

**State of California  
Office of Administrative Law**

**In re:**  
**Board of Registered Nursing**

**Regulatory Action:**

**Title 16, California Code of Regulations**

**Adopt sections: 1483.1, 1483.2, 1486**  
**Amend sections: 1480, 1481, 1482, 1483,**  
**1484**

**NOTICE OF APPROVAL OF REGULATORY  
ACTION**

**Government Code Section 11349.3**

**OAL Matter Number: 2018-1206-02SR**

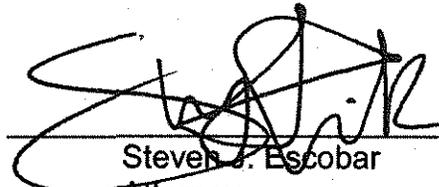
**OAL Matter Type: Regular Resubmittal (SR)**

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This regular resubmittal of OAL Matter No. 2017-1020-01S by the Board of Registered Nursing (1) updates definitions relating to nurse practitioners and nurse practitioner education programs; (2) identifies categories of nurse practitioners; (3) updates requirements for obtaining certification and evaluating a registered nurse's qualifications to be certified as a nurse practitioner; (4) establishes requirements to and for nurse practitioner education programs in California; (5) establishes requirements for reporting nurse practitioner education program changes; and (6) establishes requirements for clinical practice experience for nurse practitioner students enrolled in an out-of-state nurse practitioner education program.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 1/15/2019.

Date: January 15, 2019

  
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Steven J. Escobar  
Attorney

Original: Joseph Morris, Executive Officer  
Copy: Dean Fairbanks

For: Debra M. Cornez  
Director

# RESUBMITTAL

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER <b>Z-2016-0720-01</b>	REGULATORY ACTION NUMBER <b>2018-1206-02 SR</b>	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

NOTICE

REGULATIONS

2018 DEC -6 P 4:02  
 OFFICE OF ADMINISTRATIVE LAW

**ENDORSED - FILED**  
 in the office of the Secretary of State  
 of the State of California

JAN 15 2019  
 1:38 pm

AGENCY WITH RULEMAKING AUTHORITY  
 Board of Registered Nursing

AGENCY FILE NUMBER (if any)

**A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)**

1. SUBJECT OF NOTICE Advanced Practice Registered Nurses	TITLE(S) 16	FIRST SECTION AFFECTED 1417	2. REQUESTED PUBLICATION DATE August 5, 2016
3. NOTICE TYPE <input checked="" type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON Dean Fairbanks	TELEPHONE NUMBER 916-574-7684	FAX NUMBER (Optional) 916-574-7700
OAL USE ONLY <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	ACTION ON PROPOSED NOTICE	NOTICE REGISTER NUMBER	PUBLICATION DATE

**B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)**

1a. SUBJECT OF REGULATION(S) Advanced Practice Registered Nurse	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2017-1020-015
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)

SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT 1483.1, 1483.2, and 1486
	AMEND 1480, 1481, 1482, 1483 and 1484
	REPEAL
TITLE(S) 16	

3. TYPE OF FILING

<input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input checked="" type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))	<input type="checkbox"/> Other (Specify) _____		

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)  
 11/21/16-12/6/16 (First); 5/22/17-6/6/17 (Second); 3/26/18-4/10/18 (Third); 5/15/18-5/30/18 (Fourth); 10/1/18-10/15/18 (Fifth)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input checked="" type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> \$100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify)
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input checked="" type="checkbox"/> Other (Specify) <u>Dean R. Grafilo, Director, Department of Consumer Affairs</u>		

7. CONTACT PERSON Dean Fairbanks	TELEPHONE NUMBER (916) 574-7684	FAX NUMBER (Optional) (916) 574-7700	E-MAIL ADDRESS (Optional) dean.fairbanks@dca.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE <i>Stacie Berumen</i>	DATE 12/6/2018
TYPED NAME AND TITLE OF SIGNATORY Stacie Berumen, Assistant Executive Officer	

For use by Office of Administrative Law (OAL) only

**ENDORSED APPROVED**

JAN 15 2019

Office of Administrative Law

per agency request 12/14/2018

## BOARD OF REGISTERED NURSING

### ORDER OF ADOPTION

Amend Sections 1480, 1481, 1482, 1483, and 1484, and adopt Sections 1483.1, 1483.2 and 1486 of Division 14 of Title 16 of the California Code of Regulations, to read as follows:

#### **1480. Definitions.**

- (a) "Nurse practitioner" means an advanced practice registered nurse who meets board education and certification requirements and possesses additional advanced practice educational preparation and skills in physical diagnosis, psycho-social assessment, and management of health-illness needs in primary health care, and/or acute care. 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.~~ "Primary care" means comprehensive and continuous care provided to patients, families, and the community. Primary care focuses on basic preventative care, health promotion, disease prevention, health maintenance, patient education and the diagnoses and treatment of acute and chronic illnesses in a variety of practice settings.
- (c) ~~"Clinically competent" means that one the individual 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.~~ certified nurse practitioner providing healthcare in the same nurse practitioner category. The clinical experience must be such that the nurse received intensive experience in performing the diagnostic and treatment procedures essential to the provision of primary care.
- (d) ~~"Holding oneself out" means to use the title of nurse practitioner.~~ "Acute care" means restorative care provided by the nurse practitioner to patients with rapidly changing, unstable, chronic, complex acute and critical conditions in a variety of clinical practice settings.
- (e) "Category" means the population focused area of practice in which the certified nurse practitioner provides patient care.
- (f) "Advanced health assessment" means the knowledge of advanced processes of collecting and interpreting information regarding a patient's health care status. Advanced health assessment provides the basis for differential diagnoses and treatment plans.
- (g) "Advanced pathophysiology" means the advanced knowledge and management of physiological disruptions that accompany a wide range of alterations in health.
- (h) "Advanced pharmacology" means the integration of the advanced knowledge of pharmacology, pharmacokinetics, and pharmacodynamics content across the lifespan and prepares the certified nurse practitioner to initiate appropriate pharmacotherapeutics safely and effectively in the management of acute and chronic health conditions.
- (i) "Nurse practitioner curriculum" means a curriculum that consists of the graduate core; advanced practice registered nursing core, and nurse practitioner role and population-focused courses.
- (j) "Graduate core" means the foundational curriculum content deemed essential for all students pursuing a graduate degree in nursing.
- (k) "Advanced practice registered nursing core" means the essential broad-based curriculum required for all nurse practitioner students in the areas of advanced health assessment, advanced pathophysiology, and advanced pharmacology.

- (l) “California based nurse practitioner education program” means a board approved academic program, physically located in California that offers a graduate degree in nursing or graduate level certificate in nursing to qualified students and is accredited by a nursing organization recognized by the United States Department of Education or the Council of Higher Education Accreditation.
- (m) “Clinical practice experience” means supervised direct patient care in the clinical setting that provides for the acquisition and application of advanced practice nursing knowledge, skills, and competencies.
- (n) “Direct supervision of students” means a clinical preceptor or a faculty member is physically present at the practice site. The clinical preceptor or faculty member retains the responsibility for patient care while overseeing the student.
- (o) “Lead nurse practitioner faculty educator” means the nurse practitioner faculty member of the nurse practitioner education program who has administrative responsibility for developing and implementing the curriculum in the nurse practitioner category.
- (p) “Major curriculum change” means a substantive change in a nurse practitioner education program curriculum, structure, content, method of delivery, or clinical hours.
- (q) “National Certification” means the certified nurse practitioner has passed an examination provided by a national certification organization accredited by the National Commission for Certifying Agencies or the American Board of Nursing Specialties, as approved by the board.
- (r) “Nurse practitioner education program director” means the individual responsible for administration, implementation, and evaluation of the nurse practitioner education program and the achievement of the program outcomes in collaboration with program faculty.
- (s) “Non-California based nurse practitioner education program” means an academic program accredited by a nursing organization recognized by the United States Department of Education or the Council of Higher Education Accreditation that offers a graduate degree in nursing or graduate level certificate in nursing to qualified students and does not have a physical location in California. Preparation at the graduate level must be comprehensive and focus on the clinical practice of providing direct care to individuals.
- (t) “Clinical field related to nursing” means a specialized field of clinical practice in one of the following categories of nurse practitioners as recognized by the National Organization of Nurse Practitioner Faculties (NONPF), which are: Family/Individual across the lifespan; Adult-gerontology, primary care; Adult-gerontology, acute care; Neonatal; Pediatrics, primary care; Pediatrics, acute care; Women’s health/gender-related; and Psychiatric-Mental Health across the lifespan.

Note: Authority cited: Sections 2715, 2725 and 2836, Business and Professions Code. Reference: Sections 2725.5, 2834, 2835.5 and 2836.1, Business and Professions Code.

#### **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.

- (a) Categories of nurse practitioners include:
  - (1) Family/individual across the lifespan;
  - (2) Adult-gerontology, primary care or acute care;

- (3) Neonatal;
  - (4) Pediatrics, primary care or acute care;
  - (5) Women's health/gender-related;
  - (6) Psychiatric-Mental Health across the lifespan.
- (b) A registered nurse who has been certified by the board as a nurse practitioner may use the title, "advanced practice registered nurse" and/or "certified nurse practitioner" and may place the letters APRN-CNP after his or her name or in combination with other letters or words that identify the category.

Note: Authority cited: Sections 2715 and 2836, Business and Professions Code. Reference: Sections 2834, 2835.5, 2836, 2836.1 and 2837, Business and Professions Code.

**1482. Requirements for Holding Out As a Certification as a Nurse Practitioner.**

The requirements for holding oneself out as a nurse practitioner are:

- (a) To obtain certification as a Nurse Practitioner, an applicant must hold a valid and active license as a registered nurse in California and possess a master's degree in nursing, a master's degree in a clinical field related to nursing, or a graduate degree in nursing and one of the following:
  - (a) Active licensure as a registered nurse in California; and
  - (b) One of the following:
    - (1) Successful completion of a nurse practitioner education program approved by the Board, of study which conforms to board standards; or
    - (2) National Certification as a nurse practitioner by a national or state organization whose standards are equivalent to those set forth in Section 1484; or in one or more categories listed in Section 1481(a) from a national certification organization accredited by the National Commission on Certifying Agencies or the American Board of Nursing Specialties.
- (3) (b) A nurse who has not completed an academically affiliated nurse practitioner education program of study which meets board standards as specified in Section 1484, shall be able to provide evidence of having completed equivalent education and supervised clinical practice, as set forth in this article.
  - (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(e), of clinical competence in the delivery of primary health care.
  - (c) Graduates who have completed a nurse practitioner education program in a foreign country shall meet the requirements as set forth in this article. The applicant shall submit the required credential evaluation through a board-approved evaluation service evidencing education equivalent to a master's or doctoral degree in Nursing.

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2835, and 2835.5 and 2836, Business and Professions Code.

**1483. Evaluation of Credentials.**

- (a) An application for evaluation of a registered nurse's qualifications to hold out to be certified as a nurse practitioner shall be filed with the board by submitting the Application for Nurse Practitioner (NP) Certification (Rev. 03/2018), which is hereby incorporated by reference. A temporary Nurse Practitioner (NP) certificate shall be obtained by submitting the Application for Temporary Nurse

Practitioner (NP) Certificate (Rev. 03/2018), which is hereby incorporated by reference. In order to furnish drugs or devices in California as a Nurse Practitioner, the certified nurse practitioner must be issued a Nurse Practitioner Furnishing Number by submitting the Nurse Practitioner Furnishing Number Application (Rev. 03/2018), which is hereby incorporated by reference, for approval. on a form prescribed by the board and Submission of each application 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.

(b) The Application for Nurse Practitioner (NP) Certification, the Application for Temporary Nurse Practitioner (NP) Certificate and the Nurse Practitioner Furnishing Number Application shall include submission of the name of the graduate nurse practitioner education program or post-graduate nurse practitioner education program.

(c) The Application for Nurse Practitioner (NP) Certification shall include submission of an official sealed transcript with the date of graduation or post-graduate program completion, nurse practitioner category, credential conferred, and the specific courses taken to provide sufficient evidence the applicant has completed the required course work including the required number of supervised direct patient care clinical practice hours.

(d) A graduate from a board-approved nurse practitioner education program shall be considered a graduate of a nationally accredited program if the program held national nursing accreditation at the time the graduate completed the program. The program graduate is eligible to apply for nurse practitioner certification with the board regardless of the program's national nursing accreditation status at the time of submission of the application to the Board.

(e) 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.

Note: Authority cited: Sections 2715 and 2718, Business and Professions Code. Reference: Sections 2815 and 2835.5, Business and Professions Code.

#### **1483.1. Requirements for Nurse Practitioner Education Programs in California.**

(a) The California based nurse practitioner education program shall:

- (1) Provide evidence to the board that the nurse practitioner program is in an accredited academic institution located in California.
- (2) Be an academic program accredited by a nursing organization recognized by the United States Department of Education or the Council of Higher Education Accreditation that offers a graduate degree in Nursing or graduate level certificate in Nursing to qualified students.
- (3) Provide the board with evidence of ongoing continuing nurse practitioner education program accreditation within 30 days of the program receiving this information from the national nursing accreditation body.
- (4) Notify the board of changes in the program's institutional and national nursing accreditation status within 30 days.

(b) The board shall grant the nurse practitioner education program initial and continuing approval when the board receives the required accreditation evidence from the program.

(c) The board may change the approval status for a board-approved nurse practitioner education program at any time, if the board determines the program has not provided necessary compliance evidence to meet board regulations notwithstanding institutional and national nursing accreditation status and review schedules.

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2785, 2786, 2786.5, 2786.6, 2788, 2798, 2815 and 2835.5, Business and Professions Code.

#### **1483.2. Requirements for Reporting Nurse Practitioner Education Program Changes.**

(a) A board-approved nurse practitioner education program shall notify the board within thirty (30) days of any of the following changes:

(1) A change of legal name or mailing address prior to making such changes. The program shall file its legal name and current mailing address with the board at its principal office and the notice shall provide both the old and the new name and address as applicable.

(2) A fiscal condition that adversely affects students enrolled in the nursing program.

(3) Substantive changes in the organizational structure affecting the nursing program.

(b) An approved nursing program shall not make a substantive change without prior board notification. Substantive changes include, but are not limited to the following:

(1) Change in location;

(2) Change in ownership;

(3) Addition of a new campus or location;

(4) Major curriculum change.

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2715, 2785, 2786, 2786.5, 2786.6, 2788, 2798 and 2835.5, Business and Professions Code.

#### **1484. Standards of Nurse Practitioner Education.**

(a) The program of study preparing a nurse practitioner shall meet the following criteria: be approved by the board and be consistent with the nurse practitioner curriculum core competencies as specified by the National Organization of Nurse Practitioner Faculties in "Nurse Practitioner Core Competencies Content" (2017), which is hereby incorporated by reference.

(a) (b) Purpose, Philosophy and Objectives

(1) have as its primary purpose the preparation of registered nurses who can provide primary health care; The purpose of the nurse practitioner education program shall be to prepare a graduate nurse practitioner to provide competent primary care and/or acute care services in one or more of the categories.

(2) have a clearly defined philosophy available in written form; Written program materials shall reflect the mission, philosophy, purposes, and outcomes of the program and be available to students.

(3) have objectives which reflect the philosophy, stated in behavioral terms, describing the theoretical knowledge and clinical competencies of the graduate. Learning outcomes for the nurse practitioner education program shall be measurable and reflect assessment and evaluation of the theoretical knowledge and clinical competencies required of the graduate.

(b) (c) Administration and organization of the nurse practitioner education program shall:

(1) Be conducted in conjunction with one of the following:

~~(A) (1) An institution of higher education that offers a baccalaureate or higher degree in nursing, medicine, or public health. Be taught in a college or university accredited by a nursing organization that is recognized by the United States Department of Education or the Council of Higher Education Accreditation that offers a graduate degree to qualified students.~~

~~(B) (2) A general acute care hospital licensed pursuant to Chapter 2 (Section 1250) of Division 2 of the Health and Safety Code, which has an organized outpatient department. Prepare graduates for national certification as a certified nurse practitioner in one or more nurse practitioner category by the National Commission on Certifying Agencies or the American Board of Nursing Specialties.~~

~~(2) (3) Have admission requirements and policies for withdrawal, dismissal and readmission that are clearly stated and available to the student in written form.~~

~~(3) (4) Have written policies for clearly informing applicants of the academic accreditation and board approval status of the program.~~

~~(4) (5) 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. Document the nurse practitioner role and the category of educational preparation on the program's official transcript.~~

~~(5) (6) 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. Maintain a method for retrieval of records in the event of program closure.~~

~~(6) (7) Provide for program evaluation by faculty and students during and following the program and make results available for public review. Have and implement a written total program evaluation plan.~~

~~(8) Have sufficient resources to achieve the program outcomes.~~

~~(e) (d) Faculty. There shall be an adequate number of qualified faculty to develop and implement the program and to achieve the stated objectives.~~

~~(1) There shall be an adequate number of qualified faculty to develop and implement the program and to achieve the stated outcomes.~~

~~(1) (2) Each faculty person member shall demonstrate current competence in the area in which he/ or she teaches.~~

~~(3) There shall be a lead nurse practitioner faculty educator who meets the faculty qualifications.~~

~~(4) Faculty who teach in the nurse practitioner education program shall be educationally qualified and clinically competent in the same category as the theory and clinical areas taught. Faculty shall meet the following requirements:~~

~~(A) Hold an active, valid California registered nurse license;~~

~~(B) Have a Master's degree or higher degree in nursing;~~

~~(C) Have at least two years of clinical experience as a nurse practitioner, certified nurse midwife, clinical nurse specialist, or certified registered nurse anesthetist within the last five (5) years of practice and consistent with the teaching responsibilities.~~

~~(5) Faculty teaching in clinical courses shall be current in clinical practice.~~

~~(6) Each faculty member shall assume responsibility and accountability for instruction, planning, and implementation of the curriculum, and evaluation of students and the program.~~

~~(7) Interdisciplinary faculty who teach non-clinical nurse practitioner nursing courses, such as but not limited to, pharmacology, pathophysiology, and physical assessment, shall have a valid and active California license issued by the appropriate licensing agency and an advanced graduate degree in the appropriate content areas.~~

~~(e) Director.~~

(1) The nurse practitioner education program director shall be responsible and accountable for the nurse practitioner education program within an accredited academic institution including the areas of education program, curriculum design, and resource acquisition, and shall meet the following requirements:

(2) The director or co-director of the program shall:

(A) be a Hold an active, valid California registered nurse license;

(B) Have hold a Master's or a higher degree in nursing or a related health field from an accredited college or university;

(C) Hhave had one academic year's of experience, within the last five (5) years, as an instructor in a school of professional nursing, or in a program preparing nurse practitioners; and

(D) Be certified by the board as a nurse practitioner.

(2) The director, if he or she meets the requirements for the certified nurse practitioner role, may fulfill the lead nurse practitioner faculty educator role and responsibilities.

(f) Clinical Preceptor.

(1) A clinical preceptor in the nurse practitioner education program shall:

(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) A clinical instructor shall Hhold an active licensure valid, California license to practice his/ or her respective profession and demonstrate current clinical competence.

(5) (B) A clinical instructor shall Pparticipate in teaching, supervising, and evaluating students, and shall be appropriately matched competent with in the content and skills being taught to the students.

(2) Clinical preceptor functions and responsibilities shall be clearly documented in a written agreement between the agency, the preceptor, and the nurse practitioner education program including the clinical preceptor's role to teach, supervise and evaluate students in the nurse practitioner education program.

(3) A clinical preceptor is oriented to program and curriculum requirements, including responsibilities related to student supervision and evaluation;

(4) A clinical preceptor shall be evaluated by the program faculty at least every two (2) years.

(d) (g) Curriculum—Students shall hold an active, valid California registered nurse license to participate in nurse practitioner education program clinical experiences.

(h) Nurse Practitioner Education Program Curriculum.

The nurse practitioner education program curriculum shall include all theoretical and clinical instruction that meet the standards set forth in this section and be consistent with national standards for graduate and nurse practitioner education, including nationally recognized core role and category competencies and be approved by the board.

(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 evaluate of previous education and/ or experience in primary health care for the purpose of granting credit for meeting program requirements.

(3) (2) 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. The curriculum shall provide broad educational preparation and include a graduate core, advance practice registered nursing core, the nurse practitioner core role competencies, and the competencies specific to the category.

(4) (3) Curriculum, course content, and plans for clinical experience shall be developed through collaboration of the total faculty. The program shall prepare the graduate to be eligible to sit for a

specific national nurse practitioner category certification examination consistent with educational preparation.

~~(5)~~ (4) Curriculum, course content, methods of instruction and clinical experience shall be consistent with the philosophy and objectives of the program. The curriculum plan shall have appropriate course sequencing and progression, which includes, but is not limited to the following:

(A) The advanced practice registered nursing core courses in advanced health assessment, advanced pharmacology, and advanced pathophysiology shall be completed prior to or concurrent with commencing clinical course work.

(B) Instruction and skills practice for diagnostic and treatment procedures shall occur prior to application in the clinical setting.

(C) Concurrent theory and clinical practice courses in the category shall emphasize the management of health-illness needs in primary and/or acute care.

(D) The supervised direct patient care precepted clinical experiences shall be under the supervision of a certified nurse practitioner.

~~(6)~~ (5) Outlines and descriptions of all learning experiences shall be available, in writing, prior to enrollment of students in the program. The program shall meet the minimum of 500 clinical hours of supervised direct patient care experiences as specified in current nurse practitioner national education standards. Additional clinical hours required for preparation in more than one category shall be identified and documented in the curriculum plan for each category.

(6) The nurse practitioner education curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, "Nurse Practitioners", and California Code of Regulations Title 16, Division 14, Article 7, "Standardized Procedure Guidelines" and Article 8, "Standards for Nurse Practitioners," including, but not limited to:

(A) Section 2835.7 of Business & Professions Code, "Additional authorized acts; implementation of standardized procedures";

(B) Section 2836.1 of Business & Professions Code, "Furnishing or ordering of drugs or devices."

(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), and shall be consistent with standards as established by The National Organization of Nurse Practitioner Faculties (NONPF) in "Nurse Practitioner Core Competencies Content" (2017) or the American Association of Colleges of Nursing (AACN) in "Criteria for Evaluation of Nurse Practitioner Programs" (2016), which is hereby incorporated by reference. which shall The program must also include theory and supervised clinical practice.

~~(8) The course of instruction shall be calculated according to the following formula: The course of instruction program units and contact hours shall be calculated using the following formulas:~~

~~(A) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit. 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. Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. Academic year means two semesters, where each semester is 15-18 weeks; or three quarters, where each quarter is 10-12 weeks.~~

~~(C) One (1) semester equals 16-18 weeks and one (1) quarter equals 10-12 weeks.~~

~~(9) Supervised clinical practice shall consist of two phases: at least 12 semester units or 18 quarter units.~~

~~(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 shall be sufficient for the student to demonstrate clinical competencies in the nurse practitioner category.
- (11) The nurse practitioner education program shall have the responsibility arrange for arranging for clinical instruction and supervision for of 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.

Note: Authority cited: Sections 2715, 2835.7 and 2836, Business and Professions Code. Reference: Sections 2835, 2835.5, 2835.7, 2836, 2836.1, 2836.2, 2836.3 and 2837, Business and Professions Code.

**1486. Requirements for Clinical Practice Experience for Nurse Practitioner Students Enrolled in Non-California based Nurse Practitioner Education Programs.**

- (a) The Non-California based Nurse Practitioner education program requesting clinical placements for students in clinical practice settings in California shall:
- (1) Obtain prior board approval;
  - (2) Ensure students have successfully completed prerequisite courses and are enrolled in the nurse practitioner education program;
  - (3) Secure clinical preceptors who meet board requirements;
  - (4) Ensure the clinical preceptorship experiences in the program meet all board requirements and national education standards and competencies for the nurse practitioner role and population as outlined by the National Organization of Nurse Practitioner Faculties (NONPF) in "Nurse Practitioner Core Competencies Content" (2017) or the American Association of Colleges of Nursing (AACN) in "Criteria for Evaluation of Nurse Practitioner Programs" (2016);
  - (5) A clinical preceptor in the nurse practitioner education program shall:

(a) Hold a valid and active California license to practice his or her respective profession and demonstrate current clinical competence.

(b) Participate in teaching, supervising, and evaluating students, and shall be competent in the content and skills being taught to the students.

(c) Be a health care provider qualified by education, licensure and clinical competence in the assigned nurse practitioner category to provide direct supervision of the clinical practice experiences for a nurse practitioner student.

(d) Be oriented to program and curriculum requirements, including responsibilities related to student supervision and evaluation;

(e) Be evaluated by the program faculty at least every two (2) years.

Clinical preceptor functions and responsibilities shall be clearly documented in a written agreement between the agency, the preceptor, and the nurse practitioner education program including the clinical preceptor's role to teach, supervise and evaluate students in the nurse practitioner education program.

(b) Students shall hold an active, valid California registered nurse license to participate in nurse practitioner education program clinical experiences.

(c) The nurse practitioner education program shall demonstrate evidence that the curriculum includes content related to legal aspects of California certified nurse practitioner laws and regulations.

(1) The curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, "Nurse Practitioners" and California Code of Regulations Title 16, Division 14, Article 7, "Standardized Procedure Guidelines" and Article 8, "Standards for Nurse Practitioners", including, but not limited to:

(A) Section 2835.7 of Business & Professions Code, "Additional authorized acts; implementation of standardized procedures";

(B) Section 2836.1 of Business & Professions Code, "Furnishing or ordering of drugs or devices".

(d) The nurse practitioner education program shall notify the board of pertinent changes within 30 days.

(e) The board may withdraw authorization for program clinical placements in California, at any time.

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2729, 2835, 2835.5 and 2836, Business and Professions Code.



**APPLICATION FOR NURSE PRACTITIONER (NP) CERTIFICATION**

**APPLICATION FEE - \$500.00**

**MILITARY HONORABLE DISCHARGE** - Check here if you served as an active duty member of the Armed Forces of the United States and were honorably discharged.

**PERSONAL DATA (PRINT OR TYPE)**

LAST NAME:		FIRST NAME:		MIDDLE NAME:	
ADDRESS: Number and Street					
City		State	Country	Postal/Zip Code	
HOME TELEPHONE NUMBER: ( )		ALTERNATE TELEPHONE NUMBER: ( )		E-MAIL ADDRESS:	
DATE OF BIRTH: (Month/Day/Year)	U.S. SOCIAL SECURITY NUMBER OR INDIVIDUAL TAXPAYER ID NUMBER:	PREVIOUS NAMES: (Including Maiden)		MOTHER'S MAIDEN NAME: (Last Name Only)	

**RN LICENSURE/NURSE PRACTITIONER CERTIFICATION**

California RN License Number: _____  Date Issued: _____  Expiration Date: _____	List <u>ALL</u> States Where You Hold/Held an <u>RN License</u> and Status:  List <u>ALL</u> States Where You Hold/Held a <u>Nurse Practitioner License/Certificate</u> and Status:
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**RN EDUCATION**

Name of Professional Registered Nursing Program  City State Country	TYPE OF PROGRAM: <input type="checkbox"/> ASSOCIATE DEGREE <input type="checkbox"/> DIPLOMA <input type="checkbox"/> BACCALAUREATE DEGREE <input type="checkbox"/> MASTERS DEGREE/NURSING  Entrance Date: _____ Graduation/Completion Date: _____
---------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**NURSE PRACTITIONER EDUCATION**

Name of Nurse Practitioner Academic Program  City State Country  Area of Specialization: _____	TYPE OF NURSE PRACTITIONER ACADEMIC PROGRAM: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> MASTERS <input type="checkbox"/> POST-MASTERS  Entrance Date: _____ Graduation/Completion Date: _____
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NAME OF APPLICANT: \_\_\_\_\_

**NURSE PRACTITIONER PROFESSIONAL CERTIFICATION (If Applicable):**

<p>Name of Organization/Association _____</p> <p>Area of Specialization: _____</p> <p>Certification Number: _____</p>	<p>METHOD OF CERTIFICATION:</p> <p><input type="checkbox"/> EXAMINATION</p> <p><input type="checkbox"/> OTHER (Please Explain): _____</p> <p>Original Date of Certification: _____</p> <p>Current Recertification Cycle Dates: _____</p>
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**BACKGROUND INFORMATION**

Have you <b>applied</b> for a Nurse Practitioner certificate in California? If yes, name on previous application: _____ Date Submitted: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been <b>issued</b> a Nurse Practitioner certificate in California? If yes: <b>STOP! DO NOT CONTINUE.</b> Please contact the Board regarding whether you should reapply or file a petition for reinstatement of your California Nurse Practitioner certification.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever had disciplinary proceedings against <b>any</b> license as a RN or <b>any</b> health-care related license or certificate including revocation, suspension, probation, voluntary surrender or any other proceeding in any state or country? If yes, please provide a detailed written explanation, including the date and state or country where the discipline occurred.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been convicted of any offense other than minor traffic violations? If yes, explain fully as described in the applicant instructions. Convictions must be reported even if they have been adjudicated, dismissed or expunged or if a diversion program has been completed. Traffic violations involving driving under the influence, injury to persons or providing false information must be reported. The definition of conviction includes a plea of nolo contendere (no contest), as well as pleas or verdicts of guilty. <b>YOU MUST INCLUDE MISDEMEANOR AS WELL AS FELONY CONVICTIONS.</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

I understand that I am required to report immediately to the California Board of Registered Nursing if I am convicted of **ANY** offense that occurs between the date of this application and the date that a California registered nurse license is issued. I am also required to report to the California Board of Registered Nursing any disciplinary action and/or voluntary surrender against **ANY** health-care related license/certificate that occurs between the date of this application and the date that a California registered nurse license is issued. I understand that failure to do so may result in denial of this application or subsequent disciplinary action against my license/certificate.

I certify, under penalty of perjury under the laws of the State of California, that all information provided in connection with this application for licensure is true, correct and complete. Providing false information or omitting required information is grounds for denial of licensure or license revocation in California.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

Attach a recent 2"x2" passport type photograph.  
Please tape on all four sides.  
Head and shoulders only

**\*\* U.S. SOCIAL SECURITY NUMBER/ITIN DISCLOSURE STATEMENT**

Disclosure of your U.S. Social Security Number/ITIN is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USC section 405(c)(2)(C)) authorizes collection of your U.S. Social Security Number/ITIN. Your U.S. Social Security Number/ITIN will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your U.S. Social Security Number/ITIN, your application for initial or renewal license will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.



**VERIFICATION OF NURSE PRACTITIONER ACADEMIC PROGRAM**

TO BE COMPLETED BY APPLICANT: Please complete Section A and forward to the program director/representative for the nurse practitioner academic program for completion. Official transcripts submitted must include all completed coursework with the certificate/degree status conferred and must be sent directly to the Board of Registered Nursing by the Registrar's Office/Transcript Office. A processing fee may be required for the submission of the official transcripts.

**A. TO BE COMPLETED BY APPLICANT**

(PRINT OR TYPE)

LAST NAME:		FIRST NAME:		MIDDLE NAME:	
ADDRESS: Number & Street					DATE OF BIRTH: (Month/Day/Year)
City		State	Country	Postal/Zip Code	U.S. SOCIAL SECURITY NUMBER or INDIVIDUAL TAXPAYER ID NUMBER:
TELEPHONE NUMBER: Home ( ) Alternate ( )		PREVIOUS NAMES: (Including Maiden)		MOTHER'S MAIDEN NAME: (Last Name Only)	
E-MAIL ADDRESS:			CALIFORNIA RN LICENSE NUMBER: _____		
			EXPIRATION DATE: _____		
NAME OF ACADEMIC PROGRAM:				SPECIALTY:	
SIGNATURE OF APPLICANT: _____				DATE: _____	

**B. TO BE COMPLETED BY THE PROGRAM DIRECTOR/REPRESENTATIVE FOR THE NURSE PRACTITIONER ACADEMIC PROGRAM**

The above applicant has applied for a nurse practitioner certification in California. Please provide the following information and mail to the Board of Registered Nursing at the above address.

NAME OF NURSE PRACTITIONER ACADEMIC PROGRAM:		TELEPHONE NUMBER: ( )			
ADDRESS: Number & Street		City	State	Postal/Zip Code	
TYPE OF PROGRAM: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> MASTERS <input type="checkbox"/> POST-MASTERS		Entrance Date: _____ (Month/Day/Year)			
SPECIALTY: _____		Completion Date: _____ (Month/Day/Year)			
		Date Certificate/Degree Status Conferred: _____ (Month/Day/Year)			
OUT OF STATE NP ACADEMIC PROGRAM GRADUATES:					
Recognized by Commission on Collegiate Nursing Education: <input type="checkbox"/> YES <input type="checkbox"/> NO					
If yes, Name: _____			Program Approval Cycle Dates: _____		

I certify under penalty of perjury that the documentation regarding the completion of the nurse practitioner academic program for the above named applicant is true and correct.

SIGNATURE: \_\_\_\_\_ (DATE) \_\_\_\_\_ TITLE: \_\_\_\_\_

**VERIFICATION OF NURSE PRACTITIONER CERTIFICATION BY NATIONAL ORGANIZATION/ASSOCIATION**

**METHOD 2**

**TO BE COMPLETED BY APPLICANT:** Please complete Section A and submit to the applicable national organization/association to verify your nursing practitioner certification status. A fee is required by the national organization/association for the processing of the verification form.

**A. TO BE COMPLETED BY APPLICANT**

*(PRINT OR TYPE)*

LAST NAME:		FIRST NAME:		MIDDLE NAME:	
ADDRESS: Number & Street				DATE OF BIRTH: <i>(Month/Day/Year)</i>	
City	State	Country	Postal/Zip Code	U.S. SOCIAL SECURITY NUMBER or INDIVIDUAL TAXPAYER ID NUMBER:	
TELEPHONE NUMBER: Home ( ) Alternate ( )		PREVIOUS NAMES: <i>(Including Maiden)</i>		MOTHER'S MAIDEN NAME: <i>(Last Name Only)</i>	
E-MAIL ADDRESS:			CALIFORNIA RN LICENSE NUMBER: _____		
			EXPIRATION DATE: _____		
NAME OF ACADEMIC PROGRAM:			SPECIALTY:		
SIGNATURE OF APPLICANT: _____				DATE: _____	

**B. TO BE COMPLETED BY THE CERTIFYING NATIONAL ORGANIZATION/ASSOCIATION**

The above applicant has applied for a nurse practitioner certification in California. Please provide the following information and mail to the Board of Registered Nursing at the above address.

NAME OF CERTIFYING NATIONAL ORGANIZATION/ASSOCIATION		TELEPHONE NUMBER: ( )			
ADDRESS: Number & Street		City	State	Postal/Zip Code	
METHOD OF CERTIFICATION:		CERTIFICATE NUMBER:		ORIGINAL DATE OF CERTIFICATION:	
NURSE PRACTITIONER SPECIALTY AREA:					
CURRENT RENEWAL CYCLE DATES FOR CERTIFICATION/RE-CERTIFICATION: <i>(If not applicable, please explain)</i>					
			From: _____	To: _____	
			<small>(Month/Year)</small>	<small>(Month/Year)</small>	

**I certify under penalty of perjury that the documentation regarding the nurse practitioner certification status for the above named applicant is true and correct.**

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_  
(OFFICIAL SEAL) (DATE)



**VERIFICATION OF "CLINICAL COMPETENCY" AS A NURSE PRACTITIONER**

**METHOD 3 - EQUIVALENCY**

Verification of the applicant's clinical competency in the delivery of primary care is one of the requirements, which must be met in order to qualify to use the title "Nurse Practitioner" in California.

**PRIMARY CARE** means comprehensive and continuous care provided to patients, families, and the community. Primary care focuses on basic preventative care, health promotion, disease prevention, health maintenance, patient education and the diagnoses and treatment of acute and chronic illnesses in a variety of practice settings. *(California Code of Regulations Section 1480(b))*

**CLINICALLY COMPETENT** means the individual possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by a certified nurse practitioner providing healthcare in the same nurse practitioner category. The clinical experience must be such that the nurse received intensive experience in performing the diagnostic and treatment procedures essential to the provision of primary care. *(California Code of Regulations Section 1480(c))*

The verifying nurse practitioner and physician **MUST** meet the following requirements:

1. Current, clear and active licensure to practice.
2. Clinical competency in the provision of primary care.
3. Direct observations of clinical practice.

**A. TO BE COMPLETED BY APPLICANT**

(PRINT OR TYPE)

LAST NAME:	FIRST NAME:	MIDDLE NAME:
U.S. SOCIAL SECURITY NUMBER or INDIVIDUAL TAXPAYER ID NUMBER:	DATE OF BIRTH: (Month/Day/Year)	CALIFORNIA RN LICENSE NUMBER:

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**B. TO BE COMPLETED BY THE EVALUATING "NURSE PRACTITIONER"**

The above applicant has applied for a nurse practitioner certification in California. Please provide the following information and mail to the Board of Registered Nursing at the above address.

LAST NAME:	FIRST NAME:	MIDDLE NAME:
ADDRESS OF AGENCY: Number & Street	City	State
		Postal/Zip Code
TELEPHONE NUMBER:	U.S. SOCIAL SECURITY NUMBER:	
RN LICENSE NUMBER: _____	DATES EMPLOYED IN SPECIALTY AREA:	
EXPIRATION DATE: _____	From: _____ To: _____	
NP CERTIFICATION NUMBER: _____	PROFESSIONAL SPECIALTY: _____	
METHOD(S) UTILIZED TO EVALUATE APPLICANT'S CLINICAL COMPETENCY:	PERIOD OF CLINICAL EVALUATION:	
	From: _____ To: _____ (Month/Year) (Month/Year)	

I certify under penalty of perjury that I have evaluated the above named applicant and verify that he/she is clinically competent in the appropriate discipline in clinical practice in the provision of primary care.

**SIGNATURE OF EVALUATOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



**VERIFICATION OF "CLINICAL COMPETENCY" AS A NURSE PRACTITIONER**

**METHOD 3 - EQUIVALENCY**

Verification of the applicant's clinical competency in the delivery of primary care is one of the requirements, which must be met in order to qualify to use the title "Nurse Practitioner" in California.

**PRIMARY CARE** means comprehensive and continuous care provided to patients, families, and the community. Primary care focuses on basic preventative care, health promotion, disease prevention, health maintenance, patient education and the diagnosis and treatment of acute and chronic illnesses in a variety of practice settings. (*California Code of Regulations Section 1480(b)*)

**CLINICALLY COMPETENT** means the individual possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by a certified nurse practitioner providing healthcare in the same nurse practitioner category. The clinical experience must be such that the nurse received intensive experience in performing the diagnostic and treatment procedures essential to the provision of primary care. (*California Code of Regulations Section 1480(c)*)

The verifying nurse practitioner and physician **MUST** meet the following requirements:

1. Current, clear and active licensure to practice.
2. Clinical competency in the provision of primary care.
3. Direct observations of clinical practice.

**A. TO BE COMPLETED BY APPLICANT**

(PRINT OR TYPE)

LAST NAME:	FIRST NAME:	MIDDLE NAME:
U.S. SOCIAL SECURITY NUMBER or INDIVIDUAL TAXPAYER ID NUMBER:	DATE OF BIRTH: (Month/Day/Year)	CALIFORNIA RN LICENSE NUMBER:

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**B. TO BE COMPLETED BY THE EVALUATING "PHYSICIAN"**

The above applicant has applied for a nurse practitioner certification in California. Please provide the following information and mail to the Board of Registered Nursing at the above address.

LAST NAME:	FIRST NAME:	MIDDLE NAME:
ADDRESS OF AGENCY: Number & Street	City	State
TELEPHONE NUMBER:	U.S. SOCIAL SECURITY NUMBER:	
MD LICENSE NUMBER: _____	DATES EMPLOYED IN SPECIALTY AREA:	
EXPIRATION DATE: _____	From: _____ To: _____	
METHOD(S) UTILIZED TO EVALUATE APPLICANT'S CLINICAL COMPETENCY:		PROFESSIONAL SPECIALTY: _____
PERIOD OF CLINICAL EVALUATION:		
From: _____ To: _____		
(Month/Year)		(Month/Year)

I certify under penalty of perjury that I have evaluated the above named applicant and verify that he/she is clinically competent in the appropriate discipline in clinical practice in the provision of primary care.

**SIGNATURE OF EVALUATOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



**VERIFICATION OF "CLINICAL EXPERIENCE" AS A NURSE PRACTITIONER**

**METHOD 3 - EQUIVALENCY**

Verification of the nurse's clinical experience in the delivery of primary care is required in order for a nurse to use the title "Nurse Practitioner" in California.

**PRIMARY CARE** means comprehensive and continuous care provided to patients, families, and the community. Primary care focuses on basic preventative care, health promotion, disease prevention, health maintenance, patient education and the diagnoses and treatment of acute and chronic illnesses in a variety of practice settings. (*California Code of Regulations Section 1480(b)*)

**CLINICALLY COMPETENT** means the individual possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by a certified nurse practitioner providing healthcare in the same nurse practitioner category. The clinical experience must be such that the nurse received intensive experience in performing the diagnostic and treatment procedures essential to the provision of primary care. (*California Code of Regulations Section 1480(c)*)

The verifying nurse practitioner and physician **MUST** meet the following requirements:

1. Current, clear and active licensure to practice.
2. Clinical competency in the provision of primary care.
3. Direct observations of clinical practice.

**A. TO BE COMPLETED BY APPLICANT**

(PRINT OR TYPE)

LAST NAME:	FIRST NAME:	MIDDLE NAME:
U.S. SOCIAL SECURITY NUMBER or INDIVIDUAL TAXPAYER ID NUMBER:	DATE OF BIRTH: (Month/Day/Year)	CALIFORNIA RN LICENSE NUMBER:

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**B. TO BE COMPLETED BY THE PHYSICIAN/NURSE PRACTITIONER VERIFYING THE APPLICANT'S CLINICAL EXPERIENCE**

The above applicant has applied for a nurse practitioner certification in California. Please provide the following information and mail to the Board of Registered Nursing at the above address.

NAME OF AGENCY:				
ADDRESS OF AGENCY: Number & Street		City	State	Postal/Zip Code
NAME OF APPLICANT'S SUPERVISOR:			SUPERVISOR'S TELEPHONE NUMBER:	
SUPERVISOR'S TITLE: _____			DATES OF SUPERVISOR'S EMPLOYMENT:	
LICENSE NUMBER: _____			From: _____ To: _____	
EXPIRATION DATE: _____			SPECIALTY AREA: _____	
DATES OF SUPERVISED CLINICAL EXPERIENCE:			NUMBER OF HOURS:	CLINICAL SPECIALITY:
From: _____ To: _____			_____	_____
From: _____ To: _____			_____	_____
From: _____ To: _____			_____	_____

I certify under penalty of perjury that I have verified that the above named applicant received the number of supervised clinical hours in the appropriate discipline in clinical practice in the performance of diagnostic and treatment procedures essential to the provision of primary care.

**SIGNATURE OF SUPERVISOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



## INFORMATION COLLECTION AND ACCESS

The Information Practices Act, Section 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.

Agency Name: <b>BOARD OF REGISTERED NURSING</b>	
Title of official responsible for information maintenance: <b>EXECUTIVE OFFICER</b>	
Address: <b>P.O. BOX 944210, SACRAMENTO, CA 94244-2100</b>	Telephone Number: <b>(916) 322-3350</b>
Authority which authorizes the maintenance of the information: <b>SECTION 30, SECTION 2732.1(a), BUSINESS AND PROFESSIONS CODE</b>	
<b>ALL INFORMATION IS MANDATORY.</b>	
The consequences if any of not providing all or any part of the requested information: <b>FAILURE TO PROVIDE ANY OF THE REQUESTED INFORMATION WILL RESULT IN THE APPLICATION BEING REJECTED AS INCOMPLETE.</b>	
The principal purpose(s) for which the information is to be used: <b>TO DETERMINE ELIGIBILITY FOR LICENSURE. YOUR U.S. SOCIAL SECURITY NUMBER/ITIN WILL BE USED FOR PURPOSES OF TAX ENFORCEMENT, CHILD SUPPORT ENFORCEMENT AND VERIFICATION OF LICENSURE AND EXAMINATION STATUS. SECTION 30 OF THE BUSINESS AND PROFESSIONS CODE AND PUBLIC LAW 94-455 (42 USC section 405(c)(2)(C)) AUTHORIZE COLLECTION OF YOUR U.S. SOCIAL SECURITY NUMBER/ITIN. IF YOU FAIL TO DISCLOSE YOUR U.S. SOCIAL SECURITY NUMBER/ITIN, YOU WILL BE REPORTED TO THE FRANCHISE TAX BOARD, WHICH MAY ASSESS A \$100 PENALTY AGAINST YOU. YOUR NAME AND ADDRESS LISTED ON THIS APPLICATION WILL BE DISCLOSED TO THE PUBLIC UPON REQUEST IF AND WHEN YOU BECOME LICENSED.</b>	
Any known or foreseeable interagency or intergovernmental transfer which may be made of the information: <b>POSSIBLE TRANSFER TO LAW ENFORCEMENT, OTHER GOVERNMENT AGENCIES AND REPORTING U.S. SOCIAL SECURITY NUMBER/ITIN TO THE FRANCHISE TAX BOARD OR FOR CHILD SUPPORT ENFORCEMENT PURPOSES PURSUANT TO SECTION 30 OF THE BUSINESS AND PROFESSIONS CODE.</b>	
<b>EACH INDIVIDUAL HAS THE RIGHT TO REVIEW THE FILES ON RECORDS MAINTAINED ON THEM BY THE AGENCY, UNLESS THE RECORDS ARE EXEMPT FROM DISCLOSURE.</b>	

## MANDATORY REPORTER

Under California law each person licensed by the Board of Registered Nursing is a "Mandated Reporter" for child abuse or neglect purposes. Prior to commencing his or her employment, and as a prerequisite to that employment, all mandated reporters must sign a statement on a form provided to him or her by his or her employer to the effect that he or she has knowledge of the provisions of Penal Code Section 11166 and will comply with those provisions.

California Penal Code Section 11166 requires that all mandated reporters make a report to an agency specified in Penal Code Section 11165.9 [generally law enforcement agencies] whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter must make a report to the agency immediately or as soon as is practically possible by telephone, and the mandated reporter must prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

Failure to comply with the requirements of Penal Code Section 11166 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars (\$1,000), or by both imprisonment and fine.

For further details about these requirements, consult Penal Code Section 11164, and subsequent sections.

ADDENDUM



**APPLICATION FOR TEMPORARY NURSE PRACTITIONER (NP) CERTIFICATE**

**INSTRUCTIONS:**

1. The application fee for the Temporary Nurse Practitioner Certificate (TC/NP) is **\$150.00**.
2. The TC/NP will not be issued until the **Application for Nurse Practitioner Certification** is complete with exception of criminal record clearance from the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI).
3. The TC/NP will not be mailed to an in-care-of address or a third party address.
4. Possession of a current and active **California Temporary RN License (TL)** is required.

**PLEASE NOTE: IF YOU ALREADY POSSESS A PERMANENT CALIFORNIA RN LICENSE, YOU ARE NOT ELIGIBLE FOR THE TEMPORARY NURSE PRACTITIONER CERTIFICATE (TC/NP) AND YOUR APPLICATION FEE FOR THE TC/NP WILL NOT BE REFUNDED.**

**TO BE COMPLETED BY APPLICANT**

(PRINT OR TYPE)

LAST NAME:		FIRST NAME:		MIDDLE NAME:	
ADDRESS: Number & Street			DATE OF BIRTH: (Month/Day/Year)		
City	State	Country	Postal/Zip Code	U.S. SOCIAL SECURITY NUMBER or INDIVIDUAL TAXPAYER ID NUMBER:	
TELEPHONE NUMBER: Home ( ) Alternate ( )		PREVIOUS NAMES: (Including Maiden)		MOTHER'S MAIDEN NAME: (Last Name Only)	
E-MAIL ADDRESS:			TEMPORARY RN LICENSE NUMBER: _____ EXPIRATION DATE: _____		
NAME OF NURSE PRACTITIONER ACADEMIC PROGRAM:					
ADDRESS: Number & Street		City		State	Postal/Zip Code
TYPE OF PROGRAM: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> MASTERS <input type="checkbox"/> POST-MASTERS SPECIALTY: _____			ENTRANCE DATE: _____ (Month/Day/Year) COMPLETION DATE: _____ (Month/Day/Year)		

I certify under penalty of perjury that the above information regarding the Application for the Temporary Nurse Practitioner Certificate is true and correct.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



**BOARD OF REGISTERED NURSING**  
PO Box 944210, Sacramento, CA 94244-2100  
P (916) 322-3350 F (916) 574-8637 | [www.rn.ca.gov](http://www.rn.ca.gov)

## INFORMATION COLLECTION AND ACCESS

The Information Practices Act, Section 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.

Agency Name:	<b>BOARD OF REGISTERED NURSING</b>
Title of official responsible for information maintenance:	<b>EXECUTIVE OFFICER</b>
Address:	Telephone Number:
<b>P.O. BOX 944210, SACRAMENTO, CA 94244-2100</b>	<b>(916) 322-3350</b>
Authority which authorizes the maintenance of the information:	<b>SECTION 30, SECTION 2732.1(a), BUSINESS AND PROFESSIONS CODE</b>
<b>ALL INFORMATION IS MANDATORY.</b>	
The consequences, if any of not providing all or any part of the requested information: <b>FAILURE TO PROVIDE ANY OF THE REQUESTED INFORMATION WILL RESULT IN THE APPLICATION BEING REJECTED AS INCOMPLETE.</b>	
The principal purpose(s) for which the information is to be used: <b>TO DETERMINE ELIGIBILITY FOR LICENSURE. YOUR U.S. SOCIAL SECURITY NUMBER/ITIN WILL BE USED FOR PURPOSES OF TAX ENFORCEMENT, CHILD SUPPORT ENFORCEMENT AND VERIFICATION OF LICENSURE AND EXAMINATION STATUS. SECTION 30 OF THE BUSINESS AND PROFESSIONS CODE AND PUBLIC LAW 94-455 (42 USC SECTION 405(c)(2)(C)) AUTHORIZE COLLECTION OF YOUR U.S. SOCIAL SECURITY NUMBER/ITIN. IF YOU FAIL TO DISCLOSE YOUR U.S. SOCIAL SECURITY NUMBER/ITIN, YOU WILL BE REPORTED TO THE FRANCHISE TAX BOARD, WHICH MAY ASSESS A \$100 PENALTY AGAINST YOU. YOUR NAME AND ADDRESS LISTED ON THIS APPLICATION WILL BE DISCLOSED TO THE PUBLIC UPON REQUEST IF AND WHEN YOU BECOME LICENSED.</b>	
Any known or foreseeable interagency or intergovernmental transfer which may be made of the information: <b>POSSIBLE TRANSFER TO LAW ENFORCEMENT, OTHER GOVERNMENT AGENCIES AND REPORTING U.S. SOCIAL SECURITY NUMBER/ITIN TO THE FRANCHISE TAX BOARD OR FOR CHILD SUPPORT ENFORCEMENT PURPOSES PURSUANT TO SECTION 30 OF THE BUSINESS AND PROFESSIONS CODE.</b>	
<b>EACH INDIVIDUAL HAS THE RIGHT TO REVIEW THE FILES ON RECORDS MAINTAINED ON THEM BY THE AGENCY, UNLESS THE RECORDS ARE EXEMPT FROM DISCLOSURE.</b>	

## MANDATORY REPORTER

Under California law each person licensed by the Board of Registered Nursing is a "Mandated Reporter" for child abuse or neglect purposes. Prior to commencing his or her employment, and as a prerequisite to that employment, all mandated reporters must sign a statement on a form provided to him or her by his or her employer to the effect that he or she has knowledge of the provisions of Penal Code Section 11166 and will comply with those provisions.

California Penal Code Section 11166 requires that all mandated reporters make a report to an agency specified in Penal Code Section 11165.9 [generally law enforcement agencies] whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter must make a report to the agency immediately or as soon as is practicably possible by telephone, and the mandated reporter must prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

Failure to comply with the requirements of Penal Code Section 11166 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars (\$1,000), or by both imprisonment and fine.

For further details about these requirements, consult Penal Code Section 11164, and subsequent sections.

ADDITIONAL



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NURSE PRACTITIONER FURNISHING NUMBER APPLICATION

APPLICATION FEE - \$400.00

MILITARY HONORABLE DISCHARGE - Check here if you served as an active duty member of the Armed Forces of the United States and were honorably discharged.

PERSONAL DATA (PRINT OR TYPE)

Form with fields for LAST NAME, FIRST NAME, MIDDLE NAME, ADDRESS, DATE OF BIRTH, U.S. SOCIAL SECURITY NUMBER, TELEPHONE NUMBER, PREVIOUS NAMES, MOTHER'S MAIDEN NAME, CA RN LICENSE NUMBER, CA NP NUMBER, NP SPECIALTY.

NURSE PRACTITIONER ADVANCED PHARMACOLOGY COURSE

Form with fields for NAME OF NURSE PRACTITIONER PROGRAM, COURSE TITLE, COMPLETION DATE, # QTR/SEM UNITS, NAME OF ACADEMIC COURSE, SCHOOL ADDRESS, City, State, Zip Code.

I certify, under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

SIGNATURE OF APPLICANT:

DATE:

\*\* U.S. SOCIAL SECURITY NUMBER/ITIN DISCLOSURE STATEMENT

Disclosure of your U.S. Social Security Number/ITIN is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USC section 405(c)(2)(C)) authorizes collection of your U.S. Social Security Number/ITIN. Your U.S. Social Security Number/ITIN will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your U.S. Social Security Number/ITIN, your application for initial or renewal license will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.



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**NURSE PRACTITIONER  
 ADVANCED PHARMACOLOGY COURSE VERIFICATION**

In order to furnish drugs and/or devices pursuant to Business and Professions Code, Section 2836.1, the Nurse Practitioner must complete a California Board of Registered Nursing approved advanced pharmacology course. The criteria for the advanced pharmacology course is listed on the two (2) page attachment.

**TO BE COMPLETED BY APPLICANT**

(PRINT OR TYPE)

LAST NAME:		FIRST NAME:		MIDDLE NAME:	
ADDRESS: Number & Street				DATE OF BIRTH: (Month/Day/Year)	
City	State	Country	Zip Code	U.S. SOCIAL SECURITY NUMBER or INDIVIDUAL TAXPAYER ID NUMBER:	
TELEPHONE NUMBER: Home ( ) Alternate ( )	PREVIOUS NAMES: (Including Maiden)		MOTHER'S MAIDEN NAME: (Last Name Only)		
CALIFORNIA RN LICENSE NUMBER:	CA NP NUMBER:	DATES COURSE WAS TAKEN:			

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TO BE COMPLETED BY THE DIRECTOR OF THE NURSE PRACTITIONER  
 ACADEMIC PROGRAM**

The above applicant has applied for a Nurse Practitioner furnishing number in California. Please provide the following information and mail to the California Board of Registered Nursing at the above address. The criteria for the advanced pharmacology course is listed on the two (2) page attachment.

NAME OF NURSE PRACTITIONER PROGRAM:			TELEPHONE NUMBER:		
ADDRESS: Number & Street		City	State	Zip Code	
<b>ADVANCED PHARMACOLOGY COURSE/CONTENT:</b>					
Entrance and completion dates for course: Entrance: _____ Completion: _____ <small>(Month/Day/Year) (Month/Day/Year)</small>					
Was a separate course? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, specify the course title: _____					
If NO, was integrated in the program curriculum? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Equivalent to: 3 semester units: <input type="checkbox"/> YES <input type="checkbox"/> NO		5 quarter units: <input type="checkbox"/> YES <input type="checkbox"/> NO		45 hours: <input type="checkbox"/> YES <input type="checkbox"/> NO	
The drugs or devices are furnished or ordered by a Nurse Practitioner in accordance with standardized procedures or protocols developed when the drugs or devices furnished or ordered are consistent with the practitioner's educational preparation or for which clinical competency has been established and maintained. <input type="checkbox"/> YES <input type="checkbox"/> NO					
The Advanced Pharmacology course includes the key points and course objectives listed on the two (2) page attachment. <input type="checkbox"/> YES <input type="checkbox"/> NO					

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and Correct.

**SIGNATURE:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_  
(DATE)



## **NURSE PRACTITIONER ADVANCED PHARMACOLOGY COURSE FOR FURNISHING**

These revised guidelines are established for Nurse Practitioner programs who offer advanced pharmacology courses in order to meet Furnishing requirements.

### **MINIMUM COURSE OFFERINGS**

- A post-RN licensure advanced pharmacology course based on the RN's previous knowledge of pharmacology and pharmacotherapeutics.
- A three (3) semester units or five (5) quarter units academic course.

### **KEY POINTS:**

The advanced pharmacology course must include:

- The mechanism for ongoing communication between the student and course instructor.
- The requirements for approved standardized procedures to be in place prior to beginning practice.
- The requirement to furnish drugs/devices pursuant to a standardized procedure.
- The furnishing responsibility for Schedule II, III, IV, V controlled substances that are to be furnished with a patient-specific protocol in compliance with the Health and Safety Code (HSC) Division 10, Uniform Controlled Substances Act, Sections 11000-11651, Chapter 1. General Provisions and Definitions, for Nurse Practitioners.
- The furnishing responsibility for Schedule II, III, IV and V controlled substances that are to be furnished with a patient specific protocol in compliance with Health and Safety Code (HSC) Division 10, Uniform Controlled Substances Act, Section 11056, for Certified Nurse Midwives.

### **COURSE OBJECTIVES:**

1. Uses the data base obtained from the health assessment of the client to identify an appropriate therapeutic regimen, including drugs and/or devices
2. Uses knowledge of pharmacokinetics when developing a therapeutic regimen that maximizes the therapeutic effectiveness while minimizing adverse reactions.
3. Uses knowledge of pharmacodynamics to observe the effects of drugs and/or devices on a client; to predict the client's response; and to understand the effects of the drugs and/or devices.
4. Evaluates the response and compliance of the client to the drugs and/or devices and implement appropriate action.
5. Provides appropriate client education regarding the furnished drugs and/or devices.
6. Furnishes drugs and/or devices pursuant to standardized procedures and in conformance with applicable laws, codes and/or regulations.
7. Examines appropriate guidelines for the pharmacological management of selected health care syndromes/diseases commonly encountered with awareness of client's nutrition, culture, ethnicity and socioeconomic status.
8. Uses knowledge and awareness of the role of herbal and natural remedies while treating disease states.

Advanced Pharmacology Enabling Objectives have been developed through public input and are available upon request.

## **FACULTY QUALIFICATIONS**

All stated qualifications must be met by the faculty, include Directors and instructors.

- Current, valid and clear license to practice in the appropriate discipline.
- Demonstrates expertise in the theoretical and clinical aspects of pharmacology/pharmacotherapeutics.
- Possesses at least two years of experience in the teaching of advanced pharmacology.
- Includes a faculty member who has completed a doctoral level pharmacology/pharmacotherapeutics degree.
- Demonstrates evidence of advanced clinical practice within the past five years applying the principles of advanced pharmacology.

## **ADVANCED PHARMACOLOGY ENABLING OBJECTIVES**

- Defines and verbalizes an understanding of the terminology of advanced pharmacology. (Vocabulary list to be included)
- Identifies sources of drugs and provides examples of drugs from each drug source.
- Describes the “targets” of drugs.
- Describes the pharmacokinetic process of absorption, distribution, metabolism, and excretion.
- Identifies factors that alter the processes of absorption, distribution, metabolism, and excretion.
- Analyzes how the body’s acid base environment affects the pharmacokinetic process of absorption, distribution, metabolism, and excretion of drugs.
- Describes variables that determine the correct dosages of drugs.
- Defines half-life and explains the importance of a drug’s half-life in a therapeutic drug regimen.
- Describes factors that influence a drug’s half-life.
- Analyzes the relationship between drugs and their physiological and pathophysiological responses.
- Understands the pharmacokinetic and pharmacodynamic effects of broad categories of drugs, i.e., antibiotics, antiarrhythmics, anti-hypertensives contraceptives, etc. used in specific treatment regimens.
- Uses data obtained during a client’s History and Physical Examination (H&P) to identify appropriate drug choice/s and herbs, vitamins, minerals, and trace elements regimen/s, and recognizes the role of herbal and natural remedies in the treatment of health and disease states.
- Based upon the principles of pharmacokinetics and pharmacodynamics, identifies the indications, rationale, and mechanism of action for drugs and contrasts drugs used to treat specific conditions.
- Understands the potential interactions between drugs and herbs, vitamins, minerals, and trace elements.
- Performs appropriate monitoring before, during, and after specific drug regimens.
- Monitors efficacy of drug/s evaluates the response and compliance of the client to the drugs/devices and provides interventions for side effects, and manages adverse events that may occur.
- Identifies drugs with narrow therapeutic range.
- Identifies appropriate methods to write and transmit prescriptions.
- Furnishes drugs pursuant to applicable legal requirements, standardized procedures, and ethical standards.
- Identifies resources for drug information and uses the resources to maintain clinical competency for furnishing.
- Describes the essential components of client education re: medications including: name of medication/s frequency/time of doses, correct dosage/s to take, how to take the medication/s i.e., with or without food, what to do if a dose of a medication is missed, side effects to expect, and adverse event/s to report to the prescriber.
- Identifies factors that influence medication compliance.
- Provides comprehensive and appropriate client and family education re: drugs of choice and alternatives and involves the client and family in the decision making process re: drug treatments.
- Chooses most appropriate drug for a disease base upon client’s symptomatology, health status and lifestyle.



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## INFORMATION COLLECTION AND ACCESS

The Information Practices Act, Section 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.

Agency Name:	<b>BOARD OF REGISTERED NURSING</b>	
Title of official responsible for information maintenance:	<b>EXECUTIVE OFFICER</b>	
Address:	P.O. BOX 944210, SACRAMENTO, CA 94244-2100	Telephone Number: (916) 322-3350
Authority which authorizes the maintenance of the information:	<b>SECTION 30, SECTION 2732.1(a), BUSINESS AND PROFESSIONS CODE</b>	
<b>ALL INFORMATION IS MANDATORY.</b>		
The consequences, if any of not providing all or any part of the requested information: <b>FAILURE TO PROVIDE ANY OF THE REQUESTED INFORMATION WILL RESULT IN THE APPLICATION BEING REJECTED AS INCOMPLETE.</b>		
The principal purpose(s) for which the information is to be used: <b>TO DETERMINE ELIGIBILITY FOR LICENSURE. YOUR U.S. SOCIAL SECURITY NUMBER/ITIN WILL BE USED FOR PURPOSES OF TAX ENFORCEMENT, CHILD SUPPORT ENFORCEMENT AND VERIFICATION OF LICENSURE AND EXAMINATION STATUS. SECTION 30 OF THE BUSINESS AND PROFESSIONS CODE AND PUBLIC LAW 94-455 (42 USC SECTION 405(c)(2)(C)) AUTHORIZE COLLECTION OF YOUR U.S. SOCIAL SECURITY NUMBER/ITIN. IF YOU FAIL TO DISCLOSE YOUR U.S. SOCIAL SECURITY NUMBER/ITIN, YOU WILL BE REPORTED TO THE FRANCHISE TAX BOARD, WHICH MAY ASSESS A \$100 PENALTY AGAINST YOU. YOUR NAME AND ADDRESS LISTED ON THIS APPLICATION WILL BE DISCLOSED TO THE PUBLIC UPON REQUEST IF AND WHEN YOU BECOME LICENSED.</b>		
Any known or foreseeable interagency or intergovernmental transfer which may be made of the information: <b>POSSIBLE TRANSFER TO LAW ENFORCEMENT, OTHER GOVERNMENT AGENCIES AND REPORTING U.S. SOCIAL SECURITY NUMBER/ITIN TO THE FRANCHISE TAX BOARD OR FOR CHILD SUPPORT ENFORCEMENT PURPOSES PURSUANT TO SECTION 30 OF THE BUSINESS AND PROFESSIONS CODE.</b>		
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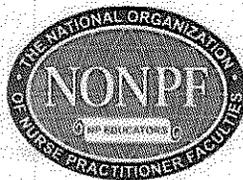
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## **Nurse Practitioner Core Competencies Content**

*A delineation of suggested content specific to the NP core competencies*

**2017**

### **NP Core Competencies Content Work Group**

Anne Thomas (Chair), PhD, ANP-BC, GNP, FAANP

M. Katherine Crabtree, DNSc, APN-BC, FAAN

Kathleen Delaney, PhD, PMH-NP, FAAN

Mary Anne Dumas, PhD, RN, FNP-BC, GNP-BC, FAANP, FAAN

Ruth Kleinpell, PhD, RN, FAAN, FCCM

Julie Marfell, DNP, APRN, FNP-BC, FAANP

Donna Nativio, PhD, CRNP, FAAN, FAANP

Kimberly Udlis, PhD, FNP-BC, APNP

Andrea Wolf, DNP, CRNP

**Acknowledgments:** NONPF also wishes to recognize members of the Curricular Leadership Committee who provided review and comment on the draft document. The comments from the following people shaped the final document: Susan Buchholz, Holly Dileo, Kathy Dontje, Judith Haber, Ann Marie Hart, Kathleen Reeve, Susan Ruppert, Susan Schaffer, and Courtney Young.

\* The 2017 Nurse Practitioner Core Competencies Content publication aligns the competencies with the 2016 Adult-Gerontology Acute Care And Primary Care NP Competencies.

## Nurse Practitioner Core Competencies with Suggested Curriculum Content 2017

In the development of the nurse practitioner (NP) population-focused competencies, a task force had extensive discussions of competencies vs. content. The task force concluded that it would be beneficial to programs if some content could be included as exemplars of how to support curriculum development for addressing a competency. Within the 2013 edition of the NP population-focused competencies, the final column in each population's competency table presents the respective competency work group's ideas of relevant content.

NONPF convened a work group to identify the suggested curriculum content for the NP Core Competencies. This work group consisted of members of the task force that prepared the 2014 edition of the NP Core Competencies, as well as additional representation from the NONPF Board and Curricular Leadership Committee. A sub-group of the NONPF Curricular Leadership Committee completed a review of the draft content, and the work group incorporated the review feedback into the final document presented herein. Please see the cover page for a list of work group members and an acknowledgment of the reviewers.

The table that follows includes the NP Core Competencies and a list of suggested curriculum content. NONPF does not intend for the requirement of all of this content, nor is the content list comprehensive for all that a program would cover with population-focused competencies. The content column reflects only suggestions for content relative to the core competencies. This document should be used in combination with the population-focused competencies.

Competency Area	NP Core Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the core competencies</i>
<b>Scientific Foundation Competencies</b>	<ol style="list-style-type: none"> <li>1. Critically analyzes data and evidence for improving advanced nursing practice.</li> <li>2. Integrates knowledge from the humanities and sciences within the context of nursing science.</li> <li>3. Translates research and other forms of knowledge to improve practice processes and outcomes.</li> <li>4. Develops new practice approaches based on the integration of research, theory, and practice knowledge.</li> </ol>	<p>Comparison of patient data sets with evidence-based standards to improve care</p> <p>Scientific foundations to practice, including, but not limited to, knowledge of advanced pathophysiology, pharmacology, physiology, genetics, and communication skills</p> <p>Science from other disciplines relevant to health care</p>

Competency Area	NP Core Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the core competencies</i>
		<p>Theories/conceptual frameworks/principles for practice:</p> <ul style="list-style-type: none"> <li>• Translational research that guides practice</li> <li>• Critical evaluation of research findings</li> <li>• Mid-range nursing theories and concepts to guide nursing practice</li> <li>• Evidence-based care</li> <li>• Physiologic</li> <li>• Communication</li> <li>• Developmental</li> <li>• Genetic</li> <li>• Behavior change</li> <li>• Population health</li> </ul> <p>Critical thinking development:</p> <ul style="list-style-type: none"> <li>• Evidence appraisal</li> <li>• Formulating a practice problem</li> <li>• Use of science-based theories and concepts to assess, enhance, and ameliorate health care delivery phenomena</li> <li>• Use of PICO questions to initiate research and quality improvement projects</li> </ul> <p>Qualitative and quantitative research and quality improvement methods</p> <p>Ethical and legal protection of human subjects</p> <p>Inquiry processes and practices related to health literacy, vulnerable populations, and culture</p> <p>Monitoring of health outcomes</p>
<b>Leadership Competencies</b>	<ol style="list-style-type: none"> <li>1. Assumes complex and advanced leadership roles to initiate and guide change.</li> <li>2. Provides leadership to foster collaboration with multiple</li> </ol>	<p>Content related to:</p> <ul style="list-style-type: none"> <li>• Crisis management and leadership</li> <li>• Stress management (for staff and patient/family)</li> <li>• Teams and teamwork, including team leadership, building</li> </ul>

Competency Area	NP Core Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the core competencies</i>
	<p>stakeholders (e.g. patients, community, integrated health care teams, and policy makers) to improve health care.</p> <p>3. Demonstrates leadership that uses critical and reflective thinking.</p> <p>4. Advocates for improved access, quality and cost effective health care.</p> <p>5. Advances practice through the development and implementation of innovations incorporating principles of change.</p> <p>6. Communicates practice knowledge effectively, both orally and in writing.</p> <p>7. Participates in professional organizations and activities that influence advanced practice nursing and/or health outcomes of a population focus.</p>	<p>effective teams, and nurturing team</p> <p>Leadership, change, and management theories with application to practice</p> <p>Political processes, political decision making processes, and health care advocacy</p> <p>Problem solving:</p> <ul style="list-style-type: none"> <li>• Influencing and negotiation</li> <li>• Conflict management</li> <li>• Strategic thinking</li> <li>• Managing change</li> </ul> <p>Business development:</p> <ul style="list-style-type: none"> <li>• High reliability organization principles</li> <li>• Building and maintaining effective teams</li> <li>• Project management concepts</li> <li>• Principles of effective decision making</li> <li>• Principles of change management</li> <li>• Civility</li> <li>• Principles of innovation</li> </ul> <p>Communications:</p> <ul style="list-style-type: none"> <li>• Scholarly writing, manuscript, and abstract preparation</li> <li>• Structuring and presenting persuasive arguments</li> </ul> <p>Peer review:</p> <ul style="list-style-type: none"> <li>• Publications</li> <li>• Presentations</li> <li>• Research</li> <li>• Practice.</li> </ul> <p>Leadership development:</p>

Competency Area	NP Core Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the core competencies</i>
		<ul style="list-style-type: none"> <li>• Skills to influence decision-making bodies at the system, state, or national level</li> <li>• Interprofessional leadership</li> <li>• Assuming leadership positions in professional, political, or regulatory organizations</li> <li>• Structure and functions of editorial/board roles</li> <li>• Ethical and critical decision making, effective working relationships, and a systems-perspective</li> </ul> <p>Concepts of strategic planning process</p> <p>Leadership styles</p> <p>How to lead change in practice, manage practice changes</p> <ul style="list-style-type: none"> <li>• Monitoring implementation and fidelity</li> <li>• Adaptation of change to patients, providers and organizational needs and resources</li> <li>• Interim feedback on achievements and efficiencies</li> <li>• Interpretation of data and articulating evidence</li> </ul> <p>Self-reflection of leadership style e.g., personal leadership strengths and weaknesses; working with diverse skills sets and diverse teams</p>
<b>Quality Competencies</b>	<ol style="list-style-type: none"> <li>1. Uses best available evidence to continuously improve quality of clinical practice.</li> <li>2. Evaluates the relationships among access, cost, quality, and safety and their influence on health care.</li> <li>3. Evaluates how organizational structure, care processes, financing, marketing, and policy decisions impact the quality of health care.</li> <li>4. Applies skills in peer review to promote a culture of</li> </ol>	<p>Quality Safety Education in Nursing (QSEN) principles and content</p> <p>Evaluation of outcomes of care such as quality improvement projects with an evaluation component</p> <p>Reflective practice Culture of safety</p> <p>Quality improvement processes and practices</p> <p>Knowledge of quality improvement methods such as:</p> <ul style="list-style-type: none"> <li>• Plan-Do-Study Act</li> <li>• Six Sigma</li> </ul>

Competency Area	NP Core Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the core competencies</i>
	<p>excellence.</p> <p>5. Anticipates variations in practice and is proactive in implementing interventions to ensure quality</p>	<p>Cost benefit analysis</p> <p>Peer review process</p> <ul style="list-style-type: none"> <li>• Reviewer</li> <li>• Reviewee</li> </ul> <p>Collaborative team processes and practices</p> <p>Leadership skills for leading change for quality clinical practice</p> <p>Methods and measures of quality assurance during transitions of care</p> <p>Laws and rules to enhance quality such as</p> <ul style="list-style-type: none"> <li>• Meaningful use</li> <li>• Federal, state, and local quality data sources and indicators</li> </ul>
<p><b>Practice Inquiry Competencies</b></p>	<ol style="list-style-type: none"> <li>1. Provides leadership in the translation of new knowledge into practice.</li> <li>2. Generates knowledge from clinical practice to improve practice and patient outcomes.</li> <li>3. Applies clinical investigative skills to improve health outcomes.</li> <li>4. Leads practice inquiry, individually or in partnership with others.</li> <li>5. Disseminates evidence from inquiry to diverse audiences using multiple modalities.</li> <li>6. Analyzes clinical guidelines for individualized application into practice</li> </ol>	<p>Leadership for role in practice improvement</p> <p>Clinical investigation strategies:</p> <ul style="list-style-type: none"> <li>• Identifying clinical practice problems</li> <li>• Appraising evidence for application to practice (e.g., design, methods, tools, analysis)</li> <li>• Literature search methods, including, but not limited to, the PICO Model to define a clinical questions and search for the best clinical evidence</li> </ul> <p>Use of electronic databases, such as electronic health records:</p> <ul style="list-style-type: none"> <li>• Assessing clinical practice</li> <li>• Reviewing patient technology</li> <li>• Exploring behaviors and risk factors</li> <li>• Using data to support evidence based changes in clinical management</li> <li>• Template development</li> </ul>

Competency Area	NP Core Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the core competencies</i>
		<p>Patient management, including, but not limited to, discerning gaps in care and barriers to care needing resolution during patient encounters</p> <p>Project development and management:</p> <ul style="list-style-type: none"> <li>• Synthesis and translation/extrapolation of research to selected populations</li> <li>• Frameworks to guide projects</li> <li>• Quality improvement methods</li> <li>• Assessment of resources needed and available for projects</li> <li>• Competing priorities of patients, payers, providers, and suppliers</li> <li>• Data-based, needs assessment for project</li> <li>• Processes used in conducting projects based on current and best evidence, including evaluation of the application of evidence or inquiry to the population of concern</li> <li>• Evaluation of outcomes (for health status of patient and population as well as system outcomes)</li> <li>• Evaluation of why expected results were or were not attained and lessons learned</li> <li>• Making recommendations for further work</li> <li>• Addressing issues of sustainability of project findings</li> </ul> <p>Dissemination of work and findings:</p> <ul style="list-style-type: none"> <li>• Abstract and manuscript writing to support the dissemination of project/research outcomes</li> <li>• Discussion of clinically meaningful results that may or may not be statistically significant</li> <li>• Presentation skill development with modification for different audiences</li> </ul>

Competency Area	NP Core Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the core competencies</i>
		<p>Integration of findings:</p> <ul style="list-style-type: none"> <li>• Results, methods, and tools, as appropriate, into care delivery</li> <li>• Identification of best practices</li> <li>• Opportunities for multidisciplinary team/inter-professional collaboration for patient care</li> <li>• Development and use of clinical guidelines</li> <li>• Use of clinical judgment to improve practice</li> <li>• Application of evidence to validate or change policy</li> </ul> <p>Evaluation of alternative care delivery models and treatments, including costs, cost benefits, and return on investment</p> <p>Institutional review board policies and processes</p> <p>Interprofessional research and scholarship exemplars and opportunities</p>
<b>Technology and Information Literacy Competencies</b>	<ol style="list-style-type: none"> <li>1. Integrates appropriate technologies for knowledge management to improve health care.</li> <li>2. Translates technical and scientific health information appropriate for various users' needs.               <ol style="list-style-type: none"> <li>2.a Assesses the patient's and caregiver's educational needs to provide effective, personalized health care.</li> <li>2.b Coaches the patient and caregiver for positive behavioral change.</li> </ol> </li> <li>3. Demonstrates information literacy skills in complex decision making.</li> <li>4. Contributes to the design of clinical information systems</li> </ol>	<p>Technology available in clinical practice:</p> <ul style="list-style-type: none"> <li>• Electronic resources that identify current evidenced-based care</li> <li>• Electronic resources that enhance patient safety</li> <li>• Technological care delivery systems</li> <li>• Telehealth</li> <li>• Information databases used by health care systems</li> <li>• Electronic communication with other professionals and patients</li> <li>• Encrypted and unencrypted technology</li> <li>• Electronic resources to support differential diagnosis, algorithmic thinking, and medical record review</li> <li>• Templates for documentation in nursing care</li> <li>• Use of electronic datasets to evaluate practice and improve quality, cost, and efficiency of care</li> </ul> <p>Technology available to support education:</p> <ul style="list-style-type: none"> <li>• Standardized patient encounters</li> <li>• Electronic/computer based learning modules based on characteristics such as cultural literacy, educational level,</li> </ul>

Competency Area	NP Core Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the core competencies</i>
	<p>that promote safe, quality and cost effective care.</p> <p>5. Uses technology systems that capture data on variables for the evaluation of nursing care.</p>	<p>and home assessment</p> <ul style="list-style-type: none"> <li>• Coaching/teaching resources adapted to population, health literacy, and age of patient learning styles,</li> <li>• Age-appropriate concepts and development of educational tools</li> <li>• Use of applications for references at point of care</li> </ul> <p>Using telehealth to provide care for the adult population, considering benefits, methods, differences, and regulatory issues.</p> <p>IT resources such as:</p> <ul style="list-style-type: none"> <li>• Informatics competencies from Technology Informatics Guiding Education Reform (TIGER) initiative</li> <li>• American Medical Informatics Association (AMIA)</li> </ul> <p>Use of electronic communication methods, including social media, with healthcare professionals, patients, families, and caregivers</p> <p>Compliance issues related to patient privacy with use of technology</p> <p>Population-appropriate clinical indicators for incorporation into information systems, such as electronic health records</p> <p>Use of technologies to monitor and evaluate clinical problems, e.g.</p> <ul style="list-style-type: none"> <li>• Blood pressure</li> <li>• Vital signs</li> <li>• Glucose</li> <li>• Weight</li> </ul>
<p><b>Policy Competencies</b></p>	<p>1. Demonstrates an understanding of the interdependence of policy and practice.</p> <p>2. Advocates for ethical policies that promote access, equity, quality, and cost.</p> <p>3. Analyzes ethical, legal, and social factors influencing policy</p>	<p>Policy analysis process:</p> <ul style="list-style-type: none"> <li>• Political environment</li> <li>• Political feasibility</li> <li>• Economic feasibility</li> <li>• Implementation strategy and planning</li> <li>• Outcomes evaluation at local, state, national, and international levels</li> </ul>

Competency Area	NP Core Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the core competencies</i>
	<p>development.</p> <p>4. Contributes in the development of health policy.</p> <p>5. Analyzes the implications of health policy across disciplines.</p> <p>6. Evaluates the impact of globalization on health care policy development.</p> <p>7. Advocates for policies for safe and healthy practice environments.</p>	<ul style="list-style-type: none"> <li>• Specific NP role for influencing health care agenda and patient advocacy</li> </ul> <p>Health policy and health care reform:</p> <ul style="list-style-type: none"> <li>• Federal budget</li> <li>• National health priorities</li> <li>• Methods for appropriation of funding</li> <li>• Vulnerable populations and needs</li> <li>• The relationship between the USPSTF guidelines and Affordable Care Act implementation</li> </ul> <p>Legislative and regulatory processes:</p> <ul style="list-style-type: none"> <li>• Origin of laws</li> <li>• Regulatory process</li> <li>• How to influence/impact passage of laws and their translation into regulation</li> <li>• Health care financing and third party reimbursement</li> </ul> <p>Population health model and its impact on policy planning</p> <p>Introduction of global issues:</p> <ul style="list-style-type: none"> <li>• Infections</li> <li>• Travel</li> <li>• Immigration</li> <li>• Disasters/terrorism</li> <li>• Access to health care</li> </ul> <p>Ethical issues in health care planning:</p> <ul style="list-style-type: none"> <li>• Fairness</li> <li>• Equity and health disparities</li> <li>• Access and resource allocation</li> <li>• Health behavior</li> <li>• Social determinants of health</li> </ul>

Competency Area	NP Core Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the core competencies</i>
		<p>Comparative health systems</p> <p>Proactive and responsive use of media</p> <p>Barriers to NP practice</p> <p>Legislative process and resources, e.g., Congress.gov</p> <p>Policy theories</p> <p>Examples of policy making at multiple levels and individual and collective contributions to shape policy</p>
<b>Health Delivery System Competencies</b>	<ol style="list-style-type: none"> <li>1. Applies knowledge of organizational practices and complex systems to improve health care delivery.</li> <li>2. Effects health care change using broad based skills including negotiating, consensus-building, and partnering.</li> <li>3. Minimizes risk to patients and providers at the individual and systems level.</li> <li>4. Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders.</li> <li>5. Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment.</li> <li>6. Analyzes organizational structure, functions and resources to improve the delivery of care.</li> <li>7. Collaborates in planning for transitions across the continuum of care.</li> </ol>	<p>Organizational practices:</p> <ul style="list-style-type: none"> <li>• Organizational structure, tables of organization</li> <li>• Organizational decision making</li> <li>• Organizational theory</li> <li>• Principles of management</li> </ul> <p>Interprofessional collaborative partnerships</p> <p>Informatics/information systems:</p> <ul style="list-style-type: none"> <li>• Interpreting variations in outcomes</li> <li>• Use of data to improve practice</li> <li>• Use of collateral information</li> <li>• Organizational delivery subsystems, (e.g. electronic prescription writing-pharmacy software)</li> </ul> <p>Needs assessment of populations served:</p> <ul style="list-style-type: none"> <li>• Socioeconomic and cultural factors</li> <li>• Unique population needs</li> <li>• System resources to meet population needs (e.g. use interpreters to facilitate communication)</li> <li>• Community resources/system outreach to community</li> <li>• Diversity among providers</li> </ul>

<b>Competency Area</b>	<b>NP Core Competencies</b>	<b>Curriculum Content to Support Competencies</b> <i>Neither required nor comprehensive, this list reflects only suggested content specific to the core competencies</i>
		<p>Financial issues:</p> <ul style="list-style-type: none"> <li>• Financial business principles</li> <li>• Health care system financing</li> <li>• Reimbursement systems</li> <li>• Resource management</li> <li>• Billing and coding principles</li> </ul> <p>Interprofessional/team competencies:</p> <ul style="list-style-type: none"> <li>• Communication (theory)</li> <li>• Collaboration</li> <li>• Conflict resolution</li> <li>• Consultations/referrals</li> <li>• Team building</li> <li>• Values and ethics</li> <li>• Roles and responsibilities</li> </ul> <p>Safety and quality:</p> <ul style="list-style-type: none"> <li>• Cost-effective care</li> <li>• Legal/ethical issues</li> <li>• Research and quality improvement</li> <li>• Continuous quality improvement</li> <li>• Quality and Safety Education in Nursing</li> </ul> <p>Transitional care:</p> <ul style="list-style-type: none"> <li>• Navigating transitions across health care settings</li> <li>• Coordination of services</li> </ul> <p>Planning, delivering and/or evaluating models of care:</p> <ul style="list-style-type: none"> <li>• Models of planned change</li> <li>• Process and evaluation design implementation</li> <li>• Evaluation models</li> <li>• Process of proposing changes in practice</li> </ul>

Competency Area	NP Core Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the core competencies</i>
		<p>Legislative and regulatory issues:</p> <ul style="list-style-type: none"> <li>• Relevant and current issues (e.g., Accountable Care Act implementation)</li> <li>• Process of health care legislation</li> <li>• Scope and standards of practice</li> <li>• Cultural competence</li> <li>• Theories of vulnerability</li> <li>• Social determinants of health</li> </ul> <p>Policy and advocacy:</p> <ul style="list-style-type: none"> <li>• Reducing environmental health risks</li> <li>• Implications of health policy</li> <li>• Variations in policy</li> </ul>
<p><b>Ethics Competencies</b></p>	<ol style="list-style-type: none"> <li>1. Integrates ethical principles in decision making.</li> <li>2. Evaluates the ethical consequences of decisions.</li> <li>3. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.</li> </ol>	<p>Ethics in decision making:</p> <ul style="list-style-type: none"> <li>• Ethical considerations in decision making in clinical practice</li> <li>• Applications of ethical principles in policy making and in care delivery</li> <li>• Sources of information to facilitate ethical decision making <ul style="list-style-type: none"> <li>- theories of ethical decision making</li> <li>- ethics committee</li> <li>- genetic counseling</li> <li>- clinical research</li> <li>- legal statutes</li> <li>- cultural sensitivity</li> <li>- scope of practice</li> </ul> </li> </ul> <p>Evaluation of ethical decisions:</p> <ul style="list-style-type: none"> <li>• Methods of evaluating outcomes (long-term and short-term)</li> <li>• Debriefing and assessment of outcomes</li> <li>• Ethical frameworks.</li> </ul> <p>Population-specific complex ethical issues occurring in clinical practice</p>

Competency Area	NP Core Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the core competencies</i>
		<p>System-specific resources to implement ethical decisions (e.g. hospice care, palliative care)</p> <p>Spiritual resources for patients and families (e.g., on site and media based)</p>
<b>Independent Practice Competencies</b>	<ol style="list-style-type: none"> <li>1. Functions as a licensed independent practitioner.</li> <li>2. Demonstrates the highest level of accountability for professional practice.</li> <li>3. Practices independently managing previously diagnosed and undiagnosed patients.               <ol style="list-style-type: none"> <li>3.a 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.</li> <li>3.b Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.</li> <li>3.c Employs screening and diagnostic strategies in the development of diagnoses.</li> <li>3.d Prescribes medications within scope of practice.</li> <li>3.e Manages the health/illness status of patients and families over time.</li> </ol> </li> <li>4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making.               <ol style="list-style-type: none"> <li>4.a Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.</li> <li>4.b Creates a climate of patient- centered care to include</li> </ol> </li> </ol>	<p>Clinical decision making based on evidence and patient/provider partnership</p> <p>Current and emerging professional standards</p> <p>Novice to expert continuum of clinical practice</p> <p>Political, policy and regulatory issues regarding licensure, national certification, and scope of practice.</p> <p>Leadership approaches for employment contract negotiation, networking, and advancing professional standards and roles</p> <p>Application of select sciences to practice:</p> <ul style="list-style-type: none"> <li>• Pharmacology</li> <li>• Physiology</li> <li>• Pathophysiology</li> </ul> <p>Specific areas of assessment, including but not limited to:</p> <ul style="list-style-type: none"> <li>• Physical</li> <li>• Psychosocial</li> <li>• Developmental</li> <li>• Family</li> <li>• Psychiatric mental health</li> <li>• Oral health</li> </ul> <p>Screenings</p> <p>Diagnostics (tests, labs)</p> <p>Specific procedures</p>

Competency Area	NP Core Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the core competencies</i>
	<p>confidentiality, privacy, comfort, emotional support, mutual trust, and respect.</p> <p>4.c Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care. duplicate.</p> <p>4.d Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.</p> <p>4e. Develops strategies to prevent one's own personal biases from interfering with delivery of quality care.</p> <p>4f. Addresses cultural, spiritual, and ethnic influences that potentially create conflict among individuals, families, staff and caregivers.</p> <p>5. Educates professional and lay caregivers to provide culturally and spiritually sensitive, appropriate care</p> <p>6. Collaborates with both professional and other caregivers to achieve optimal care outcomes.</p> <p>7. Coordinates transitional care services in and across care settings.</p> <p>8. Participates in the development, use, and evaluation of professional standards and evidence-based care.</p>	<p>Health promotion, prevention, and disease management</p> <p>Pharmacology and complementary alternative therapies</p> <p>Provider-patient relationship:</p> <ul style="list-style-type: none"> <li>• Role of culture in patient-centered care</li> <li>• Contracting a management plan with patient and/or family</li> <li>• Culture of trust in interpersonal relationship w/patient and/or families</li> </ul> <p>Business of practice:</p> <ul style="list-style-type: none"> <li>• Legal, business, and ethical issues</li> <li>• How to set up, finance and evaluate a practice</li> <li>• Writing a business plan</li> </ul> <p>Cultural issues</p> <p>Concepts of life-long learning</p>



2016

CRITERIA FOR  
EVALUATION  
*of*  
NURSE  
PRACTITIONER  
PROGRAMS

*5th Edition*

*A Report of the  
National Task Force on  
Quality Nurse Practitioner Education*

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To obtain a printed copy or to download the document, contact:

**American Association of Colleges of Nursing**

One Dupont Circle, NW, Ste. 530  
Washington, DC 20036  
Tel: (202) 463-6930  
Fax: (202) 785-8320  
[www.aacn.nche.edu](http://www.aacn.nche.edu)

**National Organization of Nurse Practitioner Faculties**

1615 M Street, NW, Ste. 270  
Washington, DC 20036  
Tel: (202) 289-8044  
Fax: (202) 289-8046  
[www.nonpf.org](http://www.nonpf.org)

Electronic and printed copies of the document will be available from many of the organizations represented on the National Task Force on Quality Nurse Practitioner Education and organizations endorsing the evaluation criteria.

# National Task Force on Quality Nurse Practitioner Education 2015-2016

## Task Force Co-Facilitators

### **American Association of Colleges of Nursing**

Ruth M. Kleinpell, PhD, RN, FAAN, FCCM, FAANP

### **National Organization of Nurse Practitioner Faculties**

Joanne M. Pohl, PhD, ANP-BC, FAAN, FAANP

---

### **Accreditation Commission for Education in Nursing**

Abigail Gerding, PhD, RN

Marsal P. Stoll, EdD, MSN

### **International Society of Psychiatric-Mental Health Nurses**

Evelyn Parrish, PhD, APRN

### **American Academy of Nurse Practitioners Certification Program**

Richard F. (Rick) Meadows, RN, MS, NP-C, FAANP

### **National Association of Neonatal Nurse Practitioners**

Suzanne Staebler, APRN, DNP, NNP-BC

### **American Association of Colleges of Nursing**

Joan Stanley, PhD, CRNP, FAAN, FAANP

### **National Association of Nurse Practitioners in Women's Health**

Susan Kendig, JD, MSN, WHNP-BC, FAANP

### **American Association of Critical-Care Nurses Certification Corporation**

Carol Hartigan, MA, RN

### **The National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties**

Robin L. Bissinger, PhD, APRN, NNP-BC, FAAN

### **American Nurses Credentialing Center**

Diane Thompkins, MS, RN

Erika Borlie, MS, BSN, WHNP-BC, RN-C

### **National Organization of Nurse Practitioner Faculties**

Shirlee Drayton-Brooks, PhD, FNP-BC, FAANP

### **American Psychiatric Nurses Association**

Susie Adams, PhD, RN, PMHNP, FAANP

Sattaria S. Dilks, DNP, APRN, PMHNP-BC

### **Pediatric Nursing Certification Board**

Peg Harrison, MS, CPNP-PC, CAE

### **Association of Faculties of Pediatric Nurse Practitioners**

Judy Verger, PhD, CRNP, CCRN

### **Staff Support to the National Task Force:**

Kathryn Werner, MPA; NONPF

### **Commission on Collegiate Nursing Education**

Jennifer Butlin, EdD

Susan Ruppert, PhD, APRN, FNP-C, ANP-BC, FNAP, FCCM, FAANP,  
FAAN

Task Force members are committed to ensuring excellence and stability in nurse practitioner education. We have worked in a collegial manner and have sought to build consensus in our process. Our major strength has been the desire to prepare highly qualified, competent nurse practitioner graduates. We believe that this document advances that purpose.

## Endorsements

The National Task Force on Quality Nurse Practitioner Education (NTF) is presently seeking organizational endorsement of the "Criteria for Evaluation of Nurse Practitioner Programs." Endorsement is defined as a general philosophical agreement with the evaluation criteria. The following organizations have endorsed the 5th edition of the "Criteria for Evaluation of Nurse Practitioner Programs:"

Accreditation Commission for Education in Nursing (ACEN)  
American Academy of Nurse Practitioners Certification Program (AANPCP)  
American Association of Colleges of Nursing (AACN)  
American Association of Critical-Care Nurses (AACN) Certification Corporation  
American Nurses Credentialing Center (ANCC)  
American Psychiatric Nurses Association (APNA)  
Association of Faculties of Pediatric Nurse Practitioners (AFPNP)  
Commission on Collegiate Nursing Education (CCNE)  
International Society of Psychiatric Nurses (ISPN)  
National Association of Neonatal Nurse Practitioners (NANNP)  
National Association of Nurse Practitioners in Women's Health (NPWH)  
National Certification Corporation for Obstetric, Gynecologic, and Neonatal Specialties (NCC)  
National Organization of Nurse Practitioner Faculties (NONPF)  
Pediatric Nursing Certification Board (PNCB)

# 2016 Criteria for Evaluation of Nurse Practitioner Programs, 5th Edition

## Introduction

The Criteria for Evaluation of Nurse Practitioner Programs offers an important resource for those involved in the educational preparation, credentialing, and licensing of nurse practitioners (NPs). The evaluation criteria, combined with accreditation standards for graduate programs in advanced practice nursing, provide a basis for evaluating all NP programs. The National Task Force on Quality Nurse Practitioner Education (NTF), a multi-organizational collaboration, has a commitment to maintaining the high quality of NP education through sustained efforts of review and updates to the Criteria for Evaluation of Nurse Practitioner Programs. This 5th edition of the document reflects the periodic review process undertaken by the NTF to ensure that these national consensus-based evaluation standards remain relevant.

## Revision Process

The National Organization of Nurse Practitioner Faculties (NONPF) and the American Association of Colleges of Nursing (AACN) reconvened the NTF beginning in early 2015. Fourteen organizations, whose activities are related to NP education, certification, or accreditation, have representation on the NTF. The NTF met through a combination of face-to-face and virtual meetings and used web-based technology and email communications to advance its work.

By Summer 2015, the NTF had completed an initial review and revision of the document. The NTF representatives then shared the draft document with organizational leadership for comment to ensure that the organizations had sufficient opportunity for comment on the evaluation criteria. The NTF addressed organizational comments in further revisions to the document.

For the first time in the development and review process, the NTF made the revised document publicly available for review and comment for four weeks in late 2015. The NTF reviewed the feedback from more than 480 respondents (program administrators, faculty, preceptors, NP clinicians, and others) and incorporated changes before releasing the final document in Spring 2016.

The NTF remains committed to upholding the timeliness of this document and will continue the cycle of review and revisions every 3-5 years unless rapid changes in NP education necessitate an earlier review.

## Use of the Evaluation Criteria

The NTF reaffirms that the revised criteria serve the same purposes as the criteria of each preceding edition. Starting with the first edition released in 1997, the overarching intent was to establish nationally recognized criteria to evaluate NP programs, in combination with other criteria for accreditation of graduate programs. Based on these considerations, the NTF recommends the following uses of the criteria:

- to assist in planning new NP programs;
- as a complement to role, population foci, and specialty NP competencies for program development;
- for self-evaluation of new and existing programs for continuous quality improvement; and
- to evaluate NP programs, in combination with a national accreditation review process.

## Highlighted Areas of Revision

Many of the edits in the new edition are editorial in nature, incorporated with the intent of providing added clarity or further elaboration while not being overly prescriptive or onerous for programs. In the new edition, two criteria were deleted because of their redundancy with the preceding criterion and a sample form was added. The NTF also worked to provide clarity to the wording in the criteria and elaborations. As in other reviews of the document, the NTF gave particular consideration to the use of the evaluation criteria in the accreditation of programs. The revisions in the criteria and their elaboration also reflect ongoing changes and trends in learning formats in NP education, such as the use of simulation and competency-based education.

To facilitate use of the document, the following list highlights major areas of revision in the document:

**Criterion I.A:** Sentence added at the end of the elaboration further clarifies the credentials of the director/coordinator in a single-track program.

**Criterion I.B:** Additional language and examples in the elaboration offer guidance to programs during the ongoing transition to align with the Consensus Model for APRN Regulation (2008).

**Criterion III.B:** New language in the criterion and the elaboration specifies that national educational standards also must be considered for curriculum development.

**Criterion III.C.1:** Edits to the language in the criterion and the elaboration clarify that programs prepare students for educational eligibility for certification. Previous language did not take into account that full eligibility to sit for certification is determined by the certification organizations.

**Criterion III.C.2:** The elaboration now clarifies that official documentation (e.g., transcripts or official letters with institutional seal) must state the NP role and *population-focused* area of educational preparation to include primary care or acute care or both, as applicable.

**Criterion III.E:** Modification to the language at the end of the criterion makes it clear that the distribution of clinical hours supports competency development. The elaboration clarifies that clinical experiences can include telehealth and international direct care experiences. In addition, an added paragraph in the elaboration highlights the important role of simulation to augment the clinical learning experiences over and above the minimum 500 hour requirement. A new sample form in the Appendix is available for documenting the use of simulation.

**Criterion III.F:** Changes within different sections of the elaboration stress the need for programs to document a process for evaluating and granting credit for prior experiences for post-master's students. Also the term "precepted" was added to modify direct care clinical experiences.

**Criterion IV.A:** Added language clarifies that evidence of an evaluation process is in place, which includes input from students and faculty regarding the number of faculty and the ability of students to achieve the expected *competencies* or learning outcomes. The NTF removed IV.A.1 and IV.A.2 because of redundancy.

**Criterion IV.B.1:** The required documentation added faculty oversight of clinical learning experiences. In addition, the revisions to the elaboration offer more guidance about the faculty/student ratio. This guidance allows variation in the faculty/student ratio, taking into consideration more interprofessional education and team-based models of care as well as the use of innovative teaching models.

**Criterion IV.B.2:** The elaboration provides additional guidance about student clinical experiences when they occur at the student's site of employment.

**Criterion IV.B.3a:** The revision in the elaboration stresses that the students' precepted clinical experiences need to prepare them with the *competencies* for the appropriate scope of practice and specific role and population focus. Programs should consider this in preceptor selection and student assignments.

**Criterion VI.A.7:** The elaboration now provides more detail about the evaluation of preceptors by faculty and students.

## Additional Considerations

The evaluation criteria provide the optimal standards, recognizing that programs may have justifiable reasons for deviating from some while still providing quality education. The intent is that all programs will strive to meet the criteria as written; however, the NTF recognizes that there may be unique issues and considerations that necessitate an interim variation or deviation from the standard. The document provides guidance for programs that deviate from certain criteria.

The robust discussions of the NTF in this revision process often weighed optimal versus practical application. This was particularly true in the discussions of competency-based education (CBE) and the ongoing stipulation of minimum numbers of hours for direct care clinical experiences (Criterion III.E). Despite full support of the NTF for CBE and standards that incorporate CBE, the NTF agreed that the nursing profession is not currently at the point in the development of CBE processes in graduate nursing education to support the move away from a minimum number of clinical practice hours. Similarly, the NTF considered how to advance integration of interprofessional education (IPE) experiences into the NP curriculum. The NTF agreed that IPE experiences are important to preparing NP students for interprofessional practice, yet the NTF had to balance this with the challenges that still exist for incorporating IPE into the curriculum. The elaboration of Criterion IV.B.1 includes a recommendation for the inclusion of IPE.

The NTF also considered changes and trends in NP education, notably the advancements in simulation and its increased use. The NTF agreed that it was important to include more elaboration regarding the role of simulation in the clinical education of NP students. While strongly endorsing the use of simulation, the NTF agreed that simulation cannot replace any of the required minimum 500 direct patient care hours. The elaboration of Criterion III.E provides detail of the NTF perspective on the valuable application of simulation in augmenting NP student preparation. The new sample form in the Appendix is intended to assist programs in documenting how they use simulation.

## Endorsements

In an ongoing effort to strengthen national support for the evaluation criteria, the NTF seeks endorsement of the final evaluation criteria from organizations. Endorsement is defined as "a general philosophical agreement with the content and intent" of the evaluation criteria. Endorsing organizations are listed in the front of the document.

# Criteria for Evaluation of Nurse Practitioner Programs, 5th Edition

The purpose of this document is to provide a framework for the review of all nurse practitioner (NP) educational programs. NP programs shall be at the graduate level, and the program must be accredited by a Department of Education-recognized nursing accrediting body. New programs will work to meet these criteria and must be preapproved by the nursing accrediting body prior to admitting students.

This document focuses on organization and administration, students, curriculum, resources, facilities and services, faculty, and evaluation for all NP educational programs. Although not addressed in this document, the program shall meet nationally recognized accreditation standards basic to a graduate program, e.g., philosophy, mission, program outcomes, organization and administration, student admission and progression, dismissal and grievance policies, and faculty recruitment, appointment, and organization.

**Definitions of italicized terms can be found in the "Glossary" (see page 19).**

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## I: ORGANIZATION AND ADMINISTRATION

**Criterion I.A:** The director/coordinator of the NP program is nationally *certified* as an NP and has the responsibility of overall leadership for the NP program.

### **Elaboration:**

The individual who provides overall leadership (who may hold the title of director, coordinator, or other title recognizing the leadership role) of the NP program is nationally *certified* in a particular NP *population-focused* area of practice. In programs with multiple tracks, this individual may be *certified* in only one NP *population-focused* area of practice but have responsibility of leadership for all of the NP tracks. Therefore, in larger multi-track programs, the faculty member who provides direct oversight for a *population-focused* track has the NP *certification* in that *population-focused* area whereas the overall program director may be *certified* in another NP *population-focused* area of practice. It is preferred that the director/coordinator of the NP program has doctoral-level preparation to support the responsibilities of leadership for the program. If the program has only one NP track and the director/coordinator is the same individual as the faculty member who provides direct oversight for the NP educational component or track, that individual is *certified* in that *population-focused* area or otherwise qualified as described in Criterion I.B.

### **Required Evidence of Meeting Criterion:**

- Curriculum vitae of the individual who provides overall leadership of the NP program (e.g. director or coordinator).
- Documentation of credentialing as an NP in the state (or territory) of practice.
- Proof of national certification as an NP in at least one population-focused area.
- A statement describing the program director/coordinator's responsibilities to the program.

**Criterion I.B:** The faculty member who provides direct oversight for the NP educational component or track is nationally *certified* in the same *population-focused* area of practice.

### **Elaboration:**

*Curriculum* and program development are carried out by faculty who understand the scope and direction of NP education. Whereas in programs with multiple tracks a program director/coordinator may provide overall leadership for all NP tracks, each *population-focused* track must identify a faculty member who has *certification* in the same *population-focused* area of practice (primary or acute care, as appropriate).

If there is a diversion from this criterion as programs transition to align with the Consensus Model on APRN Regulation, the program/track must provide additional documentation on the qualifications and experience of the individual for teaching in this program/track. Examples may include:

- A family nurse practitioner (FNP) who has spent all of his/her work career in caring for the adult population and provides direct oversight for the adult-gerontology primary care NP track.
- An adult acute care NP who provides direct oversight for the adult-gerontology acute care NP track.
- A gerontological NP or an adult NP who provides direct oversight for the adult-gerontology primary care NP track.
- A nationally certified psychiatric-mental health (PMH) clinical nurse specialist (CNS) who provides direct oversight for the PMH NP track. This example of a CNS providing oversight of an NP track only applies to a PMH NP track.

In these examples, as in all NP programs, faculty with diverse perspectives should be in place to provide the expertise to cover the full breadth of the *population-focused* area of practice of a track.

**Required Evidence of Meeting Criterion:**

- Curricula vitae of NP faculty who provide oversight for each population-focused track.
- Documentation of credentialing as an NP in the state (or territory) of practice.
- Proof of national certification as an NP in the population-focused area and in primary or acute care, as appropriate.
- A statement describing the lead NP faculty member's responsibilities to the program.

**Criterion I.C:** Institutional support ensures that *NP faculty* teaching in clinical courses maintain currency in clinical practice.

**Elaboration:**

*NP faculty* evaluate students, interface with preceptors, and serve as role models. Faculty who teach clinical components of the *NP program/track* must maintain currency in practice. It is intended that institutions provide administrative support

for faculty to practice the required clinical hours to obtain and maintain national *certification*. This support might include faculty practice models, a reduced teaching or service load, and/or opportunities for faculty to maintain currency in practice through activities in addition to direct patient care (e.g., community-based initiatives, public health practice, patient/group health education activities, or occupational health programs).

**Required Evidence of Meeting Criterion:**

- (1) A copy of institutional policies or guidelines that support or document NP faculty's ability to practice;
- or
- (2) A letter of support from the chief nurse administrator (e.g., dean) or a copy of the policy that allows NP faculty to practice as part of the workload.
- Documentation of faculty practice plan or arrangements, if applicable.

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## II: STUDENTS

**Criterion II.A:** Any admission criteria specific to the *NP program/track* reflect input by *NP faculty*.

**Elaborat**

*NP programs/tracks* may have unique admission criteria. *NP faculty* have knowledge and expertise regarding the role responsibilities for all respective NP programs and are qualified to develop student related admission criteria appropriate for each NP program. *NP faculty* have ongoing opportunity to provide input into the establishment, *evaluation*, and revision of any admission criteria specific to the NP program.

**Required Evidence of Meeting Criterion:**

- A copy of admission materials with admission criteria clearly highlighted. If criteria for the NP program/track do not differ from the criteria of the overall graduate degree program, identify program criteria.
- Examples of documents that demonstrate NP faculty are providing input into admission criteria specific to the NP program/track.

**Criterion II.B:** Any progression and completion criteria specific to the *NP program/track* reflect input by *NP faculty*.

**Elaboration:**

*NP programs/tracks* may have unique progression and completion criteria for full-time, part-time, and/or post-graduate study. *NP faculty* have the best perspective on specific progression and completion criteria for the *NP program/track* and thus will have opportunity to provide input into the establishment, *evaluation*, and revision of specific progression and completion criteria.

**Required Evidence of Meeting Criterion:**

- Student progression and completion criteria, including any unique to the NP program/track. If criteria for the NP program/track do not differ from the overall criteria of the graduate program, identify the graduate program criteria. Document the criteria for full-time, part-time, and post-graduate study.
- Examples of documents that demonstrate NP faculty are providing input into progression and completion criteria specific to the NP program/track.
- A copy of the program of study for full and part-time study, including didactic and clinical progression, sequencing of courses, and the mechanism and process for students needing remediation in order to progress.

### III: CURRICULUM

**Criterion III.A:** *NP faculty* provide input into the development, evaluation, and revision of the *NP curriculum*.

**Elaboration:**

*NP faculty* have a comprehensive perspective on what is required for effective *NP education*. Development, evaluation, and revision of the *NP program/track* are directed by the lead *NP faculty*. There is opportunity for *NP faculty* to provide input into *curriculum* development, evaluation, and revision.

**Required Evidence of Meeting Criterion:**

Examples of *curriculum* committee meeting minutes documenting that *NP faculty* are developing, evaluating, and revising the *curriculum*.

**Criterion III.B:** The *curriculum* is congruent with national standards for graduate-level, advanced practice registered nursing (APRN) education and is consistent with nationally recognized core role and *population-focused* *NP educational standards and competencies*.

**Elaboration:**

A clear *curriculum* plan (both didactic and clinical), consistent with nationally recognized core role and *population-focused competencies* and educational standards, is in place. *NP curriculum* reflects the essential elements of a graduate nursing and *advanced practice registered nursing (APRN) core curriculum*, in addition to the *NP role and population-focused* component. The *NP curriculum* provides broad educational preparation of the individual, including the *graduate core*, *APRN core*, and the *NP role within a population-focused area of practice* encompassing national educational standards and *core competencies*.

*NP programs/tracks* identify methods used in the delivery of the *curriculum*, including guidelines for distance learning. *NP programs/tracks* delivered through alternative delivery methods, such as web-based learning activities, are expected to meet the same academic program and learning support standards as programs provided in face-to-face formats.

A *single track nurse practitioner program* includes content in one *population-focused* area and prepares graduates to meet educational eligibility requirements for national *certification* in that *population-focused* area of practice.

*Dual track nurse practitioner programs* (e.g., family/across the lifespan *NP* and *PMH NP*, pediatric primary care *NP*, and pediatric acute care *NP*) include content and clinical experiences in the role and both *population-focused* areas or in both primary care and acute care. *Dual track NP programs* prepare graduates to meet educational eligibility requirements for *certification* in two *population-focused* areas. There is an expectation that the number of didactic hours will be greater than for a single *population-focused* program and that the

didactic and clinical experiences will be sufficient to gain the necessary proficiency in each *population-focused* area of practice. At graduation/ completion, students fulfill the educational criteria for sitting for national *certification* in each *NP program/track*.

In addition to preparation for national *certification* in the role and at least one *population-focused* area of practice, programs may prepare students to practice in a specialty or more limited area of practice. Preparation in a specialty must have additional didactic and clinical hours beyond those required for preparing graduates in the *NP role* and one *population-focused* area.

**Required Evidence of Meeting Criterion:**

- The nationally recognized educational standards and competencies used for developing curriculum for graduate, APRN, and *NP role/population-focused* content.
- The national standards used for developing curriculum for specialty content (if applicable).
- The program of study for the graduate and/or post-graduate (full and part-time) including courses, course sequence, number of credit hours, and number of clinical hours per course, as appropriate.
- A brief overview, including course description and objectives for each course, identifying where nationally recognized graduate core, APRN core, and *NP role/population-focused* educational standards and core competencies are included.
- A brief overview, including course description and objectives for each course, identifying where nationally recognized specialty competencies are included, when applicable.

**Criterion III.C.1:** The *NP program* prepares graduates to meet educational eligibility requirements to sit for a national *NP certification* examination that corresponds with the role and population focus of the *NP program*.

**Elaboration:**

*NP programs* prepare graduates to meet educational eligibility requirements to sit for at least one nationally recognized *certification* examination that corresponds to the *NP role* and population focus. This national *certification* examination assesses the broad educational preparation of the individual which includes *graduate core*, *APRN core*, *NP role/core competencies*, and the *competencies* specific to the *population-focused* area of practice.

**Required Evidence of Meeting Criterion:**

- Written statement provided to students identifying the role and *population-focused* certification examination(s) for which they are prepared to meet educational eligibility

requirements to apply upon successful completion of the program.

- Documentation demonstrating that a program prepares graduates to meet educational eligibility requirements for the national certification examination(s) for each NP track.

**Criterion III.C.2:** Official documentation states the NP role and population focus of educational preparation.

**Elaboration:**

Official documentation (e.g., transcripts or official letters with institutional seal) states the NP role and *population-focused* area of educational preparation to include primary care or acute care or both, as applicable. The official transcript is preferred as it is the permanent documentation of the student's coursework and graduation from an educational program.

**Required Evidence of Meeting Criterion:**

- A sample transcript for a NP graduate showing educational preparation for the NP role and at least one (1) population focus and/or
- A sample official letter with institutional seal used to specify the educational preparation for the NP role and at least one (1) population focus.

**Criterion III.D:** The *curriculum* plan demonstrates appropriate course sequencing.

**Elaboration:**

The *curriculum* plan documents the course sequencing and prerequisites designed to promote development of *competencies*. Clinical experiences are supported by preceding or concurrent didactic content. A student completes the basic graduate coursework and APRN core coursework (advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology ) prior to or concurrent with commencing clinical coursework.

**Required Evidence of Meeting Criterion:**

- The program of study for graduate degree and post-graduate (full and part-time), including pre-requisites.

**Criterion III.E:** The NP program/track has a minimum of 500 supervised direct patient care clinical hours overall. Clinical hours are distributed to support competency development that represents the population needs.

**Elaboration:**

Direct patient care clinical hours refer to hours in which direct clinical care is provided to individuals and families in one of the six *population-focused* areas of NP practice; these hours do not include skill lab hours, physical assessment

practice sessions, or a community project if it does not include provision of direct patient care. Clinical experiences and time spent in each experience are varied and distributed in a way that prepares the student to provide care to the populations served, which may include telehealth and international direct care experiences. For example, an FNP student receives experiences with individuals/families across the life span, and the adult-gerontology NP student receives experiences with adults across the adult age spectrum from adolescent to older adult, including the frail older adult. In addition, whereas 500 direct patient care clinical hours is regarded as a minimum, it is expected that programs preparing NPs to provide direct care to multiple age groups, e.g., FNP (or lifespan), will exceed this minimum requirement. The distribution of hours is based on the program's *population-focused* area of practice.

*Simulation* is recommended to augment the clinical learning experiences, particularly to address the high-risk low-frequency incidents; however, *simulation* experiences may only be counted as clinical hours over and above the minimum 500 direct patient care clinical hours. Programs are encouraged to track the use of *simulation* to enhance the clinical experience. (See Sample Form H to record *simulation* experiences used for *evaluation* and/or teaching above the minimum required 500 clinical hours for the *population-focused* area of practice and role.)

Combined nurse practitioner/clinical nurse specialist programs include content in both the CNS and NP roles and *population-focused* areas of practice and prepare graduates to meet educational eligibility requirements for *certification* in an NP *population-focused* area of practice. Content and clinical experiences in the CNS and NP areas of practice are addressed and clinical experiences in both role areas are completed. There is an expectation that a minimum of 500 direct patient care clinical hours is needed specifically to address NP *competencies* in the preparation of the NP role and *population-focused* area of practice. An overlap of direct patient care clinical hours may occur across NP and CNS preparation; however, faculty must document the overlap of these hours. It is recommended that programs retain this documentation as well as provide it to students in the event future verification is needed for credentialing and other purposes.

*Dual track NP programs* include content in two NP *population-focused* areas or in both primary care and acute care NP practice and prepare graduates to meet educational eligibility requirements for *certification* in these NP *population-focused* areas of practice or for both primary care and acute care NP practice. Content and clinical experiences in both *population-focused* areas are addressed and clinical experiences in both areas are completed. While a minimum of 500 clinical hours is needed in each single *population-focused* area of practice to meet the NP *competencies*, an overlap of clinical hours might occur across the two roles (primary care and acute care) or the two NP *population-focused* areas. However, NP programs must

document how the clinical hours address the preparation for the two areas of practice. The population foci of the dual tracks will determine the extent to which overlap may occur.

NP programs preparing graduates to practice in a specialty area of practice in addition to the population-focus will document how content and clinical experiences in both the population-focus and the specialty areas of practice are addressed within the *curriculum*. Clinical experiences in both the *population-focused* area of practice and specialty are to be completed. There is an expectation that the number of didactic hours will be greater than for a single *population-focused* program and that the didactic and clinical experiences will be sufficient to gain the necessary competence in the population-focus and specialty area of practice.

**Required Evidence of Meeting Criterion:**

- Documentation of the process used to verify student learning experiences and clinical hours.
- An overview of the curriculum.
- An overview of the number of required precepted/clinical hours. For combined NP/CNS and dual track NP programs, demonstration of areas of overlap among clinical hours. (See Sample Form E.)
- A description of types of clinical experiences, including patient populations, types of practices, and settings in which each student is expected to develop competencies.

**Criterion III.F:** Post-graduate students successfully complete graduate didactic and clinical requirements of an academic graduate NP program through a formal graduate-level certificate or degree-granting graduate-level NP program in the desired area of practice. Post-graduate students are expected to master the same outcome criteria as graduate degree granting program NP students. Post-graduate certificate students who are not already NPs are required to complete a minimum of 500 supervised direct patient care clinical hours.

**Elaboration:**

Post-graduate certificate students through a formal graduate-level certificate program successfully attain the same didactic objectives and clinical *competencies* of a graduate degree-granting NP program. A "formal graduate-level certificate program" is defined by the ability of the program or institution to issue a certificate or formal letter of completion and document successful completion of the necessary coursework on the final 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 health assessment, and advanced pharmacology. Programs must document the process for assigning credit granted for prior didactic and precepted clinical experiences for individual students through a gap analysis.

**NPs returning for a post-graduate certificate or an academic degree in a population-focused area in which they currently practice but are not nationally certified**

Special consideration may be given to NPs who are currently practicing in a *population-focused* area of practice who are seeking national *certification* in that population by allowing them to challenge selected courses and experiences. However, didactic and clinical experiences are sufficient to enable the students to master the *competencies* and meet the educational criteria for national *certification* in the *population-focused* area of practice. These students complete a sufficient number of precepted direct patient care clinical hours as part of the academic program to enable the students to establish/demonstrate competency in the role and *population-focused* area of practice. Programs document the process for assigning credit granted for prior didactic and clinical experiences for individual students through a gap analysis.

**PMH CNSs returning for a post-graduate certificate or an academic degree as a PMH NP**

To address a period of transition and consistency with the Consensus Model on APRN Regulation, special consideration for challenging selected courses and experiences may be given to PMH CNSs who are seeking national *certification* as a PMH NP. However, didactic and clinical experiences are sufficient to enable the students to master the NP *competencies* and meet the educational criteria for national *certification* as a PMH NP. These students complete a sufficient number of precepted direct patient care clinical hours as part of the academic program to enable the students to establish/demonstrate competency in the role and *population-focused* area of practice. Programs document the process for assigning credit granted for prior didactic and clinical experiences for individual students through a gap analysis.

**NPs returning for a post-graduate certificate or academic degree in an NP population-focused area in which they are not currently practicing or certified**

Special consideration may be given to NPs who are expanding into another NP *population-focused* area of practice by allowing them to challenge selected courses and experiences. However, didactic and clinical experiences are sufficient to enable the students to master the *competencies* and meet the educational criteria for national *certification* in the new *population-focused* area of practice. These students complete a sufficient number of precepted direct patient care clinical hours as part of the academic program to enable the students to establish/demonstrate competency in the new *population-focused* area of practice. Programs document the process for assigning credit granted for prior didactic and clinical experiences for individual students through a gap analysis.

**NPs returning for a post-master's Doctor of Nursing Practice (DNP)**

Separate courses in the APRN core (advanced physiology/pathophysiology, advanced health assessment, and

advanced pharmacology) are not required for students enrolled in a post-master's DNP program who are nationally certified, currently practicing as an NP, and do not wish to add a separate practice focus. However, post-master's DNP students who are NPs and who are seeking certification in a *population-focused* area of practice in which they are not currently practicing or certified must meet the educational and certification criteria for the additional practice area as well as the educational criteria for the DNP.

**Required Evidence of Meeting Criterion:**

- A completed gap analysis for each post-graduate certificate

candidate who was granted waivers or exceptions. (See Sample Form F.)

- Documentation of the process for evaluation of student demonstrating national clinical competencies to grant credit for prior clinical experience.
- Sample certificate of completion or a transcript for a post-graduate certificate NP graduate showing educational preparation for the NP role and at least one (1) population focus and completion of the APRN core courses (advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology).

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## IV: RESOURCES, FACILITIES, and SERVICES

**Criterion IV.A:** Institutional resources, facilities, and services support the development, management, and *evaluation* of the NP program/track.

**Elaboration:**

To implement/maintain an effective NP program/track, there are adequate numbers of faculty, facilities, and services that support NP students regardless of mode of delivery.

As a necessary part of the educational process, access to adequate classroom space, models, clinical simulations, audiovisual aids, computer technology, and library resources is critical. When using alternative delivery methods, a program is expected to provide or ensure that resources are available for the students' successful attainment of program objectives.

**Required Evidence of Meeting Criterion:**

- Description of student and faculty numbers and the teaching resources, facilities, and services of the institution that relate to the specific needs of the NP program/track.
- Evidence of student evaluation of the teaching resources, facilities, and services of the institution that relate to the specific needs of the NP program/track.

**Criterion IV.B:** Clinical resources support NP educational experiences.

**Elaboration:**

Adequate faculty, clinical sites, and preceptors are available to support the NP clinical, educational experiences. The NP program/track provides evidence of contractual agreements with agencies or individuals used for students' clinical experiences.

**Required Evidence of Meeting Criterion:**

- A list of clinical facilities used specifically for the NP program/track and site-based clinical preceptors (type, degree, and certification), including the name of the site, type of site (e.g., community health, private practice, rural clinic), and client characteristics. (See Sample Forms A and B.)

- A sample of a contractual agreement, including a statement on liability coverage.
- A copy of the policy covering student rotations at clinical sites.

**Criterion IV.B.1:** A sufficient number of faculty is available to ensure quality clinical experiences for NP students. NP faculty have academic responsibility for the supervision and *evaluation* of NP students and for oversight of the clinical learning experience. The faculty/student ratio is sufficient to ensure adequate supervision and *evaluation*.

**Elaboration:**

Faculty supervision may be direct or indirect. Direct supervision occurs when NP program faculty function as on-site clinical preceptors. Indirect supervision has three components: (1) to supplement the clinical preceptor's teaching, (2) to act as a liaison to a community agency, and (3) to evaluate the student's progress. Whether through direct or indirect roles, faculty are responsible for all NP students in the clinical area.

Institutions should describe the assignment of faculty to ensure adequate teaching time for NP students. The recommended on-site faculty/student ratio (direct supervision) is 1:2 if faculty are not seeing their own patients and 1:1 if faculty are seeing their own patients. In moving toward IPE and team-based models of care, variation in faculty/student ratios for direct supervision may exist and should be structured to ensure safety and quality care while maintaining integrity of educational experiences. Variations in this ratio might occur with use of innovative teaching models, such as a master teacher with student clinical groups, front-loading course content followed by concentrated clinical time, use of a clinical immersion experience as the final part of the NP program, and interprofessional team-based clinical experiences.

The recommended ratio for indirect faculty supervision, which encompasses coordinating the clinical experience, interacting

with the preceptor, and evaluating the student, is 1:6; however, each institution/program documents how they assign faculty based on a defined faculty workload or amount of designated faculty time. Thus, ratios may vary relative to certain practice areas, the individual faculty member, use of technology, curriculum design, innovative clinical education models, and institutional policy. The intent of the faculty/student ratio designation is based on the premise that preparing competent healthcare providers is a faculty intense process that requires considerable faculty role modeling and direct student *evaluation* to determine competence. The ratio takes into account the cumulative teaching/administrative duties of the faculty member and his/her clinical practice.

*NP program/track* faculty for both distance and traditional program options provide oversight of the planning, implementation, and *evaluation* of the clinical learning experience, which may include, but is not limited to, clinical site evaluations, email, and phone consultations with the preceptor and agency administrators, and the student's appraisal of the clinical learning environment. A mechanism is in place to ensure the clinical setting affords the opportunity to meet learning objectives and to document outcomes of the clinical experiences. Faculty and student assessments of the clinical experience are conducted regularly and documented.

**Required Evidence of Meeting Criterion:**

- Documentation of the institution/program policy or process used for assigning faculty to ensure adequate teaching time for NP students.
- Documentation and rationale of the faculty/student ratio for direct and indirect faculty supervision of the program.
- Documentation of the method and criteria for student evaluation including intensives or clinical site evaluations (e.g., face-to-face and technology-supported visits) made by NP program faculty during an academic term.
- Evidence of faculty and student assessment of the clinical experience to meet learning objectives.
- Documentation of faculty oversight of the clinical learning experience, including vetting, planning, implementation, and evaluation.

**Criterion IV.B.2:** Clinical settings are diverse and sufficient in number to ensure that the student will meet core *curriculum* guidelines and program/track goals.

**Elaboration:**

Clinical educational experiences for students are approved by *NP faculty* and preceptors. Sites are evaluated on an ongoing basis for adequacy of experiences, patient type and mix, and preceptor/student interactions to ensure that students engage in experiences sufficient to meet the NP role and *population-focused competencies*. Student clinical experiences at the student's site of employment need to be faculty-guided learning experiences and outside of the student's employment

expectations/responsibilities.

**Required Evidence of Meeting Criterion:**

- Records for the process used to document student learning experiences and clinical hours.
- Copies of policies relevant to clinical placement.

**Criterion IV.B.3:** *NP faculty* may share the clinical teaching of students with qualified preceptors.

**Elaboration:**

The supervision of students may be shared with other clinicians serving as clinical preceptors. Programs may use a mix of clinicians to provide direct clinical teaching to students appropriate to the range of clinical experiences required to meet the program objectives. This mix of preceptors may enhance the interprofessional experience for the student. Over the course of the program the student has a majority of clinical experiences with preceptors from the same *population-focused* area of practice in primary care and/or acute care, as appropriate, such as child, adult, or across the lifespan. In addition, over the course of the program the student has clinical experiences with an APRN preceptor and preferably an NP with expertise in the *population-focused* area of practice in primary care and/or acute care, as appropriate.

**Required Evidence of Meeting Criterion:**

- Preceptor profiles, including title, discipline, credentials, evidence of licensure/approval/recognition, education, years in role, site (e.g., pediatrics, family, adult, or women's health), types of patients (acute, chronic, in-hospital, etc.), type of clinical supervision, and number of students supervised concurrently. (See Sample Form B.)

**Criterion IV.B.3.a:** A preceptor has authorization by the appropriate state licensing entity to practice in his/her *population-focused* and/or specialty area.

**Elaboration:**

An interdisciplinary mix of preceptors may provide the student with the best clinical experiences to meet program objectives and prepare the student for the NP role, population, and full scope of practice. Each preceptor used, to include NPs, other nurses, and individuals from other disciplines, is credentialed and licensed to practice in his/her area of practice. In addition, this area of practice is clearly relevant to meeting the objectives of the *NP program/track*.

**Required Evidence of Meeting Criterion:**

- (1) A copy of each preceptor's current state authorization to practice and national certification, as appropriate; or
- (2) Documentation of the method for verifying that preceptor licenses are current and available at the clinical facility if not submitted directly to the program.

**Criterion IV.B.3.b:** A preceptor has educational preparation appropriate to his/her area(s) of supervisory responsibility and at least one year of clinical experience.

**Elaboration:**

Each preceptor has educational preparation or extensive clinical experience in the clinical or content area in which he/she is teaching or providing clinical supervision. A newly prepared clinician has at least one year of clinical experience in the *population-focused* area of practice and role prior to providing clinical supervision.

**Required Evidence of Meeting Criterion:**

- Preceptor profiles, including title, discipline, credentials, evidence of licensure/approval/recognition, education, years in role, site (e.g., pediatrics, family, adult, or women's health), types of patients (acute, chronic, in-hospital, etc.), type of clinical supervision, and number of students supervised concurrently. (See Sample Form B.)

**Criterion IV.B.3.c:** Preceptors are oriented to program/track requirements and expectations for oversight and *evaluation* of NP students.

**Elaboration:**

Clinical preceptors are oriented so they understand the learning goals of the clinical experience and the level of progression that the student has attained. The *NP faculty* interfaces closely with preceptors to assure appropriate clinical experiences for students.

**Required Evidence of Meeting Criterion:**

- Description of the preceptor orientation and methods used for maintaining ongoing contact between NP faculty and preceptors.
- A copy of preceptor orientation information.

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## V: FACULTY

**Criterion V.A.1:** *NP programs/tracks* have sufficient faculty with the preparation and current expertise to adequately support the professional role development and clinical management courses for NP practice.

**Elaboration:**

For successful implementation of the *curriculum*, faculty have the preparation, knowledge-base, and clinical skills appropriate to their area of teaching responsibility.

Recognizing that no individual faculty member can fill all roles, *NP programs/tracks* maintain a sufficient number of qualified faculty who have the knowledge and competence appropriate to the area of teaching responsibility and to meet the objectives of the program and individual *population-focused* tracks.

Interrelated indicators that may demonstrate sufficiency of faculty may include the following:

- Student performance on certification examinations.
- Whether overall faculty workload allows time for responsibilities, such as clinical placements, curriculum development, student advising, interviewing, teaching, and program outcome assessment.
- Whether faculty evaluations reflect ability to manage all assignments.
- Whether student evaluations reflect ability to obtain faculty assistance/guidance.

**Required Evidence of Meeting Criterion:**

- Copies of faculty profiles including credentials, licensure/approval/recognition, clinical and didactic teaching

responsibilities, and other faculty responsibilities. (See Sample Form C.)

- An evaluation process that includes student, preceptor, and faculty appraisals encompassing elements determined by the program that may include, but are not limited to, evidence of:
  - Assignment of faculty with the appropriate expertise to teach theoretical and clinical courses;
  - Faculty knowledgeable and prepared to integrate meaningful use of technology in course and clinical assignments;
  - Faculty workload assignments that provide adequate time for course preparation, oversight, delivery, timely and adequate feedback to students on assignments, and integration of course evaluations into a continual quality improvement process; and/or
  - Faculty development in effective teaching pedagogies, information technology, and advances in the healthcare delivery environment affecting NP practice.

**Criterion V.A.2:** NP program faculty who teach the clinical components of the program/track maintain current licensure and national *certification*.

**Elaboration:**

NP program faculty include individuals with diverse expertise and emphasis in research, teaching, and/or clinical practice. While it may be difficult for some faculty to balance research, practice, and teaching responsibilities, all faculty are encouraged to maintain national *certification*. However, it is imperative that faculty who teach clinical components

maintain appropriate professional credentialing.

**Required Evidence of Meeting Criterion:**

- Evidence of or documentation that copies of each faculty member's state license/approval/ recognition and national certification are maintained in a file, as appropriate.

**Criterion V.A.3:** *NP faculty demonstrate competence in clinical practice and teaching through a planned, ongoing faculty development program designed to meet the needs of new and continuing faculty.*

**Elaboration:**

*NP faculty may participate in or undertake various types of practice in addition to direct patient care to maintain currency in practice. Maintaining this currency is important to ensuring clinical competence in the area of teaching responsibility.*

In the event that an *NP faculty* member has less than one year of experience, it is expected that a senior or experienced faculty member will mentor this individual in both clinical and teaching responsibilities. Mentoring new and inexperienced faculty is a positive experience that assists NPs to transition into

the role of *NP faculty* educator. Opportunities for continued development in one's area of research, teaching, and clinical practice should be available to all faculty.

**Required Evidence of Meeting Criterion:**

- A copy of the faculty development plan for the school/ program.

**Criterion V.B:** *Non-NP faculty have expertise in the area in which they are teaching.*

**Elaboration:**

*Similar to NP faculty, other faculty in the NP program have the preparation, knowledge-base, and clinical skills appropriate to their area of teaching responsibility.*

**Required Evidence of Meeting Criterion:**

- An overview of non-NP faculty detailing their credentials, position, population-focus or specialty, area of content responsibility, and teaching responsibilities. (See Sample Form D.)

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## VI: EVALUATION

**Criterion VI.A:** *There is an evaluation plan for the NP program/ track.*

**Elaboration:**

*If the evaluation plan from the institution is used for the NP program/track, apply the plan for implementation in the NP program/track.*

**Required Evidence of Meeting Criterion:**

- A copy of the evaluation plan used for the NP program/track, including evaluation forms, feedback mechanism for change, documentation via minutes, and process of integration.

**Criterion VI.A.1:** *Evaluate courses at regularly scheduled intervals.*

**Elaboration:**

*To ensure that students can achieve successful program outcomes, programs should establish a process for scheduled review of courses in the NP program/track.*

**Required Evidence of Meeting Criterion:**

- Documentation of the current course evaluation process and review schedule.

**Criterion VI.A.2:** *Evaluate NP program faculty competence at regularly scheduled intervals.*

**Elaboration:**

*NP program faculty are evaluated at scheduled intervals for competence in all role areas, including teaching, research, and clinical competence, as applicable.*

**Required Evidence of Meeting Criterion:**

- Documentation of mechanisms or processes and the schedule for review used to evaluate NP program faculty (e.g., current list of certifications, student evaluations, or peer review).

**Criterion VI.A.3:** *Evaluate student progress through didactic and clinical components of NP program/track each semester/ quarter/term.*

**Elaboration:**

*Each student is evaluated as he/she progresses through the NP program/track. Separate evaluations are done in the didactic and clinical components of the curriculum. Evaluation of the progression of students through the program is important to ensure that sufficient and adequate resources are provided to support timely student progression through the program.*

**Required Evidence of Meeting Criterion:**

- Documentation of frequency and methods used to evaluate aggregate and individual students' progression throughout the program.
- Copies of evaluation forms used.

**Criterion VI.A.4:** Evaluate students' attainment of *competencies* throughout the program.

**Elaboration:**

*Evaluation* of students' attainment of *competencies* is the responsibility of the *NP faculty* member throughout the didactic and clinical components of the program.

**Required Evidence of Meeting Criterion:**

- Documentation of methods used to evaluate students' attainment of *competencies* throughout the program (e.g., use of performance evaluation, case studies, etc.)

**Criterion VI.A.5:** Evaluate students cumulatively based on clinical observation of student competence and performance by *NP faculty* and/or preceptor assessment.

**Elaboration:**

Student *evaluation* is the responsibility of the *NP faculty* with input from the preceptor. Direct clinical observation of student performance is essential by either the faculty member or the clinical preceptor. Clinical observation may be accomplished using direct and/or indirect *evaluation* methods such as student-faculty conferences, computer *simulation*, videotaped sessions, clinical simulations, or other appropriate telecommunication technologies.

**Required Evidence of Meeting Criterion:**

- Copies of the forms used for preceptor and *NP faculty* evaluation of the student's clinical performance.
- Documentation of the availability of completed evaluations.
- Documentation of the frequency and process used for evaluation of the student's clinical performance.

**Criterion VI.A.6:** Evaluate clinical sites at regularly scheduled intervals.

**Elaboration:**

*Evaluation* of clinical sites at scheduled intervals provides the necessary information about the quality of student learning experiences. This should form the basis for *NP faculty* to make changes in student assignments.

**Required Evidence of Meeting Criterion:**

- Documentation of how clinical sites are evaluated.

**Criterion VI.A.7:** Evaluate preceptors at regularly scheduled intervals.

**Elaboration:**

Preceptors provide an important part of the educational experience for students. Faculty and student evaluations of preceptors conducted at scheduled intervals or more frequently if needed are used by *NP faculty* to define ongoing preceptor relationships and development programs. Evaluations also provide the basis for making student assignments. An *evaluation* process may include the use of technology, surveys, student and preceptor feedback, and follow-up to be determined by the program.

**Required Evidence of Meeting Criterion:**

- Documentation of how preceptors are evaluated to include faculty and student evaluations.

**Criterion VI.B:** Formal *NP curriculum evaluation* occurs every five (5) years or sooner.

**Elaboration:**

The overall *NP curriculum* and program of study are formally evaluated every five years or sooner.

**Required Evidence of Meeting Criterion:**

- Documentation of frequency of curriculum evaluation.
- Documentation of curricular decisions based upon evaluation.

**Criterion VI.C:** There is an *evaluation* plan to measure outcomes of graduates.

**Elaboration:**

Programs develop an ongoing system of *evaluation* of graduates. It is recommended that the first interval should be set at one (1) year, or no later than two (2) years, post-graduation.

**Required Evidence of Meeting Criterion:**

- Documentation of the frequency of evaluation and methods/measures used for the evaluation. Outcome measures should include, at a minimum, certification pass rates, practice/position in area of specialty, employer/practice satisfaction, and graduate satisfaction with *NP* preparation. Other measures may be used to further support the outcomes of the program.

# GLOSSARY

Terms italicized within the evaluation criteria

## **Advanced Practice Registered Nursing (APRN)**

**Core** – essential broad-based curriculum content for all APRN students in the areas of advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology. This content must be presented as three separate comprehensive graduate-level courses in the APRN curriculum. Descriptions of each course and content area are provided in the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education* (2008). [The specific outcome competencies in each of these three areas are delineated in American Association of Colleges of Nursing (AACN) (1996) *The Essentials of Master's Education for Advanced Practice Nursing*, pp. 12-14, or AACN (2006) *The Essentials of Doctoral Education for Advanced Nursing Practice*, pp.23-24.]

**Certification** – a psychometrically sound and legally defensible method that meets nationally recognized accreditation standards for certification programs. When used for regulatory purposes, the certification method demonstrates acquisition of the APRN core and role competencies across at least one population focus of practice. An individual's educational preparation (role/population focus) must be congruent with the certification examination/process.

**Clinical Hours** – those hours in which direct clinical care is provided to individuals and families in one (1) of the six (6) *population-focused* areas of NP practice and in primary care or acute care as appropriate. (See definition of *population focus*.)

**Clinical Observation** – observation of the student interacting face-to-face with a real patient in a clinical setting.

**Combined Nurse Practitioner/Clinical Nurse Specialist Program** – graduate educational programs in which, by curricular design, graduates are prepared with the core role competencies for both the NP and CNS roles. The program prepares graduates to meet educational eligibility requirements to sit for one NP national certification exam and one CNS national certification exam, (e.g. adult-gerontology acute care NP and adult-gerontology CNS).

**Competence** – the array of abilities (knowledge, skills, and attitudes, or KSA) across multiple domains or aspects

of performance in a certain context. Statements about competence require descriptive qualifiers to define the relevant abilities, context, and stage of training. Competence is multi-dimensional and dynamic. It changes with time, experience, and setting. (Frank JR, Snell LS, Cate OT, et al. Competency-based medical education: Theory to practice. *Med Teach*. 2010;32:638-645.)

**Competency** – an observable ability of a health professional, integrating multiple components such as knowledge, skills, values, and attitudes. Since competencies are observable they can be measured and assessed to ensure their acquisition. (Frank JR, Snell LS, Cate OT, et al. Competency-based medical education: Theory to practice. *Med Teach*. 2010;32:638-645.)

**Contractual Agreement** – a formal agreement between the educational program/institution and clinical agency that protects, as appropriate, the clinical site, the educational program, and students during clinical experiences.

**Credentials** – titles or degrees held by an individual indicating the level of education, certification, or licensure.

**Curriculum** – the overall didactic and clinical components that make up courses for the programs of study.

**Direct Clinical Teaching** – teaching that occurs face-to-face with the student in one-on-one direct client/patient care situations (e.g., demonstration, example, role modeling, or coaching).

**Direct Patient Care** – care that involves assessment, diagnosis, treatment, and evaluation of real clients or patients—not simulations or lab exercises with trained client/patient actors.

**Dual Track Nurse Practitioner Program** – graduate educational programs whose curricular design allows students to major in two NP *population-focused* clinical tracks or in primary care and acute care NP tracks in the same *population-focused* area of practice. The program prepares graduates to meet educational eligibility requirements to sit for two national NP certification examinations (e.g., adult-gerontology

NP and family/lifespan NP or pediatric primary care and pediatric acute care.)

**Evaluation of Curriculum/Curriculum Evaluation** – the review process that is used at regularly scheduled intervals to review and update courses based on student evaluations and changes in healthcare. The process serves to ensure accuracy and currency of learning experiences. Revision of curriculum takes place every 3-5 years and is a more in-depth review, leading to substantive curricular changes as deemed necessary.

**Graduate Core** – foundational core outcomes deemed essential for all students who pursue a graduate degree in nursing regardless of specialty or functional focus. These outcomes are delineated in the American Association of Colleges of Nursing (AACN) (2011) *The Essentials of Master's Education in Nursing* or AACN (2006) *The Essentials of Doctoral Education for Advanced Nursing Practice*.

**NP Program/Track** – basic NP program in nursing to prepare advanced practice registered nurses at the graduate level, including the graduate core, APRN core, and NP role and population-focused courses.

**Intensives** – concentrated simulated or designed experiences used for evaluation in which an NP student demonstrates knowledge, skill, and competencies in practice. These opportunities enable faculty to evaluate the NP student on a variety of aspects of care, including critical thinking skills on cases the student may not have encountered in a clinical setting.

**NP Faculty** – faculty who teach in the NP program/track who are NPs.

**NP Program Faculty** – all faculty who teach didactic or clinical courses in the graduate NP program/track.

**Population Focus** – the broad area of practice for which national competencies exist to build on the core role population. NP educational preparation and the corresponding national certification are grounded in the broad advanced practice nursing essentials, NP core competencies, and competencies for a population focus. When the term population focus is used in the document, it refers to providing care to individuals within the population. The six population-foci are adult-gerontology (primary care or acute care), pediatrics (primary care or acute care), family/across the lifespan, neonatal, women's health/gender specific, and PMH.

**Simulation** – an activity or event designed to replicate essential aspects of a clinical situation with the goal of understanding and managing the situation better when it occurs in actual clinical practice. A technique that uses a situation or environment created to allow persons to experience a representation of a real event for the purpose of practice, learning, evaluation, testing, or to gain understanding of systems or human actions (National League of Nursing, (2014). Simulation Innovation Resource Center: An Interactive Global Simulation Community. (sirc.nln.org)

**Single Track Nurse Practitioner Program** – a graduate educational program whose curricular design allows students to major in one NP clinical track. Program prepares graduates to meet educational eligibility requirements to sit for the national NP certification examination in that population-focused practice area.

**Specialty** – the more narrow focus of practice that may be an added emphasis of educational preparation in addition to the role and population focus (e.g., oncology or palliative care).

**Specialty Courses/Curriculum** – clinical and didactic learning experiences that prepare an individual in a specialty area of practice. These courses are in addition to the APRN core, NP role core, and population-focused clinical and didactic learning experiences.

CRITERIA FOR EVALUATION of NURSE PRACTITIONER PROGRAMS

*2016*

APPENDICES

# Criteria for Evaluation of Nurse Practitioner Programs

## Documentation Checklist

The checklist provides a mechanism for documenting that criteria have been met and the required documentation provided. This form is provided as one example of a tool for tracking whether or not criteria are met. If using the checklist, additional materials and narrative must accompany the form in order to provide full documentation. The location of required and/or supporting documentation should be indicated within the accompanying narrative. Programs/ tracks may wish to use this checklist as presented or adapt it to meet their specific needs.

### CRITERION I:

#### Organization and Administration

#### Documentation

#### Documentation Present - if yes

**I.A** The director/coordinator of the NP program is nationally *certified* as an NP and has the responsibility of overall leadership for the NP program.

#### Required Evidence of Meeting Criterion:

- Curriculum vitae of the individual who provides overall leadership of the NP program (e.g. director or coordinator).
- Documentation of credentialing as an NP in the state (or territory) of practice.
- Proof of national certification as an NP in at least one population-focused area.
- A statement describing the program director/ coordinator's responsibilities to the program.

**I.B** The faculty member who provides direct oversight for the NP educational component or track is nationally *certified* in the same population-focused area of practice.

#### Required Evidence of Meeting Criterion:

- Curricula vitae of NP faculty who provide oversight for each population-focused track.
- Documentation of credentialing as an NP in the state (or territory) of practice.
- Proof of national certification as an NP in the population-focused area and in primary or acute care, as appropriate.
- A statement describing the lead NP faculty member's responsibilities to the program.

**I.C** Institutional support ensures that NP faculty teaching in clinical courses maintain currency in clinical practice.

#### Required Evidence of Meeting Criterion:

- (1) A copy of institutional policies or guidelines that support or document NP faculty's ability to practice;
- or
- (2) A letter of support from the chief nurse administrator (e.g., dean) or a copy of the policy that allows NP faculty to practice as part of the workload.
- Documentation of faculty practice plan or arrangements, if applicable.

# Documentation Checklist

## CRITERION II: Students

### Documentation

### Documentation Present - $\checkmark$ if yes

**II.A** Any admission criteria specific to the NP program/track reflect ongoing involvement by NP faculty.

#### Required Evidence of Meeting Criterion:

- A copy of admission materials with admission criteria clearly highlighted. If criteria for the NP program/track do not differ from the criteria of the overall graduate degree program, identify program criteria.
- Examples of documents that demonstrate NP faculty are providing input into admission criteria specific to the NP program/track.

**II.B** Any progression and completion criteria specific to the NP program/track reflect ongoing involvement by NP faculty.

#### Required Evidence of Meeting Criterion:

- Student progression and graduation criteria, including any unique to the NP program/track. If criteria for the NP program/track do not differ from the overall criteria of the graduate program, identify the graduate program criteria. Document the criteria for full-time, part-time, and post-graduate study.
- Examples of documents that demonstrate NP faculty are providing input into progression and graduation criteria specific to the NP program/track.
- A copy of the program of study for full and part-time study, including didactic and clinical progression, sequencing of courses, and the mechanism and process for students needing remediation in order to progress.

# Documentation Checklist

**CRITERION III:  
Curriculum**

**Documentation**

**Documentation Present - √ if yes**

**III.A** NP faculty provide ongoing input into the development, evaluation, and revision of the NP curriculum.

**Required Evidence of Meeting Criterion:**

- Examples of curriculum committee meeting minutes documenting that NP faculty are developing, evaluating, and revising the curriculum.

**III.B** The curriculum is congruent with national standards for graduate level advanced practice registered nursing (APRN) education and is consistent with nationally recognized core role and population-focused NP competencies and educational standards.

**Required Evidence of Meeting Criterion:**

- The nationally recognized educational standards and competencies used for developing curriculum for graduate core, APRN core, and NP role/population-focused content. (See Sample Form G.)
- The national standards used for developing curriculum for specialty content
- The program of study for the graduate and/or post-graduate (full and part-time) including courses, course sequence, number of credit hours, number of clinical hours per course, as appropriate.
- A brief overview, including course description and objectives for each course, identifying where nationally recognized graduate core, APRN core, and NP role/population-focused educational standards and core competencies are included.
- A brief overview, including course description and objectives for each course, identifying where nationally recognized specialty competencies are included, when applicable.

**III.C.1** The NP program prepares graduates to meet educational eligibility requirements to sit for a national NP certification examination that corresponds with the role and population focus of the NP program.

**Required Evidence of Meeting Criterion:**

- Written statement provided to students identifying the role and population-focused certification examination for which they are prepared to meet educational eligibility requirements to apply upon successful completion of the program.
- Documentation demonstrating that a program prepares graduates to meet educational eligibility requirements for the national certification examination(s) for each NP track.

**III.C.2** Official documentation states the NP role and population focus of educational preparation.

**Required Evidence of Meeting Criterion:**

- A sample transcript for a NP graduate showing educational preparation for the NP role and at least one (1) population focus;   
and/or  
A sample official letter with institutional seal used to specify the educational preparation for the NP role and at least one (1) population focus.

# Documentation Checklist

**CRITERION III:**

**Curriculum**

**III.D** The curriculum plan demonstrates appropriate course sequencing.

**III.E** The NP program/track has a minimum of 500 supervised direct patient care clinical hours overall. Clinical hours are distributed to support competency development that represents the population needs.

**III.F** Post-graduate students successfully complete graduate didactic and clinical requirements of an academic graduate NP program through a formal graduate-level certificate or degree-granting graduate-level NP program in the desired area of practice. Post-graduate students are expected to master the same outcome criteria as graduate degree granting program NP students. Post-graduate certificate students who are not already NPs are required to complete a minimum of 500 supervised direct patient care clinical hours.

**Documentation**

**Required Evidence of Meeting Criterion:**

- The program of study for graduate degree and post-graduate (full and part-time), including pre-requisites.

**Required Evidence of Meeting Criterion:**

- Documentation of the process used to verify student learning experiences and clinical hours.
- An overview of the curriculum.
- An overview of the number of required precepted clinical hours. For combined NP/CNS and dual track NP programs, demonstration of areas of overlap among clinical hours. (See Sample Form E.)
- A description of types of clinical experiences, including patient populations, types of practices, and settings in which each student is expected to develop competencies.

**Required Evidence of Meeting Criterion:**

- A completed gap analysis for each post-graduate certificate candidate who was granted waivers or exceptions. (See Sample Form F.)
- Documentation of the process for evaluation of student demonstrating national clinical competencies to grant credit for prior clinical experience.
- A sample certificate of completion or a transcript for a post-graduate certificate NP graduate showing educational preparation for the NP role and at least one (1) population focus and completion of the APRN core courses (advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology).

**Documentation Present -  $\checkmark$  if yes**

# Documentation Checklist

**CRITERION IV:**

**Resources, Facilities, and Services**

**Documentation**

**Documentation Present - √ if yes**

**IV.A** Institutional resources, facilities, and services support the development, management, and evaluation of the NP program/track.

**Required Evidence of Meeting Criterion:**

- Description of student and faculty numbers and the teaching resources, facilities, and services of the institution that relate to the specific needs of the NP program/track.
- Evidence of student evaluation of the teaching resources, facilities, and services of the institution that relate to the specific needs of the NP program/track.

**IV.B** Clinical resources support NP educational experiences.

**Required Evidence of Meeting Criterion:**

- A list of clinical facilities used specifically for the NP program/track and site-based clinical preceptors (type, degree, and certification), including the name of the site, type of site (e.g., community health, private practice, or rural clinic), and client characteristics. (See Sample Forms A and B.)
- A sample of a contractual agreement, including a statement on liability coverage
- A copy of the policy covering student rotations at clinical sites.

**IV.B.1** A sufficient number of faculty is available to ensure quality clinical experiences for NP students. NP faculty have academic responsibility for the supervision and evaluation of NP students and for oversight of the clinical learning experience. The faculty/student ratio is sufficient to ensure adequate supervision and evaluation.

**Required Evidence of Meeting Criterion:**

- Documentation of the institution/program policy or process used for assigning faculty to ensure adequate teaching time for NP students.
- Documentation and rationale of the faculty/student ratio for direct and indirect faculty supervision for the program.
- Documentation of the method and criteria for student evaluation including intensives or clinical site evaluations (e.g., face-to-face and technology-supported visits) made by NP program faculty during an academic term.
- Evidence of faculty and student assessment of the clinical experience to meet learning objectives.
- Documentation of faculty oversight of the clinical learning experience, including vetting, planning, implementation, and evaluation.

**IV.B.2** Clinical settings used are diverse and sufficient in number to ensure that the student will meet core curriculum guidelines and program/track goals.

**Required Evidence of Meeting Criterion:**

- Records for the process used to document student learning experiences and clinical hours.
- Copies of policies relevant to clinical placement.

**IV.B.3** NP faculty may share the clinical teaching of students with qualified preceptors

**Required Evidence of Meeting Criterion:**

- Preceptor profiles, including title, discipline, credentials, licensure/approval/recognition, education, years in role, site (e.g., pediatrics, family, adult, women's health), types of patients (acute, chronic, in-hospital, etc), type of clinical supervision, and number of students supervised concurrently. (See Sample Form B.)

# Documentation Checklist

## CRITERION IV:

### Resources, Facilities, and Services

### Documentation

Documentation Present -  if yes

**IV.B.3.a** A preceptor has authorization by the appropriate state licensing entity to practice in his/her population-focused and/or specialty area.

**Required Evidence of Meeting Criterion:**

- (1) A copy of each preceptor's current state authorization to practice and national certification, as appropriate;
- or
- (2) Documentation of the method for verifying that preceptor licenses are current and available at the clinical facility if not submitted directly to the program.

**IV.B.3.b** A preceptor has educational preparation appropriate to his/her area(s) of supervisory responsibility and at least one year of clinical experience

**Required Evidence of Meeting Criterion:**

- Preceptor profiles, including title, discipline, credentials, licensure/approval/recognition, education, years in role, site (e.g., pediatrics, family, adult, or women's health), types of patients (acute, chronic, in-hospital, etc.), type of clinical supervision, and number of students supervised concurrently. (See Sample Form B.)

**IV.B.3.c** Preceptors are oriented to program/track requirements and expectations for oversight and evaluation of NP students.

**Required Evidence of Meeting Criterion:**

- Description of the preceptor orientation and methods used for maintaining ongoing contact between NP faculty and preceptors.
- A copy of preceptor orientation information.

# Documentation Checklist

**CRITERION V:**

**Faculty and Faculty Organization**

**Documentation**

**Documentation Present -  $\checkmark$  if yes**

**V.A.1** NP programs/tracks have sufficient faculty with the preparation and current expertise to adequately support the professional role development and clinical management courses for NP practice.

**Required Evidence of Meeting Criterion:**

- Copies of faculty profiles including credentials, licensure/ approval/ recognition, clinical and didactic teaching responsibilities, and other faculty responsibilities. (See Sample Form C.)
- An evaluation process that includes student, preceptor, and faculty appraisals encompassing elements determined by the program that may include, but are not limited to, evidence of:
  - Assignment of faculty with the appropriate expertise to teach theoretical and clinical courses;
  - Faculty knowledgeable and prepared to integrate meaningful use of technology in course and clinical assignments;
  - Faculty workload assignments that provide adequate time for course preparation, oversight, delivery, timely and adequate feedback to students on assignments, and integration of course evaluations into a continual quality improvement process; and/or
  - Faculty development in effective teaching pedagogies, information technology, and advances in the healthcare delivery environment impacting NP practice.

**V.A.2** NP program faculty who teach the clinical components of the program/ track maintain current licensure and national certification.

**Required Evidence of Meeting Criterion:**

- Evidence or documentation that a copy of each faculty member's state license/approval/ recognition and national certification, are maintained in a file, as appropriate.

**V.A.3** NP faculty demonstrate competence in clinical practice and teaching through a planned, ongoing faculty development program designed to meet the needs of new and continuing faculty.

**Required Evidence of Meeting Criterion:**

- A copy of the faculty development plan for the institution/ program.

**V.B** Non-NP faculty have expertise in the area in which they are teaching.

**Required Evidence of Meeting Criterion:**

- An overview of non-NP faculty detailing their credentials, position, population focus or specialty, area of content responsibility, and other teaching responsibilities. (See Sample Form D.)

# Documentation Checklist

**CRITERION VI:  
Evaluation**

**Documentation**

**Documentation Present -  $\checkmark$  if yes**

**VI.A** There is an evaluation plan for the NP program/track.

**Required Evidence of Meeting Criterion:**

- A copy of the evaluation plan used for the NP program/track, including evaluation forms, feedback mechanism for change, documentation via minutes, and process of integration.

**VI.A.1** Evaluate courses at regularly scheduled intervals.

**Required Evidence of Meeting Criterion:**

- Documentation of current course evaluation process and review schedule.

**VI.A.2** Evaluate NP program faculty competence at regularly scheduled intervals.

**Required Evidence of Meeting Criterion:**

- Documentation of mechanisms or processes and schedule for review used to evaluate NP program faculty (e.g., current list of certifications, student evaluations, or peer review).

**VI.A.3** Evaluate student progress through didactic and clinical components of NP program/track each semester/quarter/term.

**Required Evidence of Meeting Criterion:**

- Documentation of frequency and methods used to evaluate aggregate and individual students' progression throughout the program.
- Copies of evaluation forms used.



**VI.A.4** Evaluate students' attainment of competencies throughout the program.

**Required Evidence of Meeting Criterion:**

- Documentation of methods used to evaluate students' attainment of competencies throughout the program (e.g., use of performance evaluation, case studies, etc.)

**VI.A.5** Evaluate students cumulatively based on clinical observation of student competence and performance by NP faculty and/or preceptor assessment.

**Required Evidence of Meeting Criterion:**

- Copies of the forms used for preceptor and NP faculty evaluation of the student's clinical performance.
- Documentation of the availability of completed evaluations.
- Documentation of the frequency and process used for evaluation of the student's clinical performance.




**VI.A.6** Evaluate clinical sites at regularly scheduled intervals.

**Required Evidence of Meeting Criterion:**

- Documentation of how clinical sites are evaluated.

**VI.A.7** Evaluate preceptors at regularly scheduled intervals.

**Required Evidence of Meeting Criterion:**

- Documentation of how preceptors are evaluated, to include faculty and student evaluations.

**VI.B** Formal NP curriculum evaluation occurs every five (5) years or sooner.

**Required Evidence of Meeting Criterion:**

- Documentation of frequency of curriculum evaluation.
- Documentation of curricular decisions based upon evaluation.



**VI.C** There is an evaluation plan to measure outcomes of graduates.

**Required Evidence of Meeting Criterion:**

- Documentation of the frequency of evaluation and methods/ measures used for the evaluation. Outcome measures should include, at a minimum, certification pass rates, practice/ position in area of specialty, employer/practice satisfaction, and graduate satisfaction with NP preparation. Other measures may be used to further support the outcomes of the program.

## Sample Forms

The forms found in the following pages are examples of how programs can document that various criteria are met.

- Sample Forms A and B are examples of how to document the required information for Criterion IV.B.
- Sample Form C is an example of how a program can document that it meets Criterion V.A.1.
- Sample Form D is an example of how to record the documentation for Criterion V.B.
- Sample Forms E and F are examples of how to document meeting Criteria III.E and III.F, respectively.
- Sample Form G can be useful for documentation needed in Criterion III.B. Maintaining documentation on simulation experiences relative to Criterion III.E is recommended.
- Sample Form H can be useful for programs to keep track of their uses of simulation experiences for assessment and teaching.

The intent is for the sample forms to provide a guide to programs in documenting evidence of how they meet the various criteria; programs may adapt these forms or develop other processes to meet their needs.



**SAMPLE FORM B**

For documentation relative to Criterion IV.B

**PRECEPTORS**

Name and Credentials of Preceptor(s) at each site	Population-focused (and/or Specialty, if applicable) Area of Practice	Certification* (specify type and certifying Body as appropriate)	Years of Practice in the Population-Focused or Specialty Area of Practice	# Students Precepted Concurrently*	State Licensure/ Approval/ Recognition**
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

\*use \* to indicate IPE students

\*\*Copy on file, as appropriate, or program/track has method of verifying documentation.

**SAMPLE FORM C**

*For documentation relative to Criterion V.A.1*

**Nurse Practitioner Faculty Profile**

**All NP Faculty Complete this Form**

*NP faculty defined in glossary as "faculty who teaching in the NP program/track who are nurse practitioners."*

**Attach CV of lead NP faculty for the NP program/track  
CVs or resumés for other faculty available on request.**

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_ State License/Approval/Recognition # RN: \_\_\_\_\_ APRN: \_\_\_\_\_

Certification (List certification body and exp. date) \_\_\_\_\_  
\_\_\_\_\_

Copy of current national certification and state license/approval/recognition available on file:  Yes  No

Academic NP Program Completed: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ NP Track/Major: \_\_\_\_\_

Faculty Appointment: % of FTE in NP track: \_\_\_\_\_ % of Time in School of Nursing: \_\_\_\_\_

**Clinical Teaching Responsibilities:** (Include past academic year and current responsibilities)

<u>Clinical Course</u>	<u># Students</u>	<u>Clinical Sites</u>	<u>Dates</u>

**Didactic Teaching Responsibilities:** (Include past academic year and current responsibilities)

<u>Didactic Course</u>	<u># Students</u>	<u>Dates</u>

**List Other Faculty Responsibilities:** (e.g. other teaching, committee work, thesis/dissertation supervision, research, etc.)

Continued next page

**SAMPLE FORM C**

For documentation relative to Criterion V.A.1

**NP Practice Experience:** (List last 5 years with current practice first)

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Are you practicing now?  Yes  No

If yes, describe the following:

Setting \_\_\_\_\_  
Patient Population \_\_\_\_\_  
Practice \_\_\_\_\_

Approximate current # of hours per week/month: \_\_\_\_\_ or hours per year: \_\_\_\_\_

Approximate # hours last year per week/month: \_\_\_\_\_

**If you have less than one (1) year of clinical practice experience as a graduate NP, who is your faculty mentor?**

---

**SAMPLE FORM D***For documentation relative to Criterion V.B***NP Program Faculty (not NP certified)\*****Complete form**

<b>Name/Credentials</b>	<b>Title/Position</b>	<b>Population Focus, Area of Specialty Practice or Educational Preparation</b>	<b>Course Content/Teaching Responsibility</b>

\*Faculty having teaching responsibility for any courses required for graduation from a graduate level NP program. This includes full-time or part-time faculty from nursing and other disciplines and major guest lecturers only.

## CLINICAL EXPERIENCES FOR DUAL NP-NP OR COMBINED NP-CNS PREPARATION

Use this form to document the areas of overlap in clinical curricula if the program offers the opportunity for preparation in dual areas of NP *population-focused* preparation, dual NP primary care and acute care preparation in the same *population-focused* area of practice, or combined clinical nurse specialist and nurse practitioner preparation.

**NP Population-Focus Area 1:** \_\_\_\_\_

**NP Population -Focus Area 2:** \_\_\_\_\_

**CNS Population- Focus Area:** \_\_\_\_\_

CLINICAL EXPERIENCE (description of sites, patient characteristics, type of experiences)	# HOURS UNIQUE TO NP <i>Population- Focused</i> AREA 1	# HOURS UNIQUE TO NP <i>Population- Focused</i> AREA 2	# HOURS UNIQUE to CNS Population Focus	# HOURS RELEVANT TO BOTH NP FOCI OR CNS and NP FOCI

**Signature of Program Director:** \_\_\_\_\_

**SAMPLE FORM F***For documentation relative to Criterion III.F*

## GAP ANALYSIS FOR POST-GRADUATE NP CERTIFICATE OR POST-MASTER'S DNP STUDENT

Name of Candidate: \_\_\_\_\_

New National NP Certification Sought: \_\_\_\_\_

NP National Certification Previously Completed: \_\_\_\_\_ Institution: \_\_\_\_\_ Yr: \_\_\_\_\_

**Instructions:**

Use this form for a student who is a nationally certified NP seeking partial credit or waiver of coursework toward completion of a post-master's certificate or post-master's DNP program in another NP practice area (e.g., a pediatric NP seeking certification as a family NP, or adult PMH NP seeking across the lifespan PMH NP certification). The form should be completed after a thorough analysis of completed coursework and clinical experiences compared with the program requirements and national NP competencies necessary for certification in the second NP population-focused area of practice.

- In column 1, list the courses for the standard required program of study required for preparation in the DESIRED NP area of practice.
- In column 2, list courses from the student's transcript that will be used to waive courses from column 1. List the course on the same or equivalent line as the course in column 1.
- In column 3, identify and describe clinical hours and experiences needed to meet the required competencies for the new or desired area of NP practice. The student must meet the clinical course requirements of the program of study using both clinical courses previously taken and indicated on the transcript and courses to be completed.
- List all coursework to be completed for the certificate/degree (all courses from column 1 not waived). This column, in combination with column 3, will constitute the student's individualized program of study.

**See Next Page**

**SAMPLE FORM F**

*For documentation relative to Criterion III.F*

**GAP ANALYSIS FOR POST-GRADUATE NP CERTIFICATE OR POST-MASTER'S DNP STUDENT**

<b>List Required Courses for the DESIRED NP Area of Practice</b>	<b>List Courses from Transcript that Satisfy Required Courses listed in Column 1</b>	<b>Type and Number of Clinical Experiences Needed by Student</b>	<b>Coursework to be Completed by the Student for the Certificate/Degree</b>

Signature of Program Director: \_\_\_\_\_

## NURSE PRACTITIONER PROGRAM CURRICULUM

Use this form to document the nationally recognized educational standards and competencies used for developing curriculum for graduate/APRN, NP role, population-focused, and specialty (if applicable) content in the NP curriculum.

<b>Content Area</b>	<b>Competencies and Educational Standards Used</b> <small>(if available from professional organization)</small>	<b>Source of Competencies/Educational Standards and Date</b>
<b>Graduate/APRN</b>	<i>Sample: The Essentials of Doctoral Education for Advanced Nursing Practice</i>	<i>AACN, 2006</i>
<b>NP Role</b>	<i>Sample: Nurse Practitioner Core Competencies Content</i>	<i>NONPF, 2014</i>
<b>NP Population Focus</b>	<i>Sample: (1) Population-Focused Nurse Practitioner Competencies: Neonatal NP Competencies; (2) Education Standards and Curriculum Guidelines for Neonatal Nurse Practitioner Programs</i>	<i>(1) Population-Focused Competencies Task Force, 2013; (2) National Association of Neonatal Nurse Practitioners, 2014</i>
<b>NP Population Focus 2</b> <small>(if dual program)</small>		
<b>Specialty</b> <small>(if applicable)</small>	<i>Sample: Oncology Nurse Practitioner Competencies</i>	<i>Oncology Nursing Society, 2007</i>

Signature of Program Director:

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**American Association of Colleges of Nursing**

One Dupont Circle, NW, Ste. 530

Washington, DC 20036

Tel: (202) 463-6930

Fax: (202) 785-8320

[www.aacn.nche.edu](http://www.aacn.nche.edu)



**National Organization of Nurse Practitioner Faculties**

1615 M Street, NW, Ste. 270

Washington, DC 20036

Tel: (202) 289-8044

Fax: (202) 289-8046

[www.nonpf.org](http://www.nonpf.org)