

Alaska Board of Nursing

Agenda Item #1



Roll Call/Call to Order

Alaska Board of Nursing

Agenda Item #2



Ethics Disclosures

Alaska Board of Nursing

Agenda Item #3



Board Activities

Alaska Board of Nursing

Agenda Item #4



Consent Agenda Items



**Board
Members:**

Danette Schloeder,
RN
(Chairperson)

Lena Lafferty,
RN

Marianne Murray
RN Educator

April Erickson,
APRN

Vacant
LPN Seat

Michael Collins,
Public Member

CJ Payne,
Public Member

Staff:

Patty Wolf, MSN,
RNC-OB
Executive
Administrator

Lisa Maroney,
Licensing
Examiner III,
Supervisor

Kelly Olson, RN
Nurse Consultant I

**Upcoming
Meetings:**
May 6 & 7, 2026

ALASKA BOARD OF NURSING MEETING AGENDA

JANUARY 28, 29 & 30, 2026

MISSION STATEMENT:

The mission of the Alaska Board of Nursing is to actively promote and protect the health of the citizens of Alaska through governance of the practice of nursing.

Meeting Details

Meeting Name: Alaska Board of Nursing Meeting

Meeting Start Time: 9:00 AM (AKST)

Meeting Start Date: January 28, 2026

Meeting End Time: 4:00 PM (AKST)

Meeting End Date: January 30, 2026

Meeting Locations: 1. Board/Staff - Suite 1540, Atwood Building, Anchorage, AK
2. Zoom for Public Attendees (Limited In-Person Space)

Join Zoom Meeting

<https://us02web.zoom.us/j/86961673457>

Board of Nursing: Nursing.Alaska.gov

Wednesday, January 28, 2026

Agenda

*Times listed are approximate

1. Call to Order/ Roll Call (9:00 - 9:03)
2. Ethics Disclosures (9:03 – 9:07)
3. Board Activities (9:07 – 9:15)
4. Consent Agenda Items (9:15 – 9:20)
 - Meeting Agenda
 - NCSBN Letter from the President
5. AO 360 – (Rest of Day)
 - Overview of AO 360 and deliverables for the day
Presenter: Sara Chambers
 - Formation of Regulation plan/Discussions
Presenter: Patty Wolf, MSN-NMEL, RNC-OB, Executive Administrator

Break (approx. 1020-1040)

Presenters: All Board Members

- Board Members provide any additional information for their assignments

Adjourn for Lunch (at the boards discretion)

- Continued discussion and plan development

Break (afternoon-at the boards discretion)

- Formalize final draft
- Further discussion as needed

6. Review agenda for day 2

Chair final comments

Presenter: Danette Schloeder, DNP, RNC-OB, C-EFM, C-ONQS

Adjourn

Thursday, January 29, 2026

7. Call to Order/Roll Call (0900)
8. Public Comment Period- 20 minutes
9. PDMP Report (0925-0945)
Presenter: Lisa Sherrell, PDMP Manager
10. Develop site visit plan for UAF LPN program (0945-1010)
11. University of Providence Nursing Program Application Submission (1000-1030)
Presenter: Angela Jukkala, PhD, RN, Academic Dean

Break 10:30-10:50

12. Medication Administration Course Approval request (1050-1110)
Presenter: LeAnn Drake, RN, South Peninsula Hospital, Outpatient Clinical Educator
13. Sura College- Refresher Course (11:10-1140)

Adjourn for Lunch (11:45-1:00)

ALASKA DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT

14. Division Updates (1:00-2:15)

Financials: Melissa Dumas, Administrative Operations Manager (30 + minutes)

Legislative Update: Glenn Saviers, Deputy Director (15 min)

Division Update: Sylvan Robb, Director (15 min)

15. BON and Licensing Reports (2:15-2:45)

RN: Madeleine Henderson and Laura Souders, Licensing Examiner 2's

Nurse Aide: Michelle Griffin, Licensing Examiner 2

BON: Patty Wolf MSN-NMEL, RNC-OB

Break (at the boards discretion)

16. Strategic Plan and Annual Report Review (2:45-3:15)

- Strategic Plan and previous action items
- Annual report- Start FY 2026 template

17. Working time for any follow up projects

18. Review/Assign Action item Assignments and due dates for Board Members

Chair final comments

Presenter: Danette Schloeder, DNP, RNC-OB, C-EFM, C-ONQS

Adjourn

Friday, January 30, 2026

19. Call to Order/Roll Call (0900)

20. Virtual Nursing and questions for the Board (0905-0925)

Presenter: Madison Eckhart, RN

21. Executive Session (09:25)

Discussion of the following topics may require executive session. Only authorized members will be permitted to remain in the Board/Zoom room during executive session.

Reading of orders

22. Investigative report- Update to the Board

Presenter: Jennifer Summers, Investigator 4

Break at the Boards discretion

23. Discuss next meeting's agenda

- May 2026

24. For the Good of the Order

Presenter: Danette Schloeder, DNP, RNC-OB, C-EFM, C-ONQS

- Assign/Review action items.
- Any further topics or follow-up to cover
- Evaluation of board meeting
- Board member recognition

25. Chair Final Comments

Adjourn



Letter FROM THE President

POST-BOARD MEETING UPDATE

Dec. 19, 2025

Dear Members:

The Board of Directors (BOD) convened in Chicago, Dec. 9–10, 2025, to conduct the business of the organization. This letter provides a brief overview of the key discussions and decisions from that meeting. NCSBN's mission is to empower and support nursing regulators in their mandate to protect the public. The board and NCSBN staff are dedicated and committed to achieving this mission.

The staff provided an update on recent activities of the NCSBN Government Affairs Division. The most extended federal shutdown in history disrupted federal agencies. The staff continues to monitor the impact of efforts to downsize the federal government as well as proposals to restructure the Department of Health and Human Services (HHS). The cancellation of Title VIII grants for Nursing Workforce Diversity and the Nursing Faculty Loan program remains a concern. As a part of the Nursing Community Coalition (NCC) steering committee, the government affairs staff will continue to advocate on this issue, including sending letters to congressional leadership emphasizing the reauthorization's importance for the future nursing workforce supply.

State Affairs welcomed two new team members. Zac Lemoine and Julia Constantelos have joined the division as senior associates. We look forward to opportunities for the membership to engage with them and begin working on advancing nursing regulatory policy. Congress is expected to focus on a limited number of pending items as the 2025 legislative session draws to a close. These items include extending expiring health care extenders, finalizing the National Defense Authorization Act and working to keep the government open with additional short-term continuing resolutions if needed.

A significant responsibility of the BOD is to consider the finance reports. The BOD reviewed the statements of financial position, statement of revenue and expenses, and the financial summary and budget variance analysis for the fiscal year ending Sept. 30, 2025, as presented by the Finance Committee. The BOD accepted the financial statements for the period ended Sept. 30, 2025, and believes that the statements present fairly, in all material respects, the financial position of NCSBN.

Phil Dickison, CEO, provided an update on his key activities and the strategic goals and objectives. The update included a recap of the October 2025 Board of Directors' Retreat. The focus of the discussions during the retreat was on aligning leadership around strategic planning, financial sustainability, governance reform and organizational culture. Emphasis was placed on transparency, member education and maintaining a high-performing, mission-aligned board culture. The following strategic objectives were presented to the BOD and approved.

- Extended the planning cycle from three to five years
- Approved the following five objectives to advance NCSBN's strategic initiative statement, strengthen public protection and position the organization for long-term success:
 - 1. Member engagement evolution
 - 2. Championing the APRN Compact
 - 3. Member learning transformation
 - 4. Regulatory metrics modernization
 - 5. Professional growth program

POST-BOARD MEETING UPDATE, CONTINUED

These actions directly support NCSBN's strategic initiative statement "to protect the public and the trust in nursing through innovative regulatory solutions, insights, and expertise." Each action leverages solutions, insights and expertise to advance regulatory excellence, foster innovation, strengthen members and prepare NCSBN for the future.

The BOD also considered a comprehensive report from the Research Division. The update provides the BOD with an opportunity to review and discuss the 2026 research agenda. Research activities provide evidence to support nursing regulators in their mandate to protect the public. Additional action items of the board included the following:

- Reviewed the NCSBN Annual Data Privacy and Security Report
- Approved the NCLEX-RN® and NCLEX-PN® exams passing standard (recommending no change in the current passing standard for both the RN and PN exam)
- Approved revisions to the AI Use & Development Policy 16.6
- Approved member appointments to the NCLEX® Examinations Committee (NEC)
- Approved request from the Kansas State Board of Nursing to automatically enroll Kansas nurses in e-Notify
- Approved recommended revisions to sections I, II and III of the NCSBN Policy Manual

The BOD received updates on the APRN Compact and on possible revisions needed to move it forward. Last but not least, during the 2025 Annual Meeting, the Finance Forum and the Business Book reported that a fee increase would be proposed at the August 2026 Annual Meeting. The BOD discussions regarding the NCLEX fee will be finalized at the February 2026 BOD meeting.

Thank you to the membership for an exceptional year! As our board wraps up the year and reflects on our shared successes, we can't help but recognize the vital role you've played in all these achievements. Thank you for all you do! On behalf of the BOD, we wish you a glorious holiday season filled with happiness and a prosperous New Year.

Sincerely,

Phyllis Johnson, DNP, RN, FNP-BC

Phyllis Polk Johnson, DNP, RN, FNP-BC

President

pjohnson@msbn.ms.gov

Mission

NCSBN empowers and supports nursing regulators in their mandate to protect the public.

Vision

Leading regulatory excellence worldwide.

Values

Collaboration • Transparency • Innovation • Integrity • Excellence

December 12, 2025

Dear Executive Officers,

The annual NCSBN APRN role certification program survey was recently completed. The survey results provide information about accreditation and the number of tests administered by examination type, the number of first-time writers by exam, and the pass rate. This report reflects on certification information for 2024. Please see the attached PowerPoint slides and certification grid for additional information.

There were no exams retired and no exam exceptions were granted in 2024. Each of the exams holds current national accreditation.

Again, this year, the largest group of exam takers are the family nurse practitioners (FNPs), with over 23,000 candidates taking the exam for the first time.

The American Association of Nurse Practitioner Certification Board (AANPCB) launched a psychiatric-mental health nurse practitioner (NP) exam in January of 2024, nearly 700 people took the exam last year and they anticipate 1000 individuals will sit for the exam in 2025. The American Nurse Credentialing Center (ANCC) psych-mental health exam experienced an increase of first-time test takers over the past three years, up 37% from 2022 and 17% from 2023. Hopefully this trend will have a positive impact on the increasing demand for psych-mental health providers.

First-time candidates for the certified registered nurse anesthetist (CRNA) exam decreased between 2023 and 2024. The number of first-time clinical nurse midwife (CNM) candidates taking the American Midwifery Certification Board (AMCB) exam has been stable over the past 2 years at 736 and 738 respectively.

The number of candidates taking the National Certification Corporation (NCC) Women's Health NP exam has increased by nearly 7% over the past two years. Although there has been a slight increase in NPs and CNSs taking the neonatal exams offered by ANCC, and American Critical Care Nurses (AACN) which has exams for both NPs and CNSs, there remains a significant shortage of neonatal

APRNs in education programs and sitting for exams. The clinical nurse specialist (CNS) numbers continue to be low with a total of 299 candidates taking one of the four CNS certification exams for the first time in 2024.

NCSBN has noted that several exams have had significant decreases in first-time pass rates. We will continue to monitor this trend and report to you annually.

Please contact me with any questions at epaulucci@ncsbn.org.

Best regards,

Emily Paulucci, MS, MJ, RN, APRN, CPNP

APRN Senior Policy Advisor, NCSBN



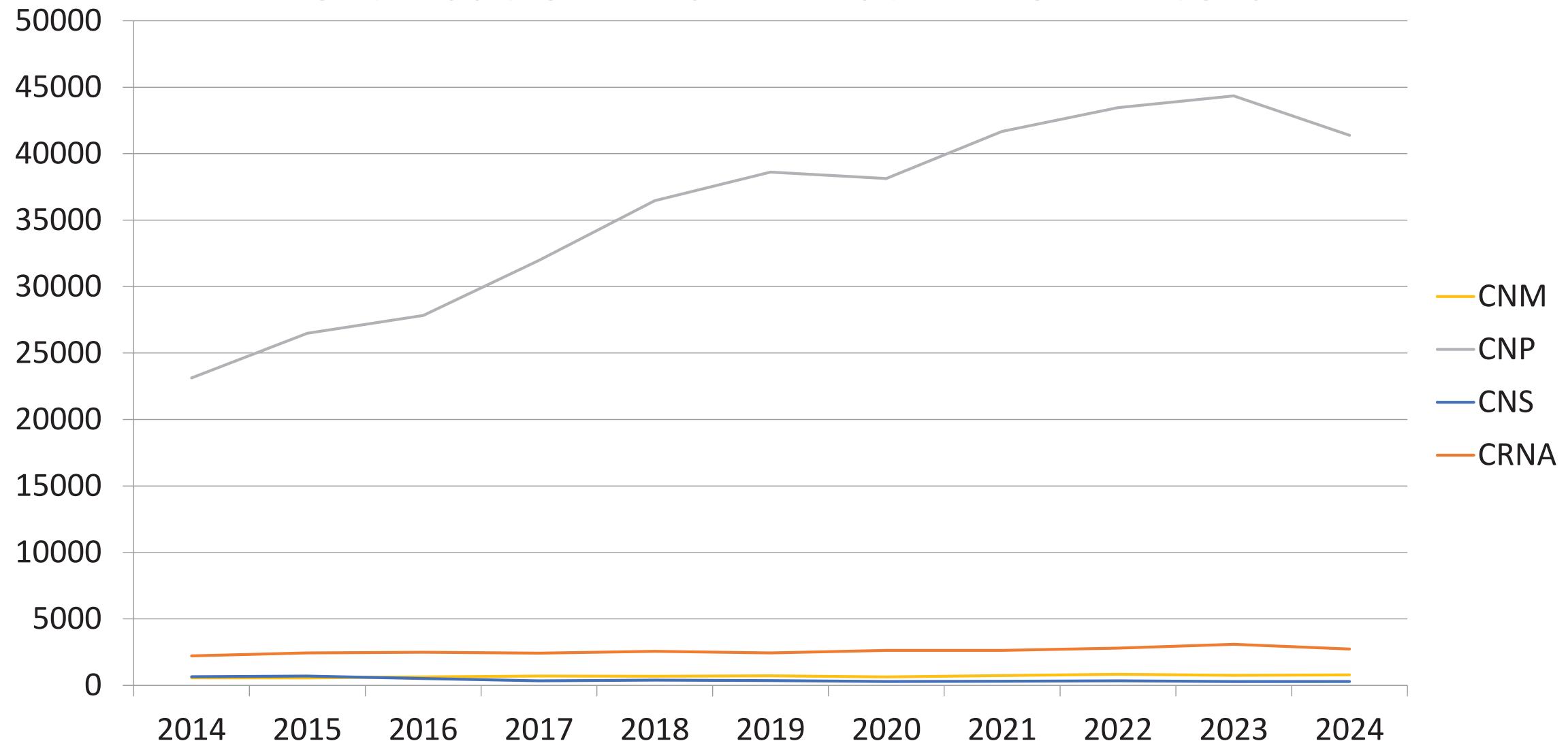
NCSBN
Leading Regulatory Excellence

2025 APRN Certifier Survey

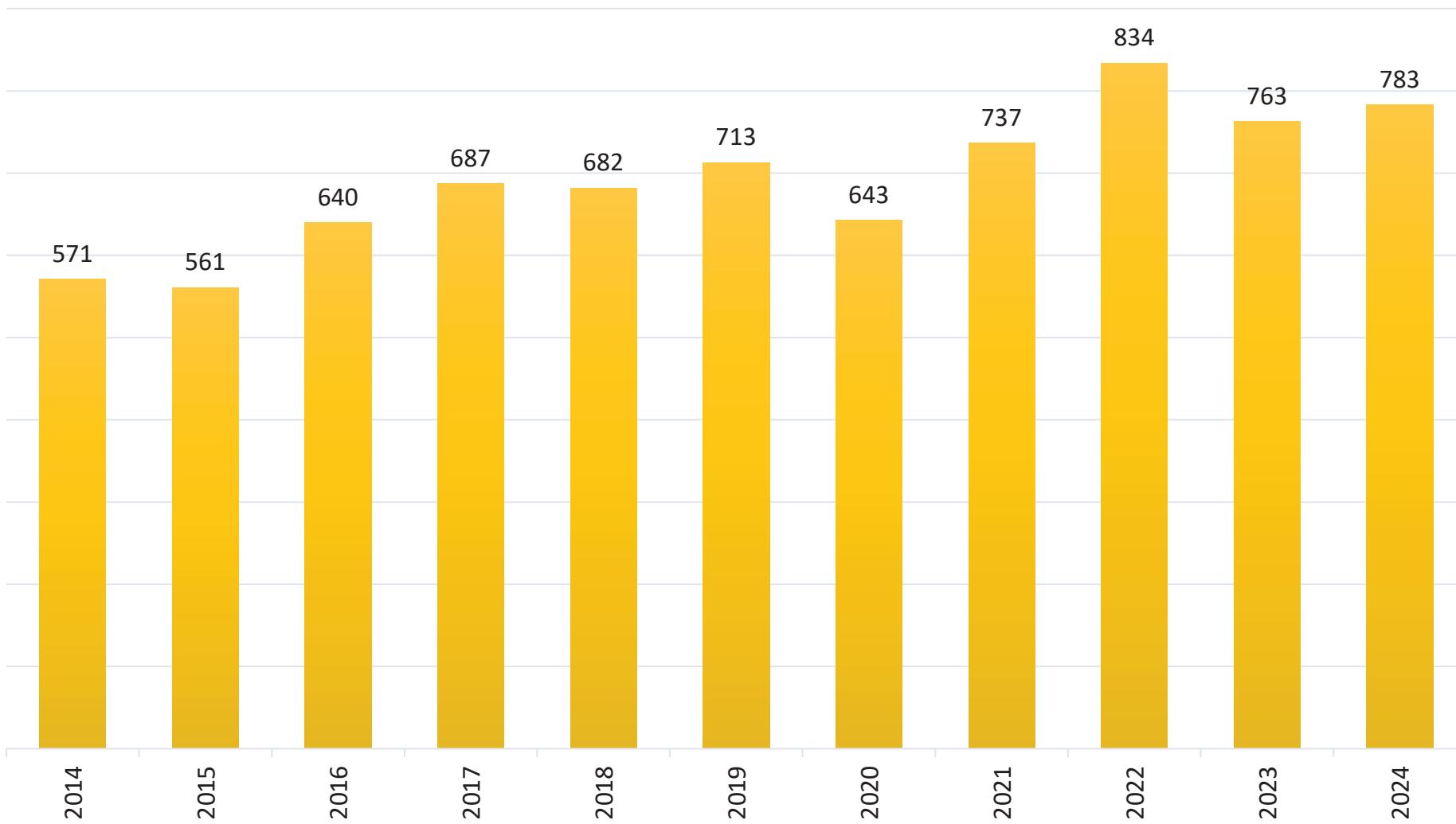
Emily Paulucci MS, MJ, RN, APRN, CPNP
APRN Senior Policy Advisor



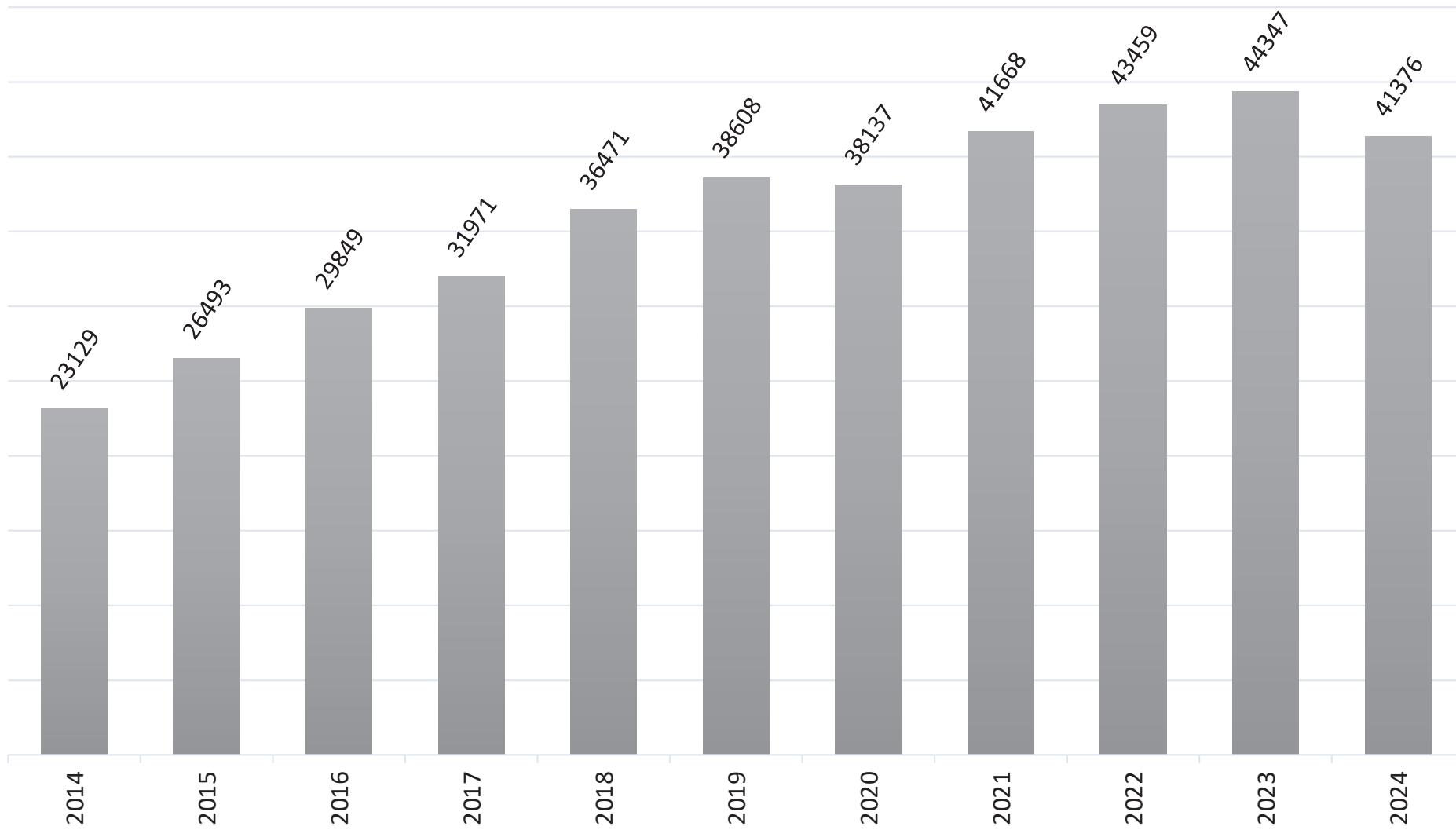
Certification Exam First Time Writers



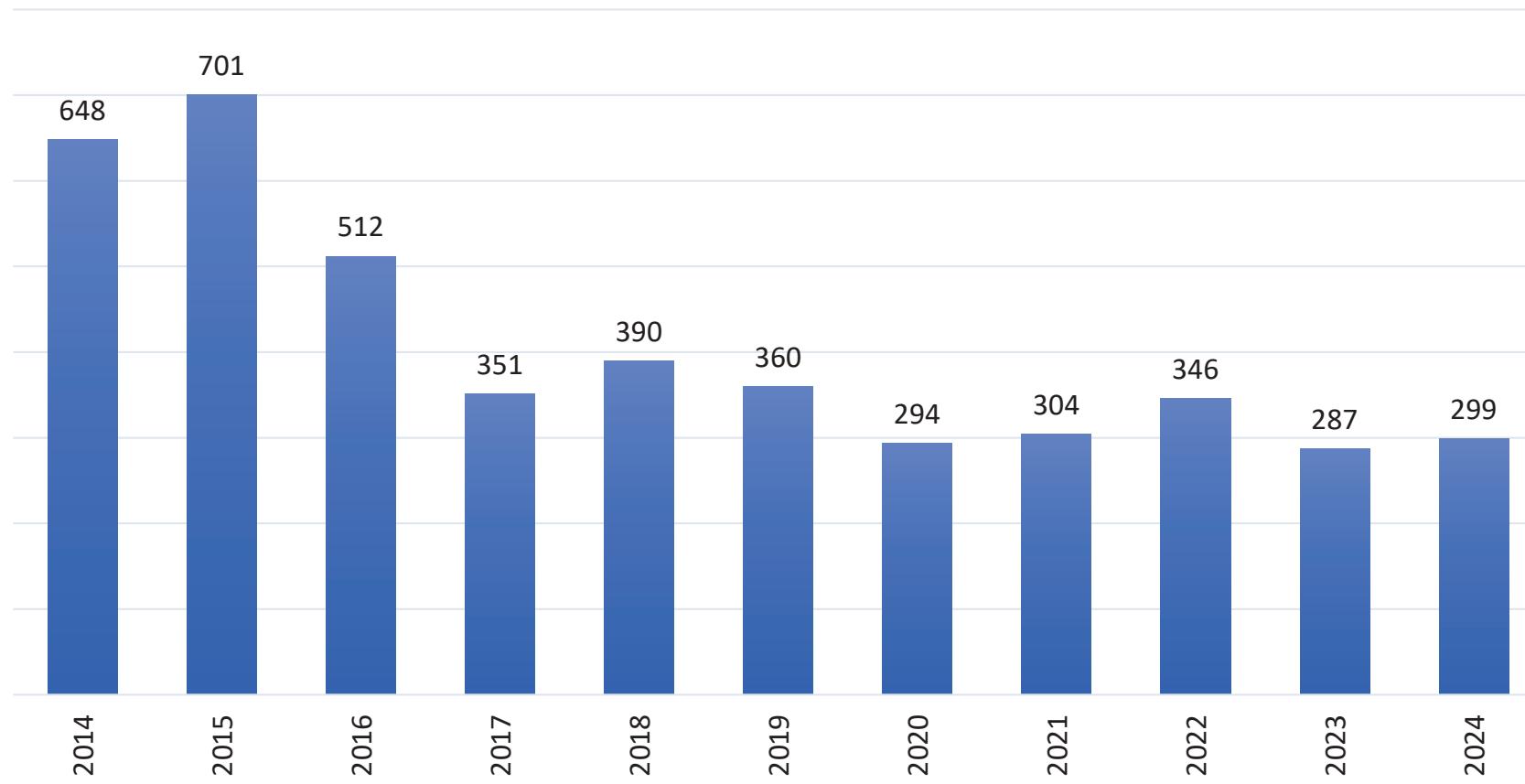
First Time Test Writers CNM



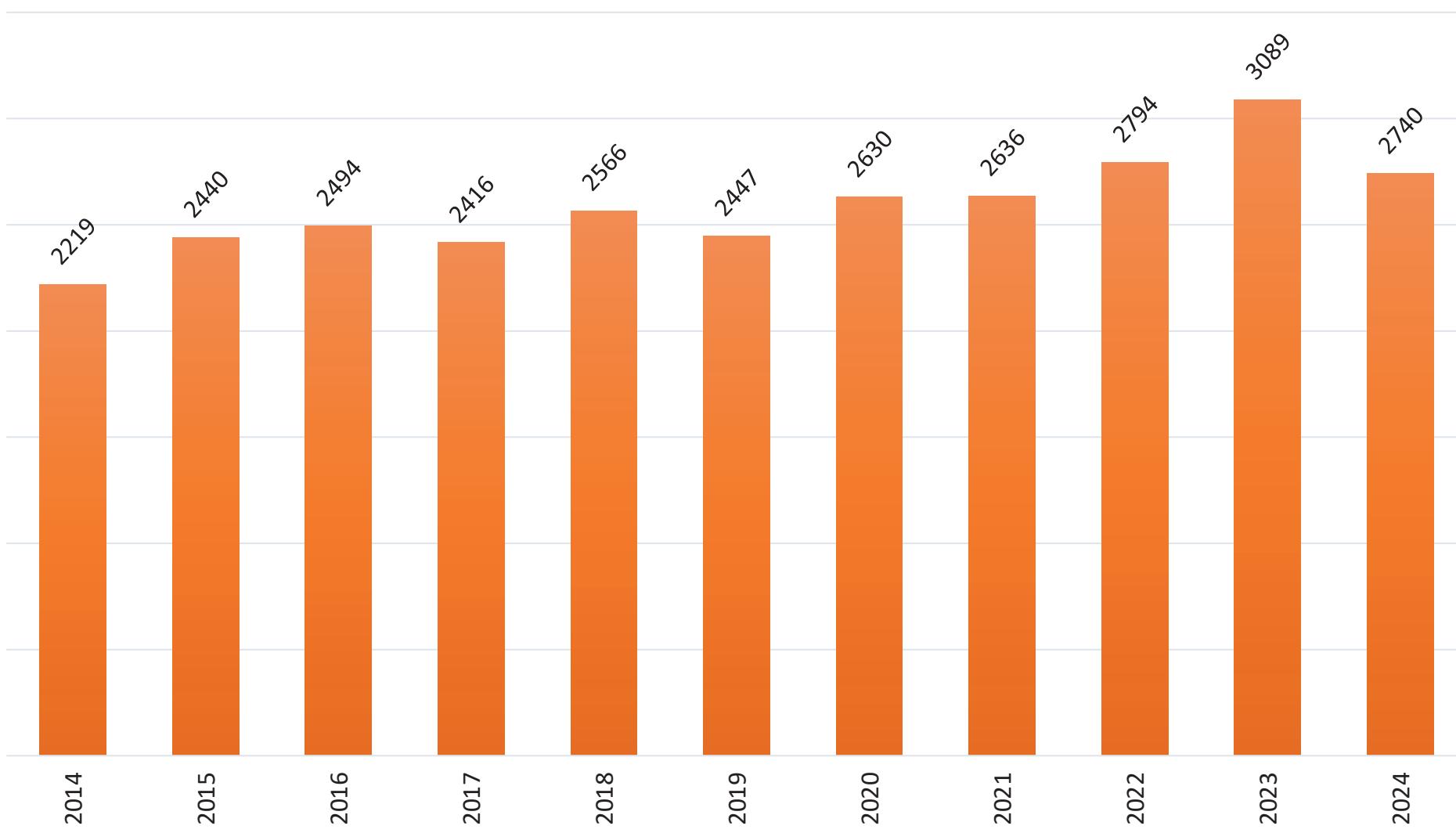
First Time Test Writers CNP



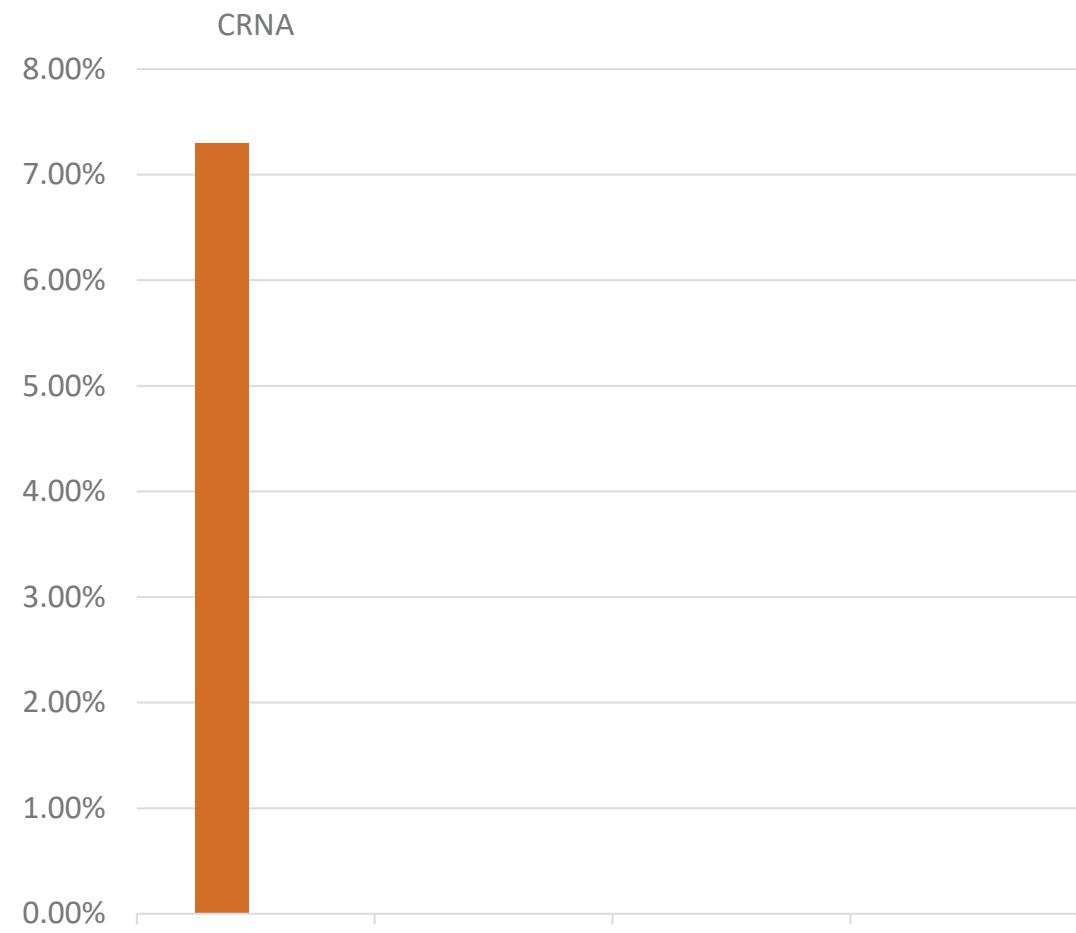
First Time Test Writers CNS



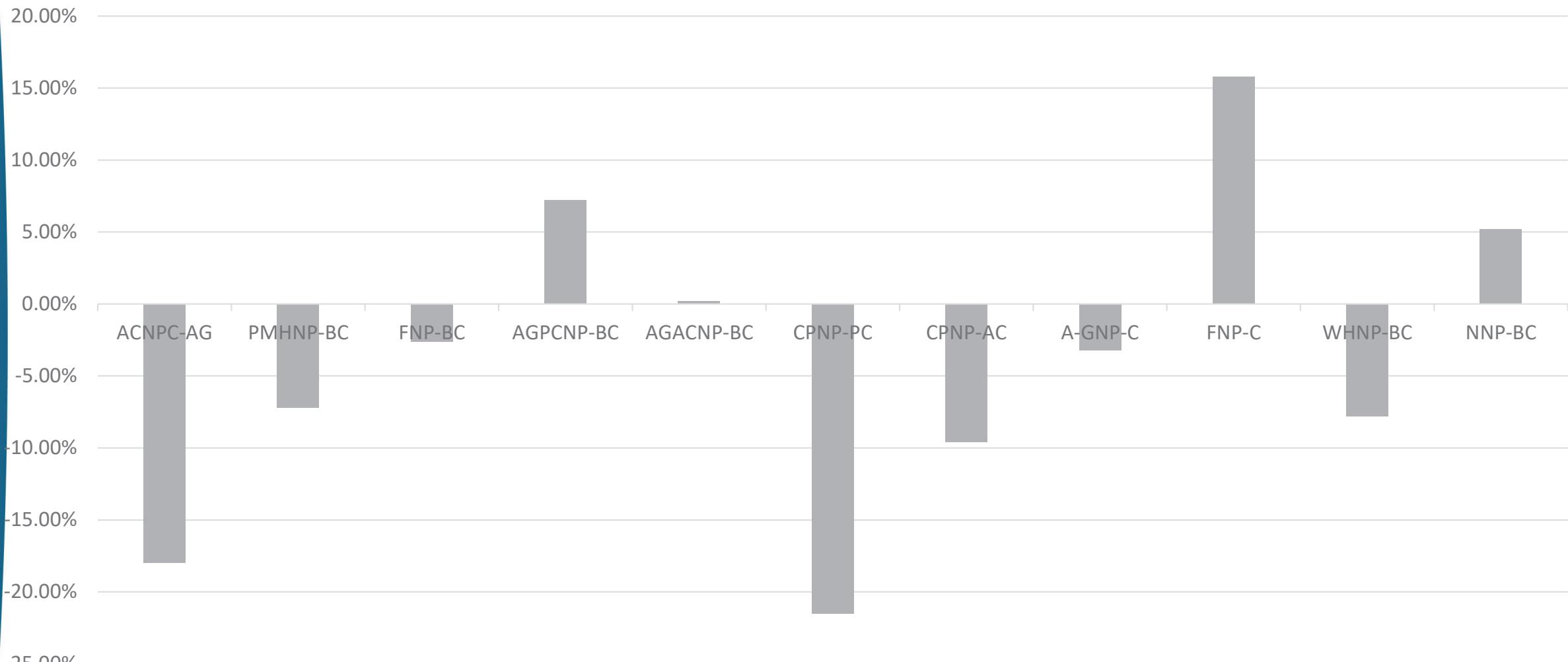
First Time Test Writers CRNA



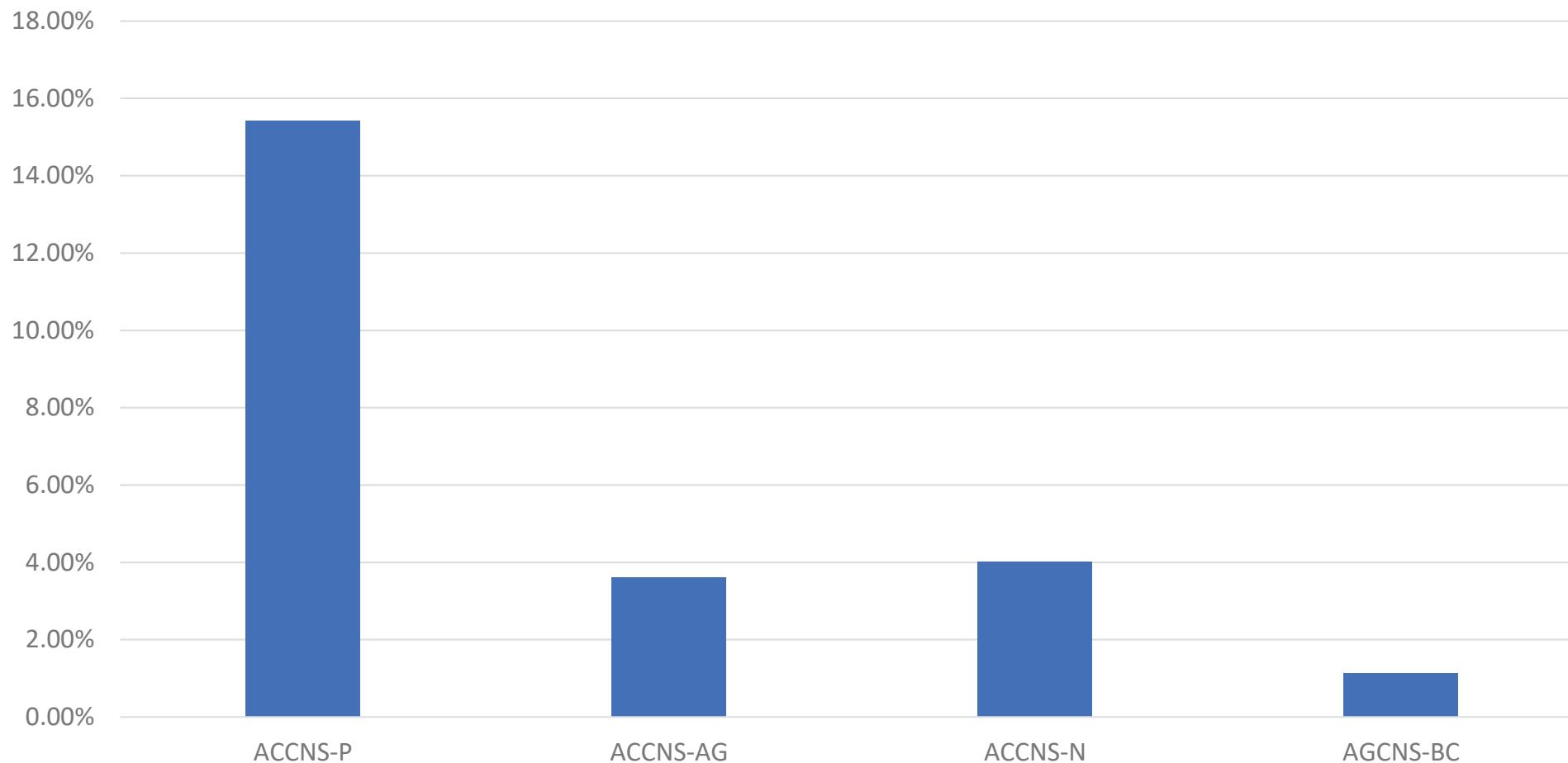
Percentage Change of Pass Rate 2023 to 2024



Percentage Change of Pass Rate for CNP's 2023 to 2024



Percentage Change of Pass Rate for CNS's 2023 to 2024

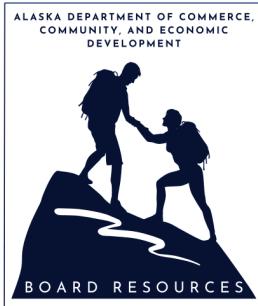


Alaska Board of Nursing

Agenda Item #5



AO 360 Response- Develop Regulation
Plan



Strategies for Boards to Get the Most Out of the AO 360 Regulatory Review Process

DCCED Boards and Regulations Resources

October 2025

Sara Chambers
Boards and Regulations Advisor
Agency Regulatory Liaison

Introduction

Administrative Order 360 was issued by Governor Dunleavy on August 4, 2025, with the purpose of improving the quality, transparency, and efficiency of the State's regulatory environment by:

- Promoting growth and investment in Alaska by reducing administrative and economic burdens associated with regulatory compliance, including removing barriers, finding solutions, and identifying alternative pathways.
- Streamlining permitting processes and improving coordination and efficiency within all permitting departments.
- Ensuring boards and commissions adjust regulatory structures as necessary to maintain critical consumer protection while eliminating unnecessary barriers to entry for new professionals.
- Engaging stakeholders early and continuously in the regulatory development and reform process.
- Ensuring all regulations are clearly written, legally sound, and supported by a demonstrated need.
- Regularly evaluating existing regulations for effectiveness, redundancy, clarity, and impact.
- Reducing the regulatory burden on all Alaskans.

As a board with regulatory authority, under the AO you are required to engage in a process that includes the steps below to produce the following deliverables:

- By December 29 (LBC, AIDEA, AEA, AOGCC, RCA)/February 13 (CBPL and AMCO): Produce a *Regulatory Reform Plan* to reduce your regulatory requirements by 15% by December 31, 2026, and 25% by December 31, 2027 (cumulative), in accordance with the *Regulatory Reduction Guide*. At a minimum, each proposed plan for regulatory reform must:
 - List each specific regulation identified for reform;
 - Include a decisional document identifying recommendations received, how they were considered for inclusion in the *Plan*, and (if appropriate) reasons for rejection;
 - Propose how the agency will organize the regulations identified for reform into discrete projects for submittal to the Department of Law for preliminary review;
 - Identify whether agency staff will be drafting the revised regulations or whether the agency is requesting drafting assistance from the Department of Law; and
 - Provide a timeline for submitting the draft revised regulations to the Department of Law for preliminary review.

The plan may also include proposed reductions in guidance documents as a means to meet the reduction percentages.

- Propose regulation changes per the Administrative Procedures Act to meet adoption timelines in the board's approved *Regulatory Reform Plan*.
- By September 4, 2026, and periodically prior to publication: Submit updates to guidance documents for Department of Law review per the process outlined in the *Regulatory Reduction Guide*.
- By September 18, 2026: Submit to the Agency Regulatory Liaison their projected regulatory plan that lists all anticipated rulemaking actions for the subsequent state fiscal year

As volunteer boards with many existing time-sensitive responsibilities, this task may seem daunting. However, it is truly an opportunity. This guide will assist you in strategizing -- not only to attain compliance but to produce excellence.

Engage the public, staff, and stakeholders

Cast a wide net for input. Stakeholders will have different perspectives, so invite the spectrum of those who interact with your regulations. These may be people or entities who are regulated, those who receive services, partner agencies or organizations...even those who have been critical of the board in the past. Ask staff for their suggestions; they are the front line in answering calls, processing applications, or investigating complaints.

Ensure your board understands the mission and has the materials to be successful

If you haven't already done so, schedule a 30-minute introduction on AO 360 at your upcoming meeting, or schedule a special meeting to hear this information and strategize how you will wrap your arms around this initiative. The division director, lead staff, or I are happy to walk through our presentation about the goals and timeline and answer questions.

Staff will provide the following information, which you will need to perform your work well and to comply with the governor's deliverables and deadlines:

- *A decisional document listing any public comments received during the listening sessions or via email/mail.*
This document will include space for your board to consider how to respond and to codify your response, which is required.
- *List of regulations and number of discretionary requirements in each section.*
You are required to present an overview of how you plan to change the regulation and to list the number and percentage of reductions expected from this change. You'll also need to indicate whether you expect to need attorney help in drafting, how you plan to package your regulations into manageable projects, as well as your timeline for completion.
- *List of guidance documents and their length.*
You are not required to include reductions in guidance documents as part of your 15% or 25% reductions but streamlining regulations should naturally produce streamlined guidance. Adopting clear and concise regulations reduces the need to explain them. You can use these reductions in guidance documents to help meet these reduction goals.
- *Suggestions for regulatory or guidance document improvements from their perspective.*
Staff should include their ideas for changes, especially to administrative burdens that hold back effective outcomes, outdated or unnecessary requirements, errors, and stumbling blocks that generate confusion.
- *A correct and current copy of your statutes, other agency statutes, regulations, and relevant federal codes that impact your program.*
The assignment includes reviewing all regulations, not just responding to public comments. Having these materials at your fingertips can ease the hunt for applicable information, especially when double-checking what regulations may be discretionary.
- *The Regulatory Reduction Guide issued by the Department of Law*, as well as any additional relevant guidance from the Agency Regulatory Liaison.

Organize according to your board's strengths

Board chairs should think about the strengths, skill sets, and makeup of their team, then suggest an efficient pathway to tackling the regulatory review process. Some ideas:

- *Schedule additional meetings so the entire board engages in the work.* This is most effective with smaller boards when committees might not make sense.
- *Divide and conquer:*
 - *Assign each member a section to analyze and report back to the board.*
This can be successful if the section is linked to type of license or expertise held by the board member. For example, someone holding the engineer or physician seat could review the technical sections that might not be within the knowledge base of a public member. The public member could review the sections relating to investigations or administration, which may relate best to the consumer experience and not require technical expertise.
 - *Form a committee of board members to review the regulations and report back to the board.*

This may be best suited to members who are critical readers and excel at documentation, policies, procedures, etc. They can dig deep and may even enjoy the process. Other members of the board could independently review public-facing guidance documents or pick up work outside of AO 360 to help lighten the load for those serving on the committee.

- *Form a work group of board members and key public persons, such as industry or representatives of certain constituencies.*

The board should identify these members in the motion when they vote to create the work group. While the public should be invited to offer input, not every person who calls in may merit a seat at the table. The work group ensures varied perspectives are presented and heard.

As a reminder, meetings of committees and workgroups must be publicly noticed. To ensure transparency and complete engagement and awareness by all members, your *Regulatory Reform Plan* should be approved by a roll call vote on the record of a public meeting.

Review all regulations with a fresh lens

The initiative provides boards with an opportunity to review all of their regulations afresh; given the myriad complex priorities of a regulatory board, a comprehensive regs review may not be part of an established rhythm. To maximize the value of the project, ensure that members approach it with the goals of AO 360 in mind: Seeking to reduce regulatory burdens, streamline and modernize requirements, and eliminate unnecessary barriers to entry.

Keep in mind that this does not include jeopardizing the safety of the public. However, it does create accountability among boards for using their highest faculties in determining whether existing standards and processes are appropriate. Strategies boards might use to approach this project include:

- Using a framework or system to adhere to the principles of “right-touch regulation.” (If you are unsure what this term means or do not currently use a decisionmaking framework, please contact your Boards and Regulations Advisor.)
- Avoiding the trap of “this is how we have always done it.” Is it necessary? Does it prevent a likely harm? If so, is it reasonable? If not, why require it?
- Ensuring you don’t have requirements that are not actionable, e.g., don’t request criminal background information if you may not take action based on that information.
- Maintaining arbitrary standards and timeframes that are not based on research, proven national standards, or other objective criteria.
- Thinking that a “may” in statute means a “shall”: Just because you have the authority to adopt a regulation doesn’t mean you have to.
- Digging into changes you have always wanted to make—or addressing changes that stakeholders have requested—but the board hasn’t had time to address.
- Updating to modern standards—don’t miss references to fax machines, unnecessarily notarizing documents, defunct organizations, etc.
- Looking for alternative pathways to accomplish similar goals, including attestations instead of submitting documents where that makes sense, identifying steps that can be eliminated because another agency has already checked the information, etc.

Prepare to defend what can’t change:

- Identify baseline public safety standards that can’t be lowered and include a rationale for why they are important.
- Identify statutory or federal requirements that are inflexible. Per the *Drafting Manual for Administrative Regulations*, eliminate repetition of those requirements in regulation unless they provide clarity or are advised by your attorney.

Conclusion

This Administrative Order is ambitious, but it is reachable with organization and intention. Every member will need to set aside additional time to engage with the process. Communicate concerns with your lead staff, who can work with your Agency Regulatory Liaison to answer questions and find solutions.

Alaska Board of Nursing



Adjourned for Lunch

Alaska Board of Nursing



Chair Final Comments/Adjourn

Alaska Board of Nursing

Agenda Item #1



Roll Call/Call to Order

Alaska Board of Nursing

Agenda Item #1



Roll Call/Call to Order

Alaska Board of Nursing



Public Comment Period

Alaska Board of Nursing



PDMP Update

PRESCRIPTION DRUG MONITORING PROGRAM

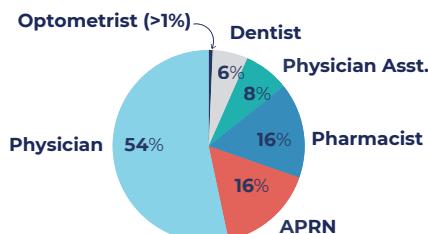
Q4 2025

79,559 PATIENTS

Alaskan patients receiving at least one controlled substance prescription.

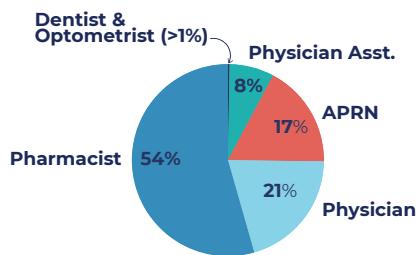
10,493 REGISTERED USERS

% registered by license type, excluding IHS, military, VA, and delegates.



291,468 SEARCHES

% of searches by user type, excluding IHS, military, VA, and delegates.



85% EHR ACCESS

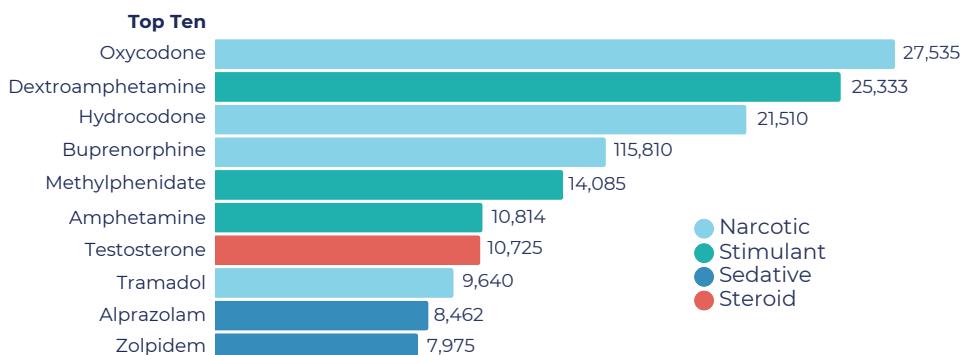
% of providers using electronic health record system (EHR) integration to search patient information within their clinical workflow.

263 DISPENSERS

Pharmacies or dispensing providers with at least one controlled substance dispensation to Alaska patients.

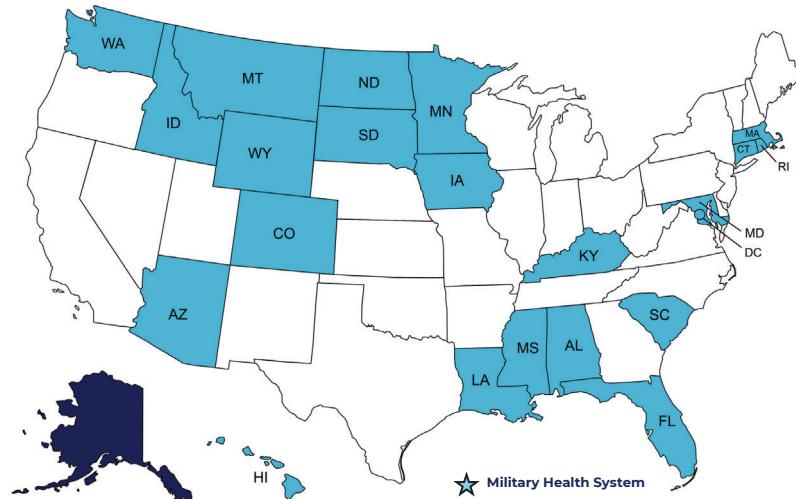
Data is presented for informational purposes only. Data represents prescription and dispensation activity reported to Alaska Prescription Drug Monitoring Program (PDMP) from October 1, 2025 to December 31, 2025. For more information, visit pdmp.alaska.gov.

195,000 CONTROLLED SUBSTANCE DISPENSATIONS



23 PARTNER STATES

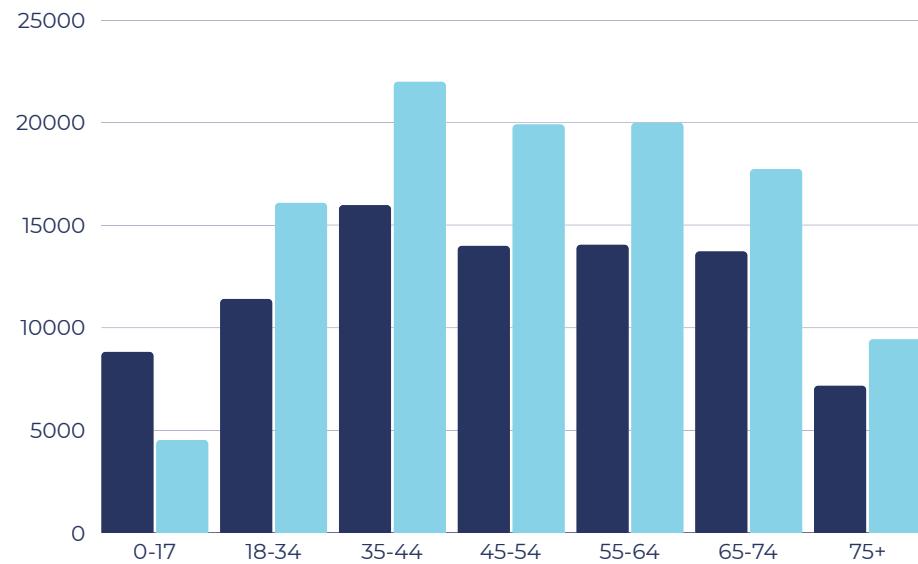
Interstate data sharing including military health system.



Created with mapchart.net

PRESCRIPTION COUNT BY PATIENT AGE & GENDER

● Male ● Female



Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Alaska Board of Nursing

Agenda Item #10



Develop Site plan for
UAF Technical College

Alaska Board of Nursing

Agenda Item #11



University of Providence School of
Nursing Application

Alaska Board of Nursing: New Program Application Outline

I. Sponsoring Organization Information:

- University of Providence
1301 20th St South
Great Falls, MT. 59405
- Interim President: Dr. Caroline Goulet
Phone: 406-791-5303
Email: Caroline.goulet@uprovidence.edu

The University of Providence organizational chart is provided in Appendix A.

Accreditation Status. The University maintains regional accreditation through NWCCU (see Appendix B for the recent 10-year designation). The BSN program's accreditation history is strong, holding CCNE accreditation since 2008 (Appendix C); we anticipate a successful 10-year renewal following the site visit scheduled for November 17–19, 2025.

Statement of Need:

The critical need for an Accelerated Bachelor of Science in Nursing (ABSN) program in Anchorage, Alaska, is driven by the state's acute and documented Registered Nurse (RN) workforce shortage, which is among the most severe in the nation. Current projections indicate that Alaska faces a significant deficit, with estimates suggesting over 22% of necessary RN positions may remain unfilled by 2030, a crisis that directly threatens the quality and accessibility of healthcare across the state, particularly in Anchorage's major medical centers and the remote communities they serve. An ABSN program offers the most rapid and efficient pipeline to address this gap by leveraging the existing academic achievements of bachelor's degree holders from other fields, allowing these mature, highly motivated students to earn a BSN—the degree associated with superior patient outcomes—in 12 to 18 months. Establishing this accelerated program in Alaska's largest city will strategically create a stable, locally educated workforce to meet the urgent demand for BSN-prepared nurses, thereby reducing the reliance on costly transient staff and ensuring long-term stability in the healthcare system.

References:

Alaska Hospital and Healthcare Association (2024). Alaska Healthcare Workforce Analysis. Retrieved from <https://www.alaskahha.org/membership>

Alaska Nurses Association (2025). Standing up for Alaska's nurses. Retrieved from <https://aknurse.org/standing-up-for-alaskas-nurses/>

State of Alaska Department of Commerce, Community and Economic Development (2025). Why Alaska needs the nurse licensure compact. Retrieved from https://www.commerce.alaska.gov/web/Portals/5/pub/DCCED_WhyAlaskaNeedstheNLC.pdf?ver=HWJGlc4kzJxfbISiC10wFw%3D%3D

II. Program Administration and Faculty

Program Mission, Goals, and Outcomes. The program's mission is "to prepare graduates for accountable and professional nursing practice that is relationship-based, vigilant, theory-guided, and grounded in the best possible evidence." Graduates will be excellent communicators, clinicians, and leaders of change. A graduate is a lifelong learner and will enhance the nursing profession by providing nursing evidence-based practice that is population-centered, as well as grounded in spiritual, ethical, and compassionate care.

BSN Program Outcomes (PO)

- PO 1. Integrate a compassionate and ethical understanding of human experience into nursing practice using the foundations of a liberal arts education.
- PO 2. Apply leadership concepts, skills, and decision-making to engage healthcare teams in creating, promoting, and managing safety and quality outcomes.
- PO 3. Apply nursing practices that are informed by research, evidence-based practice, clinical judgement, clinical reasoning, and innovation to optimize health.
- PO 4. Utilize information technology to communicate, mitigate errors, and make improved clinical decisions related to the care of diverse populations.
- PO 5. Advocate to influence change in legal, political, social, and economic factors that transform healthcare delivery.
- PO 6 Collaborate with the inter-professional team to improve patient/family outcomes and the work environment.
- PO 7. Provide compassionate, spiritual, ethical, and culturally appropriate care across the lifespan and the continuum of care.
- PO 8. Practice preventative care, health promotion, and disease intervention across care settings for self, individuals, families, the community, and populations.
- PO 9. Assume professional accountability to uphold the standards of nursing practice as defined by the Nurse Practice Act (in the state in which the nurse practices) and the ANA Code of Ethics.
- PO 10. Demonstrate reflective nursing practice.

Documentation of how the program's mission aligns with the institution's mission and ABON standards. The University of Providence's mission, the BSN program mission, and the Alaska Board of Nursing standards are deeply aligned through a shared commitment to academic excellence, ethical practice, and public health protection. The University's overarching mission is to provide a liberal education for living and for making a living, while striving to form students into compassionate servant-leaders who uphold the dignity of every person and work in solidarity with the poor and marginalized. This foundational institutional mission is directly manifested in the BSN program mission, which is "to prepare graduates for accountable and

professional nursing practice that is relationship-based, vigilant, theory-guided, and grounded in the best possible evidence," specifically emphasizing spiritual, ethical, and compassionate care. This entire framework supports and exceeds the expectations of the Alaska Board of Nursing, whose core mission is to actively promote and protect the health of the citizens of Alaska through governance of the practice of nursing. The Board requires all applicants to complete an accredited nursing program with a comprehensive curriculum, uphold ethical standards, and demonstrate the competency needed to qualify for licensure via the NCLEX-RN exam. Therefore, the University's core values of Compassion, Dignity, Justice, Excellence, and Integrity provide the moral and academic foundation that ensures BSN graduates not only meet the state's minimum standards for competent and professional practice but are also uniquely equipped to serve as transformative healthcare leaders dedicated to improving health outcomes for all Alaskans.

Program Director/Administrator:

- Program Director/Dean: Dr. Angela Jukkala.
- Signed statement confirming the Director's qualifications meet ABON standards (e.g., specific degree, experience, unencumbered license).
- Current curriculum vitae (CV) (Appendix D)
- Job description outlining roles, responsibilities, and dedicated release time (Appendix E).

Faculty:

- Roster of all projected faculty (didactic and clinical).
- Documentation of faculty qualifications matching the courses they will teach.

Table 1. Faculty Education/Expertise

Faculty/Course Assignment	Educational Experience	Certifications/Expertise
Plagenz, V. <i>Ethics/spirituality, Global Health</i>	PhD - Nursing University of Nevada MSN - University of Wyoming BSN - Marion University	Nurse Educator, Certified Faculty Developer Quality Matters-Peer Reviewer, Certified Compassion Fatigue, Professional, LERN-Certified Online Instructor, Certified Breastfeeding Consultant, Public health
McCoy, S. <i>Leadership, Informatics</i>	EdD - University of Houston Post master's Certification - California State U. MSN - California State University BSN - Loma Linda University	Nurse educator (didactic/clinical), Quality Matters-Peer Reviewer, Google Educator 1, Instructional design
Granger, S. <i>Leadership, Population Health</i>	DNP - American Sentinel College of Nursing MSN - University of Wyoming BSN - Montana State University-Northern	Nurse Educator (didactic/clinical), Emergency Medicine, Critical Care, ACLS instructor
Farmer, P. <i>Patho/Pharm Evidence Based Practice</i>	DNP- George Washington University MSN/FNP- Sonoma State University BSN – California State University ADN – College of the Redwoods	Nurse Educator Certificate, BSN curriculum design and AD-BSN partnerships, Sleep, circadian rhythm and shiftwork adaptation, Nursing Advocacy, Emergency Care

Faculty/Course Assignment	Educational Experience	Certifications/Expertise
Motschenbacher, R. <i>Psych/Mental Health</i>	ADN - Miles Community College 1995 BSN - University of Wyoming 2009 MN - Montana State University 2012	Psychiatric/Mental Health/ Addictions (Inpatient/Community/Private Practice,) Nursing Education, Nursing Leadership Medical/Surgical, Long-Term Care, Medical ICU, ED, Cardiovascular ICU
Zurba, N. <i>Fundamentals, Med Surg</i>	DNP – Cabella University (in progress) MSN-Ed – Western Governors BSN – Chamberlain College	Certified in Nursing Professional Development, CITI training, Nurse residency, obstetrics, rural, medical-surgical
Berger, L. <i>Clinical</i>	MSN – University of Providence BSN – University of Providence BA Healthcare Administration – Alaska Pacific University ADN – University of Alaska	Perioperative/procedural Nursing Nursing Leadership Nursing/Ancillary Education CNOR certificate CRCST certificate
Anderson, V. <i>Leadership, Transition to Practice</i>	DNP- University of Mary RN-MSN University of Mary ADN- Trinity Valley Community College	Nurse Educator, Leadership Population Health, Fundamentals, Health Assessment, Healthcare Policy Student Success, NCLEX, Tutoring, Critical Care, Pre-Op, Post-Op, Long Term Care, Hospice, Dementia, Quality/Safety/Value, Leadership
Moline, C. <i>Leadership, Transition to Practice, Clinical</i>	Master of Nursing-University of Mary BSN-MSU Northern ADN- MSU Northern	Medical/Surgical Leadership Simulation

Current CVs, transcripts, and evidence of unencumbered Alaska RN licenses for all nursing faculty. All nursing faculty CVs, transcripts and copies of AK nursing license applications are provided in Appendix F. **NOTE:** Nursing faculty are in the process of applying for and obtaining AK Nursing license; we anticipate this part of the process will be complete in approximately 12 weeks.

Plan for ensuring adequate faculty orientation and professional development. UP maintains clear and consistent expectations for its faculty, fostering a positive and productive academic environment. These expectations, detailed in the Faculty Handbook and Academic Policy Manual, cover teaching, scholarship, service, and professional development, ensuring faculty are well-informed and supported. All faculty members are expected to uphold the University's mission in their work. The Employee Policies manual outlines additional expectations for all faculty and staff, including work hours based on benefit classification and annual faculty data updates. The nursing faculty must also maintain their RN licensure.

New nursing hires receive comprehensive support, including onboarding and training on the Moodle Learning Management System and Online Facilitator Training. Overall, UP has a well-structured system for communicating and reinforcing expectations, providing clarity and support for all faculty members. This contributes to a positive and productive academic environment. The onboarding process for new faculty is presented in Appendix G.

Projected Faculty to Student Ratios for Didactic, Lab and Clinical Setting.

Projected faculty-to-student ratios for didactic, lab, and clinical settings. The faculty-to-student ratios for this nursing program will comply with or exceed the standards set forth by the Alaska Board of Nursing (ABON), specifically adhering to the maximum ratio requirements defined in the Alaska Administrative Code. Per 12 AAC 44.090(b), the maximum number of students per faculty member will be 1:8 in clinical areas involving direct care of patients or clients. For both classroom (didactic/theory) and skills laboratory instruction, the program commits to maintaining a low faculty-to-student ratio of 1:25 to ensure quality instruction, effective student engagement, and optimal resource utilization, while ensuring that the critical direct-care clinical ratio remains strictly at 1:8 as mandated by the ABON.

III. Curriculum Plan



Accelerated Bachelor of Science in Nursing Program

Spring		Total Credits: 18
SEMESTER 1	Required Courses	
1st 8 Weeks		Credit Hours
Nursing 313 Nursing Practice Fundamentals	4	
Nursing 370 Introduction to Professional Nursing	1	
Nursing 376 Pathophysiology and Pharmacology Concepts 1	3	
2nd 8 Weeks		
Nursing 372 Nursing Concepts 1	4	
Nursing 412 Nursing Ethics and Spirituality	3	
Nursing 378 Pathophysiology and Pharmacology Concepts 2	3	
Summer		Total Credits: 18
SEMESTER 2	Required Courses	
1st 8 Weeks		Credit Hours
Nursing 430 Clinical Concepts I	3	
Nursing 410 Evidence-Based Nursing Practice	3	
Nursing 423 Introduction to Nursing Informatics	2	
2nd 8 Weeks		
Nursing 374 Nursing Concepts II	3	
Nursing 414 Population Health	3	
Nursing 421 Nursing Leadership: Fostering Quality and Safety in Organizations	4	
Fall		Total Credits: 18
SEMESTER 3	Required Courses	
1st 8 Weeks		Credit Hours
Nursing 440 Clinical Concepts II	3	
Nursing 425 Health Promotion in Nursing	3	
Nursing 434 Nursing Concepts III	3	
2nd 8 Weeks		
Nursing 450 Transition to Nursing Practice	6	
Nursing 417 Perspectives in Global Healthcare	2	
Nursing 495 Senior Seminar	1	

Program of Study (Course Sequencing): The Accelerated Bachelor of Science in Nursing (ABSN) program at the University of Providence requires applicants to meet specific prerequisite and academic standards to ensure readiness for the intensive 12-month curriculum. All candidates must possess an earned bachelor's degree in any field from an accredited institution. Critical to admission is the successful completion of five prerequisite courses with a minimum grade of C (75%) or higher in each. These courses include Anatomy & Physiology I (with Lab), Anatomy & Physiology II (with Lab), Microbiology (with Lab), Statistics, and Nutrition. The science prerequisites—Anatomy & Physiology I & II, and Microbiology—must have been completed within the last 10 years of application. A & P I and II must be completed by the application deadline, while Microbiology, Statistics, and Nutrition must be completed by the program's enrollment deadline (e.g., December 15th for a Spring start). Furthermore, the program considers the applicant's overall college GPA and limits course repeats to ensure a strong academic foundation before entering the accelerated nursing studies.

Course Descriptions and Syllabi for all nursing courses are provided in Appendix H. This information includes the following: Course objectives and learning activities, Credit hours (lecture, lab, clinical/practicum hours per week/semester), Required textbooks and teaching methodologies and Evaluation methods.

Total Program Hours: Summary table detailing the total number of didactic, lab, and clinical hours required for program completion, ensuring compliance with ABON minimums.

Didactic Credits	Lab Credits	Clinical Credits
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38	90	630
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Conceptual Framework: Catholic Social Teaching

The Accelerated Bachelor of Science in Nursing (ABSN) program at the University of Providence is built upon a strong conceptual foundation that thoroughly integrates professional nursing standards with the principles of Catholic Social Teaching (CST). This integration ensures graduates view nursing as a holistic ministry of care and service. The core CST principles—such as the Dignity of the Human Person and the Option for the Poor and Vulnerable—are practically applied through the program's primary themes: Relationship-Based Care (honoring the patient as a whole person), and a focus on Compassion, Ethics, and Spirituality(ensuring all care is provided with respect and integrity). Furthermore, themes like Leadership and Advocacy and Population Health directly fulfill the CST mandates of Solidarity and the pursuit of the Common Good by preparing nurses to address systemic health disparities in the Alaskan community. Ultimately, by emphasizing Professional Accountability, Vigilance, and Evidence-Based Practice, the curriculum ensures graduates are technically competent while embodying the ethical commitment to justice and human flourishing central to the Catholic tradition. The curriculum map in Appendix I documents the horizontal and vertical integration of content (e.g., professional behaviors, patient safety, evidence-based practice) and its alignment with the ANA, QSEN, and CCNE Essentials national standards.

IV. Resources and Facilities

Physical Facilities: We are currently seeking to lease dedicated classroom space from Providence in Anchorage to support the new Accelerated BSN program, ensuring a high-quality educational environment for our students. This space must be large enough to accommodate all 30 students for both traditional classroom instruction and testing services. Crucially, the leased area will include a separate, designated space for the skills development lab, which will be fully equipped for hands-on learning (with major supplies detailed in Appendix J). Additionally, a dedicated faculty support area with necessary desk space will be incorporated to facilitate faculty work and student mentorship. High-fidelity simulation experiences, essential for clinical preparedness, will be provided through a formal practice agreement established with the University of Alaska Anchorage.

Pre-licensure Programs (ABSN) – Learning Environment. The pre-licensure programs blend robust virtual environments with essential physical facilities for hands-on learning:

- *Virtual and Didactic Environment:* The ABSN program conducts its didactic instruction live in the virtual environment through live video conferencing platforms and a robust online learning management system. The ABSN track employs digital collaboration tools that facilitate coursework, faculty-student interaction, and peer engagement.
- *Physical Facilities:* Designated laboratories and classroom spaces are used for hands-on skill development and testing:

- The ABSN program uses physical facilities located at the Central Montana Education Center (CMEC) in Lewistown, MT, and at Providence Alaska Medical Center (PAMC) in Anchorage, Alaska.

The Nursing Division regularly reviews the accessibility and adequacy of all physical resources to ensure they continue to meet the evolving needs and expected outcomes of the pre-licensure programs.

Technology Infrastructure. This encompasses the hardware, software, and network systems necessary to deliver online coursework, facilitate virtual interactions, and support student access to learning materials. University support includes servers, learning management systems, video conferencing tools, and online collaboration platforms.

Library and Information Resources. Access to library resources is crucial in an online program. UP ensures access to online databases, e-books, journals, and other research materials. BSN students and faculty also have access to the [Providence St. Joseph Health Medical Library](#) and are oriented to these resources at student orientation.

Academic and Writing Assistance. The Academic Success Center provides essential non-curricular resources for all BSN students, including assistance with notetaking, time management, and test anxiety. Students can access individual support through drop-in or online meetings, participate in workshops, and receive specialized assistance through partnerships like the TRIO/SSS student success program. Located within the library, the Writing and Critical Thinking Center complements this support by offering free, one-on-one consultations, group workshops, and in-class assistance, available both in-person and online.

Library and Research Resources. The UP Library offers extensive online and in-person access to resources, including books, journals, films, and professional publications. The Senior Librarian provides crucial research support, assists students in locating materials, and facilitates access to key databases such as CINAHL and Academic Premier. The library further supports nursing scholarship by collaborating with [Providence Health System Library](#) services to gain access to specialized nursing journals and databases.

Technology and Distance Education Support. The University provides robust, "location-neutral" technical support for its distance programs:

- **Technology Assistance:** The Information Services (I.S.) Department provides support for all students, instructors, and staff. Online learning resources are accessible via internet connections, and on-campus infrastructure is available to remote faculty/staff via a secure VPN.
- **Distance Education Support:** The Distance Learning and Instructional Design team assists faculty and students with online course access and continually evaluates learning needs. They review online courses for design and consistency using the Moodle framework to meet Quality Matters Standards (Appendix K).

- *LMS and Communication:* Moodle is the primary Learning Management System (LMS) for all classes, providing essential tools like the gradebook, submission portals, quizzes, and the gateway to Collaborate for real-time video conferencing. MS Office 365 is the required platform for all business services and communication, providing email, calendar, and productivity applications.
- *Disability Services:* The Disability Services are available to online students via phone during standard business hours (Monday through Friday, MST). Instructions for access are in the BSN Handbooks and on the University website.

Financial Resources: The proposed financial model for the Accelerated BSN program clearly establishes its fiscal stability, as demonstrated by the comprehensive budget spanning from 2018 through 2025 (Appendix L). This eight-year financial overview explicitly includes all projected revenues and expenditures for the program's initial development and ongoing operational phases, ensuring and verifying that adequate funds are allocated to cover the entire program, including faculty salaries, essential laboratory equipment, facility costs, and accreditation fees. This documented historical and forward-looking budget confirms that the program is financially supported and will not require supplemental funding to meet its operational and educational objectives throughout this period. In Appendix M, you will find a letter from the University's CFO confirming financial viability and commitment to fund the program.

Clinical Affiliations/Clinical Agency Roster: The University confirms that all affiliation agreements, including the clinical practice agreement with the University of Alaska Anchorage for high-fidelity simulation and any agreements with Providence for facility use, contain robust contractual language to protect all parties. Specifically, these documents formally address student supervision by clearly defining the roles and responsibilities of both faculty and preceptors; establish comprehensive liability and indemnification coverage for all students and institutional personnel involved in clinical and skill activities; and guarantee adequate program access to necessary clinical sites, simulation centers, and dedicated facility space to ensure consistent, high-quality delivery of the Accelerated BSN curriculum. Copies of fully executed, formal written affiliation agreements (contracts) between the sponsoring institution and each clinical agency are presented in Appendix N.

[Providence Alaska Medical Center – Anchorage, AK](#). As the largest medical center in the state, Providence Alaska Medical Center (PAMC) serves as a primary clinical site for students located in Anchorage. PAMC offers a wide range of clinical placements including medical-surgical, critical care, maternal-child health, mental health, and perioperative nursing. These diverse departments ensure that students experience complex care environments and interprofessional collaboration. Students are precepted by experienced nurses and supported by clinical faculty, ensuring the development of clinical judgment and competency. The continued use of PAMC is integral to prepare students to meet Alaska's healthcare needs and reflects the program's mission to serve diverse communities through high-quality education and practice.

To meet program simulation needs, we have developed a formal relationship with the [University of Alaska Anchorage \(UAA\) Interprofessional Health Sciences Simulation Center](#) to provide students access to their high-fidelity simulation labs and interprofessional learning opportunities. This collaboration ensured that students could practice complex clinical scenarios in a realistic, advanced setting without the expense of building a dedicated new facility.

Clinical Supervision Plan

To ensure all students meet the rigorous standards for clinical competency, the program utilizes both clinical faculty and qualified preceptors to deliver essential hands-on training. This blended approach guarantees that the required faculty-to-student ratios—including the mandatory 1:8 ratio for direct patient care clinicals—are consistently met, while also ensuring all students receive dedicated supervision, mentorship, and evaluative feedback during all skills lab and clinical experiences.

Clinical instruction often relies on expert guidance, and when preceptors (mentors, guides, or coaches) are utilized as an extension of faculty, the program mandates they are both academically and experientially qualified for their role. To ensure the highest quality of clinical learning, the performance expectations for preceptors regarding teaching, supervision, and student evaluation are clearly defined, communicated, and aligned with the program's mission, student outcomes, and relevant professional standards. The program maintains responsibility for periodically reviewing and evaluating preceptor performance to guarantee their expertise consistently supports student achievement.

Maintained Clinical Expertise. We recognize the dynamic nature of healthcare; therefore, our faculty actively maintain their clinical expertise through continuous professional engagement:

- *Continuing Education:* Faculty regularly participate in workshops, conferences, and professional development programs to remain current on the latest advancements and best practices in their specialties.
- *Scholarly Activities:* Faculty are actively encouraged to participate in research and scholarly endeavors related to their clinical areas, which further enhances their knowledge base and contributes to the growth of the profession.

Preceptor Qualifications and Evaluation. Policies and procedures governing preceptor qualifications and performance evaluation are provided in Preceptor Handbook (Appendix O). Preceptors are selected based on their qualifications, experience, and commitment to student education. Faculty work closely with preceptors, communicating learning objectives to plan student clinical experiences. Although preceptors supervise and evaluate students in clinical practice, the faculty member retains responsibility for guiding the overall clinical experience and determining the extent to which each student meets expected learning objectives.

Preceptor Roles. The roles and responsibilities of preceptors are clearly defined and communicated through the Preceptor Handbook and formal orientation processes.

Expectations regarding teaching, supervision, and student evaluation are outlined in alignment with the program's mission, goals, expected student outcomes, and national professional nursing standards, including those of the ANA and AACN. Preceptors receive guidance on facilitating student learning, offering appropriate feedback, and completing both formative and summative evaluations. Faculty maintain regular communication with preceptors to ensure alignment with course objectives and provide necessary support. Preceptor performance is evaluated on a regular basis through student feedback, faculty site visits, and review of student learning outcomes. This feedback is then used to recognize effective preceptors and to revise expectations or provide additional training, ensuring preceptors consistently possess the expertise and instructional ability to contribute meaningfully to student success.

Clinical Expertise and Oversight - Clinical Resource Nurses (CRRNs). The program ensures expertise and clinical relevance by employing experienced clinical faculty and utilizing Clinical Resource Registered Nurses (CRRNs). This model serves to expand clinical capacity in diverse healthcare settings.

- **Faculty Expertise:** All faculty teaching clinical and practicum courses possess direct experience in their specific instructional areas, ensuring current and practice-relevant guidance.
- **CRRN Role:** CRRNs serve as clinical role models, resource persons, and practice as clinical educators under the oversight of faculty, but they do not replace faculty or assume primary responsibility for student evaluation.
- **CRRN Qualifications:** According to the UP CRRN Policy (Appendix P), CRRNs must hold an unencumbered Montana RN license (or compact license), a BSN or MSN (or be actively pursuing graduate education), and have at least three years of recent clinical experience.
- **CRRN Training:** To ensure consistency and preparation, CRRNs not enrolled in a graduate program are required to complete supplemental professional development through [Emory University's CAPES Academy Clinical Preceptor Training](#).

Through this structure, the program leverages experienced faculty and qualified CRRNs to maintain compliance with state and national standards while providing sufficient, current, and practice-relevant clinical instruction.

VI. Student Policies and Evaluation

Student Policies. All comprehensive policies governing a student's tenure in the Accelerated BSN program are consolidated within the official ABSN Student Handbook (Appendix Q). This document serves as the essential guide for all students, explicitly outlining the Admission and selection criteria required for entry into the nursing program, along with the detailed policies for progression, retention, and dismissal. Furthermore, the handbook clearly defines the program-specific regulations regarding academic honesty and grievance procedures and fully details all applicable transfer credit policies.

Program Evaluation Plan. Ensuring the sustained quality and success of our nursing education is paramount. Therefore, the program utilizes the Systematic Evaluation Plan (SEP) (Appendix R) to determine program effectiveness across all BSN tracks. This

written, ongoing, and comprehensive process was meticulously created based on the CCNE Standards and *Essentials* and is designed to rigorously measure the achievement of all program outcomes.

The SEP is intertwined with the university's ongoing Continuous Quality Improvement (CQI) framework, ensuring alignment and shared best practices with institutional effectiveness initiatives. The Plan is a robust framework that achieves program assessment by:

- Rigorously measuring all expected program outcomes.
- Comprehensively collecting both quantitative and qualitative data, including completion, licensure, certification, employment, faculty, and other program outcomes.
- Outlining clear timelines for the collection, review, and analysis of all data, allowing us to continuously assess performance against expected results.
- Specifying a schedule for periodic review and revision of the SEP itself, ensuring the process remains current and effective.

Projected Enrollment:

Below is documentation of planned cohort sizes for the next three years of the program:

Month	Year	Students
January	2026	30
May	2026	20
May	2027	30
May	2028	30

The School of Nursing is announcing a change to the Accelerated BSN program's admission cycle to better support incoming students and ensure a smooth enrollment process. Effective with the cohort starting in 2027, we will be shifting our admission time from January to May. This strategic change is being implemented to facilitate easier student relocation to the Anchorage area during the favorable spring and summer months. This adjustment will allow us to move to a consistent annual schedule, enabling the program to meet the critical workforce need by admitting 30 new students each year starting with the May 2027 cohort.

Alaska Board of Nursing

Agenda Item #12



Medication course approval

South Peninsula Hospital, Outpatient Clinical Educator

Requests approval of Medication Training Course.

“Given the breadth of content, I wanted to ensure the materials were organized in a way that clearly outlines both access to the course and practical implementation.

The course is designed using established education best practices, with an emphasis on learner experience and clarity. In addition to the core instructional content, the summary outlines recommended supplemental materials and skills station competency options. The course is also structured to be adaptable across organizations with differing licensing arrangements. For example, while my organization utilizes Lippincott, other organizations may rely on alternative clinical procedure platforms such as Elsevier. Skills station activities are intended to align with whichever approved platform an organization is licensed to use.

Link to course: [ABON MA Medication Administration Course Proposal](#) “

Course will be shared during the meeting by author.

Course content was reviewed by a board member prior to the January Board meeting and there were no questions to the author.

Alaska Board of Nursing

Agenda Item #13



Sura College Refresher Course

SURA COLLEGE

RN Refresher Program Information Packet 2025-2026

Sura College
Professional Development
Phone:
Email:

NONDISCRIMINATION POLICY

Sura College does not discriminate on the basis of race, religion, color, national origin, sex, handicap/disability, sexual orientation, age, or Vietnam era/disabled veteran status in employment or in the application, admission, participation, access and treatment of persons in instructional or employment programs and activities.

The Sura College reserves the right to change, without notice, any materials, information, curriculum, requirements, and regulations in this publication.

Megan Kirschner DNP, MSN, RN
 Coordinator, RN Refresher Program
 Email: mkirschner@suracollege.com

Alex Hoffmann, EdD Campus Director Email: ahoffmann@suracollege.com	Admin Email: refresher@suracollege.com
Janice Davidson, PhD, DNP, FNP, RN Executive Dean of Nursing Email: jdavidson@suracollege.com	

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PROGRAM DESCRIPTION AND REQUIREMENTS

The RN Refresher Program at Sura College, approved by the Arizona State Board of Nursing, is designed for registered nurses (RNs) to review and update their nursing knowledge and skills. Successful completion fulfills the Arizona State Board of Nursing's RN license renewal requirement for those who do not meet the practice requirement outlined in The Nurse Practice Act, R4-19-312 (B), which mandates completion of a nursing program or 960 hours of nursing practice at the applicable licensure level within the five years prior to the application date.

The program is a non-credit bearing course equivalent to 10 semester credits, (NUR 295 Registered Nurse Refresher), divided into lecture/lab/clinical components. The didactic portion (equivalent to 5 semester credits) is delivered entirely online, covering general nursing concepts, pharmacology, and care for adults with selected medical-surgical conditions. The clinical portion (equivalent to 5 semester credits) is offered in a hybrid format, including: (1) online assignments to prepare for lab/clinical sessions (e.g., nursing skills, drug calculations, vsims), (2) mandatory online lab checkoffs for skills review and competency assessment, (3) time for completing agency-specific orientation requirements, and (4) a 135-hour clinical experience, either one-on-one with an RN preceptor or, if available, in a clinical group led by a Sura College instructor.

For a one-on-one preceptorship in specialized areas such as pediatrics, obstetrics, surgery, critical care, or mental health, the RN Refresher must have prior RN experience in the chosen specialty or obtain approval from the clinical agency. Proof of specialty experience may require verification through a resume or CV.

Upon successful completion of (course number), faculty will submit a verification letter to the Arizona State Board of Nursing confirming the RN Refresher's program completion. The student will receive a Certificate of Completion in Nursing Refresher. However, program completion does not guarantee employment with a healthcare agency upon obtaining an active nursing license.

Refer to p. 7 of this packet for program enrollment requirements / application process



OPTIONS FOR PRECEPTORSHIP PLACEMENT/CLINICAL PLACEMENT

School-Assisted Placement	Student Finds Own Preceptor
<p>Sura College may assist with arranging preceptorship placements at (1) select hospitals and (2) select community-based non-hospital facilities. Another option, if available, is an instructor-led clinical experience with groups of 8-10 students.</p> <p>Placement depends on agency availability. To request school-assisted placement, include your preference with your application materials, specifying your preferred Banner hospital. The application packet can be found on the RN Refresher program website linked here: https://www.suracollege.com/registered-nurse-refresher-program/</p>	<p>The following requirements must be met for students who wish to independently secure a preceptor:</p> <ol style="list-style-type: none"> 1) Preceptor must be an RN who works in a position that requires an RN license. A clinical, hands-on, practice setting is not required. The preceptor may be an advanced practice nurse. 2) The facility must have a clinical experience agreement (CEA) with Sura College's legal team. <p>Refer to "Process for Finding a Preceptor" below</p>

PROCESS FOR FINDING A PRECEPTOR

1. Find a facility you wish to utilize for your preceptorship – ideally, a **potential future employer**.
2. To verify if an agency has a clinical experience agreement (CEA) on file with Sura College, contact the Refresher Program Coordinator.
3. If the agency **has a CEA** with Sura College, you may call the educational contact for that agency. Specify:
 - You are an RN refresher, not a nursing student
 - You would like to work in their facility
 - You need to complete 135 hours of a precepted clinical experience with an RN
 - Summarize the preceptorship experience as it is outlined in the RN Refresher Preceptor Packet to include goals/roles of student & preceptor & school liaison and provide the facility with a copy of the RN Refresher Preceptorship Packet.

4. If the facility **does not have a CEA** with Sura College, provide the Refresher Program Coordinator with the information below to establish a contract with the agency. A sample contract is available for agency review, if desired.
 - Complete facility address and phone number
 - Name, phone number, e-mail address of person with **authority to sign a contract**
 - Name of person who agreed to preceptorship experience

Mandatory Health & Safety Requirements for Clinical Experience

All requirements must be met PRIOR to program enrollment

- 1. Measles, Mumps, Rubella (MMR)**
 - a. Documentation of two MMR vaccinations on separate dates at least 4 weeks apart, **OR**
 - b. Lab documentation of **POSITIVE** titer results for each disease (measles, mumps and rubella). **OR**
 - c. For **NEGATIVE** or **EQUIVOCAL** titer results for measles, mumps or rubella (lack of immunity), you must get the MMR vaccine series (two vaccines). If you have only had the initial vaccine, submit documentation of the first vaccine. Submit documentation of the second vaccination after it is given. To be in compliance, proof of both vaccinations is required.
- 2. Varicella (Chicken Pox)**
 - a. Documentation of two varicella vaccines, including dates of administration, **OR**
 - b. Lab documentation of a **POSITIVE** IgG titer for varicella, **OR**
 - d. For **NEGATIVE** or **EQUIVOCAL** titer results, submit documentation of the first vaccine. Submit documentation of the second vaccination after it is given (at least 4 weeks later). To be in compliance, proof of both vaccinations is required.
- 3. Tetanus/Diphtheria/Pertussis (Tdap)**

To meet this requirement: You must provide proof of a one-time Tdap vaccination and a Td booster if 10 years or more has lapsed since Tdap vaccination.
- 4. Tuberculosis (TB)**
 - a. Proof of a negative 2-step TB skin test (TBST) completed within the previous 6 months, including date given, date read, result, and name and signature of the healthcare provider. A 2-step TBST consists of an initial TBST and a boosted TBST 1-3 weeks apart, **OR**
 - b. Documentation of a negative blood test (QuantiFERON or T-Spot) performed within the last six months, **OR**
 - c. Documentation of a negative chest X-ray, **OR**
 - d. **For POSITIVE RESULTS:** If you have a positive TBST, provide documentation of a negative chest X-ray or negative blood test fill out the necessary documentation in (American Databank/Complio)
- 5. Hepatitis B**
 - a. Lab documentation of a positive HbsAb titer, **OR**

- b. Documentation showing completion of the three Hepatitis B injections. If the series is in progress, submit documentation for the immunization that received to date. You must remain on schedule for the remaining immunizations and provide the additional documentation when obtained. One to two months after completing the series, it is recommended that you have an HbsAb titer drawn, *OR*
- c. Positive titer, *OR*
- d. Signed declination form (p. 8)

6. Influenza (Flu Vaccine)

To meet this requirement: Submit documentation of an annual current season flu vaccination.

7. CPR / Basic Life Support Training

To meet this requirement:

- a. Submit a copy (front and back) of signed CPR card or CPR certificate
- b. CPR training must include infant, child and adult, 1- and 2- man rescue (Healthcare Provider)
- c. CPR course must include 'hands-on' practice.

8. Level One Fingerprint Clearance Card (FCC)

To meet this requirement:

- a. Submit a copy (front and back) of a current Level One DPS Fingerprint Clearance Card
- b. If the FCC is suspended or revoked at any time during the program, the student must report this to the Program Coordinator within five (5) school days and will be unable to continue in the program until the FCC is reinstated.

-See instructions for DPA FCC application process (p. 10)

9. Health Care Provider Signature Form

To meet this requirement: Submit completed form (p. 9). The form must be completed and signed by a licensed healthcare provider (MD, DO, NP, PA) within the past six (6) months.

10. American Data Bank Clearance Document

To meet this requirement: Submit a "Pass" result for a background screening within the past six (6) months through American Date Bank (ADB). Information regarding the background screening will be provided after your program application has been accepted.

11. Temporary or Active RN License

- Application must be completed via the Arizona State Board of Nursing website: www.azbn.gov The Board will not accept paper applications. Please note you must first pay to renew an expired license prior to being issued a temporary license.
- The AZBN requires a separate fingerprinting process for RN applicants who are endorsing into Arizona and for applicants applying for licensure by examination. Please note, the fingerprints from your Fingerprint Clearance Card application **cannot** be used for this purpose. You will need to obtain additional fingerprints; the AZ State Board will direct you.
- Temporary licenses, valid for **one year**, must be current through NUR295 course end date.
- Apply for the license at least **6 weeks** before the start of the program.
- All students must remain in good standing with the Arizona State Board of Nursing throughout the course. Once enrolled in the program, any student receiving disciplinary actions against their

license must notify the RN Refresher Program Coordinator within five (5) school days. The Nursing RN Refresher Program Coordinator reserves the right to restrict the student's participation in clinical experiences and involvement with patient care until the license is valid and unrestricted.

12. Registered Nurse Malpractice/Liability Insurance

- Coverage must be for a registered nurse (not a student nurse)
- Coverage must be current through the **(course name)** course end date.

13. Urine Drug Screen – TO BE COMPLETED AFTER THE NUR295 COURSE BEGINS

- Forms & instructions for urine drug screen testing will be provided once a preceptorship location has been secured.

14. Note on COVID-19 vaccination: Many clinical facilities require all students and faculty to be vaccinated against COVID-19. If a preceptorship site requires vaccination, refreshers will need to provide proof of COVID-19 vaccination and boosters or request a waiver per facility policy. The refresher program does not have any decision-making authority in determining facility waiver approvals.

ENROLLMENT REQUIREMENTS

Eligible candidates must:

1. Currently have, or be eligible to obtain, an **unrestricted** active, inactive, lapsed, or re-issued RN license
-AND-
2. Meet one of the following enrollment requirements:
 - Practice experience as a registered nurse after obtaining RN licensure status from respective board of nursing or after obtaining licensure in a foreign country
-OR-
 - New graduate nurse who has never practiced nursing after obtaining RN licensure

APPLICATION PROCESS

1. Complete the RN Refresher Application Packet. The packet is located on the RN Refresher website: <https://www.suracollege.com/registered-nurse-refresher-program/>
2. Send application materials to Program Coordinator via:
 - ✓ E-mail: mkirschner@suracollege.com

ESTIMATION OF PROGRAM COSTS

The general tuition for the RN Refresher Program at Sura College is \$2,395.00. Additional program expenses are **estimated** below.

All costs are estimates only and subject to change.

*Tuition (equivalent to 10 credits), <i>all participants (in-state and out of state tuition)</i> ; E-Books/Course Materials, <i>all participants</i> (Assessment Technologies Institute [ATI]) ; American Data Bank ; My Clinical Exchange (mCE)	\$2,395.00
Immunizations/titers, <i>as needed</i>	<i>varies</i>
CPR, <i>as needed</i>	<i>varies</i>
Malpractice Insurance (<i>NSO is \$100</i>)	\$100.00
TOTAL ESTIMATED COST	\$2,730.00

*Changes may occur in the fees stated in this document

HEPATITIS B VACCINATION DECLINATION FORM

Student Name (PRINT) _____

I understand that due to my exposure to blood or other potential infectious materials during the clinical portion of my nursing program, I may be at risk of acquiring Hepatitis B virus (HBV) infection. The health requirements for the nursing program, as described in the Nursing Student Handbook, include the Hepatitis B vaccination series as part of the admission requirements. I have been encouraged by the faculty to be vaccinated with Hepatitis B vaccine; however, I decline the Hepatitis B Vaccination series at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. By signing this form, I agree to assume the risk of a potential exposure to Hepatitis B virus and hold the Sura College Program as well as all health care facilities I attend as part of my clinical experiences harmless from liability in the event I contact the Hepatitis B virus.

Student Signature _____

Date _____

Health Care Provider Signature Form

Instructions for Completion of Health Care Provider Signature Form:

A health care provider **must** sign Health Care Provider Signature Form **within 6 months of application** and indicate whether the applicant will be able to function. Health care providers who qualify to sign this declaration include a licensed physician (M.D., D.O.), a nurse practitioner, or physician's assistant.

(Please Print)

Applicant Name _____ Student ID Number _____

Refresher students must be able to carry out a range of physical tasks in the clinical segment of the program. At minimum, they will need to lift patients, stand for extended periods, and perform bending movements. Students with chronic illnesses or conditions must maintain current treatment and be capable of providing direct patient care. The clinical nursing experience also involves significant mental and emotional demands, as students take on responsibilities affecting patients' lives. Students must exhibit rational and professional behavior in high-stress situations. Individuals should carefully evaluate the physical and mental requirements of the program before applying.

I believe the applicant _____ WILL, OR _____ WILL NOT, be able to function as a nursing student as described above.

If not, explain: _____

Licensed Healthcare Examiner (M.D., D.O., N.P., P.A.)

Print Name: _____ Title: _____

Signature: _____ Date: _____

Address:

City: _____

State: _____

Phone: _____

Instructions for Arizona Department of Public Safety (AZDPS)

Level 1 Fingerprint Clearance Card Application

1. Determine the Type of Card Needed:

- a) Click on Identity Verified Prints (IVP) card.

2. Access the Public Services Portal (PSP):

- a) Visit the AZDPS Public Services Portal at www.azdps.gov.
- b) Select “Apply for a Card” under the Fingerprint Clearance Card section.
- c) Create a secure account on the PSP to begin the application process. If you already have an account, log in.

3. Complete the Online Application:

- a) Fill out the application form on the PSP, ensuring all required fields are completed accurately.
- b) Specify the reason for applying (e.g., for the RN Refresher Program, select the appropriate sponsor, such as “Nursing Board” or “Health Care”).
- c) Pay the application fee, which is approximately \$67 for most applicants (or \$65 for volunteers). Payment can be made via credit card through the secure portal. Fees are subject to change, so verify the current amount during application.

Obtain a Reference Number:

- a) After submitting the application and payment, you’ll receive a Reference Number (starting with the letter “A” followed by numeric digits). Save this number, as it’s needed for fingerprinting.

Submit Fingerprints:

- a) Choose between electronic or paper fingerprinting:
- b) Electronic Fingerprinting (preferred, available only in Arizona):
- c) Schedule an appointment with an approved vendor, such as a Live Scan provider (e.g., Certifix or Fieldprint). Find vendors via the AZDPS website or a service like www.arizonalivescan.com.

- d) Bring your Reference Number and a valid photo ID to the appointment.
- e) Fingerprints are electronically submitted to AZDPS. There may be an additional vendor fee (not controlled by AZDPS).

Paper Fingerprinting (for those outside Arizona or preferring this method):

- a) Request a paper application and FD-258 fingerprint card by calling AZDPS at (602) 223-2279 or visiting the DPS Public Service Center at 2222 W. Encanto Blvd., Phoenix, AZ 85009 (Monday–Friday, 8:00 AM–5:00 PM, closed state holidays).
- b) Have fingerprints taken by a local law enforcement agency or certified provider (not self-administered). Use black ink, stay within the blue lines, and ensure the name matches your application.
- c) Mail the completed FD-258 card, application (white copy only), and payment (cashier's check, money order, or business check payable to AZDPS) to: Arizona Department of Public Safety P.O. Box 18390 Phoenix, AZ 85005-8390. Include sufficient postage and a return address.

Track Application Status:

- a) Use the PSP to check the status of your application with your account login or Reference Number.
- b) Processing typically takes 4–6 weeks for applications without a criminal history, or up to 90 days if research is required.

Receive Your Card:

- a) If approved, the Fingerprint Clearance Card will be mailed to the address provided. It's valid for six years.
- b) If denied or suspended due to criminal history, you'll receive a notice from AZDPS. You may challenge the record by contacting AZDPS at (602) 223-2222 for Arizona records or the FBI at (304) 625-5590 for federal records. You can also apply for a good cause exception through the Arizona Board of Fingerprinting (contact at fingerprint.az.gov).

Additional Notes for RN Refresher Program:

- a) Start the process early, as delays can occur due to high application volumes or criminal history reviews.
- b) Double-check that all information (e.g., name, SSN) matches your other application materials for the RN Refresher Program.
- c) For technical support with the PSP, call (602) 223-2999 and select option 8.
- d) If you lose your card, request a replacement by calling (602) 223-2279 or through the PSP.
- e) For the most detailed guidance, refer to the Arizona Department of Public Safety website (www.azdps.gov) or contact the Applicant Clearance Card Team at (602) 223-2279.

CPR

Due to the standards of their accreditation agencies and clinical partners many of our programs require that the CPR training taken by students be certified by the American Heart Association. The theory can be online, but the skills must be completed in person.

**Be sure skills are in person.

**Be sure it's an American Heart Association BLS Healthcare Provider Course

Attention Allied Health & Nursing Students: We only accept the American Heart Association's Healthcare Provider CPR Cards.

When contacting the organizations listed below, be sure to specify that you need that particular card:

-American Heart Association 2929 S. 48th Street Tempe, AZ 85282 1-877-242-4277

<https://cpr.heart.org/en/>

-Heart Savers Inc 1530 N. Country Club Dr. Suites 14 & 15 Mesa, AZ 85201 480-998-5193

<https://heartsaversinc.com/>

MAKE SURE YOU SIGN THE BACK OF YOUR CARD AND UPLOAD BOTH THE FRONT AND THE BACK OF THE CARD.

Malpractice Insurance

Recommended but can use your own resource: nso.com

-Must be Professional Nurse NOT student

-Must cover you for a year

-Click on get a quote



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Course Title: *NUR295 Registered Nurse Refresher*

Dates: Rolling admission: 16 weeks for completion.

		Office	Phone	E-Mail
Lead Instructor	Megan Kirschner	Remote		mkirschner@sura.edu
Preceptorship Faculty	TBD			

Resources/E-Books:

- Assessment Technologies Institute (ATI) web-based course resources: www.atitesting.com. ATI's privacy policy is available on the website.
- RN Refresher Preceptorship Packet – download a copy for yourself and your preceptor from the Sura College refresher website.
- RN Refresher Information Packet- download a copy for yourself from the Sura College refresher website.

Course Description:

This course provides a comprehensive update on current nursing theory and practice for Registered Nurses (RNs). The didactic content includes the following key areas: the nursing process and patient-centered care; pharmacology, medication calculation, and administration; communication; critical thinking and clinical decision-making; evidence-based practice; delegation, leadership, and management; collaboration within interdisciplinary teams; addressing the psychological and physiological needs of adult patients with medical-surgical conditions; ethics; documentation practices, including the use of electronic health records; informatics; and quality improvement initiatives.

The course also includes an intensive preceptorship in which students gain hands-on experience under the supervision of a licensed registered nurse, with oversight and support from faculty. This experience offers personalized instruction designed to strengthen confidence, clinical skills, and independent practice.

NUR295 is a non-credit bearing course and does not award academic credit applicable toward degree programs such as RN-to-BSN pathways. Additional program policies and requirements are detailed in the RN Refresher Program Information Packet.

Prerequisite: Must be eligible for an active or temporary Registered Nurse license.

1. Deliver nursing care based on priority to individuals, families, or groups by independently and collaboratively applying the nursing process.
2. Provide care that is respectful, sensitive, and centered around the patient's unique experiences and diversity.
3. Recognize the connection between professional nursing standards, practice evaluation, and being accountable for care outcomes.
4. Discuss ethical values, principles, and decision-making as they relate to nursing and patient care.
5. Identify key leadership and management abilities needed in nursing practice.
6. Effectively delegate and oversee support staff in fulfilling patient care responsibilities.
7. Explain why technology and information literacy are vital for modern nursing practice.
8. Describe how computerized data systems influence the nursing role.
9. Utilize health information systems to access, input, and retrieve patient care data.
10. Recognize how physiological, psychological, developmental, spiritual, and cultural factors impact communication.

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NUR 295 Course Syllabus

11. Communicate clearly and effectively using written, electronic, verbal, and nonverbal methods.
12. Apply standardized communication tools when transferring patient care between settings or professionals.
13. Describe how nursing practice connects with the unit and organizational goals.
14. Explain the role of unit systems in ensuring the right resources reach the correct personnel.
15. Define the scope of practice and roles of various nursing and interdisciplinary team members.
16. Identify factors within systems that help or hinder teamwork.
17. Demonstrate effective communication skills to encourage collaboration within interdisciplinary teams.
18. Show the ability to participate effectively as a member of a multidisciplinary team.
19. Explain methods for analyzing the root causes of errors and assigning responsibility.
20. Discuss ways to enhance healthcare processes and improve patient outcomes.
21. Identify quality improvement efforts within the healthcare setting.
22. Explain evidence-based practice, including research, clinical expertise, and patient preferences.
23. Describe how evidence guides clinical best practices.
24. Summarize documentation standards and requirements in healthcare.
25. Record nursing interventions and outcomes in alignment with standards and unit policies.
26. Follow safety guidelines to maintain safe nursing practice.
27. Use strategies to reduce risk and enhance safety for both patients and healthcare providers.
28. Describe treatments that support health promotion, illness prevention, and recovery.
29. Accurately calculate and administer oral and injectable medications.
30. Identify safe medication practices for commonly used administration routes.
31. Recognize key drug prototypes and classifications, their actions, effects, and nursing responsibilities.
32. Apply the nursing process to deliver holistic and competent care to adults with medical-surgical conditions, addressing both physical and emotional needs.

Course Delivery: NUR295 is a non-credit bearing Registered Nurse Refresher course, equivalent to 10 credit equivalents, with a total of 255 program hours. The course is delivered in a hybrid format. The didactic (theory) component of the course, equivalent to 5 credit equivalents (90 hours), is delivered entirely online through Populi and ATI learning platforms. The clinical component, equivalent to 5 credit equivalents, is delivered in a hybrid format and includes: Online laboratory preparation and skills competency verification (ATI). Completion of agency-specific clinical orientation requirements. 135 hours of in-person precepted clinical experience under the supervision of a licensed Registered Nurse at an approved clinical agency.

The course is self-paced. Although portions of the course are self-paced and delivered online, students should understand that the preceptorship component requires in-person attendance at an approved clinical agency. All online coursework, skills verification, and documentation requirements must be successfully completed prior to beginning the clinical preceptorship.

This can be challenging when planning your study time. Although the theory portion of the course is entirely online, think of instruction time as being the time you would be spending in a traditional, instructor-led classroom setting. A listing of the estimated time to complete ATI tutorials is in the 'Start Here' module. The listing includes all of ATI's products. The package you purchased does not include all the tutorials ATI offers. You have only been assigned selected tutorials from your package to meet the competencies for NUR295. Only those time estimates are included below.

In addition to the ATI tutorials, an estimated 5 hours per each lesson in the Physiological Integrity module has been allotted. Some lessons in this module will take more time than others, but completion of all lessons should take no more than 35 hours for the average student.

Even though this course is 'self-paced', students must engage in regular weekly online course participation. If students lack participation in the course greater than 21 consecutive days, they are at risk for being

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dropped/withdrawn from the course unless previous arrangements have been made with instructor. Examples of active course participation include completing a quiz, assignment, discussions, or other online course work.

For time management planning, the following is the breakdown of the total estimated time you should expect to spend on **assigned ATI tutorials** by category (not individual modules in each category), as well as the Physiological Integrity module:

4 hrs. Nurse Logic
15 hrs. Nurse's Touch
25 hrs. Pharmacology Made Easy
2 hrs. The Communicator
1 hr. The Leader
8 hrs. Time allotted to account for assigned module activities (written & interactive)
35 hrs. Physiological Integrity (includes 7 lessons)
TOTAL = 90 Hours of theory

Health and Safety Requirements: Refer to the RN Refresher Program Information Packet for a complete listing of program health and safety requirements. Students must follow all health and safety requirements as a condition of participation in nursing clinical experiences. **All requirements must remain current throughout the course end date.**

Clinical Policies and Guidelines:

Students are required to adhere to all guidelines in the RN Refresher Student Handbook & the RN Refresher Preceptorship Packet. Prior to beginning of preceptorship, all students are required to (1) meet all health and safety requirements, (2) complete all online theory and lab components with a passing grade of 80%.

Grading:

94% - 100% = A
90% - 93% = A-
87% - 89% = B+
84% - 86% = B
80% - 83% = B-
77% - 79% = C+
74% - 76% = C
70% - 73% = C-
67% - 69% = D+
64% - 66% = D
60% - 63% = D-
Below 60% = F

Calculation of NUR295 Theory Grade:

MODULE QUIZZES/ASSIGNMENTS	Points
Getting Started Assignment: (complete prior to orientation day) - Syllabus Quiz & Acknowledgement - ATI Navigation Quiz - Introduce Yourself Discussion Assignment (<i>Post on the Discussion Board</i>)	10 5 10
Pharmacology: -Introduction to Pharmacology -Neuro Part I -Neuro Part II	10 15 10

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-Musculoskeletal	10
-Respiratory	15
-Cardiovascular	20
-Hematologic	10
-Gastrointestinal	15
-Reproductive / Genitourinary	5
-Endocrine	15
-Immune	10
-Pain & Inflammation	15
-Infection	15
Nursing Concepts:	
-Management of Care	10
-Coordination of Care	10
-Professional Responsibilities	10
-Health Promotion	15
-Psychosocial Integrity & Adaptation	10
Physiological Integrity & Adaptation:	
-Fluids/Electrolytes/Acid-Base Balance	15
-Respiratory Disorders	15
-Cardiovascular Disorders	15
-Endocrine Disorders	15
-Renal/GI Disorders	15
-Musculoskeletal/Neurologic Disorders	15
-Cancer/Surgery	15
Total Points Possible	350

- **Theory Grade Determination:** The student must earn at least **74.0% (259/350)** of total course points available. There will be *no rounding up* to meet the required 74.0%. Online quizzes are graded and posted in the gradebook upon submission. Instructor graded assignments will be scored/posted in the gradebook no later than 7 days after the assignment due date.
- **Lab / Preceptorship Testing Requirements and Grade Determination:** Refresher students must achieve a "satisfactory" performance evaluation for each competency listed on the evaluation tool by the end of the 135-hour preceptorship experience.
- Successful completion of assignments and satisfactory progress in clinical skills and nursing care are required to receive a 'satisfactory' performance evaluation. A grade of 'D' will be given for NUR 295 if these requirements are not met even if the student receives a passing grade in the theory portion of the course. Proficiency in drug calculations and satisfactory performance of selected nursing skills is required to meet competency testing requirements.

Attendance Policy: The course delivery is hybrid. Students work at their own pace. Attendance is mandatory for all scheduled preceptorship hours. If a Refresher cannot make it to a scheduled shift, the Refresher must contact their preceptor and copy the Refresher Coordinator in the communication.

Students who wish to withdraw from the course after the course drop date must submit a written request to the Sura administrative team member for course withdrawal. Course grades will be calculated for all registered students based on total course points earned for the theory component of the course in addition to obtaining "satisfactory" performance in the lab component. In the case of incomplete course work, failure to notify the instructor of your

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request for withdrawal may result in a failing grade (refer to grading scale above).

Teaching Methods:

- Internet delivery; course available on ***Populi*** (learning management system)
- Unfolding Case Studies
- Recorded Presentations / Videos
- Online Interactive Learning Activities/Tutorials/ Simulations

***Students must be aware that reliable web access is required for this course.**

Student Responsibilities:

Registered students in this class are responsible to know and understand the syllabus. Registered students are also responsible to know their rights and responsibilities as defined in the College Catalog.

Academic Honesty and Integrity:

Besides academic performance, students should exhibit the qualities of honesty and integrity. Every student is expected to produce his/her original, independent work. Any student whose work indicates a violation of the Sura College Academic Honesty Policy including cheating, plagiarism, and dishonesty will be subject to disciplinary action. Refer to the Sura College Catalog for information regarding Academic Honesty Policy and due process procedures.

Course Etiquette Expectations:

“Netiquette” refers to the rules of behavior while on the Internet. When interacting within the online course environment, please follow the below guidelines.

- Show professionalism and courtesy in all communications within the course.
- No one else should be given access to the course or conferences without the instructor’s permission.
- Do not use the words or text from others without acknowledging the source.
- Humor can easily be misinterpreted within the online environment, please be cautious with the use of humor and use symbols to help prevent misunderstandings. :-) :-)
- Adhere to the same behavioral standards as you would in a face-to-face classroom and as is specified in the student handbook.
- Avoid typing in all capital letters, for those of us using the Internet frequently, this can seem like you are ‘yelling’.
- Respect other people’s time and contribute thoughtful comments and ideas to the discussions rather than simply making statements such as ‘I agree’.
- Use correct spelling and grammar. Avoid the use of abbreviations and use spell check within your word processor or within the course to check the spelling of your communications.

Health Insurance Portability & Accountability Act (HIPAA): All verbal, electronic, and written information relating to patients/clients and contracted agencies is considered confidential and is not to be copied or discussed with anyone. Information may be disclosed only as defined in HIPAA guidelines for educational purposes. A breach of confidentiality will result in disciplinary action, up to and including possible dismissal from the program and/or course. All students are required to complete a HIPAA tutorial each semester of the nursing program, either according to the orientation requirements of the clinical agency or on-line at www.nursing.maricopa.edu.

Disabled Resource Services: Sura College has a defined policy to provide reasonable accommodations for students with disabilities who request such accommodations. The College publishes the process for requesting an accommodation in the Catalog and students may contact the Compliance Officer at Compliance@SuraCollege.com for additional information.

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Information for Students with Disabilities: If you have a documented disability, including a learning disability, and would like to discuss possible accommodations, please contact the Sura College Compliance Department at **480-744-0860** or email: compliance@suracollege.com

Student Conduct Policy: College policy requires students to "act in a professional and courteous manner at all times." Therefore, the faculty at Sura College insists that the language of any communication between students and instructors or among students meeting electronically or in person at any Sura College site shall maintain the level of formality appropriate to any college teaching/learning situation. Excessively informal, rude, or insulting language will not be tolerated. Students who engage in such behavior will be withdrawn from the course.

Course Schedule

Date	MODULE / CONTENT / TOPIC	Graded Assignments
Complete FIRST	Mandatory Online Orientation -Accessing and navigating Populi -Accessing ATI modules -Accessing American Databank -Preparing for Clinical Hours	Pass/Fail
Dosage Calculations	ATI Dosage Calculations Modules -3 tries to complete the Dosage Calculations Exam on Populi	Must get 100%
	Pharmacology	Quizzes:
BEFORE preceptorship	-Introduction to Pharmacology -The Neurological System Part I -The Neurological System Part II -The Musculoskeletal System -The Respiratory System -The Cardiovascular System -The Hematologic System -The Gastrointestinal System -The Reproductive / Genitourinary System (selected topics) -The Endocrine System -The Immune System (selected topics) -Pain and Inflammation -Infection	10pts 15pts 10pts 10pts 15pts 20pts 10pts 15pts 5pts 15pts 10pts 15pts 15pts
	Management of Care	
	Nursing Process/Patient-Centered Care Critical Thinking & Clinical Judgment, Reasoning and Decision-Making Leadership & Management Quality Improvement & Evidence-Based Practice	Quiz: 10pts
	Coordination of Care	
	Informatics & Technology Systems-Based Practice Teamwork & Collaboration	Quiz: 10pts
	Professional Responsibilities	

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	Professional Standards Legal/Ethical Advocacy	Quiz: 10pts
	Health Promotion	
	Health & Wellness Disease Prevention Client Education	Quiz: 15pts
	Psychosocial Integrity & Adaptation	
	Cultural & Spiritual Nursing Care Therapeutic Communication Professional Communication/Documentation	Quiz: 10pts
	Physiological Integrity & Adaptation	Module Quizzes:
	Fluid/Electrolyte/Acid-Base Imbalances	15pts
	Respiratory Disorders	15pts
	Cardiac Disorders	15pts
	Endocrine Disorders	15pts
	Kidney/GI Disorders	15pts
	Musculoskeletal / Neurologic Disorders	15pts
	Cancer/Surgery	15pts

Lab / Preceptorship Testing Requirements and Grade Determination:

Successful completion of assignments and satisfactory performance of selected nursing skills are required to meet competency testing requirements. Refresher students must complete the assigned lab skills in ATI with a 'satisfactory' before their preceptorship. Refresher students must achieve a 'satisfactory' performance evaluation for each competency listed on the evaluation tool by the end of the 135-hour preceptorship experience.

Medication Dosage Calculation Proficiency: In order to demonstrate competency of the course objectives, refreshers will complete a medication calculation pre-test during the mandatory online orientation session. Based upon the results of this test, the refresher will have the opportunity to remediate dosage calculation skills, if needed, utilizing several college and department resources. The refresher will be encouraged to utilize the course instructor and ATI resources to ensure success in passing the medication tests administered during the mandatory theory and lab time online.

Refreshers will have three attempts to earn a passing score of 100% on the medication calculation tests. If a refresher does not pass the test with a score of 100%, further remediation will be required. When the refresher passes the repeat test, a plan for continued demonstration of competency will be developed prior to beginning preceptorship. Refreshers cannot begin a preceptorship until competence in dosage calculation is demonstrated by passing calculation tests with a score of 100%.

Course Schedule:

Date:	ONLINE Theory/LAB CONTENT
First Day of Course Opening	Complete the Online Orientation Module and the Dosage Calculations Pre-test.
NUR295: Didactic portion	Complete ALL modules in your Populi NUR295 Course with a passing grade. -Lab checkoffs in ATI

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	-ALL quizzes in Populi -Passing score of 100% on Dosage Calculations Test on Populi
NUR295	PRECEPTORSHIP

Preceptorship portion

Preceptorship at assigned agencies. 135 hours must be completed by course end date. Refer to RN Refresher Preceptorship Packet for Sample Clinical Progression Guidelines. The Lead Instructor for NUR295 is designated as remote faculty. Instructor oversight, midpoint evaluations, and final evaluation of the preceptorship experience may be conducted virtually in collaboration with the clinical preceptor. In-person instructor site visits are not required and are not guaranteed due to the geographic distribution of students and clinical agencies.

Related Assignments / Due Dates / Evaluations for Preceptorship Experience

- Cleared to begin preceptorship when all health & safety, paperwork, theory content, skills testing (online), and agency orientation requirements are met:
 - Refresher sends shift schedule to RN Refresher Coordinator
 - Refresher sends a copy of the **Preceptorship Packet** prior to first shift. Be prepared to review packet contents with student and preceptor and sign agreement form. Email signed agreement form to RN Refresher Coordinator.
- Time worked without the RN Refresher Coordinator's prior knowledge is considered unapproved time and may not count toward your preceptorship hours, per the coordinator's discretion.
- Complete **“Documentation of Preceptorship Hours”** (see Preceptorship Packet). No pre-dating of time is allowed. Must complete all shifts started (cannot leave early if 135-hour mark is met during a shift).
- Set daily goals (share with preceptor) & complete Progression/Competency Tracking form in your packet.
- Email filled out form to coordinator with preceptor copied in email for review and signature at the halfway point.
- Notify instructor of any errors or incidents that occur
- Early Feedback Communication: at ~ 24-36 hours (after 1st 2-3 shifts) into the rotation. The RN Refresher & Preceptor provide feedback to coordinator for assessing learning environment and working relationship between preceptor/preceptee. Goal is early identification/intervention if any issues exist. This can be accomplished via text, email, or phone if requested.
- After at least 120 hours completed:
- Final shift or Within 1 Shift of Last Shift:
 - Turn in any agency-specific paperwork/requirements (i.e., student evaluation of agency, agency-issued student ID badge)
 - Final evaluation with instructor and Preceptor. Send email to coordinator with preceptor copied for review of final evaluation and signatures.

PROGRAM COMPLETION REQUIREMENTS

(1) End of Program Paperwork – Submit to Your Populi course:

- Midpoint / Final evaluation.
- Preceptor's evaluation of experience.
- Student's evaluation of experience.

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- Documentation of hours (totaled & signed by your preceptor @ end of last shift).
- Certificate of Completion application (see instructions below).

- **Complete the online RN Refresher Program Evaluation:**

- **Instructions for completion of the Certificate of Completion application:**

Send E-Mail to Program Coordinator with the Following Information:

- Confirm that you have completed the online RN Refresher Program Evaluation.
- Confirm your mailing address.

Final Course Grades WILL NOT be posted / Letters of Completion WILL NOT be sent to the AZBN until ALL program completion requirements are met.

* The contents of this syllabus are subject to change.

Sura College

RN REFRESHER
PRECEPTORSHIP PACKET
2025-2026

RN Refresher Contact Information

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OVERVIEW OF RN REFRESHER PROGRAM

The RN Refresher Program at Sura College is approved by the Arizona State Board of Nursing (ASBN). The program is designed for Registered Nurses seeking to review and update nursing theory and clinical practice. Successful completion of the program satisfies the ASBN RN license renewal requirement for applicants who do not meet the practice mandate outlined in the Arizona Nurse Practice Act, A.A.C. R4-19-312(B).

The RN Refresher Program consists of a non-credit bearing course, Registered Nurse Refresher (NUR295), which is equivalent to 10 semester credit equivalents and includes a total of 255 program hours. Completion of this program does not result in transferable academic credit toward degree programs (e.g., RN-to-BSN or graduate nursing programs). No on-campus laboratory attendance is required for this program.

Preceptorship Requirements

The RN Refresher preceptorship is a 135-hour clinical practicum conducted in an approved healthcare setting. To complete a preceptorship in pediatrics, obstetrics, or mental health, the RN Refresher must have prior RN experience in the selected specialty. Documentation of specialty work history is required.

An active or temporary RN license is required for participation in the clinical experience. During the preceptorship, the RN Refresher may function in accordance with the definition and scope of practice specified in A.R.S. § 32-1601 and A.A.C. R4-19-402. Performance of nursing activities or skills beyond those included in a basic registered nursing program requires additional education, as determined by the Arizona State Board of Nursing.

Faculty Oversight

The Lead Instructor for NUR295 serves as remote faculty. Faculty oversight, communication, midpoint evaluations, and final evaluations of the preceptorship experience may be conducted virtually, in collaboration with the assigned preceptor. In-person faculty site visits are not required.

Completion and Evaluation

RN Refreshers must demonstrate achievement of program and clinical competencies to successfully complete the course. Failure to meet clinical performance standards or removal from a clinical agency at the agency's request may result in a grade of 0 (no credit) for the clinical component of the course.

REFRESHERS MUST DEMONSTRATE ACHIEVEMENT OF PROGRAM AND CLINICAL COMPETENCIES TO PASS THE COURSE. DUE TO CURRENT RECOMMENDED COVID-19 GUIDELINES, THIS CAN BE ACHIEVED BY COMPLETION OF CLINICAL PRECEPTORSHIP HOURS, ONLINE VIRTUAL UNFOLDING CASE STUDIES, VIRTUAL & IN-PERSON SIMULATION, IN-PERSON SKILLS LABS, AND OTHER ALTERNATIVE CLINICAL EXPERIENCES.

DEFINITION OF RN REFRESHER PRECEPTORSHIP

The RN Refresher preceptorship is a 135-hour clinical practicum conducted in diverse practice settings. The preceptor, who must hold an RN license and work in a role involving direct or indirect client care, supervises the RN Refresher, enabling them to blend nursing knowledge with practical skills. To ensure an impartial evaluation, the preceptor must not be related to the RN Refresher.

MISSION OF RN REFRESHER PRECEPTORSHIP

The RN Refresher preceptorship aims to deliver personalized education and hands-on training to enhance the clinical expertise of registered nurses, fostering their confidence and support for a successful return to active practice. To fulfill this goal, we provide essential resources and dedicated, qualified faculty.

GOALS OF RN REFRESHER PRECEPTORSHIP

For RN Refreshers, the preceptorship will:

- Offer a focused, tailored learning experience in a clinical setting under the guidance of a registered nurse (RN)
- Enhance and modernize nursing skills
- Boost confidence and proficiency
- Promote greater independence in practice
- Strengthen a sense of responsibility and accountabilities

GUIDELINES FOR THE PRECEPTORSHIP EXPERIENCE

Sura College Faculty Agree to:

1. Collaborate with the preceptor to design experiences that address the student's learning needs.
2. Verify that students meet all health and safety requirements, including up-to-date immunizations, fingerprint clearance card, and CPR certification.
3. Require students to define personal learning objectives for the preceptorship.
4. Conduct an orientation for the preceptorship, covering at minimum:
 - Program curriculum overview
 - Roles and responsibilities of the preceptor and faculty
 - Process for validating nursing skills
 - Evaluation criteria and responsibilities for the student, course, and preceptor
 - Communication channels among the program, faculty, preceptor, facility, and student
 - Expected baseline knowledge, skills, and abilities of the student
5. Engage with the RN Refresher and preceptor at the start, midpoint, conclusion, and as needed during the preceptorship to clarify roles, discuss learning goals, and assess student progress and learning outcomes.
6. Comply with faculty-to-student ratios, maintaining one faculty member for every 10 precepted students during patient care activities, per A.A.C. R4-19-204(C).
7. Retain responsibility for student education and evaluation processes.
8. Offer the preceptor an opportunity to provide feedback on relevant aspects of the preceptorship experience.

The Preceptee (Refresher Student) Agrees to:

1. Adhere to the guidelines outlined in the Sura College Student Handbook.
2. Submit work schedule to faculty before clinical days begin.
3. *Faculty must know and approve all preceptorship hours in advance. Unapproved hours may not count toward the 135-hour clinical requirement, at the discretion of the supervising faculty.*
4. In case of illness or absence, coordinate with the preceptor to reschedule missed clinical hours.
5. *Inform faculty in advance of any changes to the assigned schedule.*
6. Show steady progress toward achieving clinical performance objectives and ultimately meet them.
7. Complete all required assignments, paperwork, and discussion board activities.
8. Accompany the preceptor if they are reassigned to a different unit.

9. Notify nursing faculty, alongside the preceptee, immediately if any error, unusual event, or incident occurs. Examples include, but are not limited to: absence/illness, issues with the preceptor or unit, involvement in an incident, or need for additional support.

The Agency Agrees to:

1. Permit students the opportunity for a learning experience within the confines of the practice setting and the student's level of preparation.
2. Permit students to collaboratively apply the skills of assessing, diagnosing, planning, implementing and evaluating.
3. Collaborate with the faculty in selecting the student's preceptor. Selection of preceptors will meet the following criteria:

A preceptor will:

- Hold a current RN license to practice nursing in Arizona or a multi-state compact license that is active and in good standing.
- Possess clinical expertise appropriate to accomplish the goals of the preceptorship and has at least one year of work experience at or above the level of licensure of the student's program.
- Hold an academic degree at the level or higher than the student's program whenever possible.

The Preceptor Agrees to:

1. Engage in faculty/student/preceptor meetings and communicate with faculty to define roles and the scope of the learning experience.
2. Orient the RN Refresher to the practice setting and clarify expectations for nursing care standards.
3. Offer continuous, constructive feedback aligned with the RN Refresher's performance expectations.
4. Mentor no more than one RN Refresher per shift.
5. Collaborate with faculty and the RN Refresher to assess the RN Refresher's clinical competency.
6. Facilitate opportunities for the RN Refresher to achieve personal learning objectives within the agency's guidelines and the preceptor's nursing role.
7. Support the RN Refresher in independently or collaboratively applying skills in assessment, planning, implementation, and evaluation in their nursing practice.
8. Create opportunities for the RN Refresher to take on a leadership role appropriate to the practice setting.
9. Act as a resource, consultant, and supervisor during the clinical experience.
10. Review the RN Refresher's written learning goals before the start of each preceptorship week.
11. Provide clinical oversight suited to the RN Refresher's skill level.
12. Follow the practice restrictions for procedures as outlined in the Guidelines for Clinical Supervision (p. 7).
13. Notify nursing faculty, together with the RN Refresher, in the event of any error, unusual occurrence, or incident.

GUIDELINES FOR PERFORMANCE PROGRESSION

Expectations for Progression are Determined / Evaluated Based on Individual Practice Settings

Beginning of Rotation ~ 25% or ~ 33 total hrs	<ul style="list-style-type: none"> Conduct orientation for students and preceptors. Identify and review agency policies, procedures, and standards of care. Observe the roles of other team members and ancillary staff during the first shift. Under the RN preceptor's supervision, gradually take on greater responsibility and independence based on the practice setting's requirements. Request assistance when necessary. Initial Visit/Communication: The student is responsible for arranging the first day of the preceptorship. Refer to the NUR295 course syllabus for further details.
Ongoing	<ul style="list-style-type: none"> Fill out the competency and skills tracking form and seek feedback from the preceptor. Review and reply to assigned discussion board questions. Notify the instructor immediately of any practice-related issues as they arise.
Middle Part of Rotation ~ 50% or ~ 66 total hrs	<ul style="list-style-type: none"> Document performance progression using the competency and skills tracker. Take on approximately 50% of the work assignment responsibilities, as feasible. Actively pursue additional learning opportunities. Midpoint Communication (~66 hours): Complete on a single document. The student first performs a self-evaluation, followed by the preceptor's evaluation of the RN Refresher. Consult the NUR295 course syllabus for further clarification.
Final Part of Rotation ~ 100% or ~ 135 total hrs.	<ul style="list-style-type: none"> Continue the activities described previously, showing greater responsibility and independence, aiming to fully manage the work assignment by the end. Achieve a performance level comparable to peers, as reasonably feasible, considering the practice setting's demands and the limitations of a student versus an employee. Complete tasks in an organized and timely manner. Rely on the preceptor primarily as a resource, to the extent reasonably possible. Final Communication (end of rotation): Use the same evaluation document as the midpoint. Refer to the NUR295 course syllabus for further details.

RN REFRESHER STUDENT EVALUATION OF PRECEPTORSHIP EXPERIENCE

My Preceptor is: _____	Agency: _____	Date: _____				
	Key	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
The PRECEPTOR is:						
1. Knowledgeable						
2. Able to communicate effectively with me and my coworkers.						
3. Able to provide consistent, constructive feedback.						
CLIENT ASSIGNMENT						
4. Included acuity level appropriate to meet my learning experience.						
5. Assigned to me with consideration for my learning needs.						
ASSUMPTION OF RESPONSIBILITY: During the preceptorship, I was:						
6. Offered assistance and guidance when I needed it.						
7. Given independence appropriately based on my knowledge and experience.						
8. Given increasing responsibility at a rate appropriate for my learning needs.						
COMMUNICATION: During the Preceptor Experience, I						
9. Had the opportunity to discuss my learning needs/experiences with my preceptor.						
10. Received consistent and constructive feedback regarding my performance.						
OVERALL LEARNING EXPERIENCE						
11. A variety of learning experiences were available to me, i.e., nursing procedures, specialty classes, meetings.						
12. Consistent support was available from nursing staff.						
13. Felt under-supervised.						
14. Felt over supervised						
15. The experience will help me in my future professional role						
NURSING FACULTY						
16. Readily available when needed						
17. Supportive of my learning experience						

Experiences most beneficial for professional growth:

Experiences least beneficial for professional growth:

PRECEPTOR EVALUATION OF PRECEPTORSHIP EXPERIENCE

Qualifiers for Evaluation:

S = Satisfactory
 U = Unsatisfactory
 NI = Needs Improvement

Preceptorship is:			
1. Conducive to the student's learning	Agree		Disagree
2. Helpful to my own professional growth	Agree		Disagree
Working relationship with the nursing faculty:			
3. Helpful to the student and me	S	U	NI
4. Readily available when needed	S	U	NI
5. Provided adequate number of meeting times with student and me	S	U	NI
6. Provided adequate support for the student and me	S	U	NI
Preceptorship Information:			
7. Orientation time spent with nursing faculty	S	U	NI
8. Preceptor materials provided were adequate	S	U	NI
9. Do you recommend the preceptor program for the students?	Yes		No
10. Would you be willing to be a preceptor again?	Yes		No

Comments/Suggestions:

FORMATIVE / SUMMATIVE EVALUATION TOOL

Evaluation of performance objectives and competencies will be determined according to the following scale:

Key to Evaluation Tool

E = Exemplary	Efficiently assumes the professional nurse role. Exhibits advanced critical thinking, delivers safe nursing care, and proactively anticipates client needs, surpassing peer performance.
S = Satisfactory	Generally independent, requiring occasional supportive guidance. Demonstrates critical thinking, safe nursing care, and anticipates client needs at a peer-comparable level.
P = Progressing	Competent in some aspects of behaviors, procedures, or interventions but requires both directive and supportive cues. Seeks supervision appropriately, maintains safety, but performance is inconsistent.
U = Unsatisfactory	Fails to demonstrate consistent safe nursing practices, procedures, or interventions. Performance falls below peer level, lacking the ability to assume the professional nurse role and showing limited progress in learning or seeking opportunities.
NA= Not Applicable	Not applicable as determined by preceptor or instructor, or not observed.

Grading Criteria: To achieve credit for the Preceptor experience, the student must achieve a minimum of a "Satisfactory" mark in each of the performance objectives on the final evaluation of the preceptor experience. Evaluations including "Progressing" or "Unsatisfactory" rating on the clinical objectives will receive a "Z" grade and no credit for the course.

***S = Student Self-Evaluation; *P=Preceptor Evaluation of Student [Complete prior to meeting w/instructor]**

Performance Objectives:	S-Mid	P-Mid	S-Final	P-Final	Areas of strong performance / areas for development
Date:					
Patient-Centered Care					
1. Deliver priority-based nursing care to individuals, families, and/or groups by independently and collaboratively applying the nursing process. <ul style="list-style-type: none"> a. Apply cognitive, affective, and psychomotor nursing skills during patient care. b. Obtain information from appropriate sources on behalf of the patient when needed. 2. Provide patient-centered care with sensitivity and respect for diverse human experiences. <ul style="list-style-type: none"> a. Evaluate patient values, preferences, decision-making capacity, and expressed needs as part of continuous assessment, clinical interactions, care plan implementation, and care evaluation. b. Share patient values, preferences, and expressed needs with other members of the healthcare team. 					
Professionalism					
3. Recognize the connection between professional nursing standards, practice evaluation, and the responsibility and accountability for practice outcomes. <ul style="list-style-type: none"> a. Execute the care plan within the legal, ethical, and regulatory boundaries of nursing practice. b. Integrate professional nursing standards and accountability into practice. 					

<p>c. Take responsibility for one's own nursing practice.</p> <p>d. Understand and respect the boundaries of one's scope of practice, adhering to licensure laws and regulations.</p> <p>e. Act as an advocate for patients.</p>				Areas of strong performance / areas for development
<p>Leadership</p> <p>4. Delegate, guide, and oversee ancillary personnel and support staff in performing roles/functions to meet patient care objectives.</p> <p>a. Apply a structured approach to problem-solving.</p> <p>b. Foresee outcomes, plan proactively, and adapt strategies to achieve optimal results.</p> <p>c. Assign patient care tasks appropriately, considering the skill level and experience of ancillary personnel.</p> <p>d. Demonstrate effective communication and foster collaborative behaviors.</p>				
<p>Informatics and Technology</p> <p>5. Utilize a health information system to access, input, and retrieve data for patient care.</p> <p>a. Attain a fundamental proficiency with the technology and information systems used in the practice setting.</p> <p>b. Employ technology and information management tools to enhance safe care processes and assess their impact on patient outcomes.</p> <p>c. Protect the privacy and confidentiality of patient information.</p>				
<p>Communication</p> <p>6. Employ clear, concise, and effective communication through written, electronic, verbal, and nonverbal methods.</p> <p>a. Engage in effective communication with colleagues.</p> <p>b. Actively listen to feedback, concerns, and questions.</p> <p>c. Participate in resolving conflicts.</p> <p>7. Apply a standardized communication method to hand off care responsibilities to other professionals during patient care transitions and across settings.</p>				
<p>Systems-Based Practice</p> <p>8. Explain the connections among nursing, the nursing work unit, and organizational objectives.</p> <p>a. Utilize resources within the work unit to support the care plan for a patient or group of patients.</p> <p>b. Consider the influences of the broader system, work unit, and patient/family when making patient care decisions.</p>				
<p>Teamwork and Collaboration</p> <p>9. Effectively contribute to multidisciplinary teams.</p> <p>a. Act with integrity, consistency, and respect for diverse perspectives.</p> <p>b. Incorporate the input of others to help patients and/or</p>				

<p>families achieve health goals.</p> <p>c. Seek assistance when the situation requires it.</p> <p>10. Demonstrate effective communication with interdisciplinary team members to foster collaboration.</p> <p>a. Encourage input from team members to enhance individual and team performance.</p> <p>b. Adjust personal communication style to suit the team's needs and the context.</p>				
<p>Quality Improvement</p> <p>11. Recognize quality improvement initiatives within the practice setting.</p> <p>12. Participate in activities that promote the development and implementation of quality improvement strategies in the practice environment.</p>				
<p>Evidence-Based Practice</p> <p>13. Describe how evidence informs optimal clinical practice.</p> <p>a. Identify evidence-based reports and guidelines relevant to clinical practice topics.</p> <p>b. Deliver individualized care grounded in the best current evidence, patient values, and clinical expertise.</p>				<p>Areas of strong performance / areas for development</p>
<p>Safety</p> <p>14. Record interventions and nursing outcomes in accordance with professional standards and work unit policies.</p> <p>15. Follow established safety protocols to ensure safe practice.</p> <p>a. Accurately calculate and safely administer medication dosages.</p> <p>b. Perform selected clinical skills and procedures with safety.</p> <p>16. Apply effective strategies to minimize harm to self and others.</p> <p>a. Proactively identify and shield patients from environmental and treatment/procedure-related hazards.</p> <p>b. Consistently follow standard and transmission-based precautions to reduce infection risks for self and others.</p> <p>17. Utilize the nursing process to deliver holistic, safe, and competent care addressing the psychosocial and physiological needs of adult patients with specific medical-surgical conditions or population-specific healthcare requirements.</p> <p>a. Incorporate health promotion, disease/illness prevention, and health restoration strategies when caring for patients across the lifespan.</p> <p>b. Integrate physical, biological, psychosocial, cultural, and spiritual elements into the care plan.</p> <p>c. Apply pathophysiological principles to manage patients with selected health alterations.</p> <p>d. Provide sensitive and relevant health education and counseling to patients and their families.</p>				
<p>Student Signature Midpoint (MP) /</p>	<p>Final (F)</p>			

MP:	/ F:	
Preceptor Signature		
MP:	/ F:	
Instructor Signature		
MP:	/ F:	

Preceptor Summary Notes:

Midpoint:

Final:

DOCUMENTATION OF PRECEPTORSHIP HOURS

Refresher Student Name: _____

Preceptor's Name: _____ Agency / Unit: _____

Preceptee's Hours with Preceptor (must add up to > 135 hours)

I verify that _____ has completed the above clinical preceptorship hours under my supervision.

Preceptor Signature Student's Signature

Preceptorship Agreement Form
(To be signed by each party after packets have been read and agreed to)

I have received and reviewed the contents of the Sura College RN Refresher Course Preceptorship Packet. I understand my roles, responsibilities, and limitations to participate in the preceptor experience.

Preceptor Signature _____ Date _____

Preceptee Signature _____ Date _____
(Refresher Student)

Nursing Faculty Signature _____ Date _____



RN Refresher (REFRESHER STUDENT) Data Sheet

Student ID: _____

Student Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Telephone Number and/or Cell Phone _____

Email Address _____

AZ RN/Compact RN/TRN License Number _____ Date of Expiration _____

Is your license unrestricted & in good standing with the AZ or issuing State Board of Nursing? _____ Yes or _____ No

How many years did you practice Nursing? _____

How long has it been since you worked as an RN? _____

Nursing Education: _____

Person to notify in case of emergency:

_____ Name

_____ Address

_____ City _____ State _____ Zip

Telephone: _____

Relationship: _____

Preceptorship Faculty Liaison Assignments:

*Name and contact information of the **Sura College Faculty member** who will serve as your contact person and follow your progress through the preceptorship experience:*

Sura College Faculty: _____

Telephone: _____

Email: _____

*Name and contact of the **RN preceptor** who will serve as your mentor through the preceptorship experience:*

Preceptor: _____

Agency: _____

Clinical Setting: _____

Telephone: _____

Email: _____

Name of RN Refresher Preceptee _____

Preceptor Data Sheet

Preceptor Name and Credentials (RN, BSN, etc.) _____

RN License # _____ *(Required by Arizona State Board of Nursing)*

Number of years practicing nursing _____ Are you related to this RN refresher? Yes _____ No _____

Name of Agency _____

Agency Address _____

City _____ State _____ Zip _____

Unit / Unit Telephone # _____

Telephone number where you can be reached: _____

Email Address _____

Length of time in clinical practice at this agency: _____

Have you received an RN Refresher Preceptorship Packet? Yes _____ No _____

I agree to accept the role and responsibilities of preceptor for the MCC Nurse Refresher Student.

Preceptor Name (print): _____

Signature: _____ Date: _____

Area Supervisor Approval

Name (print): _____

Signature: _____ Date: _____

For faculty use only:

Verification of preceptor licensure completed on: _____

Alaska Board of Nursing



Adjourned for Lunch

Alaska Board of Nursing

Agenda Item 14



Division Updates

Department of Commerce Community, and Economic Development
Corporations, Business and Professional Licensing

Summary of All Professional Licensing
Schedule of Revenues and Expenditures

Board of Nursing	FY 20			FY 21			Biennium			FY 22			FY 23			Biennium			FY 24			FY 25			Biennium			FY 26					
																												1st & 2nd QTR					
Revenue																																	
Revenue from License Fees	\$ 1,822,883	\$ 4,677,555	\$ 6,500,438				\$ 2,628,125	\$ 5,564,976	\$ 8,193,101				\$ 2,170,218	\$ 5,687,681	\$ 7,857,899	\$ 902,740																	
General Fund Received		\$ -	\$ -				\$ 630,266	\$ 23,618	653,884				\$ 9,654	\$ -	9,654	\$ -																	
Allowable Third Party Reimbursements	\$ 964	\$ -	\$ 964				\$ 833	\$ 1,487	2,320				\$ 4,288	\$ 3,909	8,197	\$ 156																	
TOTAL REVENUE	\$ 1,823,847	\$ 4,677,555	\$ 6,501,402				\$ 3,259,224	\$ 5,590,081	\$ 8,849,305				\$ 2,184,160	\$ 5,691,590	\$ 7,875,750	\$ 902,896																	
Expenditures																																	
Non Investigation Expenditures																																	
1000 - Personal Services	803,659	722,490	1,526,149				913,703	942,425	1,856,128				1,045,777	1,396,957	2,442,734	768,443																	
2000 - Travel	9,220	353	9,573				6,531	6,808	13,339				7,656	9,084	16,740	182																	
3000 - Services	278,101	304,961	583,062				367,557	383,215	750,772				266,336	307,178	573,514	84,983																	
4000 - Commodities	641	759	1,400				1,240	2,615	3,855				3,828	3,936	7,764	1,990																	
5000 - Capital Outlay	50	-	50				-	-	-				-	-	-	-																	
Total Non-Investigation Expenditures	1,091,671	1,028,563	2,120,234				1,289,031	1,335,062	2,624,094				1,323,597	1,717,154	3,040,752	855,598																	
Investigation Expenditures																																	
1000-Personal Services	467,051	478,976	946,027				519,387	484,948	1,004,335				481,381	523,327	1,004,708	264,807																	
2000 - Travel	-	-	-				-	628	628				693	-	693	-																	
3023 - Expert Witness	300	6,550	6,850				6,825	5,088	11,913				4,650	4,375	9,025	-																	
3088 - Inter-Agency Legal	96,615	116,487	213,102				146,895	118,553	265,448				86,306	131,598	217,904	7,403																	
3094 - Inter-Agency Hearing/Mediation	25,107	43,140	68,247				79,682	39,354	119,036				46,164	80,399	126,563	-																	
3000 - Services other	3,278	1,280	4,558				3,412	1,967	5,379				3,029	1,372	4,401	156																	
4000 - Commodities	-	-	-				10	734	744				-	-	-	-																	
Total Investigation Expenditures	592,351	646,433	1,238,784				756,211	651,272	1,407,483				622,224	741,071	1,363,294	272,366																	
Total Direct Expenditures	1,684,022	1,674,996	3,359,018				2,045,242	1,986,334	4,031,577				1,945,821	2,458,225	4,404,046	1,127,964																	
Indirect Expenditures																																	
Internal Administrative Costs	631,028	635,747	1,266,775				769,027	853,182	1,622,209				804,189	921,853	1,726,042	460,927																	
Departmental Costs	256,415	257,726	514,141				298,812	292,596	591,408				303,801	408,475	712,276	204,238																	
Statewide Costs	167,408	164,903	332,311				180,129	155,228	335,357				147,807	163,855	311,662	81,928																	
Total Indirect Expenditures	1,054,851	1,058,376	2,113,227				1,247,968	1,301,006	2,548,974				1,255,797	1,494,183	2,749,980	747,093																	
TOTAL EXPENDITURES	\$ 2,738,873	\$ 2,733,372	\$ 5,472,245				\$ 3,293,210	\$ 3,287,340	\$ 6,580,551				\$ 3,201,618	\$ 3,952,408	\$ 7,154,026	\$ 1,875,057																	
Cumulative Surplus (Deficit)																																	
Beginning Cumulative Surplus (Deficit)	\$ 598,612	\$ (316,414)	\$ (915,026)				\$ 1,627,769	\$ 1,593,783	\$ (33,986)				\$ 3,896,524	\$ 2,879,066	\$ (1,017,458)	\$ 1,739,182																	
Annual Increase/(Decrease)																																	
Ending Cumulative Surplus (Deficit)	\$ (316,414)	\$ 1,627,769					\$ 1,593,783	\$ 3,896,524				\$ 2,879,066	\$ 4,618,248		\$ 3,646,087																		
Statistical Information																																	
Number of Licenses for Indirect calculation	23,705	27,695					28,173	32,169																									
Additional information:																																	
• General fund dollars were received in FY21-FY24 to offset increases in personal services and help prevent programs from going into deficit.																																	
• Most recent fee change: NUA fee increase FY19; NUR fee change FY25																																	
• Annual license fee analysis will include consideration of other factors such as board and licensee input, potential investigation load, court cases, multiple license and fee types under one program.																																	

Department of Commerce Community, and Economic Development
Corporations, Business and Professional Licensing

Summary of All Professional Licensing
Schedule of Revenues and Expenditures

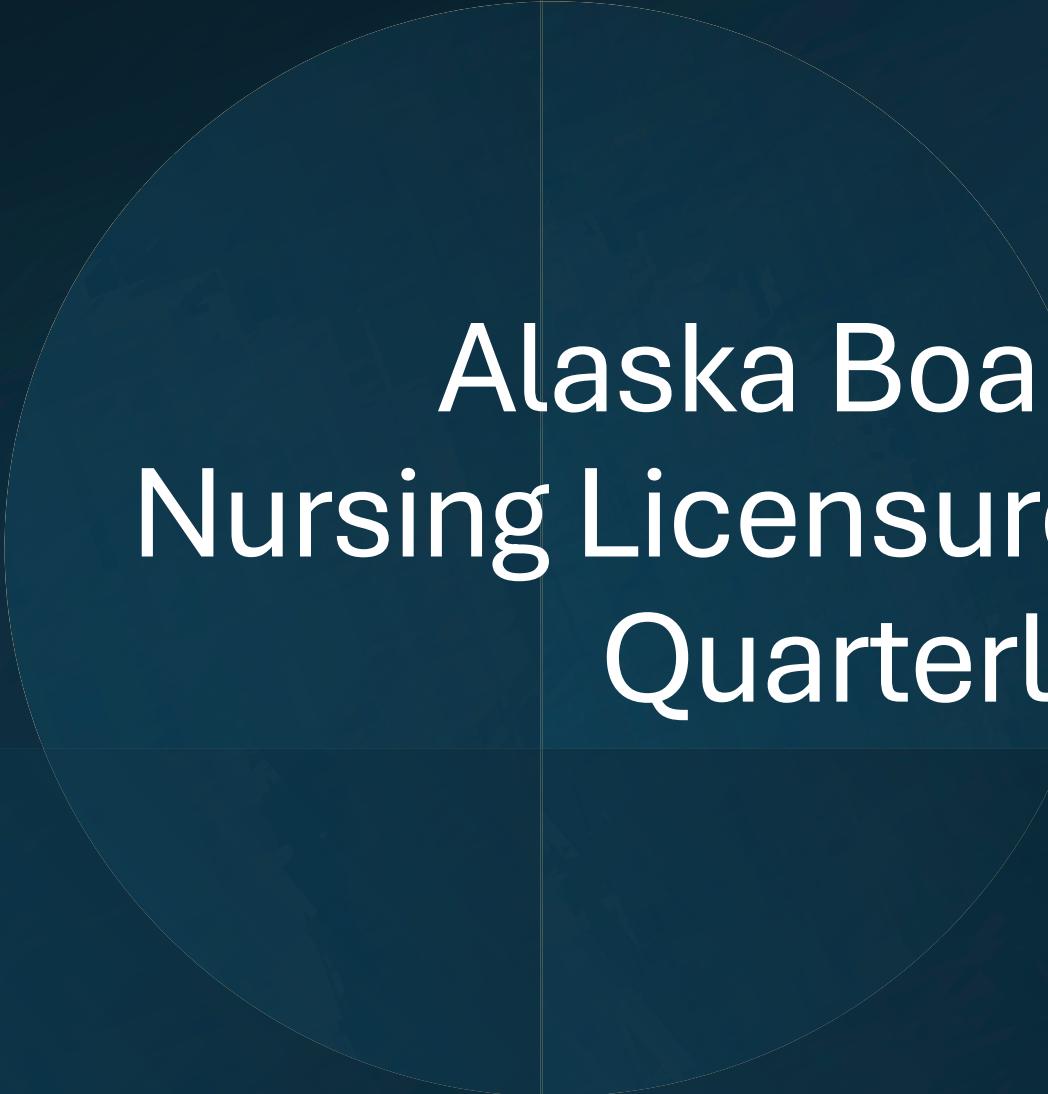
Appropriation Name (Ex)	(Multiple Items)				
Sub Unit	(Multiple Items)				
PL Task Code	(Multiple Items)				
Sum of Budgetary Expenditures					
Object Name (Ex)	Object Type Name (Ex)	1000 - Personal Services	2000 - Travel	3000 - Services	4000 - Commodities
1011 - Regular Compensation		538,566.42			538,566.42
1014 - Overtime		219.00			219.00
1021 - Allowances to Employees		180.00			180.00
1023 - Leave Taken		90,908.56			90,908.56
1028 - Alaska Supplemental Benefit		38,651.07			38,651.07
1029 - Public Employee's Retirement System Defined Benefits		14,799.80			14,799.80
1030 - Public Employee's Retirement System Defined Contribution		27,781.12			27,781.12
1034 - Public Employee's Retirement System Defined Cont Health Reim		18,542.34			18,542.34
1035 - Public Employee's Retirement Sys Defined Cont Retiree Medical		4,559.62			4,559.62
1037 - Public Employee's Retirement Sys Defined Benefit Unfnd Liab		99,320.50			99,320.50
1039 - Unemployment Insurance		3,034.22			3,034.22
1040 - Group Health Insurance		160,521.78			160,521.78
1041 - Basic Life and Travel		209.26			209.26
1042 - Worker's Compensation Insurance		6,616.48			6,616.48
1047 - Leave Cash In Employer Charge		13,731.46			13,731.46
1048 - Terminal Leave Employer Charge		5,944.97			5,944.97
1053 - Medicare Tax		8,794.68			8,794.68
1062 - GGU Business Leave Bank Contributions		35.21			35.21
1077 - ASEA Legal Trust		595.85			595.85
1079 - ASEA Injury Leave Usage		113.64			113.64
1080 - SU Legal Trst		123.71			123.71
2015 - Out-State Employee Non-Taxable Meals and Incidentals		116.00			116.00
2043 - Out-State Employee Non-Taxable Surface Transportation		65.85			65.85
3001 - Test Monitor/Proctor		16,345.00			16,345.00
3035 - Long Distance		21.56			21.56
3044 - Courier		323.52			323.52
3045 - Postage		535.55			535.55
3057 - Structure, Infrastructure and Land - Rentals/Leases		618.69			618.69
3085 - Inter-Agency Mail		28.33			28.33
3088 - Inter-Agency Legal		7,647.10			7,647.10
3100 - Inter-Agency Safety		67,022.00			67,022.00
4001 - Equipment/Furniture/Tools/Vehicles		570.95			570.95
4002 - Business Supplies		221.94			221.94
4005 - Subscriptions		1,197.50			1,197.50
Grand Total		1,033,249.69	181.85	92,541.75	1,990.39
					1,127,963.68

Alaska Board of Nursing

Agenda Item #15



BON and Licensing Updates



Alaska Board of Nursing Nursing Licensure and Examination Quarterly Reports

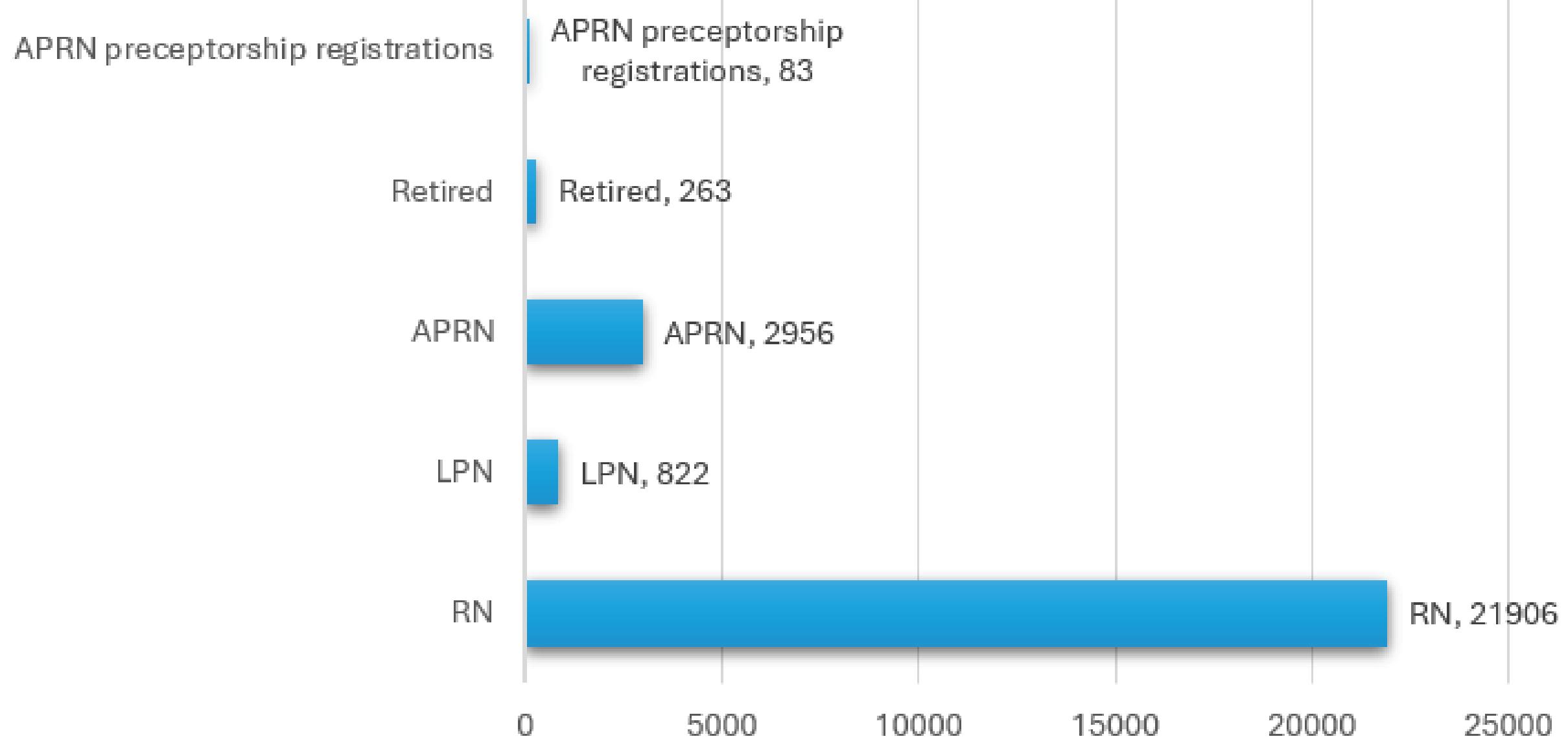
Licensing Statistics *by fiscal year

LICENSING SUMMARY

Fiscal 2nd Quarter 2026 (October 1 2025,-December 31, 2025)

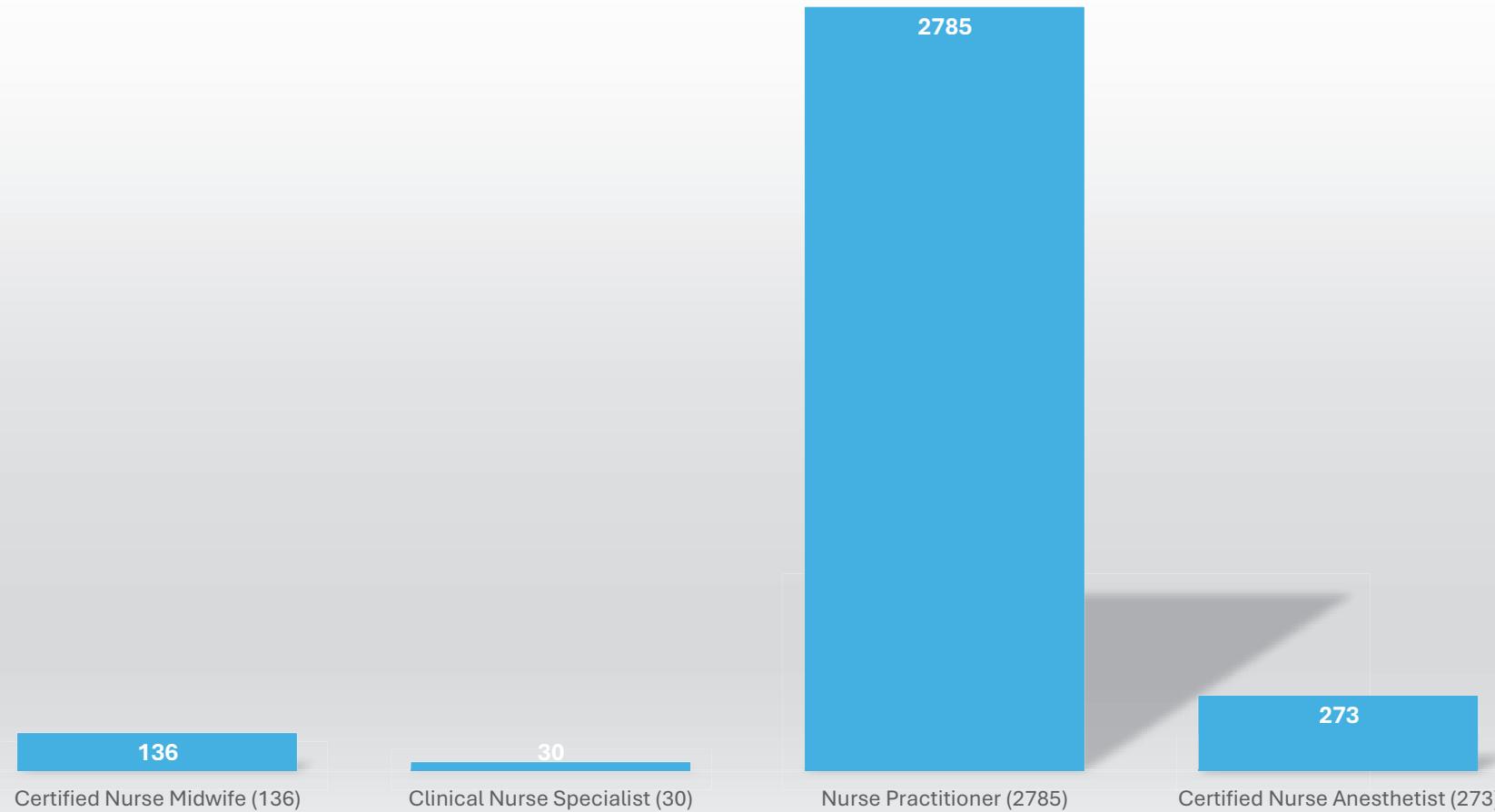
LICENSE TYPE/METHOD	2nd Quarter Total		Total Active
RN	Exam	51	21,906
	Endorsement	708	
	Total:	759	
LPN	Exam	4	822
	Endorsement	28	
	Total:	32	
APRN	170		2956
PERMITS	RN	157	
	LPN	5	
	APRN	0	
	TOTAL:	162	
REINSTATEMENTS	RN	57	
	LPN	3	
	APRN	8	
	TOTAL:	68	
RETIRED	0		
ANP PRECEPTORSHIP	13		83
GRAND TOTAL:	1204		25,767

Note:
*Exam permits become void when an applicant is unsuccessful on their exam.



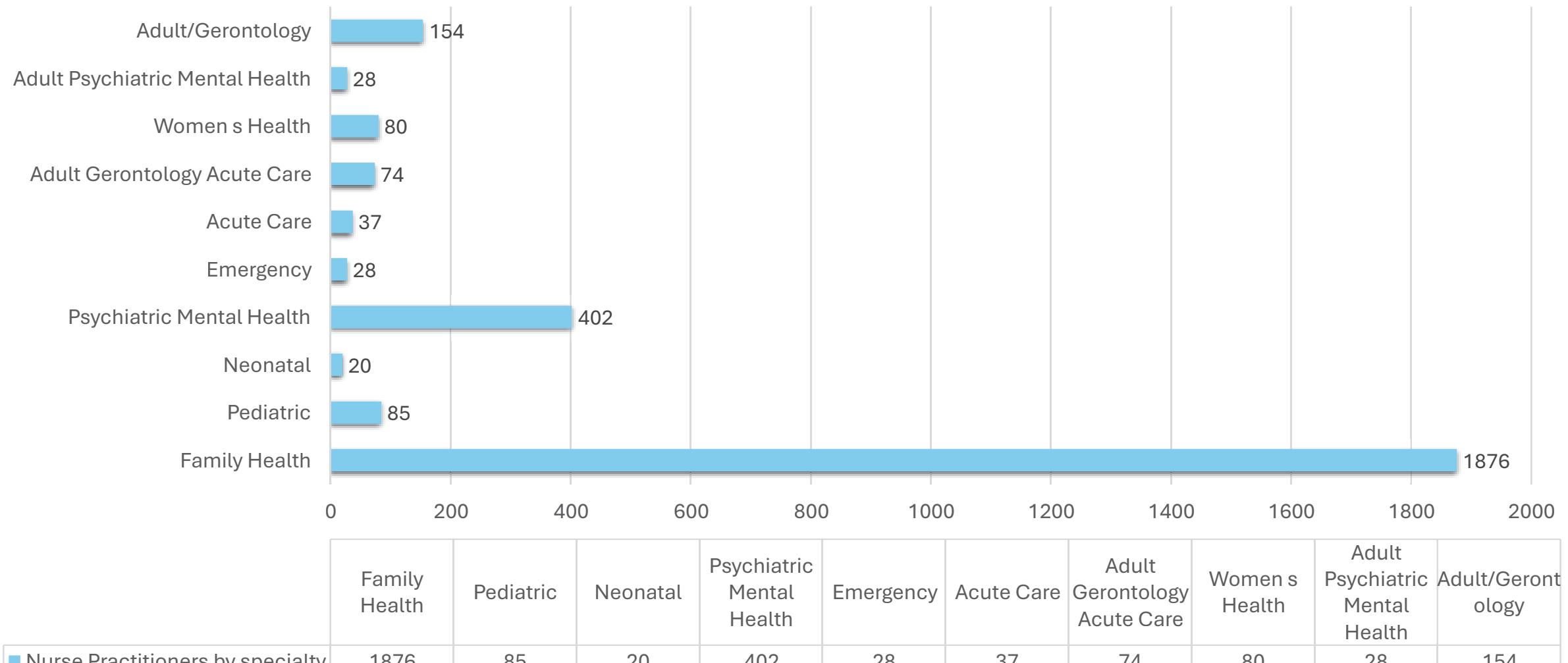
APRN Active by Role

■ APRN Active by Role



*note: some licensees hold more than one role

Nurse Practitioners by specialty



■ Nurse Practitioners by specialty

*note: some licensees hold more than one specialty

RN license 4 year trends

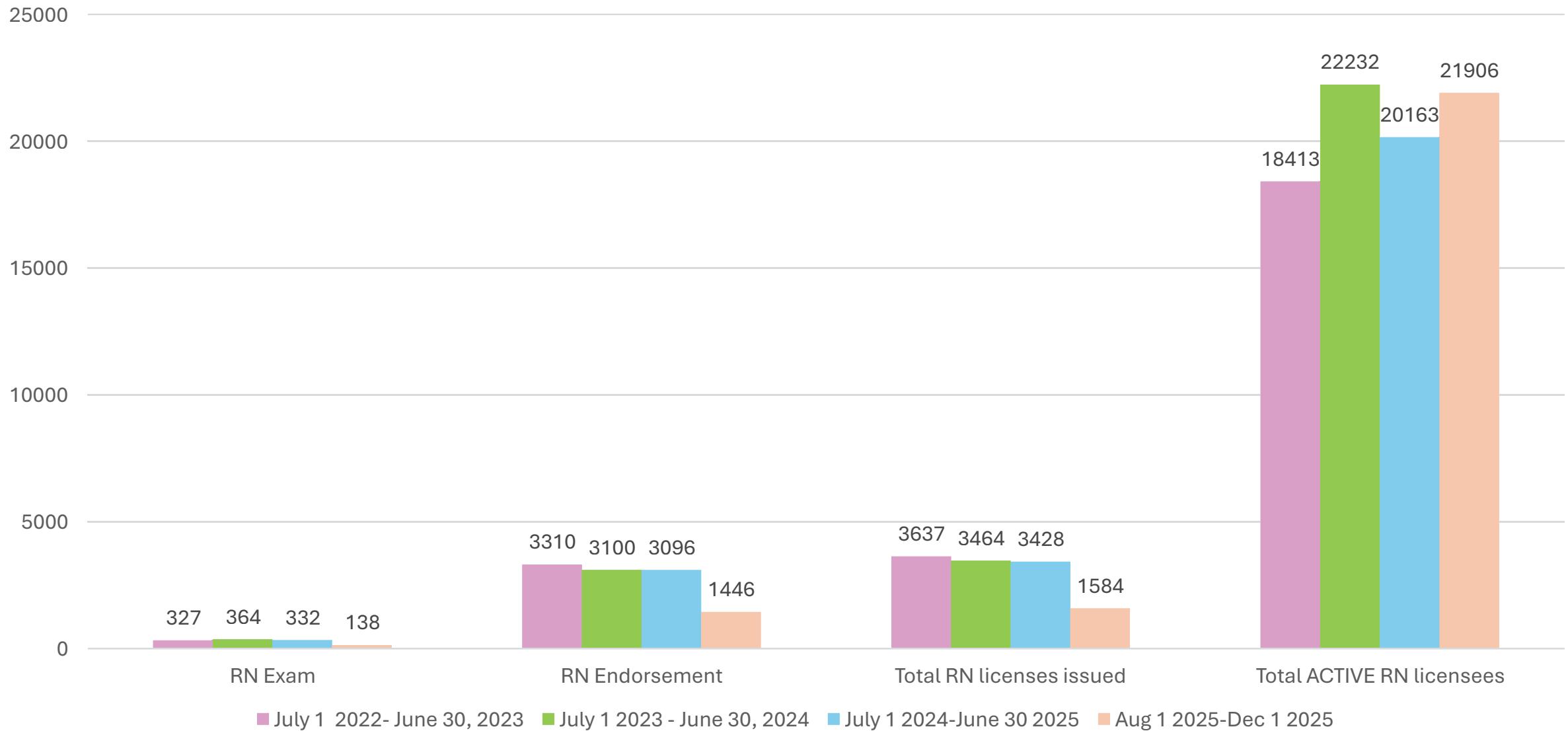
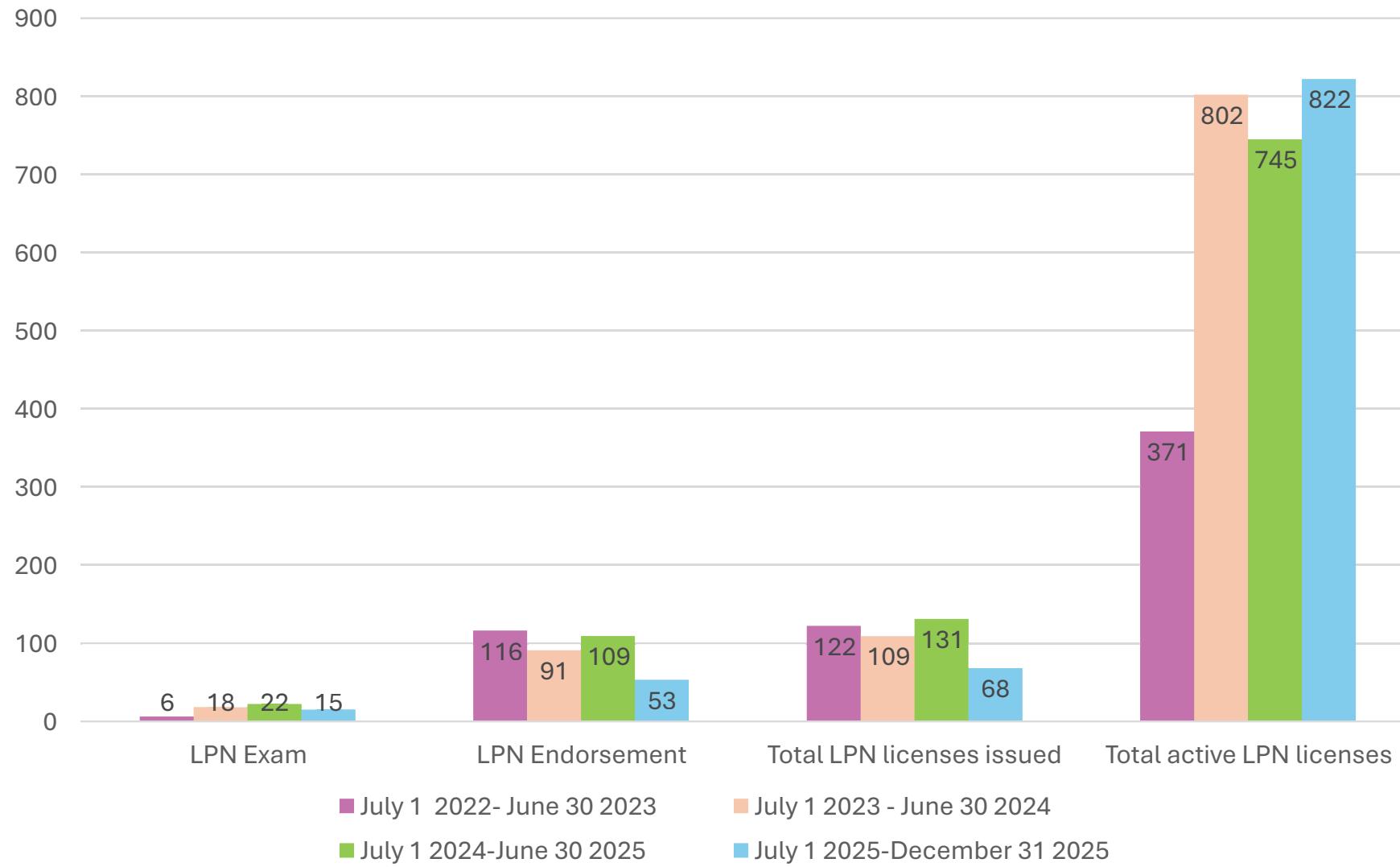
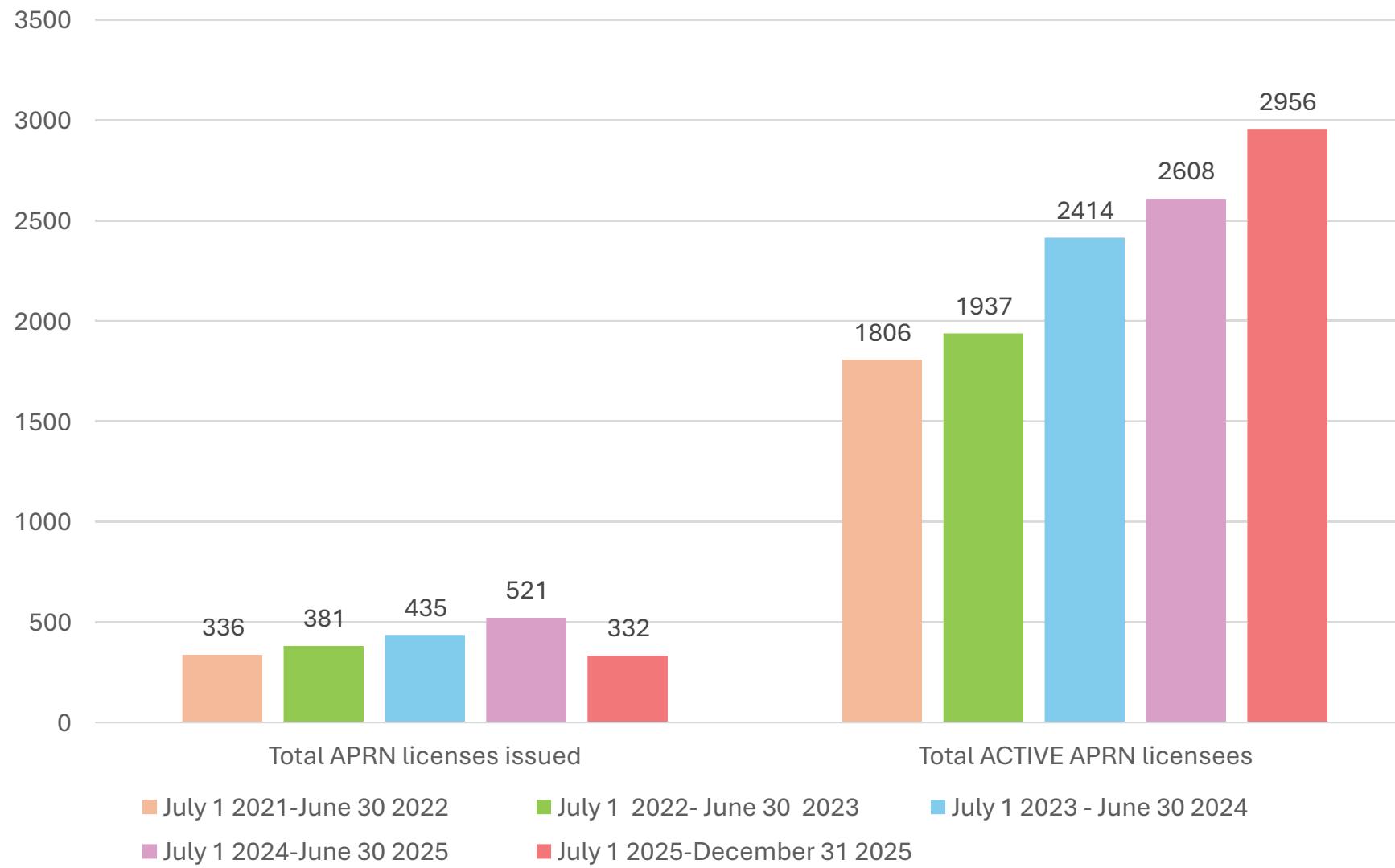


Chart Title



APRN license 4 year trends



NCLEX PASS RATES *BY CALENDAR YEAR

N.C.S.B.N. EDUCATION PROGRAM SUMMARY

Educated in Alaska

TESTED DURING 4th Quarter 2025 (October 1, 2025-December 31, 2025)

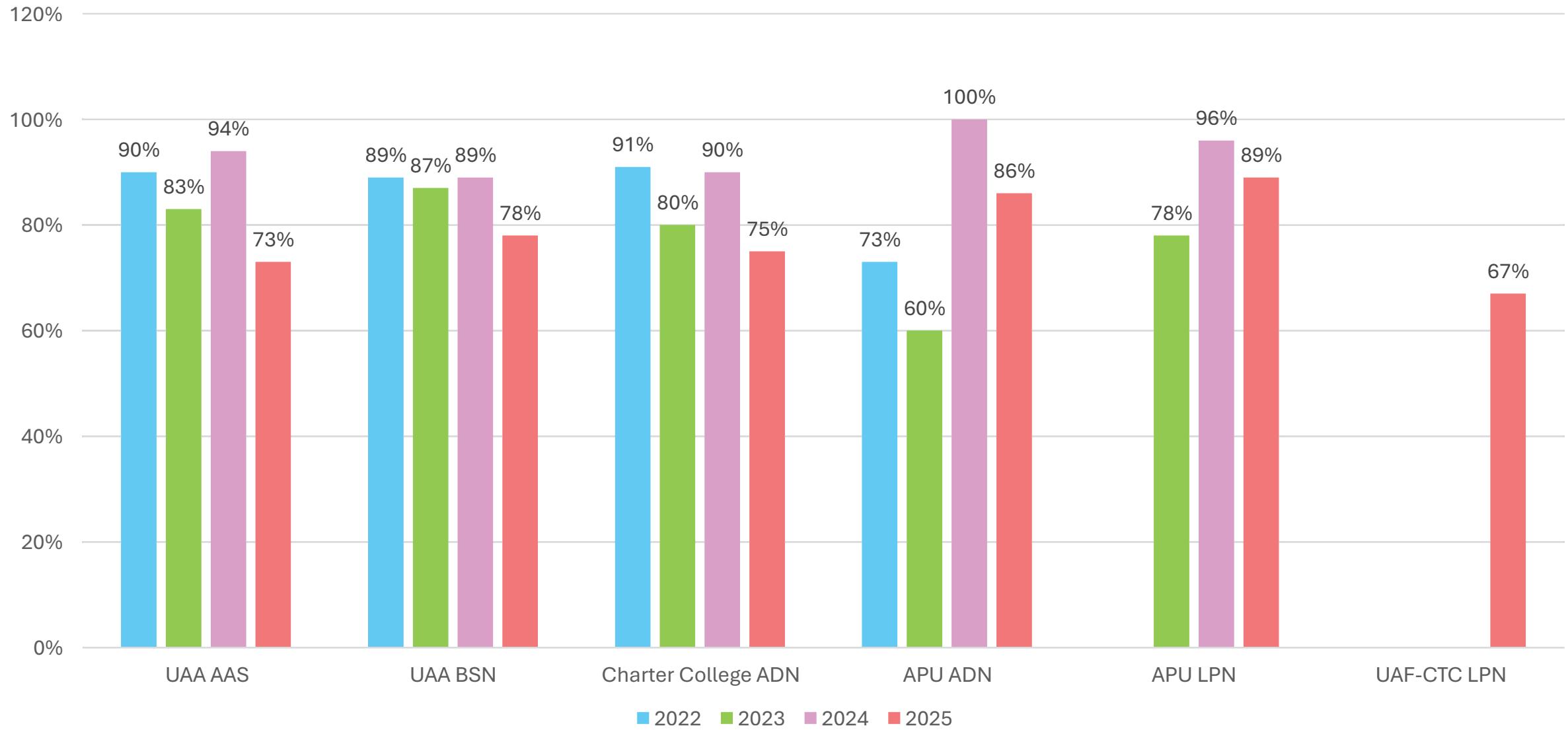
NURSING PROGRAM	FIRST TIME TESTERS	PASS	PASS%	FAIL	FAIL%		REPEAT TESTERS	PASS	PASS%	FAIL	FAIL%
UAA A.A.S	6	5	83%	1	17%		6	3	50%	3	50%
UAA B.S.N.	2	2	100%	0	0%		6	3	50%	3	50%
CHARTER A.D.N	14	8	57%	6	43%		11	7	64%	4	36%
APU ADN	1	1	100%	0	100%		2	1	50%	1	50%
APU LPN	2	2	100%	0	0%		2	1	50%	1	50%
UAF CTC	1	1	100%	0	0%		0	0	0%	0	0%

*NOTE: NCSBN does not provide data on "repeat testers" taken in other states. "First time tester" data shown here reflects testing information from all states, whereas "repeat tester" data reflects only our state. This means there may be a repeat testing candidate in another state not included in these totals.

NCLEX Pass Rate Year to Date Summary

Nursing Program	2022	2023	2024	2025
UAA AAS	90% (73/80)	83% (67/81)	94% (75/80)	73% (36/49)
UAA BSN	89% (59/66)	87% (102/117)	89% (99/111)	78% (67/86)
Charter ADN	91% (49/54)	80% (61/76)	90% (62/69)	75% (48/64)
APU ADN	73% (11/15)	60% (12/20)	100% (24/24)	86% (42/49)
APU LPN	--	78% (7/9)	96% (25/26)	89% (24/27)
UAF CTC LPN	--	--	--	67% (4/6)

NCLEX pass rates 4 year trends



THANK YOU

- Madeleine Henderson
- Licensing Examiner 2
- boardofnursing@alaska.gov



Nurse Aide Licensing & Training Program Report

January 2026
FY26 Q2 Quarterly Board Meeting

Alaska Board of Nursing



Licensing Report



Quarterly Nurse Aide Certification Statistics

FY26 Quarter 2

(October 2025 - December 2025)

Quarterly Nurse Aide Statistics **Fiscal 2026 - Quarter 2: Oct. 1 – Dec. 31, 2025**

Permanent certificates issued: **100**

Reinstatements issued: **2**

Temporary certificates issued: **14**

Total permanent nurse aide certificates as of September 30, 2025: **2,915**

CNA Certifications by Recent Fiscal Quarter (oldest first):

	<i>New Permanent certificates issued</i>	<i>Reinstatements</i>	<i>Temporary certificates issued</i>	<i>Emergency Courtesy Certificates issued</i>	<i>Total permanent certificates</i>
FY 26 Quarter 1 7/1/25 – 9/30/25	107	5	19	0	2,915
FY 26 Quarter 2 10/1/25 – 12/31/25	100	2	14	0	3,015
FY 26 Quarter 3 1/1/26 – 3/31/26					
FY 26 Quarter 4 4/1/26 – 6/30/26					

Training Program Report



NURSE AIDE REGISTRY

Certification of nurse aides and maintenance of the nurse aide abuse registry are responsibilities of the Board of Nursing. The Board also makes final certification decisions and takes disciplinary action against nurse aides who violate the law. The Nurse Aide Registry Program is staffed by the Division of Corporations, Business, and Professional Licensing.

Alaska statutes prohibit unlicensed practice. Specifically, AS 08.68.360 states that the practice of professional or practical nursing for compensation by a person who is not licensed, or whose license is suspended, or revoked, or expired, is declared to be inimical to the public welfare and to constitute a public nuisance.

Customer Contact Form

Do you have questions about your professional license?

Please fill out our [Customer Contact Form](#) for the fastest response.

Certification Information

- [New Certificate Holder Information](#)
#08-4227, Revised 09/27/2024
- [State Approved Nurse Aide Training Programs](#)
#08-4943, Revised 01/30/2025
- [Credentia](#)
Nurse Aide Testing Services
- [Nurse Aide Exam Process Timeline](#)

Online Applications for Certification

33 State Approved Nurse Aide Training Programs

(Full list available under “Certificate Information” on the Nurse Aide Registry page.

Newly Approved Instructors



Newly Approved Instructors

FY26 Q2

12 AAC 44.840

- UAF Fairbanks: 1 New Instructor
- Providence Seward Mountain Haven: 1 New Instructor
- Denali Center: 1 New Instructor

***Approximately 90 Active Instructors**

Training Program Reviews

FY26 Q2

- No On-site visits or Self Evaluations
- Next Training Program Reviews Scheduled:
FY26 Q3 & Q4
- Next Annual Pass Rates report:
FY26 Q4 (August 2026)



Other Updates

- **The 15th Annual Nurse Aide Instructor Conference was conducted virtually on December 10th and 11th, 2025.**

25 Attendees (RNs & LPNs- Nurse Aide Instructors)

11 Guest Speakers

Discussion topics included:

- Board of Nursing Communication and Updates
- Regulations overview
- Certification and Licensing Process Overview
- Dementia & Alzheimer's education
- Workforce and training strategies
- Exam Process Overview
- Overview of the NATCEP Waiver Process through DHSS.
- Healthcare training strategies



Questions?



Thank you!



Kelly Olson, RN

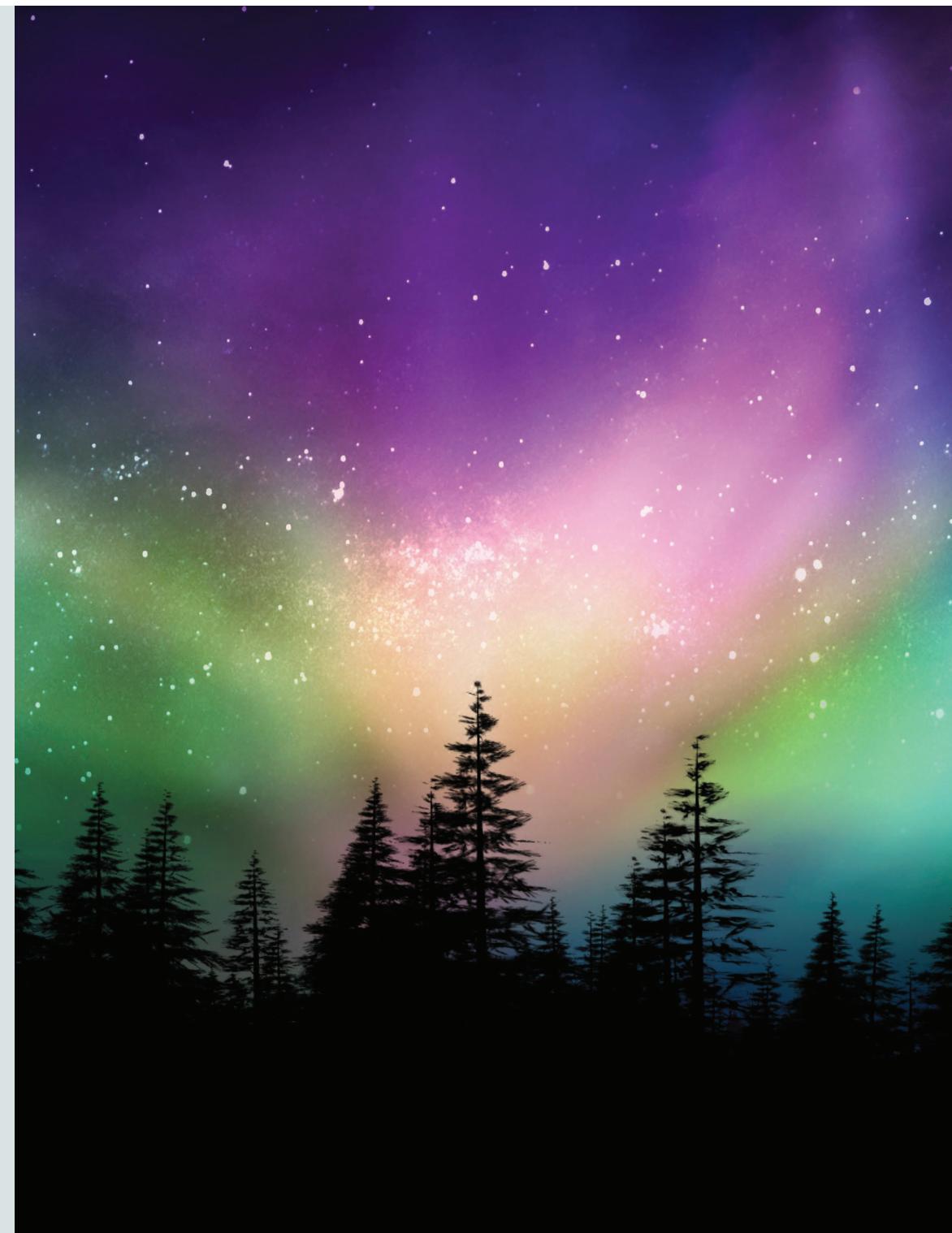
Nurse Consultant 1

Alaska Board of Nursing

Corporations, Business and Professional Licensing

kelly.olson@alaska.gov

(907) 269-8098



Alaska Board of Nursing

Agenda Item #16



Strategic Plan and Annual Report
Review

Department of Commerce, Community
and Economic Development

Division of Corporations, Business
and Professional Licensing

Board of Nursing

Annual Report

Fiscal Year 2026



Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing

P.O. Box 110806
Juneau, Alaska 99811-0806
Email: License@Alaska.Gov

This report is required under Alaska Statute 08.01.070(10).

**[Board of Nursing]
FY 2026 Annual Report**

Table of Contents

Board Membership	Page X
Accomplishments	Page X
Activities	Page X
Needs	Page X

**[Board of Nursing]
FY 2026 Annual Report**

Board Membership (*as of the Date This Report was Approved*)

Date of Final Board Approval: [Click or tap to enter a date.]

[Click or tap here to enter text. (List all board members as of the date this report was approved.)]

[Board of Nursing]
FY 2026 Annual Report

Accomplishments

Statutory or regulatory changes

-Updated language surrounding English Language Proficiency exams. Removed barriers of specific vendors. Utilizing approved tests and scores on the HRSA website

Disciplinary Matrices Created or Updates

-Standardized PDMP lack of registration discipline
-Plan to update Nurse Aide registry discipline matrix to match statute

Public Safety Measures

License Actions taken

Include final data here up to April 30th

Accomplishments by staff

-Kelly Olson, Nurse Consultant, participated in the NCSBN Model and Rules Act committee
-Patty Wolf, Executive Administrator- NCSBN NCLEX item Review Sub Committee, AK Nursing Workforce Steering Committee, APRN Knowledge Network, NCSBN Education Network Meeting,

Accomplishments and participation by Board Members

-Danette Schloeder completed her NCSBN Board appointment.
-Danette Schloeder participated in the AK Nursing Workforce Steering Committee.
-April Erickson participated on the Med Spa task force
-Marianne Murray- NCSBN Education Network Meeting
-April Erickson- APRN Knoweldge Network
-Danette Schloeder- NCSBN Presidents Network, Discipline and Policy Network

**[Board of Nursing]
FY 2026 Annual Report**

Activities

[Click or tap here to enter text. (“Accomplishments” include but are not limited to statutory or regulatory changes finalized, disciplinary matrices created, investigations conducted, public safety measures implemented, general descriptions of license actions taken for the sake of public safety, accomplishments by staff, accomplishments by board members, etc.)]

[Click or tap here to enter text. (“Activities” include but are not limited to board meetings, subcommittee or workgroup meetings, attendance at conferences, public speaking events, involvement in legislative hearings, in process statute or regulation changes, etc.)]

Held four regular meetings, two urgent meetings, and one special meeting/work session this fiscal year.

Board Staff Presentation to graduating classes of schools of nursing:

Nurse Aide Education Conference

[Board of Nursing]
FY 2026 Annual Report

Needs

-LPN Seat filled

-Support to attend National Conferences and educational opportunities

- Support to attend Legislative Session

ALASKA BOARD OF NURSING

STRATEGIC PLAN 2024-27

1

LICENSING

To license qualified persons for the practice of nursing and to certify qualified nurse aides

2

PRACTICE

To determine, communicate, and enforce nursing practice as established in statute and regulations.

3

EDUCATION

To approve, communicate, and enforce standards for the education of nurses and nurse aides for practice at all levels.

4

GOVERNANCE

To assure the governance framework and culture supports the board's Values and Guiding Principles and accomplishment of its Mission, Vision, and Goals.

5

COMMUNICATION

To facilitate information exchange between the board and its colleagues, stakeholder groups, the public, and other agencies.

6

ORGANIZATION

To ensure the organizational infrastructure supports the board's Mission, Vision, and Goals.

- 1A Actively work to to enact passage of the Nurse Licensure Compact (NLC)
- 1B Identify licensure barriers in regulations
- 1C Reduce license turnaround time
- 1D Complete the CNA Certifications Regulations Project
- 1E Review types of licenses offered
- 1F Review requirements for renewal and continuing education to identify efficiencies.

- 2A Update LPN scope of practice
- 2B Review processes to address scope of practice questions
- 2C Review delegation regulations and develop guidelines for delegation
- 2D Review IV hydration clinics and related prescribing practices

- 3A Update RN and LPN program site visit process
- 3B Review education regulations
- 3C Review the possibility of LPN and/or RN apprenticeship programs

- 4A Create and implement a formal strategic plan
- 4B Formalize a system for board member education and onboarding

- 5A Engage with stakeholders (APRNA, AaNA, AHHA, etc.)
- 5B Increase communications with licensees

- 6A Reconsider the board structure for numbers and types of licensed individuals. Support required legislation.

Alaska Board of Nursing

Agenda Item #17



Working time for Projects

Alaska Board of Nursing



Review/Assign Action Items

Alaska Board of Nursing



Chair Final Comments/Adjourn

Alaska Board of Nursing

Agenda Item #1



Roll Call/Call to Order

Alaska Board of Nursing

Agenda Item #20



Virtual Nursing and Questions for the
Board

Background

In October of 2024, Providence introduced virtual nursing on two inpatient units (the PCU and 4N) for the first time in Alaska's history. Providence leadership concurrently transitioned the two units to a team based model of care known as "co-caring". This care model asserts that the bedside nurses share and can delegate an indeterminate number of tasks to the virtual nurses, thus allowing the bedside nurses to accept an additional patient in their assignment. The model also increases the bedside nurse's reliance on PCT's for completion of tasks within their job description. A number of conditions exist which make this distribution of work unclear and unsafe.

First, the virtual nurses are assigned a *minimum* of 18 patients each.

Second, management has not shared any clinical evidence supporting the use of virtual nursing coupled with a "team-based" model of care in an acute hospital setting.

Third, management claims that the virtual nurse's "job description and work requirements" are the same as their bedside colleagues. The virtual nurses, however, do not complete the same unit-specific training required of bedside nurses. In fact, during implementation, bedside nurses trained the virtual nurses to the units remotely via Secure Chat and with no structured or standardized guidelines on their training.

Fourth, management has only shared a limited list of tasks which the bedside nurses expect the virtual nurses to complete independently. The virtual nurses are not practicing anywhere close to the full scope of their licenses, and the bedside nurses do not know the extent of the tasks which they can delegate.

Fifth, management still maintains that the bedside nurses must verify the completion of tasks which the virtual nurses are expected to complete. This indicates that the bedside nurse is ultimately responsible for the quality of work completed by the virtual nurse.

Sixth, Providence does not have any formalized policies in place delineating the roles or responsibilities of the bedside and virtual nurses.

Seventh, given the above conditions, bedside nurses cannot confidently delegate tasks (beyond the limited tasks Providence has informally provided) as they cannot verify the competency of the virtual nurse.

Finally, Providence administration has utilized the virtual nursing technology to justify an increase to the number of patients each bedside nurse on the affected units must care for. To accommodate this increased workload, management has instructed PCT's to rely first on other PCTs to complete cares requiring two people (a "buddy system", as management calls it). This effectively eliminates the bedside nurse from the line of delegation and puts PCT's in a position of determining whether the care requires the oversight of a nurse or can be safely completed by two "buddied" unlicensed personnel.

Questions for the Board of Nursing

The Board has published an algorithm titled the “Scope of Nursing Practice Decision-Making Framework”. The second step states that the delegated activity, intervention or role should be “consistent with evidence-based nursing and health care literature”. Management has not shared any clinical evidence supporting the use of virtual nursing coupled with a “team-based” model of care in an acute hospital setting. As such, does the Board’s framework support the delegation of tasks between bedside and virtual nurses?

Are the regulations in Section 12 AAC 44.950 (d) relevant to the delegation of tasks between bedside and virtual nurses? In other words, do bedside nurses or virtual nurses have the authority to delegate tasks to the other person? If so, which person is responsible for patient outcomes, the delegating nurse or the nurse who was delegated to?

Alternatively, per exclusion criteria described in Section 12 AAC 44.975 (1), are the two parties excluded from the delegation regulations outlined in 12 AAC 44.950 – 12 AAC 44.970? If so, what guidelines should the nurses (either bedside and virtual) use to guide their practice?

Who is responsible/liable for tasks which are in both the virtual nurse and bedside nurse’s job description and scope of practice, particularly when neither party knows the extent of the virtual nurse’s expected duties?

Must bedside nurses verify that the virtual nurses are trained on or have verified competency of a given task before delegating said task to them? If so, how should this verification be completed remotely? If not, should the Statutes and Regulations reflect that the virtual nurses bear responsibility for tasks which are within their “scope of practice” but which they have not received policy-driven and verifiable training to complete?

Section 12 AAC 44.950 (b) describes delegation of tasks by a “substitute nurse” to another person. Does the Board categorize virtual nurses as “substitute nurses”? If so, and if virtual nurses can delegate tasks to the PCT, how should they assess “the skills of the person to whom the delegation was made” if they are not working in-person with the PCT?

Furthermore, if virtual nurses can delegate tasks to the PCT, do they carry more accountability (and liability) for the PCT’s performance and any resulting patient outcome compared to that of the bedside nurse?

When asked whether the PCU and 4N can utilize a “co-caring” model of care without the accompanying reduction in bedside nurses and increased nurse-to-patient ratio, Providence management has asserted that the *addition* of bedside nurses is not characteristic of this model of care. Presumably then, as virtual nursing technology progresses, management may continue to reduce the number of bedside nurses and rely increasingly more on virtual nurses to oversee care and drive clinical decision making. Is this transition to a reduction of on-site labor and increased reliance on unlicensed personnel within the purview of the Board to regulate? Is it within the public’s best interest for the state to regulate how much patient care should be driven by caregivers not physically present at the bedside?

Does the board recommend that virtual nursing be stalled until the creation of hospital policy or amendments to the Statutes and Regulations which answer the above questions?

Statutes and Regulations from other state Boards

To the best of my ability, I could not find any regulations or advisory statements from other State Boards of Nursing which describe “virtual nursing”. The below documents are mostly advisories pertaining to “tele-health” regulations, and most focus on the scope of an Advanced Practice RN (as is the case for the Alaska Board of Nursing regulations).

https://www.oregon.gov/osbn/Documents/IS_TelehealthTechnology.pdf?

<https://nursing.wa.gov/sites/default/files/2022-07/NCAO25.pdf?>

https://outside.vermont.gov/dept/sos/office_professional_regulation/professions/nursing/nursing_board_position_statement_licensing_requirements_nurses_performing_telehealth.pdf?

<https://www.oplc.nh.gov/sites/g/files/ehbemt441/files/inline-documents/sonh/telehealth.pdf?>

<https://healthy.arkansas.gov/wp-content/uploads/00-2Telenursing.pdf?>

Alaska BON regulations on telehealth: 12 AAC 44.925; only regulates APRN

Alaska Board of Nursing

Executive Session



The public attendees will wait in the waiting room.

Alaska Board of Nursing

Agenda Item #22



Investigative Report Update to the Board

Alaska Board of Nursing

Agenda Item #23



Discuss May Meeting Agenda

Alaska Board of Nursing



For the Good of the Order

Alaska Board of Nursing



Chair Final Comments/Adjourn