenue and Taxation Code is amended to read:

19528. (a) Notwithstanding any other provision of law, the Franchise Tax Board may require any board, as defined in Section 22 of the Business and Professions Code, and the State Bar, the Bureau of Real Estate, and the Insurance Commissioner (hereinafter referred to as licensing board) to provide to the Franchise Tax Board the following information with respect to every licensee:

(1) Name.
(2) Address or addresses of record.
(3) Federal employer identification number (if the entity is a partnership) or social security number (for all others), if the licensee is a partnership, or the licensee’s federal taxpayer identification number or social security number, if any has been issued, of all other licensees.

(4) Type of license.

(5) Effective date of license or renewal.

(6) Expiration date of license.

(7) Whether license is active or inactive, if known.

(8) Whether license is new or renewal.

(b) The Franchise Tax Board may do the following:

(1) Send a notice to any licensee failing to provide the federal employer identification number, federal taxpayer identification number, or social security number as required by subdivision (a) of Section 30 of the Business and Professions Code and subdivision (a) of Section 1666.5 of the Insurance Code, describing the information that was missing, the penalty associated with not providing it, and that failure to provide the information within 30 days will result in the assessment of the penalty.

(2) After 30 days following the issuance of the notice described in paragraph (1), assess a one hundred dollar ($100) penalty, due and payable upon notice and demand, for any licensee failing to provide either its federal employer identification number (if the licensee is a partnership) or his or her social security number (for all others) as required in Section 30 of the Business and Professions Code and Section 1666.5 of the Insurance Code.

(c) Notwithstanding Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code, the information furnished to the Franchise Tax Board pursuant to Section 30 of the Business and Professions Code or Section 1666.5 of the Insurance Code shall not be deemed to be a public record and shall not be open to the public for inspection.

SECTION 1. Section 494 of the Business and Professions Code is amended to read:

494. (a) A board or an administrative law judge sitting alone, as provided in subdivision (h), may, upon petition, issue an interim order suspending a licensee or imposing license restrictions, including, but not limited to, mandatory biological fluid testing, supervision, or remedial training. The petition shall include
affidavits that demonstrate, to the satisfaction of the board, both
of the following:

(1) The licensee has engaged in acts or omissions constituting
a violation of this code or has been convicted of a crime
substantially related to the licensed activity.

(2) Permitting the licensee to continue to engage in the licensed
activity, or permitting the licensee to continue in the licensed
activity without restrictions, would endanger the public health,
safety, or welfare.

(b) An interim order provided for in this section shall not be
issued without notice to the licensee unless it appears from the
petition and supporting documents that serious injury would result
to the public before the matter could be heard on notice.

(c) Except as provided in subdivision (b), the licensee shall be
given at least 15 days’ notice of the hearing on the petition for an
interim order. The notice shall include documents submitted to the
board in support of the petition. If the order was initially issued
without notice as provided in subdivision (b), the licensee shall be
entitled to a hearing on the petition within 20 days of the issuance
of the interim order without notice. The licensee shall be given
notice of the hearing within two days after issuance of the initial
interim order, and shall receive all documents in support of the
petition. The failure of the board to provide a hearing within 20
days following the issuance of the interim order without notice,
unless the licensee waives his or her right to the hearing, shall
result in the dissolution of the interim order by operation of law.

(d) At the hearing on the petition for an interim order, the
licensee may do all of the following:

(1) Be represented by counsel.

(2) Have a record made of the proceedings, copies of which
shall be available to the licensee upon payment of costs computed
in accordance with the provisions for transcript costs for judicial
review contained in Section 11523 of the Government Code.

(3) Present affidavits and other documentary evidence.

(4) Present oral argument.

(e) The board, or an administrative law judge sitting alone as
provided in subdivision (h), shall issue a decision on the petition
for interim order within five business days following submission
of the matter. The standard of proof required to obtain an interim
order pursuant to this section shall be a preponderance of the
evidence standard. If the interim order was previously issued
without notice, the board shall determine whether the order shall
remain in effect, be dissolved, or modified.

(f) The board shall file an accusation within 15 days of the
issuance of an interim order. In the case of an interim order issued
without notice, the time shall run from the date of the order issued
after the noticed hearing. If the licensee files a Notice of Defense;
the hearing shall be held within 30 days of the agency’s receipt of
the Notice of Defense. A decision shall be rendered on the
accusation no later than 30 days after submission of the matter.

Failure to comply with any of the requirements of this subdivision
shall dissolve the interim order by operation of law:

(g) Interim orders shall be subject to judicial review pursuant
to Section 1094.5 of the Code of Civil Procedure and shall be heard
only in the superior court in and for the Counties of Sacramento;
San Francisco, Los Angeles, or San Diego. The review of an
interim order shall be limited to a determination of whether the
board abused its discretion in the issuance of the interim order.
Abuse of discretion is established if the respondent board has not
proceeded in the manner required by law, or if the court determines
that the interim order is not supported by substantial evidence in
light of the whole record:

(h) The board may, in its sole discretion, delegate the hearing
on a petition for an interim order to an administrative law judge
in the Office of Administrative Hearings. If the board hears the
noticed petition itself, an administrative law judge shall preside at
the hearing, rule on the admission and exclusion of evidence, and
advise the board on matters of law. The board shall exercise all
other powers relating to the conduct of the hearing but may
delegate any or all of them to the administrative law judge. When
the petition has been delegated to an administrative law judge, he
or she shall sit alone and exercise all of the powers of the board
relating to the conduct of the hearing. A decision issued by an
administrative law judge sitting alone shall be final when it is filed
with the board. If the administrative law judge issues an interim
order without notice, he or she shall preside at the noticed hearing;
unless unavailable, in which case another administrative law judge
may hear the matter. The decision of the administrative law judge
sitting alone on the petition for an interim order is final, subject
eonly to judicial review in accordance with subdivision (g):
(i) Failure to comply with an interim order issued pursuant to subdivision (a) or (b) shall constitute a separate cause for disciplinary action against a licensee, and may be heard at, and as a part of, the noticed hearing provided for in subdivision (f). Allegations of noncompliance with the interim order may be filed at any time prior to the rendering of a decision on the accusation. Violation of the interim order is established upon proof that the licensee was on notice of the interim order and its terms, and that the order was in effect at the time of the violation. The finding of a violation of an interim order made at the hearing on the accusation shall be reviewed as a part of any review of a final decision of the agency.

If the interim order issued by the agency provides for anything less than a complete suspension of the licensee from his or her business or profession, and the licensee violates the interim order prior to the hearing on the accusation provided for in subdivision (f), the agency may, upon notice to the licensee and proof of violation, modify or expand the interim order.

(j) A plea or verdict of guilty or a conviction after a plea of nolo contendere is deemed to be a conviction within the meaning of this section. A certified record of the conviction shall be conclusive evidence of the fact that the conviction occurred. A board may take action under this section notwithstanding the fact that an appeal of the conviction may be taken.

(k) The interim orders provided for by this section shall be in addition to, and not a limitation on, the authority to seek injunctive relief provided in any other provision of law.

(l) In the case of a board, a petition for an interim order may be filed by the executive officer. In the case of a bureau or program, a petition may be filed by the chief or program administrator, as the case may be.

(m) "Board," as used in this section, shall include any agency described in Section 22, and any allied health agency within the jurisdiction of the Medical Board of California. Board shall also include the Osteopathic Medical Board of California and the State Board of Chiropractic Examiners. The provisions of this section shall not apply to the Medical Board of California, the Board of Podiatric Medicine, or the State Athletic Commission.
### SUMMARY:
As introduced in February, the subject of this bill was Pupil health: school health services. As amended April 4, the subject became that referenced, above.

Existing law requires the governing board of a school district to give diligent care to the health and physical development of pupils, and authorizes the governing board of a school district to employ properly certified persons for the work. Existing law authorizes a school nurse, subject to approval by the governing board of the school district, to perform various pupil health services, including, among others, evaluating the health and developmental status of pupils, and designing and implementing health maintenance plans to meet the individual health needs of pupils.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law provides for the reimbursement of claims and the resolution of claim and coverage disputes, as specified. Existing law requires a health care service plan to reimburse providers for emergency services and care provided to its enrollees until the care results in stabilization of the enrollee and also requires group plans to authorize and permit assignment of the enrollee’s right to reimbursement for covered health care services to the State Department of Health Care Services when services are provided to a Medi-Cal beneficiary. Existing law provides for the direct payment of group insurance medical benefits by a health insurer to the person or persons furnishing or paying for hospitalization or medical or surgical aid or, in the case of a Medi-Cal beneficiary, to the State Department of Health Care Services, as specified. Existing law provides that specified services provided by a local educational agency are covered Medi-Cal benefits and authorizes providers to bill for those services.

### ANALYSIS:
This bill, on and after July 1, 2016, would require the governing board of a school district that is eligible for concentration funding pursuant to the provisions of the local control funding formula to employ at least one school nurse as a supervisor of health, and would require a supervisor of health to supervise other school nurses, registered nurses, or other licensed vocational nurses employed by a school district and, if applicable, a nurse of a county office of education under contract, as provided. The bill would require the governing board of a school district to consider specified

| AUTHOR: | Wolk | BILL NUMBER: | SB 1239 |
| SPONSOR: | Wolk | BILL STATUS: | Committee on Appropriations |
| SUBJECT: | Pupil health care services: school nurses | DATE LAST AMENDED: | April 21, 2014 |
factors in determining the number of nurses to be supervised by the supervisor of health, including, among others, the acuity of pupil health care needs.

This bill would require a health care service plan or health insurer to reimburse a school district for the health care services provided by a school nurse, registered nurse, or licensed vocational nurse employed by, or under contract with, a school district to an enrollee or insured that would otherwise be covered by the enrollee’s plan contract or the insured’s health insurance policy and would authorize the school district to submit a claim to a health care service plan or health insurer for reimbursement of the cost of those services. Because a willful violation of the bill’s requirements with respect to health care service plans would be a crime, the bill would impose a state-mandated local program.

Amended analysis as of 4/21:
This bill would authorize the governing board of a school district to bill a pupil’s health insurer, or the Medi-Cal program pursuant to a specified provision, or both, for the cost of health care services provided to the pupil. This bill provides that any nurses hired pursuant to this section shall supplement, and not supplant, existing employees of the school district. This bill would delete the amendments of April 4 to the Health and Safety Code and the Insurance Code related to reimbursement.

BOARD POSITION: Not previously considered.

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Watch (May 7, 2014)

SUPPORT:
American Nurses Association\California
Breathe California
California Nurses Association
California School Nurses Organization
California School Nurses Organization- Bay Coast Chapter
Los Angeles County Office of Education School Nurses
Manteca Unified School District, Health Services Department
Marin County Office of Education
Marin School Nurse Organization
San Joaquin County Office of Education
Several Individuals

OPPOSE:
Association of California Life & Health Insurance Companies (unless amended)
California Association of Health Plans (unless amended)
An act to add Sections 49404 and 49428 to the Education Code, to add Section 1371.34 to the Health and Safety Code, and to add Section 10133.68 to the Insurance Code, relating to pupil health care services.

LEGISLATIVE COUNSEL’S DIGEST

SB 1239, as amended, Wolk. Pupil health care services: school nurses. (1) Existing law requires the governing board of a school district to give diligent care to the health and physical development of pupils, and authorizes the governing board of a school district to employ properly certified persons for the work. Existing law authorizes a school nurse, subject to approval by the governing board of the school district, to perform various pupil health services, including, among others, evaluating the health and developmental status of pupils, and designing and implementing health maintenance plans to meet the individual health needs of pupils.

This bill, on and after July 1, 2016, would require the governing board of a school district that is eligible for concentration funding pursuant to the provisions of the local control funding formula to employ at least one school nurse as a supervisor of health, and would require a supervisor of health to supervise other school nurses, registered nurses, or other licensed vocational nurses employed by a school district and, if applicable, a nurse of a county office of education under contract, as provided. The bill would require the governing board of a school district
to consider specified factors in determining the number of nurses to be supervised by the supervisor of health, including, among others, the acuity of pupil health care needs. The bill would authorize the governing board of a school district to bill a pupil’s health insurer, or the Medi-Cal program pursuant to a specified provision, or both, for the cost of health care services provided to the pupil. Because the bill would require school districts to perform new duties, the bill would impose a state-mandated local program.

(2) Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law provides for the reimbursement of claims and the resolution of claim and coverage disputes, as specified. Existing law requires a health care service plan to reimburse providers for emergency services and care provided to its enrollees until the care results in stabilization of the enrollee and also requires group plans to authorize and permit assignment of the enrollee’s right to reimbursement for covered health care services to the State Department of Health Care Services when services are provided to a Medi-Cal beneficiary. Existing law provides for the direct payment of group insurance medical benefits by a health insurer to the person or persons furnishing or paying for hospitalization or medical or surgical aid or, in the case of a Medi-Cal beneficiary, to the State Department of Health Care Services, as specified. Existing law provides that specified services provided by a local educational agency are covered Medi-Cal benefits and authorizes providers to bill for those services.

This bill would require a health care service plan or health insurer to reimburse a school district for the health care services provided by a school nurse, registered nurse, or licensed vocational nurse employed by, or under contract with, a school district to an enrollee or insured that would otherwise be covered by the enrollee’s plan contract or the insured’s health insurance policy and would authorize the school district to submit a claim to a health care service plan or health insurer for reimbursement of the cost of those services. Because a willful violation of the bill’s requirements with respect to health care service plans would be a crime, the bill would impose a state-mandated local program.

(3) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.
This bill would provide that with regard to certain mandates no reimbursement is required by this act for a specified reason.

With regard to any other mandates, this bill would provide that, if the Commission on State Mandates determines that the bill contains costs so mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

(2) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.


The people of the State of California do enact as follows:

SECTION 1. (a) The Legislature finds and declares both of the following:

(1) The health needs of pupils are not being adequately met in California’s schools due to a lack of qualified health professionals employed by school districts who have access to local school campuses.

(2) Nurses are uniquely qualified to attend to the primary care of pupils suffering from chronic and acute health conditions.

(b) It is therefore the intent of the Legislature in enacting this act to ensure that a school district that is eligible for concentration funding under the local control funding formula employ at least one school nurse, in accordance with standards accepted by national professional nursing organizations: the National Association of School Nurses.

SEC. 2. Section 49404 is added to the Education Code, to read:

49404. The governing board of a school district may bill a pupil’s health insurer, or the Medi-Cal program pursuant to Section 14132.06 of the Welfare and Institutions Code, or both, for the cost of health care services provided to the pupil.

SEC. 2.

SEC. 3. Section 49428 is added to the Education Code, to read:
The governing board of a school district that is eligible to receive concentration funding under the local control funding formula pursuant to subdivision (f) of Section 42238.02 shall employ at least one school nurse as a supervisor of health. The supervisor of health shall supervise other school nurses, registered nurses, or licensed vocational nurses employed by the school district and, if applicable, a school nurse of a county office of education under contract pursuant to subdivision (d).

(b) The governing board of a school district shall consider the following factors in determining the number of nurses to be supervised by the supervisor of health:

(1) The acuity of pupil health care needs.

(2) The distance and travel time between schools under the supervision of the school nurse.

(3) The total healthy pupil population at each school site.

(c) A registered nurse or licensed vocational nurse shall provide health care services to pupils under the supervision of a school nurse.

(d) A school district may contract with a county office of education for the services of a school nurse employed by the county office of education.

(e) This section shall not apply to schools served by a school health center, as defined in Section 124174 of the Health and Safety Code. However, the Legislature encourages schools with a school health center to also employ a school nurse.

(f) For purposes of this section, the following definitions apply:

(1) “Licensed vocational nurse” means a licensed vocational nurse licensed under Chapter 6.5 (commencing with Section 2840) of Division 2 of the Business and Professions Code.

(2) “Registered nurse” means a registered nurse licensed under Chapter 6 (commencing with Section 2700) of Division 2 of the Business and Professions Code.

(3) “School nurse” has the same meaning as set forth in Section 49426.

(g) Any nurses hired pursuant to this section shall supplement, and not supplant, existing employees of the school district.

(h) This section shall be operative on July 1, 2016.

SEC. 3. Section 1371.34 is added to the Health and Safety Code, to read:
1371.34. A health care service plan shall reimburse a school district for the health care services provided by a school nurse, registered nurse, or licensed vocational nurse employed by, or under contract with, a school district, pursuant to Section 49428 of the Education Code, to an enrollee of the plan that would otherwise be covered by the enrollee’s plan contract. The school district may submit a claim to a health care service plan for reimbursement of the services described in this section. The enrollee shall not be responsible for any share of the cost of providing the services described in this section.

SEC. 4. Section 10133.68 is added to the Insurance Code, to read:

10133.68. A health insurer shall reimburse a school district for the health care services provided by a school nurse, registered nurse, or licensed vocational nurse employed by, or under contract with, a school district, pursuant to Section 49428 of the Education Code, to an insured of the insurer that would otherwise be covered by the insured’s policy of health insurance. The school district may submit a claim to a health insurer for reimbursement of the services described in this section. The insured shall not be responsible for any share of the cost of providing the services described in this section.

SEC. 5. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution for certain costs that may be incurred by a local agency or school district because, in that regard, this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

However, if the Commission on State Mandates determines that this act contains other costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code:

SEC. 4. If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made
pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.
SUMMARY:
Existing law regulates the operation of health facilities, including hospitals.

The California Occupational Safety and Health Act of 1973 imposes safety responsibilities on employers and employees, including the requirement that an employer establish, implement, and maintain an effective injury prevention program, and makes specified violations of these provisions a crime.

ANALYSIS:
This bill would require the Occupational Safety and Health Standards Board, no later than July 1, 2015, to adopt standards developed by the Division of Occupational Safety and Health that require specified types of hospitals, including a general acute care hospital or an acute psychiatric hospital, to adopt a workplace violence prevention plan as a part of the hospital’s injury and illness prevention plan to protect health care workers and other facility personnel from aggressive and violent behavior.

The bill would require the standards to include prescribed requirements for a plan.

The bill would require the division, by January 1, 2017, and annually thereafter, to post a report on its Internet Web site containing specified information regarding violent incidents at hospitals.

Amended analysis as of 5/27:
This bill would provide that this section shall not apply to a hospital operated by the State Department of State Hospitals, the State Department of Developmental Services, or the Department of Corrections and Rehabilitation.

BOARD POSITION: Not previously considered.

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Not previously considered.

SUPPORT:
California Nurses Association (source)
California Industrial Hygiene Council
Consumer Attorneys of California
LIUNA Locals 777 & 792
OPPOSE:
Association of California Healthcare Districts
California Hospital Association
An act to add Section 6401.8 to the Labor Code, relating to occupational safety and health.

LEGISLATIVE COUNSEL’S DIGEST

SB 1299, as amended, Padilla. Workplace violence prevention plans. Existing law regulates the operation of health facilities, including hospitals.

The California Occupational Safety and Health Act of 1973 imposes safety responsibilities on employers and employees, including the requirement that an employer establish, implement, and maintain an effective injury prevention program, and makes specified violations of these provisions a crime.

This bill would require the Occupational Safety and Health Standards Board, no later than July 1, 2015, to adopt standards developed by the Division of Occupational Safety and Health that require specified types of hospitals, including a general acute care hospital or an acute psychiatric hospital, to adopt a workplace violence prevention plan as a part of the hospital’s injury and illness prevention plan to protect health care workers and other facility personnel from aggressive and violent behavior. The bill would require the standards to include prescribed requirements for a plan. The bill would require the division, by January 1, 2017, and annually thereafter, to post a report on its Internet Web site containing specified information regarding violent
incidents at hospitals. The bill would exempt certain state-operated hospitals from these provisions.

Because this bill would expand the scope of a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.


The people of the State of California do enact as follows:

SECTION 1. Section 6401.8 is added to the Labor Code, to read:

6401.8. (a) The standards board, no later than July 1, 2015, shall adopt standards developed by the division that require a hospital licensed pursuant to subdivision (a), (b), or (f) of Section 1250 of the Health and Safety Code, except as exempted by subdivision (d), to adopt a workplace violence prevention plan as a part of its injury and illness prevention plan to protect health care workers and other facility personnel from aggressive and violent behavior.

(b) The standards adopted pursuant to subdivision (a) shall include all of the following:

(1) A requirement that the workplace violence prevention plan be in effect at all times in all patient care units, including inpatient and outpatient settings and clinics on the hospital’s license.

(2) A definition of workplace violence that includes, but is not limited to, both of the following:

(A) The use of physical force against a hospital employee by a patient or a person accompanying a patient that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee sustains an injury.

(B) An incident involving the use of a firearm or other dangerous weapon, regardless of whether the employee sustains an injury.

(3) A requirement that a workplace violence prevention plan include, but not be limited to, all of the following:
(A) Personnel education and training policies that require all
health care workers who provide direct care to patients to, at least
annually, receive education and training that is designed to provide
an opportunity for interactive questions and answers with a person
knowledgeable about the workplace violence prevention plan. The
education and training shall cover topics that include, but are not
limited to, the following:
   (i) How to recognize potential for violence, and when and how
to seek assistance to prevent or respond to violence.
   (ii) How to report violent incidents to law enforcement.
   (iii) Any resources available to employees for coping with
incidents of violence, including, but not limited to, critical incident
stress debriefing or employee assistance programs.

(B) A system for responding to, and investigating violent
incidents and situations involving violence or the risk of violence.

(C) A system to, at least annually, assess and improve upon
factors that may contribute to, or help prevent workplace violence,
including, but not limited to, the following factors:
   (i) Staffing, including staffing patterns and patient classification
   systems that contribute to, or are insufficient to address, the risk
   of violence.
   (ii) Sufficiency of security systems, including security personnel
   availability.
   (iii) Job design, equipment, and facilities.
   (iv) Security risks associated with specific units, areas of the
   facility with uncontrolled access, late-night or early morning shifts,
   and employee security in areas surrounding the facility such as
   employee parking areas.

(4) A requirement that all workplace violence prevention plans
be developed in conjunction with affected employees, including
their recognized collective bargaining agents, if any.

(5) A requirement that all temporary personnel be oriented
to the workplace violence prevention plan.

(6) Provisions prohibiting hospitals from disallowing an
employee from, or taking punitive or retaliatory action against an
employee for, seeking assistance and intervention from local
emergency services or law enforcement when a violent incident
occurs.

(7) A requirement that hospitals document, and retain for a
period of five years, a written record of any violent incident against
a hospital employee, regardless of whether the employee sustains
an injury, and regardless of whether the report is made by the
employee who is the subject of the violent incident or any other
employee.

(8) A requirement that a hospital report violent incidents to the
division. If the incident results in injury, involves the use of a
firearm or other dangerous weapon, or presents an urgent or
emergent threat to the welfare, health, or safety of hospital
personnel, the hospital shall report the incident to the division
within 24 hours. All other incidents of violence shall be reported
to the division within 72 hours.

(c) By January 1, 2017, and annually thereafter, the division,
in a manner that protects patient and employee confidentiality,
shall post a report on its Internet Web site containing information
regarding violent incidents at hospitals, that includes, but is not
limited to, the total number of reports, and which specific hospitals
filed reports, pursuant to paragraph (7) of subdivision (b), the
outcome of any related inspection or investigation, the citations
levied against a hospital based on a violent incident, and
recommendations of the division on the prevention of violent
incidents at hospitals.

(d) This section shall not apply to a hospital operated by the
State Department of State Hospitals, the State Department of
Developmental Services, or the Department of Corrections and
Rehabilitation.

SEC. 2. No reimbursement is required by this act pursuant to
Section 6 of Article XIIIB of the California Constitution because
the only costs that may be incurred by a local agency or school
district will be incurred because this act creates a new crime or
infraction, eliminates a crime or infraction, or changes the penalty
for a crime or infraction, within the meaning of Section 17556 of
the Government Code, or changes the definition of a crime within
the meaning of Section 6 of Article XIII B of the California
Constitution.
AGENDA ITEM: 9.1
DATE: June 12, 2014

ACTION REQUESTED: Information Only: Complaint Intake and Investigations Update

REQUESTED BY: Cynthia Klein, RN, Chairperson

BACKGROUND:

PROGRAM UPDATES

COMPLAINT INTAKE:

Staff
Complaint Intake has a vacancy for Associate Governmental Program Analyst (AGPA), which we hope to fill this month.

Program

Enforcement management is working with BRN staff to develop the plan to initiate fingerprinting the large number of nurses who do not fully meet the fingerprint requirements in CCR 1419(b). BRN subject matter experts continue to work to resolve these issues with DCA BreEZe staff. It will be very difficult to have such a large group of licensees fingerprinted if we are having issues processing the results.

We will be experiencing an increase in the number of applicant conviction complaints since we will have hundreds of spring grads.

The complaint intake unit has been utilizing our new enforcement NEC to assist in determining the direction we take on cases that are more complex practice cases.

INVESTIGATIONS:

Staff
Investigations is fully staffed.

Program
The longest delay in the investigation process continues to be obtaining records. We continue to use the subpoena process and look for any ways to decrease the time it takes.

Investigators are focused on clearing all the oldest cases. There are approximately 46 cases over one year old that have not been completed.

Our new enforcement NEC is assisting in reviewing investigative cases that would have otherwise been sent out for expert review. This helps reduce our case time prior to transmitting to the AGO as well as our closure time, should the allegations not be substantiated.
**Statistics**

The following are internal numbers (end of month) across all investigators not broken out on the performance measurement report.

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Total cases assigned</td>
<td>267</td>
<td>253</td>
<td>266</td>
<td>279</td>
<td>270</td>
<td>256</td>
</tr>
<tr>
<td>Total cases unassigned (pending)</td>
<td>72</td>
<td>104</td>
<td>83</td>
<td>64</td>
<td>104</td>
<td>89</td>
</tr>
<tr>
<td>Average days to case completion</td>
<td>238</td>
<td>292</td>
<td>275</td>
<td>263</td>
<td>212</td>
<td>278</td>
</tr>
<tr>
<td>Average cost per case</td>
<td>$3,028</td>
<td>$3,105</td>
<td>$3,211</td>
<td>$3,194</td>
<td>$2,920</td>
<td>$3,447</td>
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<tr>
<td>Cases closed</td>
<td>37</td>
<td>42</td>
<td>35</td>
<td>34</td>
<td>23</td>
<td>36</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total cases assigned</td>
<td>252</td>
<td>243</td>
<td>223</td>
<td>236</td>
<td>251</td>
<td>242</td>
</tr>
<tr>
<td>Total cases unassigned (pending)</td>
<td>59</td>
<td>58</td>
<td>49</td>
<td>52</td>
<td>49</td>
<td>74</td>
</tr>
<tr>
<td>Average days to case completion</td>
<td>215</td>
<td>294</td>
<td>326</td>
<td>301</td>
<td>327</td>
<td>229</td>
</tr>
<tr>
<td>Average cost per case</td>
<td>$2,792</td>
<td>$3,312</td>
<td>$3,529</td>
<td>$3,804</td>
<td>$3,776</td>
<td>$3,772</td>
</tr>
<tr>
<td>Cases closed</td>
<td>34</td>
<td>19</td>
<td>33</td>
<td>28</td>
<td>49</td>
<td>37</td>
</tr>
</tbody>
</table>

As of May 30, 2014, there were 424 DOI investigations pending.

**OUTREACH:**

**Item #1**

We attended the Professional Development Insurance Network (PDIN) meeting on 03/27/14. The meeting did not include any guest speakers, but issues were discussed in reference to the recent fraud experienced by the different medical insurance carriers.

They reported an increase in fraud with substance abuse programs. Recent cases suggest the programs are employing their participants and testing them on a daily basis without informing them of the daily charges submitted to their (the employees/participants) insurance company. The Dept. of Health Care Services is also conducting weekly operations to audit these programs to minimize the exposure.

Also discussed were a couple of physicians who have been overprescribing methadone. The FBI Supervisor participated in the meeting and extended his support in any investigations involving fraud. The next meeting will be scheduled for May.

**Item #2**

We attended the Residential Placement Protocols (RPP) Taskforce. The focus was on several residential care facilities in the Los Angeles area which had a number of issues. Although the most obvious problems are facilities that are unlicensed, there are facilities that are licensed but caring for more residents than they should be, facilities that are providing substandard care, facilities where the owner holds on to the resident’s EBT or Cal Fresh cards, but provides very little food in return, facilities with fire code or health violations, etc.

Other trends have been discharge planners of various hospitals, who discharge essentially homeless patients into unlicensed facilities. Many of the family members of residents in unlicensed facilities
don’t really care if the facility is licensed or not, since the prices are more reasonable if they are not licensed.

New contacts were made with the Supervising Investigator for the LA DA’s office and with the Investigation Agent in Charge for the Social Security Administration.

**Item #3**

We attended the OC RX Coalition Task Force Meeting. Topics included discussions with the producer of “Behind the Orange Curtain” Natalie Costa depicting drug abuse amongst teens in affluent areas of Orange County and LA and her new segment “I am the Face of Addiction.” Discussions regarding pending legislation, cases, and Take Back events were also conducted.

**Item #4**

On 05/19/14, BRN Special Investigators attended a joint meeting between BRN Investigations and Health Facility Evaluation Nurse staff from the San Jose, East Bay and Santa Rosa District Offices of the CA Department of Public Health, Licensing and Certification Units. BRN provided a short presentation on the BRN Investigation process and the meeting provided an opportunity for BRN Special Investigators to network with investigating nurse staff from CDPH. Our agencies share mutual jurisdiction over nursing incompetence and unprofessional conduct of RN’s, and this meeting was successful at establishing networking contacts for all Bay Area cases with CDPH involvement.

**Item #5**

On 05/22/14, staff attended the FBI/PDIN meeting. The meeting referenced several trends noted within the industry. One trend is an increase in marijuana dispensary related injuries and fires. Another trend noted was an influx of HIV drugs being laced with other narcotics. The term used to smoke this type of drug is “swishing.”

Dental Board member conveyed they are working with insurance companies to attempt to utilize “UC” insurance cards to determine if there is any exposure to overbilling or fraud.

The Social Security Department member reported they have seen an increase in “out of state” physicians and psychologist submitting invoices for services rendered in CA. Mostly related to disability claims involving soft tissue injuries and mental conditions. They are currently investigating cases in Phoenix and Utah.

The next meeting is scheduled for July. An email will be distributed with the specific date.

**NEXT STEP:**

Continue to review and adjust internal processes and monitor statistics for improvement in case processing time frames. Follow directions given by committee and/or board.

**FISCAL IMPACT, IF ANY:**

None at this time. Updates will be provided at each DDC meeting for review and possible action.
ACTION REQUESTED: Information Only: Discipline and Probation Update

REQUESTED BY: Cynthia Klein, RN, Chairperson

BACKGROUND:

PROGRAM UPDATE

Staff

The Probation Unit is fully staffed with 6 monitors and one Office Technician (OT).

The new cite and fine AGPA began on April 1, 2014 and the Discipline Manager began on May 19, 2014.

Program – Discipline

The discipline unit continues to work with the Attorney General office to complete our cases in a timely manner.

Below reflects FY2014 to present (July 1, 2013 - May 31, 2014) decision statistics:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Decisions Adopted by Board</td>
<td>1,210</td>
</tr>
<tr>
<td>Pending Processing by legal support staff</td>
<td>0</td>
</tr>
<tr>
<td>Accusations/ PTR served</td>
<td>1,480</td>
</tr>
</tbody>
</table>

Staff continues to increase its usage of citation and fine as a constructive method to inform licensees and applicants of violations which do not rise to the level of formal disciplinary action. The discipline unit is concentrating on processing cite and fine cases.

The BRN continues to issue citations for address change violations pursuant to the California Code of Regulations §1409.1. The BRN website was updated with a reminder of the address change requirement.

Citation information below (FY 2014), statistics from July 1, 2013 – October 3, 2013.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of citations issued</td>
<td>187</td>
</tr>
<tr>
<td>Total fines ordered</td>
<td>$96,075.00</td>
</tr>
<tr>
<td>Fines paid (amounts only include payments from fines issued in current fiscal year)</td>
<td>$62,778.00</td>
</tr>
</tbody>
</table>
Statistics - Discipline

The BRN continues to work with the DCA BreeZe team to verify the accuracy of the performance measure statistics, formerly the E19 report.

Program – Probation

The case load per probation monitor is approximately 142.

Statistics – Probation

Below are the statistics for the Probation program from July 1, 2013 to May 20, 2014.

<table>
<thead>
<tr>
<th>Probation Data</th>
<th>Numbers</th>
<th>% of Active</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>230</td>
<td>27%</td>
</tr>
<tr>
<td>Female</td>
<td>619</td>
<td>73%</td>
</tr>
<tr>
<td>Chemical Dependency</td>
<td>398</td>
<td>48%</td>
</tr>
<tr>
<td>Practice Case</td>
<td>223</td>
<td>26%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>2</td>
<td>0%</td>
</tr>
<tr>
<td>Conviction (Alcohol/Drug = 94)</td>
<td>226</td>
<td>26%</td>
</tr>
<tr>
<td>Advanced Certificates</td>
<td>82</td>
<td>10%</td>
</tr>
<tr>
<td>Southern California</td>
<td>400</td>
<td>48%</td>
</tr>
<tr>
<td>Northern California</td>
<td>435</td>
<td>51%</td>
</tr>
<tr>
<td>Tolled at the AG</td>
<td>14</td>
<td>1%</td>
</tr>
<tr>
<td>Pending with AG/Board</td>
<td>102</td>
<td>12%</td>
</tr>
<tr>
<td>License Revoked YTD</td>
<td>22</td>
<td>2%</td>
</tr>
<tr>
<td>License Surrendered YTD</td>
<td>62</td>
<td>7%</td>
</tr>
<tr>
<td>Terminated YTD</td>
<td>21</td>
<td>1.5%</td>
</tr>
<tr>
<td>Successfully completed YTD</td>
<td>123</td>
<td>14%</td>
</tr>
<tr>
<td>Active in-state probationers</td>
<td>849</td>
<td></td>
</tr>
<tr>
<td>Completed/Revoked/Terminated/</td>
<td>228</td>
<td></td>
</tr>
<tr>
<td>Surrendered YTD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tolled Probationers</td>
<td>248</td>
<td></td>
</tr>
<tr>
<td>Active and Tolled Probationers</td>
<td>1097</td>
<td></td>
</tr>
</tbody>
</table>

NEXT STEP:

Follow directions given by committee and/or board.

FISCAL IMPACT, IF ANY:

AG’s budget line item will be closely monitored. Updates will be provided at each DDC meeting for review and possible action.

PERSON TO CONTACT:

Beth Scott, Deputy Chief of Discipline, Probation, and Diversion
(916) 574-8187
AGENDA ITEM: 9.3  
DATE: June 12, 2014  

ACTION REQUESTED: Information Only: Diversion Program Update  
REQUESTED BY: Cynthia Klein, RN, Chairperson  
BACKGROUND:  

Program Update  

In March 2014, the Diversion Program staff participated in the National Organization for Alternative Program (NOAP) educational conference in San Diego. This is the only educational training put on specifically for alternative to discipline and discipline programs throughout the country. The Diversion Program Manager was one of the speakers at the conference. Some of the topics covered at the conference were: Update on Treatment of Health Care Professionals; HIPPA and Privacy Risks; Avoiding Countertransference and Codependency When Working with Other HealthCare Professionals.  

There were also topics such as: It’s Not your Mama’s Weed Anymore which provided information regarding the potency of Marijuana showing it is not the same as in the 60’s. Its potency levels have increased from 2% to 30% and it causes psychotic breaks in some users. Since 2007, it has highest rate of dependence after alcohol. As a result of its increase in use, some states have seen a 400% increase in Emergency Rooms visits. Other presentations such as, Drug Diversion in the Healthcare Setting, provided information that Fentanyl is now the most widely diverted narcotic and Neuroscience of Addiction, Trauma and Recovery from Both – The Brain as Healing Ground discussed how thoughts, emotions, and behaviors affect recovery and the brain’s structure in relation to fear and stress. These important topics provided current information to keep the California program abreast of current trends and future issues that may have an impact on the nursing population.  

On June 26 and 27, the Diversion Program Manager will present information about the BRN’s Diversion Program at the 2nd Annual Dave E. Smith, MD Symposium in San Francisco. This symposium is free to all those who register and will provide CE’s for those healthcare professionals who attend. There will be information and topics such as: The New ASAM Criteria and SAM-5: Implications for Addiction Medicine; Health Care Reform: Opportunities and Challenges for Behavioral Health Care Providers; Update on Addiction Treatment; Models of Recovery for Health Care Professionals, etc. The Symposium will be held at the J W Marriott San Francisco Union Square with an expected attendance of over 300 Healthcare professionals and providers.  

Additional information from the NOAP conference and the upcoming Symposium is available upon your request.
**Contractor Update**

Maximus, the contracted vendor for the Diversion Program had its second consecutive 3-year International Standards Organization (ISO) certification. The ISO provides an external quality review of the program. The focus of the evaluation is on the contract, and how the internal quality practices monitor and support adherence to the contract requirements. Maximus again passed this strict independent review. The California Diversion Program is the only ISO-certified health professionals monitoring program in the world.

In March, Maximus hired a new Clinical Case Manager, John Olive, RN, to replace Bill Frantz, RN. John brings the following qualifications to the position:
- Diploma in Nursing (Psychiatric) University of Wales, Bangor UK 1995
- Post Graduate Diploma (Drug Addiction) John Moores Univ. Liverpool UK 1998
- Masters of Science (Drug Use and Addiction) John Moores Univ. Liverpool UK 1999

John and his wife, who is also a RN, relocated to the Sacramento area in 2001. Since coming to the U.S, and earning his California RN license in 2011, John has worked at St. Helena Hospital and Heritage Oaks Hospital in Sacramento. The BRN welcomes John and his family as a part of the Maximus team.

**Diversion Evaluation Committees (DEC)**

There are currently 3 vacancies at this time: one physician, one registered nurse and one public member. Recruitment efforts continue.

**Statistics**

The Statistical Summary Report for November through March is attached. As of March 31, 2014, there were 1,867 successful completions.

**NEXT STEP:** None

**FINANCIAL IMPACT, IF ANY:** None at this time. Updates will be provided at each DDC meeting for review and possible action.

**PERSON TO CONTACT:** Carol Stanford, Diversion Program Manager  
(916) 574-7616
AGENDA ITEM: 9.3.1  
DATE: June 12, 2014

ACTION REQUESTED: Diversion Evaluation Committee Members

REQUESTED BY: Cynthia Klein, RN, Chairperson

BACKGROUND:

In accordance with B & P Code Section 2770.2, the Board of Registered Nursing is responsible for appointing persons to serve on the Diversion Evaluation Committees. Each Committee for the Diversion Program is composed of three registered nurses, a physician and a public member with expertise in substance use disorders and/or mental health.

NEW APPOINTMENTS

Below are the names of the candidates who are being recommended for appointment to the Diversion Evaluation Committees (DEC) that were not originally reviewed by the Diversion Discipline Committee. Their application and résumés are attached. If appointed, their terms will expire June 30, 2018.

<table>
<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
<th>DEC</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>William Frantz</td>
<td>Nurse</td>
<td>North Central</td>
<td>12</td>
</tr>
<tr>
<td>Felicity Blau</td>
<td>Nurse</td>
<td>Oakland</td>
<td>13</td>
</tr>
</tbody>
</table>

APPOINTMENT

Below is the name of the candidate who is being recommended for appointment to the Diversion Evaluation Committee (DEC). If appointed, his term will expire June 30, 2018.

<table>
<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
<th>DEC</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paul Glibert</td>
<td>Nurse</td>
<td>Los Angeles</td>
<td>3</td>
</tr>
</tbody>
</table>

REAPPOINTMENTS

Below are the names of candidates who are being recommended for reappointment to the Diversion Evaluation Committees (DEC). If appointed, their terms will expire June 30, 2018.

<table>
<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
<th>DEC</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diane Hambrick</td>
<td>Physician</td>
<td>Bay Area</td>
<td>2</td>
</tr>
<tr>
<td>Diane Alvy</td>
<td>Nurse</td>
<td>Los Angeles</td>
<td>3</td>
</tr>
<tr>
<td>Grace Murphy</td>
<td>Nurse</td>
<td>Los Angeles</td>
<td>3</td>
</tr>
<tr>
<td>Thomas Dosumu-Johnson</td>
<td>Physician</td>
<td>Palm Springs</td>
<td>6</td>
</tr>
<tr>
<td>Mary Richards</td>
<td>Nurse</td>
<td>San Jose</td>
<td>7</td>
</tr>
<tr>
<td>Dianne Souza</td>
<td>Public</td>
<td>San Diego</td>
<td>10</td>
</tr>
</tbody>
</table>
Below is the name of candidate who is being recommended for term extensions to the Diversion Evaluation Committees (DEC). If appointed, her term will expire June 30, 2017.

<table>
<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
<th>DEC</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ernestine Leverette</td>
<td>Nurse</td>
<td>Santa Ana</td>
<td>14</td>
</tr>
</tbody>
</table>

Below are the names of candidates who are being recommended for term extensions to the Diversion Evaluation Committees (DEC). If appointed, their terms will expire June 30, 2016.

<table>
<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
<th>DEC</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richard Jaco</td>
<td>Nurse</td>
<td>Sacramento</td>
<td>1</td>
</tr>
<tr>
<td>Suzette Otlewis</td>
<td>Nurse</td>
<td>Orange County</td>
<td>4</td>
</tr>
<tr>
<td>Edy Stumpf</td>
<td>Public</td>
<td>Orange County</td>
<td>4</td>
</tr>
<tr>
<td>Michael Mayo</td>
<td>Public</td>
<td>Central Valley</td>
<td>5</td>
</tr>
<tr>
<td>Dianne Christoffels</td>
<td>Nurse</td>
<td>San Diego</td>
<td>10</td>
</tr>
</tbody>
</table>

TRANSFER

Below are the names of the DEC members who are being recommended for transfers to the DEC committees listed below.

<table>
<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
<th>DEC</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cynthia Rinde</td>
<td>Public</td>
<td>Sacramento</td>
<td>1</td>
</tr>
<tr>
<td>Sharon Fritz</td>
<td>Nurse</td>
<td>Ontario</td>
<td>9</td>
</tr>
<tr>
<td>Richard Diamond</td>
<td>Public</td>
<td>Oakland</td>
<td>13</td>
</tr>
</tbody>
</table>

RESIGNATION

Below is a Diversion Evaluation Committee Member who resigned for personal reasons.

<table>
<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
<th>DEC</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phillip Belleville</td>
<td>Public</td>
<td>Santa Ana</td>
<td>14</td>
</tr>
</tbody>
</table>

NEXT STEP: Continue recruiting efforts

FINANCIAL IMPACT, IF ANY: None

PERSON TO CONTACT: Carol Stanford, Diversion Program Manager (916) 574-7616
ACTION REQUESTED: Update: “Uniform Standards Regarding Substance-Abusing Healing Arts Licensees” – Business and Professions Code, Section 315

REQUESTED BY: Cynthia Klein, RN, Chairperson

BACKGROUND:

As directed by the Board at its November 2013 meeting, staff conducted a comparative analysis of the Uniform Standards, Diversion Program, and Probation Program, including the potential fiscal impact. Staff met with Legal Counsel to discuss a number of issues related to Uniform Standards, including the specific recommendations from Doreathea Johnson, Deputy Director, DCA Legal Affairs. Legal Counsel advised the Board continue with the regulatory process, although the Attorney General’s Office has not rendered its opinion relative to the Uniform Standards. The Board will be notified if changes are necessary as a result of the opinion.

Staff submitted a report of its findings to the Committee at its March 2014 meeting.

The Medical Board of California has promulgated regulations implementing the Uniform Standards. A comparison was made and is provided for the committee’s consideration at the May 2014 meeting.

NEXT STEP: Submit report of findings at the March 2014 DDC meeting. Follow directions given by committee and/or board.

FISCAL IMPACT, IF ANY: None at this time

PERSON TO CONTACT: Stacie Berumen
Assistant Executive Officer
(916) 574-7600

Beth Scott, Deputy Chief of Discipline, Probation and Diversion
(916) 574-8187
<table>
<thead>
<tr>
<th>UNIFORM STANDARD SUMMARY</th>
<th>DIVERSION PROGRAM</th>
<th>PROBATION PROGRAM</th>
<th>PROGRAMMATIC CONSIDERATION &amp; ISSUES</th>
<th>FISCAL IMPLICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1:</td>
<td>Conforms to the Standard, except for minor differences, which are being addressed in the new contract and/or the 2014 Request for Proposal (RFP).</td>
<td>The Disciplinary Guidelines do not have a “clinical diagnostic evaluation” condition. However, the Probation Program is in conformance with several of the Standard requirements based on Conditions 14, Physical Examination, and 18, Mental Health Examination, and Board policies and procedures. Areas of non-conformance are: 1) The Board does not assign the evaluator; the RN is given the criteria to be used in selecting the evaluator. The Board determines if the evaluator meets the criteria, when the report, which includes the evaluator’s credentials, is received. 2) The evaluator, not the Board, determines the treatment plan. 3) The evaluator must notify the Board “immediately,” if the RN is unable to practice safely and the RN is directed to</td>
<td>1) The Standard is conditional, reading in pertinent part: “If a healing arts board orders a licensee... to undergo a clinical diagnosis evaluation...” (Emphasis added.) All “substance abusing licensees” would not have to have the evaluation; the Board could identify the criteria that would trigger the clinical diagnostic evaluation. Additionally, the Board may elect to define “substance-abusing licensees” and other categories for licensees who are on probation for drug-related offenses. These might include “history of substance abuse in sustained recovery” and “conviction of driving under the influence.” The Board would determine the probationary conditions to be imposed for the other categories. The Standards are geared to licensees who are not in recovery or in the early stages, which is the licensee population in the Diversion Program. To be placed on probation, the registered nurse is required to provide evidence of sustained recovery and the grounds for the probation usually occurred 18 months or more prior to the probation. 2) The Board does not maintain a list of evaluators to which it can assign probationers; establishment and maintenance of such a list would be a major undertaking. Options for conforming to the Standard include A) requiring the RN to submit the</td>
<td>• Cost to the Board – Additional staff to review and approve evaluators prior to evaluations. Then create and maintain list of clinical evaluators. • Cost to RN – cost of clinical diagnostic evaluation.</td>
</tr>
</tbody>
</table>

B&P Code Section 315(c)(1) Specific requirements for a clinical diagnostic evaluation of the licensee, including, but not limited to, required qualifications for the providers evaluating the licensee.
<table>
<thead>
<tr>
<th><strong>B&amp;P Code Section 315(c)(2)</strong></th>
<th>Specific requirements for the temporary removal of a licensee from practice, in order to enable the licensee to undergo the clinical diagnostic evaluation described in subdivision (a) and approved by the board, and specific criteria that the licensee must meet before being permitted to return to practice on a full-time or part-time basis.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UNIFORM STANDARD SUMMARY</strong></td>
<td><strong>DIVERSION PROGRAM</strong></td>
</tr>
<tr>
<td>#2: Requires the board to order the licensee to cease practice until the clinical diagnostic evaluation report is reviewed by diversion/probation staff.</td>
<td>B&amp;P Code, Section 315.4(d) exempts the BRN Diversion Program from the cease practice requirement specified in the Uniform Standards when the Board orders the licensee to</td>
</tr>
</tbody>
</table>

**cease practice immediately; the case is transmitted to the Attorney General’s Office. The Standard requires notification within 24 hours, if the evaluator determines that the RN is a threat to himself, herself, or others.**

4) The evaluator’s written report is due within 45 days of the effective date of the Board decision, with a possible one-time extension up to 45 days. The Standard requirement is no later than 10 days from date the evaluator is assigned and a 30 day extension may be given. The Conditions require the RN to cease practice, if a report is not received; the Standard requires the RN to cease practice, during the evaluation phase.

**evaluator’s credential prior to the evaluation for Board approval and “assignment”, and B) use the Diversion Program contractor’s evaluators list to either assign or have the RN select an evaluator.**

3) To conform to the Standard, the Disciplinary Guidelines can be amended to address the four areas of nonconformance as well as to include the Standard requirements that are currently specified in Board policies, e.g., relationship requirements, evaluator qualifications, etc.
| The licensee must test randomly at least two times per week during this time and the cease practice continues until the licensee has at least 30 days of negative drug screens. The Diversion or Probation Manager determines if the licensee is safe to return to practice, using specified criteria. | undergo a clinical diagnostic evaluation. | Conditions 14 and 18 specify that the evaluator, not the Program Manager, makes the determination related to safety to practice. Condition 7 specifies that the licensee must obtain prior approval from the Board before commencing or continuing any employment. | until the cease practice is rescinded and the RN is approved to return to work. The RN is not required to test twice per week for at least 30 days of negative screens, during the clinical diagnostic evaluation. The frequency of testing during the cease practice is 24 – 36 times per year. Arguably, based on statutory construction, 315.4(d) may also exempt licensees in the Diversion Program from the drug testing requirement. |

B&P Code Section 315(c)(3) Specific requirements that govern the ability of the licensing board to communicate with the licensee’s employer about the licensee’s status or condition. | undetermined. Average RN annual income in 2012 was $89,940 (BRN 2012 Survey of RNs) • Cost to licensee for drug testing – approximately $800; $100/test x 8 tests) |
<table>
<thead>
<tr>
<th>UNIFORM STANDARD SUMMARY</th>
<th>DIVERSION PROGRAM</th>
<th>PROBATION PROGRAM</th>
<th>PROGRAMMATIC CONSIDERATION &amp; ISSUES</th>
<th>FISCAL IMPLICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>#3:</strong> Requires the licensee to provide specified information related to employers and supervisors and to give written consent authorizing the board, employers, and supervisors to communicate.</td>
<td>Conforms to Standard.</td>
<td>Conforms to Standard.</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

**B&P Code Section 315(c)(4)** Standards governing all aspects of required testing, including but not limited to, frequency of testing, randomicity, method of notice to the licensee, number of hours between the provision of notice and the test, standards for specimen collectors, procedures used by specimen collectors, the permissible locations of testing, whether the collection process must be observed by the collector, backup testing requirements when the licensee is on vacation or otherwise unavailable for local testing, requirements for the laboratory that analyzes the specimens, and the required maximum timeframe from the test to the receipt of the result of the test.

<table>
<thead>
<tr>
<th>UNIFORM STANDARD SUMMARY</th>
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</tr>
</thead>
</table>
| **#4:** Establishes two levels of testing: Level 1 (Year 1) 52 – 104 tests per year; Level 2 (Years 2 -5) 36 – 104 tests per year. After year 5, testing is 1 time per month if there have been no positive tests in the previous 5 consecutive years of probation or diversion. The board may increase frequency for any reason. Testing frequency exceptions are: 1) licensee has participated in treatment or monitoring program that required testing, 2) violation was outside of employment, 3) not employed in healthcare | Conforms to the Standard except for drug frequency testing requirements. The Program has more stringent requirement during the first 6 to 9 months when the RN is not working. The RN is required to test a minimum of 24 to 36 times per year; the Standard sets the minimum at 12 tests per year, if the RN is not working. However, the Standard requires the RN to do Level 1 testing for 60 days prior to returning to work and for a full year upon returning to work in healthcare. The Diversion Program does not require | The contract with the drug testing contractor specifies notification within 48-72 hours; however, results are usually returned within 1 day. The drug testing contractor substantially meets the specified testing standards. The Probation and Diversion Programs use the same lab. However, the Program does not conform to the drug testing frequency requirements. Condition 17 requires the RN to participate in a random drug screen program, but does not specify the frequency of testing. The | The Probation Program Manager compiles the program’s statistical data in Excel, and uses it to generate the reports submitted to the Board; however, the data is limited. The drug testing contractor provides the historical information/data specified in the Standard on an individual basis for every RN participating in the drug testing program, and the information is maintained in the RN’s probation file. However, the contract does not require the contractor to provide aggregate data or cumulative statistical report(s). The drug testing contractor would be able to provide all the post-implementation data, on an individual basis, for each RN participating in the drug testing program except for: effective date of the Board’s decision, the general range of testing; dates | Cost to Board –  
• Increased cost of adjudicating complaints  
• Increased staff cost for monitoring and data input  
• Cost of obtaining aggregate data and reports from drug testing contractor  
• Cost of modifying BreEZe  
Cost to Licensee –  
• Minimum $2,200/year due to increase of minimum number of tests from 30 to 52 @ $100/test.  
• Loss of wages as a result
| Board of Registered Nursing – Diversion/Discipline Committee  
Uniform Standards Comparison |
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>field, 4) licensee is on tolled status, and 5) substance abuse disorder is not diagnosed. The Standard also specifies drug testing standards and requires collection of specified data for 2 years prior to implementation, if available, and for 3 years post-implementation.</td>
</tr>
</tbody>
</table>

| Level 1 testing upon return to work. The DEC determines the frequency of testing based on the totality of its assessment of the participant and consistent with the industry drug testing standards, but usually not less than 24 times/year. The probation monitor increases the frequency of testing as dictated by circumstances in each case. The RN is not required to do Level 1 testing for 60 days prior to returning to practice or for a full year upon returning to practice, even if the Level 1 testing requirement has not been met. |

| removed or suspended from practice; and final outcome of the probation. The latter information, in addition to the other contractor provided information, is maintained in the RN's probationer file. As with the pre-implementation data, the contractor does not provide aggregate data. |

| The ability of the Board to conform to the pre and post-implementation data report requirements of the Standard are unknown. |

| The feasibility of obtaining the pre and post-implementation data from the Board's previous computer systems and/or BreEZe to generate the required reports is being explored; but it is unknown what the systems will be able to generate. Staff is working with the Department to determine the most effective and efficient way(s) to obtain the data from DCA-systems and will also explore the availability of data from drug testing contractor. Because the required reports pertain to program evaluation, the data collection portion of the Standard does not have to be adopted into regulation. The drug testing frequency has been a major issue since its initial proposal by the Substance Abuse Coordination Committee (SACC). The high frequency of testing is not consistent with industry standards, as was testified to at SACC meetings, nor is it substantiated by preliminary findings of the Respiratory Care Board. In its 2012 Sunset Review Report, the Respiratory Care Board reported the following: “... the number of tests ordered has...” | of voluntary license surrenders due to cost of complying with probation conditions. |
more than doubled and positive test results nearly doubled. However, closer examination of this data reveals that the number of probationers who tested positive remained unchanged from FY 2009-10 to FY 2011-12. In fact, review of the data showed the number of probationers who actually tested positive for a banned substance, eliminating those probationers with valid (and legitimate prescriptions) actually fell from the five in FY 2009-10 to four in FY 2011-12.

While the data does not take into consideration earlier detection, it does appear to present signs that more frequent testing is not conducive to more probationers testing positive. It is possible, that because the Respiratory Care Board does not generally place chronic substance users/abusers on probation and generally revokes or denies licensure to these individuals, that more frequent testing will not show desired results for this Board. However, the Board acknowledges that it is far too early to make any conclusions until further data is gathered.”

The Respiratory Care Board also reported that of its 100 probationers in FY 11/12, six voluntarily surrendered their license. Four of these surrenders were a direct result of the increase in testing to 36 – 104 times per year in July 2011. The licensees stated that they could not afford all the costs associated with probation, specifically citing the
costs of drug testing that could be as much as $3,500 to $7,000 the first year of probation.

The Board should also anticipate an increase in the number of RNs voluntarily surrendering their licenses as a result of increased costs associated with the probation program, including the increased drug testing. Additionally, there may be a decrease in the number of stipulated agreements, as licensees request hearings to contest the charges or to modify the Uniform Standard requirements. Clearly, this will have a fiscal impact, but more importantly, it will increase the length of time it takes to bring complaints to resolution and protect consumers.

Conformance with the increased drug testing will result in increased staff workload due to: increased reports from the contractor, which must be reviewed, acted upon, and filed; increased data entry into Excel and BreEZe; and increased frequency in changes to drug testing schedule for the licensees.

**B&P Code Section 315(c)(5)** Standards governing all aspects of group meeting attendance requirements, including, but not limited to, required qualifications for group meeting facilitators, frequency of required meeting attendance, and methods of documenting and reporting attendance or nonattendance by licensees.

<table>
<thead>
<tr>
<th>UNIFORM STANDARD SUMMARY</th>
<th>DIVERSION PROGRAM</th>
<th>PROBATION PROGRAM</th>
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<th>FISCAL IMPLICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>#5:</strong></td>
<td>Conforms to standard.</td>
<td>Conforms to standard.</td>
<td>The Board requirements for nurse support groups (NSG) and NSG facilitators exceed the Standard. The NSG must be approved by the Board and there are currently 44 approved NSGs located geographically throughout</td>
<td>None.</td>
</tr>
</tbody>
</table>
requirements for the meeting facilitator.

the state. The Board has policies and procedures detailing: 1) the NSG approval process, which includes completion of an application and an interview with the facilitator; 2) facilitator/co-facilitator criteria; 3) role and responsibilities for NSGs and facilitators; 4) procedural requirements addressing confidentiality, reports, accessibility to participants, and fees; and 5) handling of complaints regarding NSGs.

<table>
<thead>
<tr>
<th>B&amp;P Code Section 315(c)(6)</th>
<th>Standards used in determining whether inpatient, outpatient, or other type of treatment is necessary.</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNIFORM STANDARD SUMMARY</td>
<td>DIVERSION PROGRAM</td>
</tr>
<tr>
<td>Specifies the criteria to be used in determining type of treatment, including evaluator’s recommendation from the clinical diagnostic evaluation in Standard #1, scope of substance abuse, licensee’s treatment history, and documented length of sobriety.</td>
<td>Conforms to the Standard.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B&amp;P Code Section 315(c)(7)</th>
<th>Worksite monitoring requirements and standards, including, but not limited to, required qualifications of worksite monitors, required methods of monitoring by worksite monitors, and required reporting by worksite monitors.</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNIFORM STANDARD SUMMARY</td>
<td>DIVERSION PROGRAM</td>
</tr>
<tr>
<td>#7: Sets forth worksite monitor (WSM) criteria, including</td>
<td>Conforms to the standard.</td>
</tr>
<tr>
<td>prohibited financial, personal, or familial relationships between the WSM and the licensee; WSM’s scope of practice; licensure status, i.e., active and unrestricted, and no discipline within the last 5 years.</td>
<td>supervisor/WSM are encouraged to but are not legally required to report suspected substance abuse, either verbally or in writing, to the Board; 2) the supervisor and WSMs must have no current discipline, rather than the required 5 years; and 3) the probationer is required to complete and sign a consent form allowing the Board to communicate with the employer, but the supervisor is not required to complete a consent form. The relationship prohibition is discussed with the supervisor at time of the job approval, but is not specified in the probation conditions. The Probationary Conditions and Program requirements exceed the Standard in several ways, including: 1) requiring RN to practice for at least 6 months, 2) setting employment limitations, and 3) specifying the supervision/monitoring requirements with minimum being in person contact between probationer and WSM</td>
</tr>
<tr>
<td><strong>B&amp;P Code Section 315(c)(8)</strong></td>
<td>Procedures to be followed when a licensee tests positive for a banned substance.</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>UNIFORM STANDARD SUMMARY</strong></td>
<td></td>
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<tr>
<td><strong>DIVERSION PROGRAM</strong></td>
<td></td>
</tr>
<tr>
<td><strong>PROBATION PROGRAM</strong></td>
<td></td>
</tr>
<tr>
<td><strong>PROGRAMMATIC CONSIDERATION &amp; I</strong></td>
<td></td>
</tr>
<tr>
<td><strong>ISSUES</strong></td>
<td></td>
</tr>
<tr>
<td><strong>FISCAL IMPLICATIONS</strong></td>
<td></td>
</tr>
</tbody>
</table>

**#8:** When a licensee tests positive for a banned substance, the board shall order the licensee to cease practice, and, if working, the licensee must leave work, and the board shall notify the employer and WSM. If the positive is confirmed, Standard 9 is implemented. If positive is not confirmed, the cease practice is lifted.

When determining if a test is positive, the board should, as applicable: 1) consult the specimen collector and the laboratory; 2) communicate with licensee and/or any other physician who is treating the licensee; and 3) communicate with any treatment provider, including group facilitator/s.

Although B&P Code Sections 315.2(d) and 315.4(d) exempt the Diversion Program from the cease practice requirement, the Program conforms to the Standard, except, if it is a confirmed positive, the RN is permitted to return to work after two negative tests and not the month of “continuous drug testing” specified in Standard 10. (Standard 9 is cited in this Standard, and Standard 9 requires conformance with Standard 10.)

Not in conformance with the Standard in that the cease practice is not immediate. Based on advice from Legal Counsel, the RN is notified and given 5 days to provide an explanation. If the positive is confirmed and the probationer does not respond or the explanation is not acceptable, the RN is told to cease practice and the case is referred to the Attorney General’s (AG’s) Office for filing of an accusation and or a petition to revoke the license.

B&P Code Section 315.2(a) authorizes the Board to order an RN who tests positive for any substance prohibited under the terms of the RN’s probation to cease practice; the Standard is consistent with the statute. As a result of legal challenges to the immediate cease practice order and based on Legal Counsel advice, the Board’s procedure is to notify the RN of the positive and instructs him or her to provide a written explanation within 5 days. Adoption of the Standard as written, without notice and an opportunity to be heard, may be a violation of the licensee’s right to due process, and as such does not conform to the Administrative Procedure Act Consistency Standard. Government Code, Section 11349(d) defines “consistency” as “...harmony with, and not in conflict with or contradictory to, existing statutes, court decisions, or other provisions of law.” Currently, the mandate is only to adopt regulations related to the probationers.

The Probation Program is more stringent as it relates to positive tests for prohibited substances and failure to participate in a drug testing program. Condition 17 specifies that a confirmed positive for a prohibited drug may result in suspension from practice as well as referral to the Attorney General’s Office for filing of an accusation or a petition.

See Standard 10

If implemented as written, the RN may be subject to unwarranted loss of income.
<table>
<thead>
<tr>
<th>Board of Registered Nursing – Diversion/Discipline Committee</th>
<th>Uniform Standards Comparison</th>
</tr>
</thead>
</table>

| to revoke the probation. Board policy is to suspend the RN from practice and the RN is not permitted to return to work until there is a final decision on the AG’s filing. The Condition also specifies that the Board may suspend the RN’s practice for failure to participate in the drug testing program. |

As previously stated, B&P Code Section 315.4(a) specifies that the board may adopt regulations related to the cease practice for major violations and when the board orders a licensee to undergo a clinical diagnostic evaluation pursuant to the uniform and specific standards adopted and authorized under Section 315; thus making adoption of regulations for Standards 2 and 10 permissive. This Standard cites Standard 9, which defines ingestion as major violation as specified in Standard 9 and the licensee is subject to the consequences specified in Standard 10. The intertwining of Standards 8, 9, and 10 raises the question if the Board must adopt regulations related to the cease practice requirements specified/referenced in any of the three Standards since the adoption of regulations is at the Board’s discretion. However, as stated in the Standard 2 discussion, the Legislative Counsel opinion, Attorney General Office unofficial opinion, and the DCA Legal Counsel Opinion have advised that the legislative intent in enacting the statute was not to make adoption of the standards discretionary. |
### B&P Code Section 315(c)(9)

**Uniform Standards Comparison**

**Procedures to be followed when a licensee is confirmed to have ingested a banned substance.**

<table>
<thead>
<tr>
<th>UNIFORM STANDARD SUMMARY</th>
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</thead>
<tbody>
<tr>
<td><strong>#9:</strong> When a board confirms that a positive drug test is evidence of use of a prohibited substance, the licensee has committed a major violation, as defined in Uniform Standard #10 and the board shall impose the consequences set forth in Uniform Standard #10.</td>
<td>B&amp;P Code Section 315.4(d) exempts the Diversion Program from the cease practice requirement for major violations. However, as stated in response to Standard 8, the participant is ordered to cease practice and to have two consecutive negative drug tests, instead of the minimum month of continuous drug testing required in the Standard, prior to return to work.</td>
<td>The Disciplinary Guidelines do not categorize violations as major or minor. Upon confirmation of ingestion of a banned substance, the RN, if practicing, is instructed to cease practice, and the case is referred to the Attorney General’s Office for filing of an accusation or petition to revoke probation. The RN is not permitted to return to work. The licensee is not ordered to undergo a new clinical diagnostic evaluation or to drug test as required in Standard 10.</td>
<td>The probationary condition is more stringent than Uniform Standard 10. Increased testing is not warranted since the RN is not permitted to return to work.</td>
<td>See Standard 10</td>
</tr>
</tbody>
</table>

**B&P Code Section 315(c)(10)**

Specific consequences for major and minor violations. In particular, the committee shall consider the use of a “deferred prosecution” stipulation described in Section 1000 of the Penal Code, in which the licensee admits to self-abuse of drugs or alcohol and surrenders his or her license. That agreement is deferred by the agency until or unless licensee commits a major violation, in which case it is revived and license is surrendered. (Note: The Uniform Standard does not address the “deferred prosecution” language. The language would have to be included in the Board’s decision placing the licensee on probation. The Standard is not applicable to the Diversion Program.)

<table>
<thead>
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</thead>
<tbody>
<tr>
<td><strong>#10:</strong> Lists actions that would constitute a major violation, e.g., failure to complete a board-ordered program, multiple minor violations,</td>
<td>Conforms to the applicable requirements of the Standard. (B&amp;P Code, Section 315.2(d) exempts the Program from requiring a licensee to</td>
<td>Substantial conformance. The Disciplinary Guidelines do not use the major and minor violation designations. Actions specified as a major</td>
<td>The Disciplinary Guidelines are more stringent in that they do not permit an RN to return to work, until a decision has been rendered on the petition to revoke or the filing of an accusation. However with two exceptions, i.e.,</td>
<td>• Cost to Board associated with increased staff/staff time to change drug testing frequency, notify probationer and</td>
</tr>
</tbody>
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| Board of Registered Nursing – Diversion/Discipline Committee  
| Uniform Standards Comparison  
| treating patients while under the influence of drugs/alcohol, testing positive and confirmation for substance abuse, failure to obtain biological testing for substance abuse, etc. The consequences for a major violation include 1) a cease practice order, with requirement to undergo a clinical diagnostic evaluation and licensee must test negative for at least a month of continuous drug testing before being allowed to return to work; 2) termination of contract/agreement; and 3) referral for disciplinary action. The Standard also identifies actions that would constitute a minor violation, e.g., untimely receipt of required documents, unexcused non-attendance at group meetings, failure to contact a monitor, etc., as well as the consequences for such violations.  
| cease practice if he or she tests positive for a prohibited substance and Section, 315.4(d) exempts the Program from requiring a participant to cease practice for a major violation.)  
| violation would result in referral to the Attorney General’s Office; however, a cease practice or suspension of practice order does not go into effect immediately, unless authorized by statute or a probationary condition. The minor violations would, at a minimum, result in a violation letter listing the violation(s), any corrective action that the licensee must take, and the consequences of any further violation(s).  
| The registered nurse is ordered to cease practice if he or she tests positive for a prohibited substance and fails to provide an acceptable explanation within 5 days or if he or she violates a condition of probation that includes a cease practice order. The RN is not ordered to undergo a clinical diagnostic evaluation or to tests as required; however, the RN is also not permitted to return to work until a decision is reached on the Attorney General’s Office filing. The consequences for minor violations vary, but do not cease practice for confirmed ingestion of a prohibited substances and failure to submit physical or mental health evaluation, the RN is permitted to continue to work until the filing of petition to revoke probation or an accusation after committing any of the other major violations. Amending the Guidelines to make the cease practice effective immediately upon notification of the violation and a period to respond would strengthen the Probation Program.  
| As a consequence of a major violation, the licensee is required to “test negative for at least a month of continuous drug testing before being allowed to return to work.” The term “continuous drug testing” is vague and lacks clarity.  
| B&P Code Section 315.4(d) makes adoption of regulations related to the cease practice for major violations and when the board orders a licensee to undergo a clinical diagnostic evaluation pursuant to the uniform and specific standards adopted and authorized under Section 315 permissive. However, the Legislative Counsel opinion, Attorney General Office unofficial opinion, and the DCA Legal Counsel Opinion have advised that the legislative intent in enacting the statute was not to make adoption of the standards discretionary. (See Standard 2, 8, and 9)  
| contractor of frequency, follow-up on testing results, filing, and inputting data into system.  
| • Costs to RN associated with loss of income and increased testing.  

<p>| 13 |</p>
<table>
<thead>
<tr>
<th>B&amp;P Code Section 315(c)(11)</th>
<th>Criteria that a licensee must meet in order to petition to return to practice on a full-time basis.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UNIFORM STANDARD SUMMARY</strong></td>
<td><strong>DIVERSION PROGRAM</strong> Substantial conformance. Participants generally work part-time by choice or due to job availability. The Diversion Evaluation Committee seldom imposes the part-time practice restriction. If it did, it would take the specified criteria, except 6 months of negative drug screens, into consideration in rendering its decision.</td>
</tr>
<tr>
<td><strong>PROBATION PROGRAM</strong> Not applicable.</td>
<td><strong>PROGRAMMATIC CONSIDERATION &amp; ISSUES</strong> None.</td>
</tr>
</tbody>
</table>

**#11:** The licensee shall meet the following criteria before submitting a request (petition) to return to full-time practice:
1) demonstrate sustained compliance with current recovery program; 2) demonstrate the ability to practice safely as evidenced by current worksite reports, evaluations, and any other information relating to the licensee’s substance abuse; and 3) negative drug screening reports for at least 6 months, two positive worksite monitor reports, and complete compliance with other conditions of the program.

<table>
<thead>
<tr>
<th>B&amp;P Code Section 315(c)(12)</th>
<th>Criteria that a licensee must meet in order to petition for reinstatement of a full and unrestricted license.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UNIFORM STANDARD SUMMARY</strong></td>
<td><strong>DIVERSION PROGRAM</strong> Diversion Program participants do not have “restricted” licenses. When approved to return to work, participants will As a result of several of the probationary conditions, the registered nurse will have a “restricted” license until</td>
</tr>
<tr>
<td><strong>PROBATION PROGRAM</strong> As a result of several of the probationary conditions, the registered nurse will have a “restricted” license until</td>
<td><strong>PROGRAMMATIC CONSIDERATION &amp; ISSUES</strong> The Diversion Program has very stringent practice requirements. The participant must keep his/her license in inactive status until the Diversion Evaluation Committee determines that</td>
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</table>
### Board of Registered Nursing – Diversion/Discipline Committee

**Uniform Standards Comparison**

<table>
<thead>
<tr>
<th><strong>General</strong></th>
<th><strong>Diversion Program</strong></th>
<th><strong>Probation Program</strong></th>
<th><strong>Programmatic Consideration &amp; Issues</strong></th>
<th><strong>Fiscal Implications</strong></th>
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<tr>
<td>including: 1) sustained compliance with the terms of the disciplinary order, if applicable; 2) successful completion of recovery program, if required; and 3) continuous sobriety for three (3) to five (5) years.</td>
<td>have practice restrictions, which are determined by the Diversion Evaluation Committee after careful consideration of multiple factors related to the participant’s recovery and compliance with contract requirements.</td>
<td>successful completion of probation. The restrictions include prior Board approval for any job requiring an RN license, may not supervise other RNs, cannot be a faculty member in a Board-approved prelicensure nursing program or a Board-approved continuing education course, and periodic work performance evaluations from supervisor.</td>
<td>the RN is safe to return to practice, which is generally after 6 to 9 months with full-contract compliance. When the registered nurse is permitted to return to work, appropriate safeguards/practice restrictions are put in place to ensure consumer/patient protection, including approval of any RN position or change(s) in position, initially may not have access to or administer controlled substances, and supervision by a worksite monitor. The RN may petition to “transition” from the Program after a minimum of two years of full compliance with his/her Diversion Program contract, including completion of any treatment requirements. The RN must complete a “Transition Paper” and the Gorski Relapse Prevention Program, and meet with the DEC to request approval for the transition. During the transition period the RN is required to continue random drug testing, have prior approval for job changes, submit monthly self-reports, have in-person contact with WSM at least once a week, and pay fees. The WSM must submit monthly reports. The transition period is generally one year.</td>
<td>None.</td>
</tr>
</tbody>
</table>

**B&P Code Section 315(c)(13)** If a board uses a private-sector vendor that provides diversion services, standards for immediate reporting by the vendor to the board of any and all noncompliance with process for providers or contractors that provide diversion services, including, but not limited to, specimen collectors, group meeting facilitators, and worksite monitors; standards requiring the vendor to disapprove and discontinue the use of providers or contractors that fail to provide effective or timely diversion services; and standards for a licensee’s termination from the program and referral to enforcement.

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<tr>
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<th><strong>PROBATION PROGRAM</strong></th>
<th><strong>PROGRAMMATIC CONSIDERATION &amp; ISSUES</strong></th>
<th><strong>FISCAL IMPLICATIONS</strong></th>
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<tbody>
<tr>
<td>#13:  Sets forth vendor reporting time for major and minor violations; approval process,</td>
<td>Conforms to the Standard.</td>
<td>The Standard does not apply to the Probation Program.</td>
<td>None.</td>
<td>None.</td>
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</table>
**Board of Registered Nursing – Diversion/Discipline Committee**  
**Uniform Standards Comparison**

criteria, and requirements for specimen collectors, group meeting facilitators, and worksite monitors, treatment providers; and general vendor requirements.

### B&P Code Section 315(c)(14)
If a board uses a private-sector vendor that provides diversion services, the extent to which licensee participation in that program shall be kept confidential from the public.

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<tr>
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<td>#14:</td>
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| Requires the board to disclose the name, any practice restrictions, and a detailed description of any restrictions to the public for licensees who are participating in a board monitoring/diversion program regardless of whether the licensee is a self-referral or a board referral. However, the disclosure shall not contain information that the restrictions are a result of the licensee’s participation in a diversion program. | Does not conform. Applicants to the Program and participants in the Program during the first 6 to 9 months are not permitted to work and must put their licenses in inactive status. The inactive status information is available to the public on the BRN website. | The Standard does not apply to the Probation Program. | Since the inception of the Program, a participant’s records and participation in the Diversion Program have been confidential. The confidential nature of the Program is a factor in registered nurses voluntarily entering the Program. Implementation of the Standard would breach the confidential nature of the Diversion Program authorized by statute. Specifically, B&P Code, Section 2770.12(b) requires that participant records of participants in the Diversion Program be kept confidential, and 2770.12(c) sets forth the circumstances under which the registered nurse waives any confidentiality rights. The Board has maintained the confidentiality of participant records both internally and externally; only limited BRN staff is allowed access to the records. Compliance with Standard 14 would require more BRN staff to have access to the records to make the information available to the public. But more importantly, the public would be able to determine that the licensee is a participant in the Board’s Diversion Program, since license restrictions can | • Additional staff /staff time required to input and maintain information related to practice restrictions and detailed description of any restriction.  
• Additional cost to modify BreEZe. |
only be imposed via Board discipline or participation in the Diversion Program. Disciplinary actions are posted on the BRN website and clearly identified as “discipline.” Posting of restrictions that are not “discipline/disciplinary” would enable the public to deduce that the RN is a participant in the Diversion Program; thus violating the participant’s confidentiality rights and the statute.

It is unknown if the required information can be made available to the public using BreEZe. The Standard involves the Department, which has overall responsibility for BreEZe, as well boards with a diversion program; therefore, the Board will pursue the issue with the Department.

**B&P Code Section 315(c)(15)** If a board uses a private-sector vendor that provides diversion services, a schedule for external independent audits of the vendor’s performance in adhering to the standards adopted by the committee.

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<tr>
<td><strong>#15:</strong> Requires an external independent audit at least once every 3 years by a qualified, independent reviewer or review team from outside the department with no real or apparent conflict of interest with the vendor providing the monitoring services. The audit must assess the vendor’s performance in adhering to the Uniform Standards established by the board. The reviewer must</td>
<td>No action has been taken. The BRN, together with the other healthcare professional licensing boards with a Diversion Program, contract, through the Department, with the same vendor to provide monitoring services for its participants.</td>
<td>The Standard does not apply to the Probation Program.</td>
<td>Since the Diversion Program contract is managed by the Department and involves multiple boards, implementation of the Standard will necessitate participation of these entities. The auditing cycle is not congruent with the contracting periods. The contract is generally for a three-year period with two one-year extensions.</td>
<td>Cost of the audit.</td>
</tr>
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</table>
provide a report of their finding to the board by June 30 of each 3 year cycle. The report shall identify any material inadequacies, deficiencies, irregularities, or other non-compliance with the terms of the vendor’s monitoring services that would interfere with the board’s mandate of public protection. The board and the department shall respond to the findings of the audit report.

**B&P Code Section 315(c)(16)** Measurable criteria and standards to determine whether each board’s method of dealing with substance-abusing licensee protects patients from harm and is effective in assisting in recovering from substance abuse in the long term.

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<tr>
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<td><strong>#16:</strong> The Standard specifies the criteria related to licensees with substance abuse problems who are in the Diversion or Probation Program that the board must report annually to DCA and the Legislature. The report must also specify the drug(s) the licensee abused. The board must analyze the data to determine if there are indicators for lower or higher probability of success of the program. The Standard also sets forth criteria to determine if the program protects patients from harm and is effective in</td>
<td>Conforms to the Standard. Data on all the criteria are maintained except major and minor violations, which have been added to the RFP. The contractor is required to monitor trends, conduct a trends analysis, and make recommendations annually or more frequently, as appropriate, to the Board.</td>
<td>Not in conformance. The majority of the information/data is contained in individual probationer files. The Board does not currently maintain the information in a centralized data system, and therefore, cannot retrieve aggregate data or conduct trend analysis as required by the Standard.</td>
<td>The required data is not obtainable from BreEZe and will necessitate creation of a separate data tracking system. This option is contrary to the Board and Department’s goal of having one data system. Furthermore, implementation will require additional staff/staff time: to create the system; input and retrieve the data from existing files; to maintain and continually update the system; and to analyze the data. Currently, the Probation Program Manager maintains and uses Excel to generate statistical data/reports for the Program. Aggregate data is reported at Diversion/Discipline and Board meetings and includes: gender; basis of probation (CD, practice, mental health, convictions, etc.); cases pending at AG/Board; licenses revoked, or</td>
<td>Potentially significant fiscal impact, even if the data can be obtained from BreEZe or previous Department computer data bases such as CAS. The cost is attributed to additional staff/staff time needed to retrieve, input, maintain, and analyze the data on an on-going basis.</td>
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| Board of Registered Nursing – Diversion/Discipline Committee  
Uniform Standards Comparison |
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<td>assisting licensees in recovering from substance abuse.</td>
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AGENDA ITEM: 10.1  
DATE: June 12, 2014

ACTION REQUESTED: Nurse Practitioner: Education and Practice

REQUESTED BY: Trande Phillips, RN, Chairperson  
Nursing Practice Committee

BACKGROUND:

BRN-NEC staff will present talking points:

- Report of the National Task Force on Quality Nurse Practitioner Education – 2012, and
- The National Association of Nurse Practitioner Faculties (NONPF)

Nurse Practitioner Practice information provided by the American Nurses Association and American Association of Nurse Practitioners.

RESOURCES:
American Academy of Nurse Practitioners (www.aanp.org)  
American Association of Colleges of Nursing (www.aacn.nche.edu)  
American College of Nurse Practitioners (www.acnpweb.org)  
American Nurses Association (www.NursingWorld.org)  
Centers for Medicare and Medicaid (CMS.gov)

NEXT STEPS: Board

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: Janette Wackerly, MBA, BSN, RN  
Supervising Nursing Education Consultant  
Phone: 916-574-7686  
Email: janette.wackerly@dca.ca.gov
Information only: Nurse Practitioner: Education and Practice  
June 12, 2014  
Nursing Practice Committee Agenda Item

Graduate and Postgraduate Education
- Broad-based graduate education;
- Comprehensive core graduate-level courses in advanced physiology/pathophysiology, health assessment, and pharmacology including clinical and didactic experiences;
- Program preparation for the graduate with core competencies for specific CNP role and for one of six populations: family, adult/gerontology (primary & acute), neonatal, pediatric (primary & acute), women’s health, and psychiatric-mental health; and
- Educational programs nationally accredited.

National Organization of Nurse Practitioner Faculties (NONPF)
- Scientific Foundation Competencies;
- Leadership Competencies;
- Quality Competencies;
- Practice Inquiry Competencies;
- Technology and Information Literacy Competencies;
- Policy Competencies;
- Health Delivery Systems Competencies;
- Ethics Competencies; and
- Independent Practice Competencies
Nurse Practitioner Core Competences April 11, 2011 and Amended 2012 (NONPF)
The Nurse Practitioner Core Competencies integrate and build upon existing Master’s and DNP core competencies and are guidelines for educational programs preparing NPs to implement the full scope of practice as a licensed independent practitioner. The competencies are essential behaviors of all NPs. These competencies are demonstrated upon graduation regardless of the population focus of the program and are necessary for NPs to meet the complex challenges of translating rapidly expanding knowledge into practice and function in a changing health care environment.

Nurse Practitioner graduates have knowledge, skills, and ability that are essential to independent clinical practice. The NP Core Competencies are acquired through mentored patient care experiences with emphasis on independent and interprofessional practice; analytic skills for evaluating and providing evidence-based, patient centered care across settings; and knowledge of the health care delivery system.

(NPCorecompetenciesfinal2012)

Nurse Practitioner Core Competencies

Scientific Foundation Competencies

1. Critical analyzes data and evidence for improving advanced nursing practice;
2. Integrated knowledge from the humanities and sciences within the context of nursing science;
3. Translate research and other forms of knowledge to improve practice processes and outcomes; and
4. Develop new practice approaches based on the integration of research, theory and practice knowledge.

Leadership Competencies

1. Assumes complex and advanced leadership roles to initiate and guide change;
2. Provides leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated health care team, and policy makers) to improve health care

Nurse Practitioner Core Competencies;
3. Demonstrates leadership that uses critical and reflective thinking;
4. Advocates to improve access, quality and cost effective health care;
5. Advances practice through the development and implementation of innovation incorporating principle of change;
6. Communicates practice knowledge effectively both orally and in writing; and
7. Participates in professional organizations and activities that influence advanced practice nursing and/or health outcomes of a population focus.

Quality Competencies
1. Uses best available evidence to continuously improve quality of clinical practice;
2. Evaluates the relationships among access, cost, quality, and safety and their influence on health care;
3. Evaluates how organizational structure, care processes, financing, marketing and policy decisions impact the quality of health care;
4. Applies skills in peer review to promote a culture of excellence; and
5. Anticipates variation in practice and is proactive in implementing interventions to ensure quality.

Practice Inquiry Competencies
1. Provides leadership in the translation of new knowledge into practice;
2. Generates knowledge from clinical practice to improve practice and patient outcomes;
3. Applies clinical investigative skills to improve health outcomes;
4. Leads practice inquiry, individually or in partnerships with others;
5. Disseminates evidence from inquiry to diverse audiences using multiple modalities; and
6. Analyzes clinical guidelines for individual application into practice.

Technology and Information Literacy Competencies
1. Integrates appropriate technologies for knowledge management to improve patient health;
2. Translates technical and scientific health information appropriate for various needs;
   2a) Assesses the patient’s and caregiver’s educational needs to provide effective, personalized health care;
   2b) Coaches the patient and care giver for positive behavioral change;
3. Demonstrates information literacy skills in complex decision making;
4. Contributes to the design of clinical information systems that promote safe, quality and cost effective care; and
5. Uses technology systems that captures data on variable for the evaluation of nursing care.

Policy Competencies
1. Demonstrates an understanding of the interdependence of policy and practice;
2. Advocates for ethical policies and promotes access, equality, quality, and cost;
3. Analyzes ethical, legal, and social factors influencing policy development;
4. Contributes to the development of health policy;
5. Analyzes the implications of health policy across disciplines; and
6. Evaluates the impact of globalization on health policy development.

Health Delivery Systems Competencies
1. Applies knowledge of organizational practices and complex systems to improve health care delivery;
2. Effective health care changes using board based skills including negotiating, consensus-building, and partnering;
3. Minimize risk to patients and providers at the individual and system level;
4. Facilitates the development of health care systems that address the needs of culturally diverse populations, provides, and other stakeholders;
5. Evaluates the impact of health care delivery on patients, providers, others stakeholders, and the environment;
6. Analyzes organizational structure, functions, and resources to improve the delivery of care; and
7. Collaborates in planning for transition across the care continuum of care.

Ethics Competencies
1. Integrates ethical principles in decision making;
2. Evaluates the ethical consequences of decisions; and
3. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.

Independent Practice Competencies
1. Functions as a licensed independent practitioner;
2. Demonstrates the highest level of accountability for professional practice;
3. Practices independently managing previously diagnosed and undiagnosed patients;
   3a). Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative and end of life care;
   3b). Uses advanced health assessment skill to differentiate between normal, variations of normal, and abnormal findings;
   3c). Employs screening and diagnostic strategies in the development of diagnoses;
   3d). Prescribes medications within scope of practice;
   3e). Manages the health illness status of patients and families over time;
4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making;
   4a). Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration;
   4b). Creates a climate of patient centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect;
   4c). Incorporates the patient’s cultural and spiritual preferences, values, and beliefs into health care; and
   4d). Preserves the patients control over decision making by negotiating a mutually acceptable plan of care.
Understanding Advanced Practice Registered Nursing: The Role of the Nurse Practitioner and Consumer Safety

- **Advanced Practice Nurses- Who are they?**
  - educated, trained and skilled to provide primary, preventive and chronic care
  - possess additional preparation and skills in physical diagnosis, psychosocial assessment, and management of health-illness needs in primary health care, and who has been prepared in a program that conforms to the California Board of Registered Nursing **Section 1480**

- **Practice settings- Where do they practice?**
  - Patient-Centered medical homes
  - Accountable Care Organizations
  - Hospitals
  - Long-term care facilities
  - Telehealth/Telemedicine

- **Reimbursement for services- What are the requirements?**
  - Must be a graduate of master’s, post master’s or Doctorate in Nursing Practice program
  - Must be certified by a nationally recognized certifying body
  - Must be recognized by their state as nurse practitioners.
  - Must have a NPI number
Understanding Advanced Practice Registered Nursing:
The Role of the Nurse Practitioner and Consumer Safety

Nurses should practice to the full extent of their education and training (IOM, 2010). Advanced practice nurses are crucial in providing and advocating for competent, safe, coordinated, quality and compassionate care.

Advanced Practice Registered Nurses (APRN) are educated, trained and skilled to provide primary, preventive and chronic care (ANA, 2011). California Board of Registered Nursing defines APRN as those licensed registered nurses who meet the requirements of Article 2.5 Nurse-Midwives, Article 7 Nurse Anesthetists, Article 8 Nurse Practitioners and Article 9. Clinical Nurse Specialists. NP are registered nurses who possesses additional preparation and skills in physical diagnosis, psychosocial assessment, and management of health-illness needs in primary health care, and who has been prepared in a program that conforms to the California Board of Registered Nursing standards of education Section 1480. Nurse Practitioner Core Competencies include scientific foundations, leadership, quality, practice inquiry, technology and information literacy, policy, health delivery systems, ethics and independent practice (NONPF, 2012). Population focused competencies for NP include Family/Across the Lifespan, Neonatal, Acute Care Pediatric, Primary Care Pediatric, Psychiatric-Mental Health, & Women’s Health/Gender-Related (NONPF, 2013).

Primary care is provided by NP to meet the health and safety needs of consumers. Care provided by NP includes initial evaluation of new-onset of symptoms, chronic disease management, and preventative care interventions (Health Policy Brief, 2012). The quality of care and patient outcomes by nurse practitioners and physicians were similar (Health Policy Brief, 2012). Comparison studies looking at outcome measures between NP and physicians showed that patient satisfaction, patient follow-up, provisions of screening, assessment, and counseling were better with the NP (Health Policy Brief, 2012).

Nurse practitioners provide primary care to individuals, families, groups and communities (ANA, 2011). Primary care is provided in different settings such as nurse-managed clinics, long term care facilities, acute care facilities and schools (ANA, 2011). Other areas where NP may work include Patient-Centered medical homes and Accountable Care Organizations (ACO). Accountable Care Organizations is a system where coordinated, unduplicated, and safe care is provided to Medicare recipients. NP provide comprehensive, coordinated health promoting and maintenance care. (Health Policy Brief, 2012).

Advanced Practice Registered Nurses must have their own billing number in order to bill Medicare for ordering or performing services such as physical therapy and occupational therapy, diagnostic tests, durable medical equipment, sigmoidoscopies and colonoscopies and telemedicine according to the Balanced Budget Act of 1997 (AANP, 2013).
State medical boards adopt policy guidelines for safe practice of telemedicine (2014) to ensure patient protection in this dynamic health care environment. According to the Telemedicine and Telehealth Association, Nurse practitioners provide telemedicine or telehealth services. Medicare provides reimbursement to NP for the telehealth services. For NP to receive Medicare reimbursement for telehealth services, they require a NPI number.

APRNs are crucial to the goals of healthcare reform (American Academy of Nursing, 2010) The Centers for Medicare and Medicaid (CMS) and the Affordable Care Act (ACA) aim is to reduce avoidable hospital readmissions within 30-days of discharge for patient diagnosed with Acute Myocardial Infarction (AMI), heart failure (HF) and pneumonia (PN). There are plans to expand applicable conditions in 2015. The goal is to improve outcomes and transition of care from hospital to non-hospital settings including long-term care facilities. Robert Wood Johnson Foundation (2013) The Revolving Door: A Report on U.S. Hospital Readmissions states that the Affordable Care Act directs CMS to develop the Community-based Care Transitions Program (CCTP) and to test models for improving care transitions for high-risk Medicare patients.

Post-discharge transitional care management services are provided by APRNs to facilitate transition from inpatient hospitalization settings to community-based setting without a gap to address medical and/or psychological problems that require moderate or high complexity medical decision making. Under the 2013 Medicare Physician Fee Schedule Rule, the CMS reimburses APRN (Nurse Practitioners, Clinical nurse Specialists and Certified Midwives) for TCM services. To bill for TCM services furnished by a Nurse Practitioner, the nurse needs to meet the required qualifications set forth by the Department of Health and Human Services, Centers for Medicare and Medicaid, to receive their National Provider Identifier (NPI) number.

Nurses need to meet the following requirements to obtain a Medicare National Provider Identifier (NPI) number:

**Required Qualifications**

- A NP must be a registered professional nurse authorized by the State in which services are furnished to practice as a NP in accordance with State law and meet one of the following:
  - Obtained Medicare billing privileges as a NP for the first time on or after January 1, 2003, and:
    - Is certified as a NP by a recognized national certifying body that has established standards for NPs; and
    - Has a Master’s degree in nursing or a Doctor of Nursing Practice (DNP) doctoral degree;
  - Obtained Medicare billing privileges as a NP for the first time before January 1, 2003, and meets the certification requirements described above; or
  - Obtained Medicare billing privileges as a NP for the first time before January 1, 2001.
References

American Association of Nurse Practitioners (AANP) Medicare Reimbursement (2013) [1]

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Centers for Medicare & Medicaid Services [3]
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Federation State Medical Boards (2014) State Medical Boards Adopt Policy Guidelines for Safe Practice of Telemedicine [5]
http://www.newswise.com/articles/view/617064?print-article


California Board of Registered Nursing Nurse Practitioners: Laws & Regulations (2013) [7]
http://www.rn.ca.gov/pdfs/regulations/bp2834-r.pdf


http://www.rwjf.org/content/dam/farm/reports/reports/2013/rwjf404178

What they do: NPs provide primary and specialized care health care to individuals, families, and groups, and communities in a wide range of settings from nurse managed clinics, nursing homes, and hospitals to health maintenance organizations, workplaces, schools, or their own practices. Most have a specialty—for example adult, family, pediatric, gerontological care, as well as other areas such as women’s health and psychiatric/mental health. NPs take health histories; conduct physical exams; diagnose and treat common acute illnesses and injuries; give immunizations; manage high blood pressure, diabetes, and other chronic conditions; order and interpret x-rays and other laboratory tests; counsel patients on disease prevention and health lifestyles; and refer patient to other health providers as needed. (ANA 2011) http://nursingworld.org/FunctionalMenuCategories/MediaResources/MediaBackgrounders/APRN-A-New-Age-in-Health-Care.pdf

Let me know: if January 2011 federal laws required Medicaid to recognize only some advanced practice—specifically pediatric and family nurse practitioners and certified nurse midwives—as eligible for reimbursement under the fee-for-service program. Did the Medicaid Advanced Practice Nurses and Physician Assistants Access Act (S.56) recognize all nurse practitioners and certified nurse-midwives as primary care managers and allow direct reimbursement to all nurse practitioners and clinical nurse specialist. In addition, the measure would require Medicaid to include NPs, CNSs, CNMs and CRNAs on all of the program’s managed care. Nurse practitioners authorized to apply to a Medi-Cal provider number and bill Medi-Cal independent of a physician (AB 1591, Chan, Chapter 719, Statutes of 2006)-2011 through administrative advocacy, CANP works with Department of Health Care Services to issues provider number to NP, allowing all NPs to bill Medi-Cal directly rather than a physician’s medical number.

Medicare Update: American Association of Nurse Practitioners (AANP:
*Effective with the passage of the Balanced Budget Act of 1997, all NPs, CNSs, and Pas must have their own billing number in order to bill Medicare, even if they are employed and ever if their employer has always billed for their services using the employer's billing number. Initially, payment for NPs, CNSs and Pas was based on a PIN number provided by CMS. Now it is based on a NPI numbers, which can be obtained by nurse practitioner for identification and billing.

*Billing Directions: NPs are expected to submit claims to Part B carrier under their own NPI number.
*Duplicate Payments:* No separate payment may be made to the nurse practitioner when a facility or other provider payment or charges is made for the same professional services. This includes SNIFs, NFs, comprehensive outpatient rehabilitation facilities (CORF), ASCs community mental health centers (CMHF), rural health centers (CRHC) or federally qualified health centers (FQHC).

*Qualification for NPs Seeking Reimbursement for Services to Medicare Patients:* In order to obtain a Medicare NPI number for the first time, nurse practitioner must be a graduate of a master's, postmasters, or DNP programs, nationally certified, and recognized in their state as a nurse practitioner.

*Ordering Physical Therapy and Occupational Therapy:* Under provisions of the statute, nurse practitioners are authorized to order physical therapy and occupational for Medicare patients under their care.

*Ordering and Performing Diagnostic tests:* Nurse practitioner are authorized to order diagnostic tests for patients under their care. They may also be reimbursed for performing diagnostic tests and interpreting tests they are authorized to perform. Physician supervision is not required.

*Ordering and Performing Sigmoidoscopies and Colonoscopies:* Nurse Practitioner are authorized to order and perform screening colonoscopies and screening sigmoidoscopies on Medicare patients.

*Durable Medical Equipment:* A face to face encounter must be conducted and documented prior to ordering durable medical equipment (DME).

*Telemedicine Services:* Nurse Practitioners are authorized as both primary care providers and consultants in the utilization of telemedicine for the management of Medicare Patients in federally designated Health Manpower Shortage Areas.

*Medicare Managed Care:* Under the statute and regulation for Medicare Managed Care, nurse practitioners may serve as PCPs on Medicare Manaaged Care Panels. They may also appeal claims in behalf of the patient. Non-discrimination language in the legislation prevents carriers from excluding nurse practitioners from providing panels and allows them to represent patients in for rejected claims.

* "Incident to":* At present time, the rules for "incident to" services are unchanged and continue to be limited to services provided strictly as a follow up to the provider plan of care.” Incident to” billing is limited the office setting and the NP must be on the office site to bill.

*Shared Visits in Hospitals:* Nurse Practitioner who have their own billing number and provide shared visits with a physicians in hospitals may bill for services as 100% as the physician has also seen the patient the same day in a “face to face” encounter. Billing will take place under the physician billing number.

*Attending in Home Health and Hospice Care:* Nurse Practitioners are authorized to receive reimbursement for serving as “attending physicians” in hospice and home health care. While this does not allow nurse practitioners to order/authorize hospice or home health care, nurse practitioners are allowed to re-certify patient eligible for hospice care/  

*Face to Face Requirement to Order Home Health:* In order for patients to obtain home health care services a face to face encounter with an eligible provide must occur with 90 days of the start of service. A nurse practitioner may conduct an encounter, but a physician must still document its occurrence.

*Hospital Admitting Examinations:* The physician counter signature requirement for hospital admitting physical examinations conducted by the nurse practitioner has been eliminated.
**Supervising Procedures in Outpatient Settings:** Nurse practitioners may directly supervise all hospital outpatient therapeutic services in both hospitals and satellite sites that they may perform themselves. (This does not include pulmonary, cardiovascular and intensive cardiovascular rehabilitation services). Direct supervision in this case means the nurse practitioner must be present on the same campus and immediately available to furnish assistance and direction throughout the performance of the procedure. 

AGENDA ITEM: 10.2
DATE: June 12, 2014

ACTION REQUESTED: Information and Discussion: Nurse Practitioner Laws and Regulations – Title 16 of the California Code of Regulations, Article 8, Sections 1480-1484

REQUESTED BY: Trande Phillips, RN, Chairperson
Nursing Practice Committee

BACKGROUND:

The BRN staff APRN workgroup has continued review of Article 8 Nurse Practitioners Laws and Regulations, the NCSBN Model Act, and language implemented in other states. Attached from the APRN workgroup is the current working document which includes the existing regulations and draft suggested language for review and discussion. The working document is in black ink; type and underlining and cross out have been incorporated to reflect changes.

Nursing Education Consultant APRN (Advanced Practice Registered Nurse) Workgroup suggested updating and revising of:
1. Section 1480 - Definitions
2. Section 1481 – Categories of Nurse Practitioners
3. Section 1482 – Requirements for Nurse Practitioners
4. Section 1483 – Evaluation of Credentials
5. Section 1483.1 – Approved APRN-NP Program Accreditation Required and Board Notification Process
6. Section 1483.2 – Application for APRN-NP Program Approval
7. Section 1483.3 - Changes to an Approved Program
8. Section 1484 - APRN-NP Education

NEXT STEPS: Place on Board Agenda.

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: Janette Wackerly, MBA, BSN, RN
Supervising Nursing Education Consultant
Phone: 916-574-7686
Email: janette.wackerly@dca.ca.gov
### Current California Code of Regulations

**Article 8 – Standards for Nurse Practitioners**

1480. Definitions

(a) "Nurse practitioner" means a registered nurse who possesses additional preparation and skills in physical diagnosis, psycho-social assessment, and management of health-illness needs in primary health care, and who has been prepared in a program conforms to board standards as specified in Section 1484.

(b) "Primary health care" is that which occurs when a consumer makes contact with a health care provider who assumes responsibility and accountability for the continuity of health care regardless of the presence or absence of disease.

(c) "Clinically competent" means that one possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by a member of the appropriate discipline in clinical practice.

(d) "Holding oneself out" means to use the title of nurse-practitioner.

**Authority cited:** Section 2715, 2836.1, Business and Professions Code.

Reference: Section 2834, Business and Professions Code.

**History:**

1. New Article 8 (Sections 1480-1485) filed 7-13-79; effective thirtieth day thereafter (Register 79, No. 28).
2. Amendment filed 12-7-85; effective thirtieth day thereafter (Register 85, No. 49).

### Draft Revisions for Discussion

**BRN Nursing Practice Committee 5/7/14**

1480. Definitions

(a) “Academic year” means two semesters, each semester is 15-18 weeks, or three quarters, each quarter is 10-12 weeks.\[6\]

(b) “Acute care” means focus of care is on restorative care characterized by rapidly changing clinical conditions and the certified nurse practitioner provides care for patients with unstable chronic, complex acute and critical conditions.\[6, 7\]

(c) “Advanced health assessment course” means a course that includes the process of collecting information regarding a client’s health care status including, but not limited to, illness; health risks of the individuals, families and groups; resources; strengths and weaknesses, coping behaviors; and the environment. The skills involved in the assessment process may include, but are not limited to: obtaining the health histories, conducting physical examinations, ordering, interpreting a broad range of diagnostic procedures (e.g., laboratory studies, EKGs, and x-rays). Advanced assessment includes the processes resulting in differential diagnoses.\[4\]

(d) “Advanced pathophysiology course” means a course that builds on the foundational knowledge of physiological disruptions that accompany a wide range of alterations in health. Content is applied to select patient situations as a basis for interpreting assessment data and developing appropriate health care regimens for common, acute, and chronic disease processes.\[6, 14\]

(e) “Advanced pharmacology course” means a course that integrates advanced knowledge of pharmacology, pharmacokinetics, and pharmacodynamics across the lifespan to enable the certified nurse practitioner to initiate appropriate pharmacotherapeutics safely and effectively in the management of acute and chronic health conditions. Teaches the application of patient history and physical examination findings, together with laboratory and imaging studies, and communication plans for the interdisciplinary team, clients and/or families in the evidence-based selection of the correct prescriptive and non-prescriptive medications for therapy, including ethical, legal, regulatory, and cost effective prescribing practices.\[6, 14\]
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(f) “Advanced practice registered nursing (APRN) core” means the essential broad-based curriculum courses for all APRN students in the areas of advanced health assessment, advanced physiology/pathophysiology, and advanced pharmacology. This content must be presented in three separate comprehensive graduate-level courses.\(^{[5]}\)

(g) “California based nurse practitioner program” means an academic program that is physically located in California, approved by the California BRN, and accredited by a nursing accrediting body that is recognized by the United States Secretary of Education and/or the Council for Higher Education Accreditation (CHEA), or its successor organization, as acceptable by the Board that offers a graduate degree or higher, or a post-graduate level certificate.\(^{[4],[6]}\) *Currently no reference to this term – most likely place to include term would be 1483.1, 1483.2 and 1484*

(h) “Certified nurse practitioner (CNP)” means a registered nurse who possesses additional preparation and skills in physical diagnosis, psycho-social assessment, and management of health-illness needs in primary and acute care, and who has been prepared in a program that conforms to board standards as specified in Section 1484.\(^{[1],[6]}\)

(i) “Clinical practice experience” means the supervised provision of direct patient care in a clinical setting that complements course work and ensures acquisition of advanced practice nursing skills.\(^{[4]}\)

(j) “Clinical preceptor” means health care provider qualified by education and clinical competence to provide direct supervision of the clinical practice experience of a Nurse Practitioner student.\(^{[4]}\)

(k) “Clinically competent” means that one possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by a member of the appropriate discipline in clinical practice.\(^{[1]}\)

(l) “Collaboration” means working with another health care provider to jointly provide client patient care.\(^{[4]}\)

(m) “Consultation” means discussion with another health care provider for the purpose of obtaining information or advice in order to
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<td>provide client-patient care.</td>
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<td>(n) “Counseling” means a mutual exchange of information through which advice recommendations, instruction, or education is provided to the client-patient.</td>
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<td>(o) “Direct supervision” means the clinical preceptor or faculty member physically present at the practice site who retains the responsibility for patient care while overseeing the student and if necessary, redirecting, or intervening in the delivery of patient care if necessary.</td>
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<td>(p) “Furnishing number” – work in progress means making drugs and devices available to patients by approved standardized procedures.</td>
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<td>(q) “Graduate core” means the foundational core courses deemed essential for all students who pursue a graduate degree in nursing regardless of specialty or functional focus.</td>
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<td>(r) “Graduate nurse practitioner APRN-NP program” means a nurse practitioner program for preparing advanced practice registered nurses at the graduate level, including the graduate core; advanced practice registered nursing core, and nurse practitioner role and population-focused courses. Specialty courses with a narrow focus of practice may be an added emphasis of educational preparation in addition to the NP role and population focus (e.g., oncology, palliative care).</td>
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<td>(s) “Lead nurse practitioner faculty” means a Nurse Practitioner who is responsible for the administrative functions for each NP population focus program in a multiple track nurse practitioner program. Lead NP faculties are nationally certified in the specific program’s population focus. Administrative functions include curricular design, and oversight of curriculum implementation and evaluation.</td>
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<td>(t) “Multiple track nurse practitioner program” means a graduate educational program whose curriculum offers more than one NP population focused track or primary and acute care NP tracks in the same population focused area of practice.</td>
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<td>(u) “National certification” means current certification, if such</td>
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| Current California Code of Regulations  
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| certification is available, as a Nurse Practitioner in a role and population focus through testing accredited by the National Commission on Certifying Agencies or the American Boards of Nursing Specialties or other certifying bodies, as approved by the Board. An individual’s educational preparation (population focus) must be congruent with the certification examination. [4], [6] |
| (v) “Nurse practitioner program administrator” means a qualified Advanced Practice Registered Nurse who is responsible and accountable for the nursing education program, including those functions aligned with program and curricular design and resource acquisition and allocation. These duties may be fulfilled by the program director. [4], [6] |
| (w) “Nurse practitioner program director/coordinator” means a qualified California Certified Nurse Practitioner who is responsible for the implementation of the program and the achievement of the program objectives, including ensuring that there are adequate qualified faculty assigned to coordinate and administer each Nurse Practitioner program track offered. [4], [6] |
| (x) “Nurse practitioner program Faculty” means a California Certified Nurse Practitioner faculty member who has responsibility for developing and implementing the curriculum, policies, and practices associated with student advising and evaluation, mentoring and collaborating with clinical preceptors and other health care professionals. [4], [6] |
| (y) “Out of state based nurse practitioner program” – work in progress |
| (z) “Population focus/foci” means the concurrent didactic and clinical practice experience courses consistent with nationally recognized competencies for a population focus. The six population foci are primary or acute care adult-gerontology, primary or acute care pediatrics, family/across the lifespan, neonatal, women’s health/gender specific, and psychiatric-mental health. [6], [7] |
| (aa) “Primary care” means focus of care is on comprehensive, continuous care characterized by a long term relationship between the patient and primary care CNP, regardless of the presence or absence of |
disease, and provides care for most health needs and coordinates additional health care services beyond the CNP’s area of expertise.\[1\], \[7\]

(bb) “Referral” means directing the client patient to other resources for the purpose of assessment, diagnosis and/or intervention. \[4\], \[6\]

(cc) “Standardized procedures” – work in progress

### 1481. Categories of Nurse Practitioners

A registered nurse who has met the requirements of Section 1482 for holding out as a nurse practitioner, may be known as a nurse practitioner and may place the letters "R.N., N.P." after his/her name alone or in combination with other letters or words identifying categories of specialization, including but not limited to the following: adult nurse practitioner, pediatric nurse practitioner, obstetrical-gynecological nurse practitioner, and family nurse practitioner.

**Authority cited:** Section 2715, Business and Professions Code. Reference: Sections 2834 and 2836, Business and Professions Code.

**History:**

1. Amendment filed 12-4-85; effective thirtieth day thereafter (Register 85, No. 49).

### 1481. Population Categories of Nurse Practitioners

(a) Advanced Practice Registered Nurse (APRN) is the title given to an individual certified licensed to practice advanced practice registered nursing within, but not limited to, one of the following roles: certified nurse practitioner (CNP), certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM) or clinical nurse specialist (CNS), and who functions in a population foci.

(b) A registered nurse who has met the requirements of section 1482 for holding out as a certified nurse practitioner, may be known as an advanced practice nurse and may place the letters “APRN-CNP” after his/her name or in combination with other letters or words that identify the population focus. Only a registered nurse who has met the requirements of Section 1482 for nurse practitioner certification may be known as an APRN-CNP or any other title that would lead a person to believe the individual is an APRN-CNP and may place alone or in combination with other letters or words that identify the population focus categories of specialization.

(c) Categories of nurse practitioners shall include, but are not limited to:

1. Family/individual across the lifespan
2. Primary or acute care adult-gerontology
3. Neonatal
4. Primary or acute care pediatrics
5. Women’s health/gender-related
6. Psychiatric/mental health
7. In addition to the RN scope of practice and within the APRN role and
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Article 8 – Standards for Nurse Practitioners  

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<td>1482. Requirements for Holding Out As a Nurse Practitioner</td>
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<td>population focus, CNP practice shall include:</td>
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<td>(1) Standardized procedures for CNP practice</td>
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<td>(2) Conducting an advanced assessment</td>
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<td>(3) Ordering and interpreting diagnostic procedures</td>
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<td>(4) Establishing primary and differential diagnoses</td>
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<td>(5) Furnishing/prescribing therapeutic measures as set forth in Business &amp; Professions Code Section 2836.1.</td>
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<td>(6) Providing physician delegated supervision for medical assistants performing tasks and supportive services pursuant to approved written standardized procedure.</td>
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<td>(Per SB 352, Chapter 286, effective January 1, 2014)</td>
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<td>(7) Consulting/collaborating with other disciplines and providing referrals to health care agencies, health care providers and community resources</td>
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<td>(8) Wearing identification which clearly identifies the nurse as a CNP when providing direct patient care, unless wearing identification creates a safety or health risk for either the nurse or the patient and</td>
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<td>(9) Other acts that require education and training consistent with professional standards and commensurate with the CNP’s education, certification, demonstrated competencies and experience</td>
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<td>(e) CNPs are certified practitioners within standards established or recognized by the BRN. Each CNP is accountable to patients, the nursing profession and the BRN for:</td>
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<td>(1) Complying with the requirements of this Act and the quality of advanced nursing care rendered</td>
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<td>(2) Recognizing limits of knowledge and experience</td>
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<td>(3) Planning for the management of situations beyond the CNP’s expertise and</td>
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<tr>
<td>(4) Consulting with or referring patients to other health care providers as appropriate</td>
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**Authority:** Sections 2715, 2834 and 2836, Business and Professions Code.
The requirements for holding oneself out as a nurse practitioner are:
(a) Active licensure as a registered nurse in California; and
(b) One of the following:
(1) Successful completion of a program of study which conforms to board standards; or
(2) Certification by a national or state organization whose standards are equivalent to those set forth in Section 1484; or
(3) A nurse who has not completed a nurse practitioner program of study which meets board standards as specified in Section 1484, shall be able to provide:
(A) Documentation of remediation of areas of deficiency in course content and/or clinical experience, and
(B) Verification by a nurse practitioner and by a physician who meet the requirements for faculty members specified in Section 1484(c), of clinical competence in the delivery of primary health care.

**Authority cited:** Section 2715, Business and Professions Code. Reference: Sections 2835 and 2836, Business and Professions Code.

**History:**
1. Amendment filed 12-4-85; effective thirtieth day thereafter (Register 85, No. 49).

### 1483. Evaluation of Credentials

An application for evaluation of a registered nurse's qualifications to hold out as a nurse practitioner shall be filed with the board on a form prescribed by the board and shall be accompanied by the fee prescribed in Section 1417 and such evidence, statements or documents as therein required by the board to conform with Sections 1482 and 1484.

The board shall notify the applicant in writing that the application is complete and accepted for filing or that the application is deficient and what specific information is required within 30 days from the receipt of an application. A decision on the evaluation of credentials shall be reached within 60 days from the filing of a completed application. The median, minimum, and maximum times for processing an application, from the receipt of the initial application to the final decision, shall be 42 days, 14 days, and one year, respectively, taking into account Section 1410.4(e) which provides for abandonment of incomplete applications after one year.

**Authority cited:** Section 2715 and 2718, Business and Professions Code.

### 1483. Evaluation of Credentials

An application for evaluation of a registered nurse's qualifications as a Certified Nurse Practitioner (CNP) shall be filed with the board on a form prescribed by the board and shall be accompanied by the fee prescribed in Section 1417 and such evidence, statements or documents as therein required by the board to conform with Sections 1482 and 1484.

CNP application includes submission of the following information:
(a) Name of the graduate APRN-NP Program or post-graduate NP Program and the date of graduation or completion.
(b) Documentation that verifies the date of graduation; credential conferred; record of courses and minimum of 500 hours of supervised clinical practice hours completed under direct supervision as described in Section 1484.

The board shall notify the applicant in writing that the application is...
| Current California Code of Regulations  
Article 8 – Standards for Nurse Practitioners | Draft Revisions for Discussion  
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|---|---|
| Reference: Sections 2815 and 2835.5, Business and Professions Code.  
**History:**  
1. Repealer and new section filed 8-21-86; effective thirtieth day (Register 86, No. 34). | complete and accepted for filing or that the application is deficient and what specific information is required within 30 days from the receipt of an application. A decision on the evaluation of credentials shall be reached within 60 days from the filing of a completed application. The median, minimum, and maximum times for processing an application, from the receipt of the initial application to the final decision, shall be 42 days, 14 days, and one year, respectively, taking into account Section 1410.4(e) which provides for abandonment of incomplete applications after one year.  
**Authority:** Sections 2715, 2718, 2815, and 2835.5, Business and Professions Code. |

| WORK IN PROGRESS  
1483.1. Approved APRN-NP Program Accreditation Required and Board Notification Process. [4], [6], [13]  
(a) Programs that are located in the state of California and prepare nurse practitioners for state certification must be approved by the Board and shall submit to the Board:  
(1) A copy of their most recent program self-evaluation reports;  
(2) Current accreditation and survey reports from all nursing accrediting agencies; and  
(3) Interim reports submitted to the national nursing accreditation agency.  
These documents must be submitted to the Board upon receipt to or release from the accrediting agency.  
(b) Programs which prepare nurse practitioners for state certification under development or pre-accreditation review shall submit the following for review by the Board:  
(1) Copies of the curricula within 30 days of sending the information to the accrediting agency;  
(2) Copies of self-evaluation reports and any interim reports provided to all national nursing accreditation agencies, at the time of notification from the accrediting agency that the program has not been fully accredited; |
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(3) Verification of accreditation from all accrediting agencies within 30 days of receipt by the program;
(4) Annual reports which enable the monitoring of continued compliance with Board requirements.
(c) Grounds for denial of graduate nurse practitioner applicants for initial certification include failure of the Nurse Practitioner program to:
  (1) Maintain accreditation status through a US Department of Education recognized national nursing accrediting body;
  (2) Submit curricula, self-evaluation reports, interim reports or notice of accreditation reports as required by the Board;
  (d) Students who graduate from a program which was accredited at the time of their completion shall be considered to have graduated from an accredited program regardless of the current program status for the purpose of licensure.

**Authority:** Sections 2715, 2785, 2785.5, 2786, 2786.6, Business and Professions Code.

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### WORK IN PROGRESS

**1483.2 Application for APRN-NP Program Approval**

- Any university or college wishing to establish a Nurse Practitioner education program must make application to the Board on forms supplied by the Board no later than one year before proposed enrollment of students.
  - A material misrepresentation of fact by a program applicant or an approved nursing program in any information required to be submitted to the board is grounds for denial of approval or revocation of the program's approval.
  - (a) The following information must be included with the initial application along with supporting documentation:
    1. Required fee per Section 2786.5;
    2. Purpose for establishing the nursing education program;
    3. Community needs and studies made as the basis for establishing a nursing education program;
    4. Type of program including clear identification of proposed licensure

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Last updated 4-17-2014
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<td>role and population foci for graduates;</td>
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<td>(5) Accreditation status, relationship of educational program to parent institution;</td>
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<td>(6) Financial provision for the educational program;</td>
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<td>(7) Potential student enrollment;</td>
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<td>(8) Provision for qualified faculty;</td>
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<td>(9) Proposed clinical facilities and other physical facilities;</td>
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<td>(10) Proposed time schedule for initiating the program.</td>
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<td>(b) Board representatives will conduct in person visits to nursing programs for the following purposes:</td>
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<td>(1) Review of application for initial program approval;</td>
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<td>(2) Initial and continuing full approval of an educational program;</td>
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<td>(3) Receipt by the Board of cause for review including but not limited to:</td>
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<td>(A) Significant curricular change which includes addition of a new state certification recognized population focus or role;</td>
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<td>(B) Evidence that graduates fail to meet national certification criteria;</td>
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<td>(C) Violation of Board standards.</td>
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<td>(c) If approval is denied or withdrawn, the applicant may request a hearing before the Board.</td>
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<td>(d) Board representatives will contact nursing programs to schedule site visits:</td>
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<td>(1) Within 60 days of receipt of an application for initial program approval;</td>
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<td>(2) Upon receipt of national accreditation report for existing programs; one year after implementation of new programs, every 3-5 years for continuing approval;</td>
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<td>(3) Within 30 days of receipt of a complaint.</td>
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<td>(4) For purposes of reviewing a major curriculum change.</td>
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<td>Authority: Sections 2715, 2785, 2785.5, 2786, 2788, Business and Professions Code.</td>
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WORK IN PROGRESS
1483.3 Changes to an Approved APRN-NP Program
### 1484. Standards of Education

The program of study preparing a nurse practitioner shall meet the following criteria:

(a) **Purpose, Philosophy and Objectives**
   1. have as its primary purpose the preparation of registered nurses who can provide primary health care;
   2. have a clearly defined philosophy available in written form;
   3. have objectives which reflect the philosophy, stated in behavioral terms, describing the theoretical knowledge and clinical competencies of the graduate.

(b) **Administration**
   1. Be conducted in conjunction with one of the following:
      A) An institution of higher education that offers a baccalaureate or higher degree in nursing, medicine, or public health.
      B) A general acute care hospital licensed pursuant to Chapter 2 (Section 1250)

### 1484. APRN-NP Education

The program of study preparing a certified nurse practitioner (CNP) shall be approved by the Board and shall meet the following standards of education:

(a) **Administration and Organization of the APRN-NP Program**:
   1. APRN-NP program mission, philosophy, goals, and program outcomes are consistent with the purpose for preparation of the graduate APRN-NP providing primary care and/or acute care services to one of the following population foci:
      A) Family/individual across the lifespan
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<td>of Division 2 of the Health and Safety Code, which has an organized outpatient department.</td>
<td>(B) Primary or acute care adult-gerontology</td>
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<td>(2) Have admission requirements and policies for withdrawal, dismissal and readmission clearly stated and available to the student in written form.</td>
<td>(C) Neonatal</td>
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<td>(3) Have written policies for clearly informing applicants of the academic status of the program.</td>
<td>(D) Primary or acute care pediatrics</td>
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<td>(4) Provide the graduate with official evidence indicating that he/she has demonstrated clinical competence in delivering primary health care and has achieved all other objectives of the program.</td>
<td>(E) Women’s health/gender-related or</td>
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<td>(5) Maintain systematic, retrievable records of the program including philosophy, objectives, administration, faculty, curriculum, students and graduates. In case of program discontinuance, the board shall be notified of the method provided for record retrieval.</td>
<td>(F) Psychiatric/mental health</td>
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<td>(6) Provide for program evaluation by faculty and students during and following the program and make results available for public review.</td>
<td>(2) Learning outcomes for the NP Program are measurable and reflect assessment and evaluation of the theoretical knowledge and clinical competencies of the graduate.</td>
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<td>(3) The policies and procedures by which the APRN-NP program is administered shall reflect the philosophy and learning outcomes of the program, and be available to all students.</td>
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<td>(4) The APRN-NP program shall have a written total program evaluation plan for program improvement, including attrition and retention of students, and performance of NP graduates on the national certification exam and meeting community needs.</td>
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<td>(5) The APRN-NP program shall have sufficient resources to achieve the program objectives.</td>
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<td>(6) In the event of program closure, the APRN-NP program shall notify the method provided for retrieval of records.</td>
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<td>(7) APRN-NP programs shall have a program administrator director who is responsible and accountable for the nursing education program or could be fulfilled by the program director. Qualifications for a program administrator director shall include:</td>
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<td>(A) an active, unencumbered CA registered nurse license;</td>
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<td>(B) certified as an APRN in CA</td>
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<td>(C) a Master’s degree in nursing or higher degree in nursing</td>
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<td>(D) hold a current APRN-NP national certification from a national organization recognized by the board.</td>
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<td>(8) The program director shall appoint a qualified NP program director and adequate number of qualified faculty to develop and implement the program and to achieve the program objectives.</td>
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<td>(9) The NP program director shall ensure that there is a qualified CNP faculty assigned to coordinate and administer each NP track when there is more than one NP option offered for the population foci.</td>
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(c) **Faculty.** There shall be an adequate number of qualified faculty to develop and implement the program and to achieve the stated objectives.

1. Each faculty person shall demonstrate current competence in the area in which he/she teaches.
2. The director or co-director of the program shall:
   - (A) be a registered nurse;
   - (B) hold a Master’s or higher degree in nursing or a related health field from an accredited college or university;
   - (C) have one academic year’s experience, within the last five (5) years, as an instructor in a school of professional nursing, or in a program preparing nurse practitioners.
3. Faculty in the theoretical portion of the program must include instructors who hold a Master's or higher degree in the area in which he or she teaches.
4. A clinical instructor shall hold active licensure to practice his/her respective profession and demonstrate current clinical competence.
5. A clinical instructor shall participate in teaching, supervising and evaluating students, and shall be appropriately matched with the content and skills being taught to the students.

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| (10) The NP program director shall have sufficient time dedicated for the administration of the program.  
(11) The program director, if he/she meets the requirements for the role, may fulfill the lead nurse practitioner faculty role and responsibilities.  
(12) The lead nurse practitioner faculty for the NP program qualifications shall include:  
(A) an active, unencumbered CA registered nurse license;  
(B) certified as a CNP in CA;  
(C) a Master’s degree in nursing or higher degree in nursing;  
(D) two years of clinical experience as an APRN-NP within the last five (5) years; and  
(E) hold a current APRN-NP national certification from a national organization recognized by the board.  
**Authority:** 2715, 2835, 2835.5, 2836, Business and Professions Code  
|  
| (b) **Faculty:** [1], [2], [3], [4], [6], [13]  
(1) Faculty who teach within the NP program shall be educationally qualified and clinically competent qualified in the same population foci as the theory and clinical areas taught. Qualification for the NP faculty shall include:  
(A) an active, unencumbered CA registered nurse license;  
(B) certified as a CNP in CA;  
(C) a Master’s degree in nursing or higher degree in nursing;  
(D) at least two years of clinical experience as an APRN-NP within the last 5 years; and  
(E) current knowledge, competence, and current national APRN-NP certification in the role and population foci consistent with the teaching responsibilities.  
(2) Interdisciplinary faculty who teach non-clinical NP nursing courses shall have advanced graduate degree appropriate to the content taught, such as pharmacology.  
(3) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing
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Curriculum content. Faculty responsibilities shall include:

- (A) making arrangements with agency personnel in advance of the clinical practice experience which provides and verifies student supervision, preceptor orientation, and faculty defined objectives;
- (B) monitoring student assignments, making periodic site visits to the agency, evaluating students’ performance on a regular basis with input from the student and preceptor, and availability for direct supervision during students’ scheduled clinical practice experience time;
- (C) Providing direct supervision by a qualified faculty or experienced licensed clinical supervisor as required for patient safety and student skill attainment.

(4) Each faculty member shall participate in an orientation program, including, but not limited to, the program’s curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation.

(5) Clinical faculty employed solely to supervise NP clinical practice experience for students shall meet faculty qualifications listed in Section 1484(b)(1).

(6) Clinical preceptors may be used to enhance faculty directed clinical practice learning experiences. Clinical preceptors shall demonstrate competencies in the assigned population foci and qualifications shall include:

- (A) an active, unencumbered CA registered nurse license and CA certified as an NP or CNM;
- (B) current national certification;
- (C) Qualified to practice unencumbered as a CNP or licensed non-NP healthcare provider who meets California licensure and national certification all of the above requirements in their discipline and practices in the population foci;
- (D) Functions as a supervisor and teacher and evaluates the student’s performance in the clinical setting.

(7) CNP Preceptorship experience:

- (A) Student-preceptor ratio shall be appropriate to accomplishment.
(d) Curriculum
(1) The program shall include all theoretical and clinical instruction necessary to enable the graduate to provide primary health care for persons for whom he/she will provide care.
(2) The program shall provide evaluation of previous education and/or experience in primary health care for the purpose of granting credit for meeting program requirements.
(3) Training for practice in an area of specialization shall be broad enough, not only to detect and control presenting symptoms, but to minimize the potential for disease progression.
(4) Curriculum, course content, and plans for clinical experience shall be developed through collaboration of the total faculty.
(5) Curriculum, course content, methods of instruction and clinical experience shall be consistent with the philosophy and objectives of the program.
(6) Outlines and descriptions of all learning experiences shall be available, in writing, prior to enrollment of students in the program.
(7) The program may be full-time or part-time and shall be comprised of not less than thirty (30) semester units, (forty-five (45) quarter units), which shall include theory and supervised clinical practice.
(8) The course of instruction shall be calculated according to the following formula:
(A) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.
(B) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit.
(C) One (1) semester equals 16-18 weeks and one (1) quarter equals 10-12 weeks.

Authorized:  2715, 2835, 2835.5, 2836, Business and Professions Code.

(c) Curriculum:
(1) The curriculum of an APRN-CNP program shall be that set forth in this Section and shall be approved by the board. Any revised curriculum shall be approved by the board prior to its implementation subject to fee per Section 2786.5.
(2) The CNP program may be full-time or part-time and shall be a minimum of one academic year in length.
(3) The curriculum content shall contain theory and clinical practice experience in the select NP role and population focus, preparing the graduate to meet all competencies consistent with APRN-CNP practice including advanced health physical assessment, advanced pharmacology, advanced pathophysiology, differential diagnosis and clinical management;
(4) Post-graduate NP programs which prepare an individual for dual role or population foci certification must meet all competencies of learning objectives, to provide for patient safety, and to the complexity of the clinical situation.
(B) Functions and responsibilities for the preceptor shall be clearly documented in a written agreement between the agency, the preceptor, and the clinical program.
(C) Initial experiences in the clinical practicum and a majority of the clinical practice experiences shall be under the supervision of clinical preceptors who are CNPs.
(D) A minimum of 500 hours of clinical practice experience for each role or population focus shall be under direct supervision by the preceptor or faculty.
(E) Faculty member conducts periodic on-site meetings/conferences with the preceptor and the student; and, faculty member completes the final evaluation of the student with input from the preceptor;
(F) Preceptor record that includes preceptor name, license, certification, student name, and dates of preceptorship shall be maintained.

Authority:  2715, 2835, 2835.5, 2836, Business and Professions Code.
### Current California Code of Regulations  
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(A) Concurrent with theory, there shall be provided for the student, demonstration of and supervised practice of correlated skills in the clinical setting with patients.  
(B) Following acquisition of basic theoretical knowledge prescribed by the curriculum the student shall receive supervised experience and instruction in an appropriate clinical setting.  
(C) At least 12 semester units or 18 quarter units of the program shall be in clinical practice.  
(10) The duration of clinical experience and the setting shall be such that the student will receive intensive experience in performing the diagnostic and treatment procedures essential to the practice for which the student is being prepared.  
(11) The program shall have the responsibility for arranging for clinical instruction and supervision for the student.  
(12) The curriculum shall include, but is not limited to:  
(A) Normal growth and development  
(B) Pathophysiology  
(C) Interviewing and communication skills  
(D) Eliciting, recording and maintaining a developmental health history  
(E) Comprehensive physical examination  
(F) Psycho-social assessment  
(G) Interpretation of laboratory findings  
(H) Evaluation of assessment data to define health and developmental problems  
(I) Pharmacology  
(J) Nutrition  
(K) Disease management  
(L) Principles of health maintenance  
(M) Assessment of community resources  
(N) Initiating and providing emergency treatments  
(O) Nurse practitioner role development  
(P) Legal implications of advanced practice  
(Q) Health care delivery systems  
(13) The course of instruction of a program conducted in a non-academic setting shall be equivalent to that conducted in an academic setting.  

**Authority cited:** Section 2715, Business and Professions Code. Reference: Section 2836, Business and Professions Code.

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designated for the NP role including supervised clinical practice hours of no less than 500 supervised hours for each role or population focus.  
(5) Each CNP curriculum for a population focus shall have a minimum of 500 supervised clinical practice hours directly related to the role and population focus, including pharmacotherapeutic management of patients.  
(6) There shall be provisions for the recognition of prior learning and advanced placements in the curriculum for individuals who hold a master’s in nursing and are seeking preparation in a different role and population focus. Post-graduate certificate students must successfully attain graduate didactic objectives and clinical competencies of a graduate degree-granting NP program through a formal graduate level certificate or a degree-granting graduate level NP program. A “formal graduate-level certificate program” is defined by the ability of the program or school to issue a certificate of completion and document successful completion on the formal transcript. Courses may be waived only if the individual’s transcript indicates that the required NP course or its equivalent has already been successfully completed, including graduate level courses in advanced physiology/pathophysiology, advanced pharmacology, and advanced health assessment.  

(2012 Criteria for Evaluation of NP Program NONPF) Post-masters nursing students shall complete the requirements of the master’s APRN-NP program through a formal graduate level certificate in the desired role and population focus. Post-master students must meet the same APRN-CNP outcome competencies as the master level students in the desired role and population focus.  
(7) The course of instruction shall be calculated according to the following formula:  
(A) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.  
(B) Three (3) hours of clinical practice experience each week throughout a semester or quarter equals one (1) unit.  
(C) One (1) semester equals 15-18 weeks and one (1) quarter equals 10-12 weeks.
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(8) The curriculum shall be congruent with national standards for graduate level and advanced practice nursing education and is consistent with the graduate core competencies and the population focused competencies in the area of educational preparation and includes, but is not limited to:

(A) The APRN core consisting of three separate graduate level courses in:

(1) Advanced physiology and pathophysiology, including general principles that apply across the lifespan

(2) Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches and

(3) Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents;

(B) Diagnosis and management of diseases across practice settings including diseases representative of all systems;

(C) Preparation that provides a basic understanding of the principles for decision making in the identified role;

(D) Preparation in the graduate core competencies for the identified APRN-CNP role; and

(E) Role preparation in one of the six population foci of practice, including legal, ethical and professional responsibilities of the APRN-CNP

(9) The curriculum shall include content related to CA NPA, BPC, Div. 2, Chapter 6, Article 8, Nurse Practitioner and CCR Title 16, Div. 14, Article 8, Standards for Nurse Practitioners, including but not limited to:

(A) BPC section 2835.7 Authorized standardized procedures;

(B) BPC section 2836.1 Furnishing or ordering of drugs or devices.

(10) Curriculum, course content, methods of instruction and clinical experience shall be consistent with the philosophy and objectives of the program.

(11) Course materials, including descriptions of all learning experiences and evaluation methods are published in written or electronic format.
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and shall be available to students prior to the start of the course.

(12) Supervised clinical practice experience shall consist of two phases:
(A) Concurrent with theory, there shall be provided for the student, demonstration of and supervised practice of correlated skills.
(B) Following acquisition of basic theoretical knowledge prescribed by the curriculum the student shall receive a minimum of 500 hours of supervised clinical practice experience and instruction in each role or population focus in an appropriate clinical setting in direct patient care.
(C) Each student enrolled in an NP program shall have an active unencumbered CA RN license.

**Authority:** 2715, 2835, 2835.5, 2836, Business and Professions Code.

(d) **Clinical Agency**; [1], [2], [6]

(1) The program shall have the responsibility for arranging for clinical practice experience, instruction and supervision for the student.
(2) The NP program shall maintain a written agreement with each agency where the students have clinical practice experiences with a preceptor, and such agreements shall include the following:
(A) Assurance of the availability and appropriateness of the learning environment in relation to the program’s written objectives;
(B) Provisions for orientation of faculty and students;
(C) Specification of the responsibilities and authority of the preceptor as related to the program and to the educational experience of the students;
(D) Provisions for continuing communication between the facility and the program; and
(E) Description of the responsibilities of faculty assigned to the course.

(e) **Student Participation**; [1], [2]

Students shall be provided the opportunity to participate with the faculty in the identification of policies and procedures related to students including but not limited to:
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|---|---|
| (1) Philosophy and objectives;  
(2) Learning experiences; and  
(3) Curriculum, instruction and evaluation of the various aspects of the program, including clinical facilities.  
**Authority:** 2715, 2835, 2835.5, 2836, Business and Professions Code. |
| **WORK IN PROGRESS:**  
**Requirements for Clinical Practice Experience for Nurse Practitioner Students Enrolled in Out of State Based APRN-NP Programs**[4], [6]  
APRN-NP Program applying for board authorization must meet CCR 1483.1, 1483.2 and 1484 (Review referencing sections). Must maintain current accreditation and in good standing from the recognized nursing accrediting bodies.  
a) The out of state based APRN-NP program must have prior board authorization before allowing APRN-NP students to participate in a clinical practice experience in California. To obtain board authorization the program must provide the following to the board:  
(1) A completed registration form;  
(2) Verification of a current, unencumbered registered nurse license in California for the nurse practitioner student;  
(3) Verification of enrollment of the nurse practitioner student in an educational program that meets the requirements of Section 1482(b)(1) and 1482(b)(2).  
(4) Verification of a written signed agreement between the out of state program responsible for the student and the California clinical agency.  
(5) Identification of the out-of-state course CNP faculty, who meets California requirements per CCR 1484(b)(1) and accountable for general supervision; and  
(6) Identification of the in-state California licensed CNP faculty, who meets the requirements per CCR 1484(b)(1) and |
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<td>(b) The program ensures that students have successfully completed prerequisite courses and are enrolled in the APRN-NP Program. (c) The program is responsible for securing clinical preceptors who meet the requirements per Section 1484(b)(6). (d) The preceptorship experience meets requirements per Section 1484(b)(7). (e) The curriculum shall include content as outlined in Section 1484(d)(12) and show evidence of instruction on legal aspects of California CNP practice. (f) If the out of state based APRN-NP program with prior board authorization fails to meet the requirements in this section, the authorization may be withdrawn.</td>
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**Authority:** 2715, 2729, 2835, 2835.5, 2836, Business and Professions Code.