



BOARD OF NURSING

Room 121A, 1400 East Washington Avenue, Madison
Contact: Dan Williams (608) 266-2112
April 14, 2016

Notice: The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of actions and deliberation of the Board.

8:00 A.M.

AGENDA

CALL TO ORDER – ROLL CALL – OPEN SESSION

- A. Adoption of the Agenda (1-4)**
- B. Approval of the Minutes of March 10, 2016 (5-10)**
- C. Administrative Matters – Discussion and Consideration**
 - 1) Staff Updates
 - 2) Board Member – Term Expiration Date
 - a. Paul Abegglen – 7/1/2019
 - b. Jodi Johnson – 7/1/2019
 - c. Maria Joseph – 7/1/2013
 - d. Sheryl Krause – 7/1/ 2018
 - e. Jeffrey Miller – 7/1/2016 (*Reappointed, not yet confirmed*)
 - f. Peter Kallio – 7/1/ 2018
 - g. Lillian Nolan – 7/1/2019
 - h. Luann Skarlupka – 7/1/2017
 - i. Cheryl Streeter – 7/1/2017
- D. Education and Examination Matters – Discussion and Consideration**
 - 1) Globe University, Madison East - Request for Authorization to Plan a School of Nursing **(11-42)**
 - 2) Lakeshore Technical College
 - a. Explanation for NCLEX Pass Rate 80% and Self-improvement Plan for 2016 **(43-46)**
 - b. Request for Authorization to Admit Students to a Nursing School **(47-116)**
- E. 2016 Board Review of Website Position Statements – Discussion and Consideration (117-119)**
- F. Wisconsin Division of Quality Assurance (DQA) Inquiry – Discussion and Consideration (120-143)**

- G. **Legislative and Administrative Rule Matters – Discussion and Consideration (144-150)**
 - 1) Scope Amending N 1 Relating to Schools of Nursing
 - 2) Scope Amending N 2 Relating to Licensure
 - 3) Act 269 Relating to Controlled Substances Guidelines
 - 4) Update on Legislation and Pending or Possible Rulemaking Projects
- H. **Speaking Engagement(s), Travel, or Public Relations Request(s) – Discussion and Consideration**
 - 1) Report from Pearson Vue NCLEX Test Question Review - April 7, 2016
- I. **Information Item(s)**
 - 1) The Accreditation Commission for Education in Nursing (ACEN) Renewal (**151**)
- J. Discussion and Consideration of Items Received After Preparation of the Agenda
 - 1) Introductions, Announcements, and Recognition
 - 2) Election of Board Officers
 - 3) Appointment of Board Liaison(s)
 - 4) Informational Item(s)
 - 5) Division of Legal Services and Compliance Matters
 - 6) Education and Examination Matters
 - 7) Credentialing Matters
 - 8) Practice Matters
 - 9) Legislation / Administrative Rule Matters
 - 10) Liaison Report(s)
 - 11) Presentations of Petition(s) for Summary Suspension
 - 12) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
 - 13) Presentation of Final Decision and Order(s)
 - 14) Speaking Engagement(s), Travel, or Public Relations Request(s)
- K. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).

- L. **Deliberation on Division of Legal Services and Compliance (DLSC) Matters**
 - 1) **Attorney Amanda Florek**
 - a. *Proposed Stipulations, Final Decisions and Orders*
 - 1. 15 NUR 564 (C.M.P.) (**152-157**)
 - 2. 15 NUR 583 (E.M.K.) (**158-171**)
 - 3. 15 NUR 585 (C.A.J.) (**172-180**)
 - 4. 16 NUR 003 (D.A.S.) (**181-186**)
 - 5. 16 NUR 075 (W.L.H.) (**187-192**)
 - 2) **Attorney Kim Kluck**
 - a. *Administrative Warnings*
 - 1. 15 NUR 412 (D.J.J.) (**193-195**)
 - 2. 16 NUR 139 (K.J.M.) (**196-197**)

b. Proposed Stipulations, Final Decisions and Orders

1. 14 NUR 611 (J.F.K.) **(198-208)**
2. 15 NUR 391 (J.L.A.) **(209-216)**
3. 15 NUR 480 (R.L.G.) **(217-223)**
4. 15 NUR 571 (F.A.K.) **(224-231)**

3) **Attorney Jim Polewski**

a. Proposed Stipulations, Final Decisions and Orders

1. 15 NUR 449 (M.C.D.) **(232-237)**

4) **Case Closures**

5) **Monitoring (238-374)**

- a. Andrea Connelly, L.P.N. – Review of Fitness-for-Duty Evaluation **(240-268)**
- b. Kelly Edlebeck, R.N. – Requesting Modifications **(269-294)**
- c. Tammy Finley, R.N. – Requesting Full Licensure **(295-310)**
- d. Jamie Meints, R.N. – Requesting Full Licensure **(311-338)**
- e. Sarah Travis, R.N. – Requesting Full Licensure **(339-365)**
- f. Lisa Winiarski, R.N. – Requesting Modification **(366-374)**

M. **Deliberation on Credentialing Matters**

- 1) Stacy Rutsch – Conviction Review **(375-454)**
- 2) Bisola Salako – Education Review **(455-484)**
- 3) Timothy Weber – Conviction Review **(485-548)**
- 4) Stephanie Westlake – Conviction Review **(549-585)**

N. **Deliberation on Final Decision and Order in the Matter of Disciplinary Proceedings Against:**

- 1) Stephanie Y. Gaines, L.P.N., Respondent (DHA Case # SPS-15-0086)(DLSC Case # 14 NUR 497) and Objections **(586-602)**

O. **Deliberation of Items Received After Preparation of the Agenda**

- 1) Professional Assistance Procedure (PAP) Matters
- 2) Division of Legal Services and Compliance Matters
- 3) Monitoring Matters
- 4) Credentialing Matters
- 5) Education and Examination Matters
- 6) Administrative Warnings
- 7) Review of Administrative Warnings
- 8) Proposed Stipulations, Final Decisions and Orders
- 9) Proposed Final Decisions and Orders
- 10) Orders Fixing Costs/Matters Related to Costs
- 11) Petitions for Summary Suspension
- 12) Petitions for Designation of Hearing Examiner
- 13) Petitions for Re-hearings
- 14) Appearances from Requests Received or Renewed
- 15) Motions

P. **Consult with Legal Counsel**

RECONVENE INTO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

Voting on Items Considered or Deliberated on in Closed Session, If Voting is Appropriate

Q. **Board Meeting Process (Time Allocation, Agenda Items) – Discussion and Consideration**
1) **Newsletter**

R. Board Strategic Planning and its Mission, Vision, and Values – Discussion and Consideration

ADJOURNMENT

The next scheduled meeting is May 12, 2016.

**BOARD OF NURSING
MEETING MINUTES
MARCH 10, 2016**

PRESENT: Jodi Johnson, Maria Joseph, Sheryl Krause, Jeffrey Miller, Lillian Nolan, Luann Skarlupka, Cheryl Streeter

EXCUSED: Paul Abegglen, Peter Kallio

STAFF: Tom Ryan, Executive Director; Nilajah Hardin, Bureau Assistant; and other DSPS Staff

CALL TO ORDER

Jeffrey Miller called the meeting to order at 8:00 a.m. A quorum of seven (7) members was confirmed.

ADOPTION OF THE AGENDA

MOTION: Cheryl Streeter moved, seconded by Jodi Johnson, to adopt the agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF FEBRUARY 11, 2016

MOTION: Luann Skarlupka moved, seconded by Maria Joseph, to approve the minutes of February 11, 2016 as published. Motion carried unanimously.

**PUBLIC HEARING ON CLEARINGHOUSE RULE 16-020 RELATING TO ADVANCED
PRACTICE NURSE PRESCRIBERS**

Review and Respond to Clearinghouse Report and Public Hearing Comments

MOTION: Luann Skarlupka moved, seconded by Sheryl Krause, to accept all Clearinghouse comments for Clearinghouse Rule 16-020 relating to Advanced Practice Nurse Prescribers. Motion carried unanimously.

MOTION: Luann Skarlupka moved, seconded by Maria Joseph, to authorize the Chair to approve the Legislative Report and Draft for Clearinghouse Rule 16-020 relating to Advanced Practice Nurse Prescribers for submission to the Governor's Office and Legislature. Motion carried unanimously.

EDUCATION AND EXAMINATION MATTERS

Lakeshore Technical College – Request for Authorization to Plan a School of Nursing

MOTION: Sheryl Krause moved, seconded by Cheryl Streeter, to approve the request of Lakeshore Technical College for authorization to plan a School of Nursing. Motion carried unanimously.

George Williams College of Aurora University - Request for Authorization to Plan a School of Nursing

MOTION: Maria Joseph moved, seconded by Sheryl Krause, to approve the request of George Williams College of Aurora University for authorization to plan a School of Nursing. Motion carried unanimously.

NCLEX Pass Rates of Board Approved RN and PN Schools

MOTION: Cheryl Streeter moved, seconded by Jodi Johnson, that the Board recognizes the improvement of NCLEX scores by Milwaukee School of Engineering, Wisconsin Indianhead Technical College, and University of Wisconsin Milwaukee. Motion carried unanimously.

MOTION: Luann Skarlupka moved, seconded by Maria Joseph, that Cardinal Stritch, Marian, and Marquette submit an explanation or analysis of NCLEX pass rates and their plan to meet the NCLEX first time taker pass rate standard by no later than May 15, 2016. Motion carried unanimously.

MOTION: Sheryl Krause moved, seconded by Jodi Johnson, that the Board recognizes the improvement of NCLEX scores by Rasmussen-Green Bay and that they shall submit an explanation or analysis of NCLEX pass rates and their plan to meet the NCLEX first time taker pass rate standard by no later than May 15, 2016. Motion carried unanimously.

MOTION: Maria Joseph moved, seconded by Cheryl Streeter, that Bryant & Stratton College, Herzing University-Madison, Lakeshore Technical College, and Rasmussen-Wausau, submit an explanation or analysis of NCLEX pass rates, including reasons the plan submitted to the Board last year for improvement was unsuccessful and their plan to meet the NCLEX first time taker pass rate standard by no later than May 15, 2016. Motion carried unanimously.

MOTION: Jodi Johnson moved, seconded by Maria Joseph, that Herzing-Brookfield receive a warning letter for not meeting the NCLEX pass rate standard. The school shall identify factors potentially affecting the low NCLEX pass rates and an institutional plan for assessment and improvement of NCLEX results including outcomes and timeframes, which shall be Board approved by no later than July 1, 2016. The analysis of their low NCLEX pass rates shall also address reasons the plan submitted to the Board last year for improvement was unsuccessful. The plan shall address administration, faculty, students, curriculum, resources and policies. Motion carried unanimously.

2016 BOARD REVIEW OF WEBSITE POSITION STATEMENTS

MOTION: Jodi Johnson moved, seconded by Luann Skarlupka, to remove Board of Nursing Position Statement “What is the Nurse Licensure Compact?” from the DSPS website. Motion carried unanimously.

MOTION: Jodi Johnson moved, seconded by Luann Skarlupka, to remove Board of Nursing Position Statement “Can I Have Both a Compact and a Non-Compact License?” from the DSPS website. Motion carried unanimously.

CLOSED SESSION

MOTION: Luann Skarlupka moved, seconded by Maria Joseph, to convene to closed session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85 (1)(b), Stats.); to consider closing disciplinary investigation with administrative warning (ss.19.85(1)(b), Stats. and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and, to confer with legal counsel (s.19.85(1)(g), Stats.). Jeffrey Miller, Chair, read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote:; Jodi Johnson-yes; Maria Joseph-yes; Sheryl Krause-yes; Jeffrey Miller-yes; Lillian Nolan-yes; Luann Skarlupka-yes; and Cheryl Streeter-yes. Motion carried unanimously.

The Board convened into Closed Session at 9:33 a.m.

RECONVENE TO OPEN SESSION

MOTION: Cheryl Streeter moved, seconded by Luann Skarlupka, to reconvene into open session. Motion carried unanimously.

The Board reconvened into Open Session at 11:56 a.m.

VOTING ON ITEMS CONSIDERED OR DELIBERATED ON IN CLOSED SESSION

MOTION: Maria Joseph moved, seconded by Jodi Johnson, to affirm all motions made in closed session. Motion carried unanimously.

DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC) MATTERS

Attorney Amanda Florek

Administrative Warnings

MOTION: Cheryl Streeter moved, seconded by Sheryl Krause, to issue an Administrative Warning in the following matters:

1. 15 NUR 668 (K.H.)
2. 15 NUR 692 (D.S.L.)
3. 15 NUR 692 (P.A.B.)
4. 16 NUR 018 (J.M.S.)

Motion carried unanimously.

Proposed Stipulations, Final Decisions and Orders

- MOTION:** Maria Joseph moved, seconded by Jodi Johnson, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against:
1. 15 NUR 325 (T.L.H.)
 2. 15 NUR 346 (K.A.K.)
 3. 15 NUR 471 (C.M.A.)
 4. 15 NUR 576 (D.L.C.J.)
 5. 15 NUR 588 (J.J.V.)
 6. 15 NUR 594 (N.K.D.)
- Motion carried unanimously.

DLSC Attorney Kim Kluck

Administrative Warnings

15 NUR 612 – D.W.R.

- MOTION:** Sheryl Krause moved, seconded by Maria Joseph, to issue an Administrative Warning in the matter of 15 NUR 612 (D.W.R.). Motion carried unanimously.

Proposed Stipulations, Final Decisions and Orders

- MOTION:** Cheryl Streeter moved, seconded by Maria Joseph, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against:
1. 14 NUR 682 (B.K.B.)
 2. 15 NUR 199 (L.M.V.)
 3. 15 NUR 532 (H.P.G.)
 4. 15 NUR 694 (A.S.F.)
 5. 16 NUR 027 (L.A.J.)
 6. 16 NUR 066 (P.A.S.)
- Motion carried unanimously.

- MOTION:** Sheryl Krause moved, seconded by Luann Skarlupka, to **table** case number 15 NUR 493 (C.R.C.) to a future meeting. Motion carried unanimously.

Case Closures

- MOTION:** Jodi Johnson moved, seconded by Maria Joseph, to close the DLSC cases for the reasons outlined below:
1. 15 NUR 503 – Prosecutorial Discretion (P5-Flag)
 2. 15 NUR 680 – Prosecutorial Discretion (P7)
 3. 15 NUR 687 – Lack of Jurisdiction (L2)
 4. 15 NUR 031 – Insufficient Evidence
 5. 16 NUR 028 – Prosecutorial Discretion (P2)
 6. 15 NUR 254 - Prosecutorial Discretion (P2)
 7. 15 NUR 472 - Prosecutorial Discretion (P3)
 8. 15 NUR 375 - Prosecutorial Discretion (P5-Flag)
 9. 15 NUR 627 - Prosecutorial Discretion (P7)
 10. 15 NUR 222 – No Violation
 11. 15 NUR 535 - Prosecutorial Discretion (P2)
- Motion carried unanimously.

Monitoring

Erik Costea, R.N – Requesting Reduction in Drug and Alcohol Screens

MOTION: Lillian Nolan moved, seconded by Maria Joseph, to grant the request of Erik Costea, R.N. for a reduction in drug and alcohol screens to 28 per year and one annual hair test. Motion carried unanimously.

Denise Denton, R.N. – Requesting Full Licensure

MOTION: Lillian Nolan moved, seconded by Maria Joseph, to grant the request of Denise Denton, R.N. for full licensure. Motion carried unanimously.

Annette Malcomson, R.N. – Requesting Access to Controlled Substances

MOTION: Luann Skarlupka moved, seconded by Jodi Johnson, to deny the request of Annette Malcomson, R.N. for access to controlled substances. **Reason for Denial:** Insufficient time of compliance under the terms of the Order (06/02/2011) while working as a nurse. Motion carried unanimously.

Brenda Pecor, L.P.N. – Requesting Reduction in AA/NA Meetings and Drug and Alcohol Screens

MOTION: Sheryl Krause moved, seconded by Lillian Nolan, to grant the request of Brenda Pecor, L.P.N. for a reduction in AA/NA meetings to once per week. The Board denies the request of Brenda Pecor, L.P.N. for a reduction in drug and alcohol screens. **Reason for Denial:** Insufficient time of compliance under the terms of the Order (01/26/2012) while working as a nurse. Motion carried unanimously.

Barbara Philips, L.P.N. – Requesting Termination of Suspension of Right to Renew

MOTION: Lillian Nolan moved, seconded by Sheryl Krause, to table the request of Barbara Philips, L.P.N. for termination of the suspension of her right to renew her Licensed Practical Nurse license. The Board requests that the respondent provide additional information at a future meeting. Motion carried unanimously.

Cheryl Smokowicz Salceda – Requesting Full Licensure

MOTION: Lillian Nolan moved, seconded by Cheryl Streeter, to grant the request of Cheryl Smokowicz Salceda, R.N. for full licensure. Motion carried unanimously.

Robin Staver, R.N. – Requesting Reduction in Drug and Alcohol Screens

MOTION: Sheryl Krause moved, seconded by Maria Joseph, to grant the request of Robin Staver, R.N. for a reduction in drug and alcohol screens to 28 per year and one annual hair test. Motion carried unanimously.

James Whelan, R.N. – Requesting Full Licensure

MOTION: Cheryl Streeter moved, seconded by Jodi Johnson, to grant the request of James Whelan, R.N. for full licensure. Motion carried unanimously.

Julie Wilcox, R.N. – Requesting Modifications to Practice Limitations

MOTION: Cheryl Streeter moved, seconded by Lillian Nolan, to deny the request of Julie Wilcox, R.N. for termination of direct supervision, access to controlled substances, and removal of the work-setting preapproval requirement. **Reason for Denial:** Insufficient time of compliance under the terms of the Order (12/01/2011) while working as a nurse. Motion carried unanimously.

DELIBERATION ON FINAL DECISION(S) AND ORDER(S)

Kelly L. Kowalkowski, R.N., Respondent (DHA case # SPS-15-0093)(DLSC case # 14 NUR 385 and 14 NUR 564) and Objections

MOTION: Lillian Nolan moved, seconded by Sheryl Krause, to adopt the Findings of Fact, Conclusions of Law, and Proposed Decision and Order in the matter of disciplinary proceedings against Kelly L. Kowalkowski, R.N., Respondent (DHA case # SPS-15-0093)(DLSC case # 14 NUR 385 and 14 NUR 564) with a variance to the authority relied on for determining Costs. Motion carried unanimously.

MOTION: Maria Joseph moved, seconded by Cheryl Streeter, to designate the Chair to review and approve the Order with Variance in the matter of disciplinary proceedings against Kelly L. Kowalkowski, R.N., Respondent (DHA case # SPS-15-0093)(DLSC case # 14 NUR 385 and 14 NUR 564). Motion carried unanimously.

ADJOURNMENT

MOTION: Cheryl Streeter moved, seconded by Luann Skarlupka, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 12:09 p.m.

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8366
Madison, WI 53708-8366

FAX #: (608) 266-2602
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@dps.wi.gov
Website: <http://dps.wi.gov>

BOARD OF NURSING

APPLICATION FOR AUTHORIZATION TO PLAN A SCHOOL OF NURSING

Wis. Admin. Code Chapter N 1.03 requires an institution planning to establish and conduct a school of nursing for professional nursing or practical nursing to submit an application including all of the following to the Board:

- (1) Name and address of controlling institution and evidence of accreditation status of controlling institution.
- (2) Statement of intent to establish a school of nursing, including the academic and licensure levels of all programs to be offered and the primary method of instruction.
- (3) Evidence of the availability of sufficient clinical facilities and resources.
- (4) Plans to recruit and employ a qualified educational administrator and qualified faculty.
- (5) Proposed timeline for planning and implementing the school and intended date of entry of the first class.

The Board shall make a decision on the application within two months of receipt of the completed application and will notify the controlling institution of the action taken on the application.

To apply, please submit the following to dspsexaminationoffice@wisconsin.gov:

- (1) This completed and signed application form.
- (2) A written proposal addressing the five items above.

Institution applying for authorization to plan a nursing school:

Name of School: Globe University – Madison East

Address: 4901 Eastpark Blvd.

Madison, WI 53718

Nursing Program(s) (ADN, BSN, Other): BSN, ADN to BSN Completion Program

Mitchell H. Peterson, Ph.D.

Name of School Representative Submitting Proposal


Signature

651-332-8237
Telephone Number

Director of Institutional Quality & Effectiveness

Title

2-1-2016
Date

mitchellpeterson@globeuniversity.edu
Email Address

#3025 (8/14)
Ch. N 1.03, Wis. Admin. Code

Globe University – Application for Authorization to Plan a School of Nursing

Pursuant to Wis. Admin. Code Chapter N 1.03, Globe University submits the following information and supporting documentation to the Board of Nursing for consideration as our institution's application for authorization to plan a nursing school:

(1) Name and address of controlling institution and evidence of accreditation status of controlling institution.

Globe University – Madison East, located at 4901 Eastpark Blvd., Madison, Wisconsin 53718 is approved as a branch campus of Globe University – Woodbury, located at 8089 Globe Dr., Woodbury, Minnesota 55125. Globe University is accredited by the Accrediting Council for Independent Colleges and Schools (ACICS) to award diplomas, certificates, associate in applied science degrees, bachelor of science degrees, master's degrees and doctoral degrees. The current grant of accreditation for Globe University and its branch campuses was awarded in August of 2012, and extends through December 31, 2018.

Minnesota School of Business, located at 1401 76th Street, Richfield, Minnesota 55423, a sister school of Globe University, currently operates a bachelor of science in nursing (BSN) program. The nursing program is licensed through the Minnesota Board of Nursing, accredited institutionally by the Accrediting Council for Independent Colleges and Schools (ACICS) with a six year grant expiring in December of 2021, and programmatically accredited by the Commission on Collegiate Nursing Education (CCNE) with a ten year grant expiring in 2023. *See Exhibit A for evidence of accreditation.*

(2) Statement of intent to establish a school of nursing, including the academic and licensure levels of all programs to be offered and the primary method of instruction.

Globe University intends to establish a bachelor of science in nursing (BSN), professional nursing program at its Madison East campus location. Additionally, Globe University intends to deliver a bachelor of science in nursing completion program, specific to practicing professional nurses currently holding an associate's degree, and seeking to earn a bachelor's degree (AD to BSN). Didactic and laboratory instruction will be delivered in a residential setting at the campus and clinical instruction will be delivered at clinical facilities in the Madison area.

(3) Evidence of the availability of sufficient clinical facilities and resources.

Over the course of the past several weeks, our institution has been able to execute two formal and signed agreements with local hospitals (SSM Health, which operates St. Mary's Hospital and Dean Clinics, and Sauk Prairie Healthcare). We will continue to seek and secure clinical facilities based on student enrollment and need. Resources for the program will approximate what is currently available to students in the the Minnesota School of Business BSN program, and will be continuously evaluated based on student enrollment. *See Exhibit B for evidence of signed clinical agreements.*

(4) Plans to recruit and employ a qualified educational administrator and qualified faculty.

Globe University is currently in the process of actively searching for a qualified program director. At this point, our institution has conducted interviews with multiple qualified candidates. The current Dean of Nursing at the Minnesota School of Business – Richfield campus will also serve as the Dean of Nursing for the Madison East campus, and will provide oversight to the program director. Upon filling the program director position, our institution will begin the process of hiring nursing faculty who hold a

minimum of a master's degree in nursing, and demonstrate expertise in the field of professional nursing along with a commitment to delivering high-quality instruction.

(5) Proposed timeline for planning and implementing the school and intended date of entry of the first class.

Globe University's curriculum will be based on the BSN program curriculum at our sister institution, Minnesota School of Business. The quality of clinical experiences and graduate outcomes (including an 82 first-time success rate for 2014 NCLE -RN test takers) evidence the strength of the curriculum in the current BSN program delivered by Minnesota School of Business. While some minor modifications are planned to meet the community needs in the Madison area, we believe our ability to draw from the curriculum of an established program will streamline the planning and implementation process. With oversight by the current Dean of Nursing, a local program director will be hired and identified to begin the process of hiring a qualified faculty for continuous involvement in, and oversight of, curriculum review and delivery. Given the factors noted herein, our institution is confident in its ability to begin the program in the fall of 2016, with the first class entering in October.



August 29, 2012

Ms. Lisa Palermo
Campus Director
Globe University
8089 Globe Drive, Third Floor
Woodbury, MN 55125

WB-acics@globeuniversity.edu

Dear Ms. Palermo:

GLOBE UNIVERSITY, WOODBURY, MINNESOTA	ID CODE 00010898(MC)
GLOBE UNIVERSITY, MINNEAPOLIS, MINNESOTA	ID CODE 00023928(AL)
GLOBE UNIVERSITY, SIOUX FALLS, SOUTH DAKOTA	ID CODE 00024131(AL)
GLOBE UNIVERSITY, EAU CLAIRE, WISCONSIN	ID CODE 00024029(AL)
GLOBE UNIVERSITY–MADISON EAST, MADISON, WISCONSIN	ID CODE 00028404(AL)
GLOBE UNIVERSITY, MIDDLETON, WISCONSIN	ID CODE 00024695(AL)
GLOBE UNIVERSITY–LA CROSSE, ONALASKA, WISCONSIN	ID CODE 00024832(AL)

Subject: New Grant Approval Letter

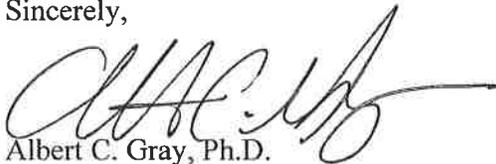
The Council has acted to award your institution a new grant of accreditation to offer programs through the master's degree level through December 31, 2018. This grant of accreditation includes the additional locations located at:

- Globe University–Minneapolis, 80 South Eighth Street, Suite 51, Minneapolis, Minnesota 55402, ID Code 00023928, to offer programs through the master's degree level
- Globe University–Sioux Falls, 5101 South Broadband Lane, Sioux Falls, South Dakota 57108, ID Code 00024131, to offer programs through the master's degree level
- Globe University–Eau Claire, 4955 Bullis Farm Road, Eau Claire, Wisconsin 54702, ID Code 00024029, to offer programs through the master's degree level
- Globe University–Madison East, 4901 Eastpark Boulevard, Madison, Wisconsin 57318, ID Code 00028404, to offer programs through the master's degree level
- Globe University–Middleton, 1345 Deming Way, Middleton, Wisconsin 53562, ID Code 00024695, to offer programs through the master's degree level
- Globe University–La Crosse, 2651 Midwest Drive, Third Floor, Onalaska, Wisconsin 54650, ID Code 00024832, to offer programs through the master's degree level

Ms. Lisa Palermo
August 29, 2012
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The Council is pleased to have this continued relationship with your institution. Please contact Ms. Torri Hayslett at (202) 336-6844 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'A.C. Gray', with a long horizontal flourish extending to the right.

Albert C. Gray, Ph.D.
Executive Director and CEO

- c: Mr. James Decker, Minneapolis additional location
- Mrs. Melanie Schopp, Sioux Falls additional location
- Ms. Claire Roder, Eau Claire additional location
- Mr. Robert Klitzke, Madison additional location
- Mr. Brock Vander Velden, Middleton additional location
- Ms. Stephanie Cline, Onalaska additional location



ONE DUPONT CIRCLE NW
SUITE 530
WASHINGTON DC 20036-1120

202-887-6791

WWW.AACN.NCHE.EDU/
CCNE-ACCREDITATION

November 8, 2013

Elizabeth Riley, MSN, RN
Dean
Department of Nursing
Globe University/Minnesota School of Business
1401 West 76th Street, Suite 500
Richfield, MN 55423

Dear Ms. Riley:

The Commission on Collegiate Nursing Education's (CCNE) Board of Commissioners acted at its meeting on October 10-12, 2013, to grant accreditation to the baccalaureate degree program in nursing at Globe University/Minnesota School of Business for 10 years, extending to December 31, 2023. The accreditation action is effective as of April 17, 2013, which is the first day of the program's recent CCNE on-site evaluation. You should plan for the next on-site evaluation to take place in the spring of 2023.

At its meeting, the Board determined that the program met all four accreditation standards. The Board additionally determined that there are no compliance concerns with respect to the key elements.

As is required for all accredited programs, a Continuous Improvement Progress Report (CIPR) must be submitted at the mid-point of the accreditation term. The CIPR must address the nursing program's continued compliance with all accreditation standards. The deadline for submitting the progress report to CCNE is December 1, 2018. The Report Review Committee, and then the Board of Commissioners, will review the progress report. For more information about CIPRs, please refer to the CCNE procedures.

Please note that the aforementioned CIPR needs to address the CCNE standards that are in effect at the time of submission. In the reminder letter sent approximately five months prior to the CIPR due date, CCNE will inform the program of the specific standards to be used and will provide guidance for the preparation of the report.

A copy of the accreditation report that was sent to you earlier, along with your response to it, is being transmitted to the institution's chief executive officer as the Commission's official report to Globe University/Minnesota School of Business. We hope that both the results of your self-study process and the accreditation report will be useful to the continued growth and development of the nursing program. A certificate of accreditation is forthcoming.

If a program elects to make public disclosure of a program's CCNE accreditation status, the program or institution must disclose that status accurately. Either of the following statements may be used for disclosure of the accreditation status to the public:

The (baccalaureate/master's/DNP program) at (institution) is accredited by the Commission on Collegiate Nursing Education, One Dupont Circle, NW, Suite 530, Washington, DC 20036, 202-887-6791.

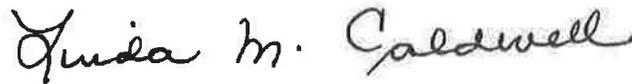
The (baccalaureate/master's/DNP program) at (institution) is accredited by the Commission on Collegiate Nursing Education (<http://www.aacn.nche.edu/ccne-accrreditation>).

For more information on CCNE's disclosure policy, as well as information on use of the CCNE accreditation seal, please visit <http://www.aacn.nche.edu/ccne-accreditation/seal-policy/baccalaureate-graduate>.

As a reminder, programs are expected to continue to comply with the current CCNE standards and procedures throughout the period of accreditation. These documents are available at <http://www.aacn.nche.edu/ccne-accreditation/standards-procedures-resources/baccalaureate-graduate>. This includes advising CCNE in the event of any substantive change in the nursing program. Substantive change notifications must be submitted to CCNE no earlier than 90 days prior to implementation or occurrence of the change, but no later than 90 days after implementation or occurrence of the change. These reporting requirements are discussed further in the CCNE procedures.

We appreciate the many courtesies and the helpfulness extended to the CCNE evaluation team in the spring of 2013. The Commissioners join me in expressing our best wishes as you proceed with tasks important to the future of your nursing program.

Sincerely,

A handwritten signature in cursive script that reads "Linda M. Caldwell".

Linda M. Caldwell, DNSc, ANP-BC
Chair, Board of Commissioners

cc: Regional Director Nate Hermann
CCNE Board of Commissioners
CCNE Accreditation Review Committee
CCNE Evaluation Team

ACADEMIC AFFILIATION AGREEMENT
Globe University: Health Occupation Programs
SSM Health

This ACADEMIC AFFILIATION AGREEMENT (“Agreement”) is effective **September 24, 2015** (“Effective Date”) by and between **Globe University** (“SCHOOL”) and SSM Health Care Corporation, a Missouri nonprofit corporation, doing business as **SSM Health** and its subsidiaries (each individually and collectively, “FACILITY”).

WHEREAS, SCHOOL, in conferring credentials upon its health occupation program students, must provide and certify completion of certain practical learning and/or clinical experience, some of which may involve interaction with patients;

WHEREAS, SCHOOL desires that certain of its students (“Students”) and, when appropriate, certain of its faculty members, be permitted to visit and utilize the premises of FACILITY to afford such Students the opportunity to have practical learning and clinical experiences at FACILITY; and

WHEREAS, FACILITY recognizes the need for and desires to aid in the educational development of nursing and ancillary health professionals, including Students, in an operating facility for the provision of health care services to its patients, and is willing to permit SCHOOL’s faculty and Students to participate in providing some of those services on its premises to the extent it is reasonable, proper, and professionally acceptable for them to do so.

THEREFORE, it is understood and agreed upon by the parties hereto as follows:

1. **Duties of SCHOOL.**

Prior to assigning Students to FACILITY, SCHOOL shall:

- 1.1 Designate a member of its faculty (“Faculty Coordinator”) to coordinate this Agreement with a designated member of FACILITY’s staff, and obtain FACILITY’s written or verbal approval of such Faculty Coordinator, which such approval FACILITY shall not unreasonably withhold. The coordination shall include on-site visits when practical and a continuing exchange of information on progress of the program. SCHOOL shall obtain and provide verification of a criminal background check on the Faculty Coordinator as provided by state law for health care workers if the Faculty Coordinator will be on FACILITY’s site or will have access to FACILITY’s patient medical records or patients. If the Faculty Coordinator will not be on FACILITY’s site and will not have access to patient medical records or patients, then a criminal background check will not be required. In the event adverse information is obtained from the criminal background check, SCHOOL shall provide the information obtained to FACILITY. Failure to provide the information obtained shall disqualify the designated Faculty Coordinator from participation at FACILITY. The results of the criminal background check must be satisfactory to FACILITY;
- 1.2 Recommend for affiliation only those Students who have successfully completed all necessary requirements of SCHOOL’s educational program and any appropriate professional requirements, and who have knowledge and skills consistent with an ability to properly discharge the clinical duties or functions associated with the clinical experiences in which the Students will participate;

- 1.3 Be responsible for orienting Students to those applicable policies and procedures provided by FACILITY to SCHOOL, including standards of The Joint Commission and Students' responsibilities for the cost of his/her food, transportation, clothing and medical expenses, and to such other policies, procedures, rules and regulations as SCHOOL deems appropriate;
- 1.4 Obtain and provide verification that names, health status reports, including records of any immunizations required by FACILITY, and other pertinent information about each Student to be assigned to FACILITY are maintained at SCHOOL before the beginning date of the Students' assignment at FACILITY;
- 1.5 Obtain FACILITY's written approval of Students and periods of affiliation;
- 1.6 Advise Students to maintain the confidential nature of all information which may come to them with regard to patients and FACILITY records during the duration of the program and obtain from each Student a Confidentiality and Security Agreement in the form attached to this Agreement as Exhibit 1;
- 1.7 Keep all records and reports on each Student's experience;
- 1.8 Represent and certify that its teaching program for Students involved under this Agreement is accredited and that SCHOOL is responsible for notifying FACILITY within ten (10) days in the event such accreditation is cancelled, withdrawn or otherwise terminated;
- 1.9 Advise Students that each Student is accountable for costs incurred in receipt of healthcare pursuant to Section 8.4, regardless of health insurance status;
- 1.10 Obtain and provide verification of a criminal background check as provided by state law for health care workers for each Student prior to that Student's assignment at FACILITY. In the event adverse information is obtained from the criminal background check, SCHOOL shall provide the information to FACILITY after obtaining an Authorization and Release from the Student. In the event such Authorization and Release are not given by the Student, the Student shall be disqualified from participation at FACILITY. The results of the check must be satisfactory to FACILITY. In addition, for FACILITY sites in the state of Missouri, SCHOOL shall comply with the background check provisions of the regional guidelines for allied health/nursing districts of the St. Louis Metropolitan Hospital Council.
- 1.11 Agree that it and its Students will comply with the purpose and standards recommended by The Joint Commission; and
- 1.12 In recognition of the fact that the Students and faculty of SCHOOL shall see patient identifiable health information, SCHOOL shall ensure that patient identifiable health information provided by FACILITY to SCHOOL will be treated as confidential in accordance with applicable law and the Health Insurance and Portability and Accountability Act of 1996 ("HIPAA"), as amended. SCHOOL acknowledges that Students must complete the FACILITY's in-service on HIPAA, which will be part of the Students' orientation process.

The following requirements in Sections 1.13 through 1.15 apply for FACILITY sites in the state of Oklahoma:

1.13 SCHOOL/Faculty Coordinator must complete and submit the following two (2) weeks prior to the clinical rotation:

- (a) Provide a letter requesting clinical time, dates, department and Student at least two (2) weeks prior to the beginning of the clinical rotation;
- (b) Sign a Confidentiality and Security Agreement, if on campus at FACILITY with Students, in the form attached hereto as Exhibit 1;
- (c) Provide clinical objectives;
- (d) Provide a competency checklist;
- (e) Complete a health screening form and appropriate documentation, if on campus at FACILITY with Students;
- (f) Provide a copy of license/registration/certification, if on campus at FACILITY with Students; and
- (g) All orientation, materials and documentation listed in Section 1.14.

1.14 Each Student must complete and submit the following two (2) weeks prior to the clinical rotation:

- (a) Complete FACILITY orientation which includes the following:
 - (1) Read the general orientation packet and complete the test;
 - (2) Sign a Confidentiality and Security Agreement, in the form attached hereto as Exhibit 1;
 - (3) Provide a copy of the Student's current American Heart Association (AHA) Healthcare Provider CPR Training Card, for rotations in clinical areas;
 - (4) Provide documentation of Occupational Safety and Health Administration (OSHA) tuberculosis and blood borne pathogens education (provided by SCHOOL);
 - (5) Complete restraint packet or provide documentation that this has been addressed in the school program.
 - (6) Complete the student health screening form and provide the appropriate documentation, which includes proof of: (i) current PPD (Students with a positive Blood Assay Mycobacterium Tuberculosis (BAMT) test or students with a past positive PPD will need to complete annual symptom survey and provide documentation from a healthcare provider and/or state health department for clearance to work with the public); (ii) proof of two (2) measles, mumps and rubella (MMR) vaccinations (must be official records, not SCHOOL records); (iii) proof of chickenpox by titer or two (2) varicella immunizations; (iv) three (3) hepatitis B immunizations, positive titer or declination; and (v) proof of current flu shot during flu season and Tdap immunization. The only way Students may opt out of the flu or Tdap immunization is a signed document from the Student's health care provider or a statement from the Student's clergy citing the religious conviction that prevents Student from getting the immunization.

- 1.15 Complete a FACILITY evaluation at the conclusion of the clinical rotation. This form is to be returned to FACILITY's Clinical Education Division

2. **Duties of Faculty Coordinator.**

SCHOOL, through the Faculty Coordinator, shall:

- 2.1 Select, in cooperation with designated FACILITY personnel, the appropriate clinical experiences for Students;
- 2.2 Guide, coordinate and evaluate Students' performance at all times while Students are affiliated with FACILITY;
- 2.3 Meet with FACILITY personnel prior to and following Students' affiliations, and at such times as either party shall deem appropriate, to evaluate Students' performance and clinical experiences; and
- 2.4 Ensure that Students participate in ongoing training with respect to the learning and clinical experiences at the FACILITY, including but not limited to, being advised of any changes in FACILITY's policies and procedures, which may impact Students' experiences hereunder.

3. **Duties of FACILITY.**

During this Agreement FACILITY shall:

- 3.1 Provide practical learning and/or clinical experiences to Students assigned to FACILITY;
- 3.2 Maintain primary responsibility at all times for patient care and total health services;
- 3.3 Cooperate with the Faculty Coordinator in the selection of any appropriate clinical experiences for Students;
- 3.4 Provide physical space for faculty members and Students to hold conferences and for their apparel and personal effects;
- 3.5 Provide SCHOOL with any applicable policies and procedures and inform SCHOOL, through the Faculty Coordinator, of any new applicable procedures and/or policies or any changes in procedures and/or policies which may affect the affiliation described hereunder; and
- 3.6 Allow Students to perform services for patients only when under the supervision of a registered, licensed or certified professional. Such professional is to be registered, certified or licensed in the discipline in which supervision is provided. Students shall work, perform assignments, and participate in ward rounds, clinics, staff meetings, and in-service educational programs at the discretion of their supervisors designated by FACILITY.

4. **Immediate Removal of Student.**

Upon the request of FACILITY, SCHOOL shall immediately remove a Student or SCHOOL faculty member, including Faculty Coordinator, from FACILITY in the sole discretion of FACILITY, with or without cause; however, FACILITY shall provide SCHOOL with written notice thereof within a reasonable time following the removal.

5. **Insurance.**

5.1 SCHOOL will maintain for each Student and faculty member assigned to FACILITY professional liability insurance in minimum amounts of One Million Dollars (\$1,000,000.00) per occurrence, Three Million Dollars (\$3,000,000.00) annual aggregate. If SCHOOL procures professional liability coverage that is not on an "occurrence basis," SCHOOL or Student shall, at all times, maintain insurance coverage for medical professional liability directly or indirectly resulting from acts or omissions of SCHOOL or SCHOOL's employees and agents (including Student), occurring in whole or in part during the term of this Agreement ("Continuing Coverage"). In addition, SCHOOL shall maintain general liability insurance on an occurrence basis for SCHOOL and all its Students, employees and faculty members participating in training programs at FACILITY. The limits for general liability shall be One Million Dollars (\$1,000,000.00) per occurrence, Two Million Dollars (\$2,000,000.00) annual aggregate. SCHOOL shall also maintain workers' compensation insurance for any employees of SCHOOL performing services under this Agreement. SCHOOL shall furnish FACILITY with a certificate of insurance before the beginning date of each Student's assignment at the FACILITY. Such certificate of insurance shall provide that FACILITY shall receive thirty (30) days written notice prior to the effective date of any cancellation of such insurance.

5.2 It is understood that coverage of SCHOOL's Students, employees, and faculty, including Faculty Coordinator, under the above-referenced policies, or an acceptable substitute therefore, shall be a continuing condition of this Agreement. SCHOOL shall be responsible for satisfying any deductible or self-insured retention required by its liability coverage.

6. **Term and Termination.**

This Agreement shall commence on the Effective Date for an initial term of five (5) years unless earlier terminated as provided herein. Thereafter, this Agreement may be renewed upon mutual written agreement. Notwithstanding the foregoing, either party may terminate this Agreement without cause at any time during a term by giving sixty (60) days prior written notice, effective on the date stated therein, provided Students assigned to FACILITY shall be given an opportunity to complete their affiliation if reasonably practicable. Both parties agree to meet at least thirty (30) days prior to the expiration of the initial term of this Agreement and annually thereafter to evaluate the affiliation program and to review this Agreement. In the event the parties fail to appropriately document an extension, and SCHOOL continues to provide Students hereunder, the term of this Agreement shall be deemed to be automatically extended on a day to day basis until terminated by either party upon thirty (30) days prior written notice if the termination is without cause, or if the termination is not without cause, then as provided by the applicable time frame set forth in the Agreement.

required for FACILITY to assign this Agreement to any entity under common control, or affiliated, with FACILITY.

- 8.7 Individuals executing this Agreement on behalf of organizations represent and warrant that they have been authorized to do so.
- 8.8 This Agreement contains the entire understanding of the parties relating to the subject matter of this Agreement. Prior agreements, promises, negotiations or representations between the parties, either oral or written, relating to the subject matter of this Agreement not expressly set forth herein are of no force or effect. Any modifications or amendments hereto must be agreed to by both parties in writing and shall become effective on the date stated therein.
- 8.9 This Agreement may be signed in one or more counterparts including via facsimile or email, or by electronic signature in accordance with applicable law, all of which shall be considered one and the same agreement, binding on all parties hereto, notwithstanding that both parties are not signatories to the same counterpart. A signed facsimile or photocopy of this Agreement shall be binding on the parties to this Agreement.
- 8.10 In the event that any sections, paragraphs, sentences, clauses or phrases of this Agreement (individually, "Provision") shall be found invalid, void and/or unenforceable, for any reason, neither this Agreement generally nor the remainder of this Agreement shall thereby be rendered invalid, void and/or unenforceable, but instead each such Provision and (if necessary) other Provisions hereof, shall be reformed by a court of competent jurisdiction so as to effect, insofar as is practicable, the intention of the parties as set forth in this Agreement, and this Agreement shall then be enforced as so reformed. Notwithstanding the preceding sentence, if such court is unable or unwilling to effect such reformation, the remainder of this Agreement shall be construed and given effect as if such invalid, void and/or unenforceable Provision(s) had not been a part hereof.
- 8.11 The failure of FACILITY or SCHOOL to object to or take affirmative action with respect to any conduct of the other which is in violation of the provisions of this Agreement shall not be construed as a waiver of that violation or of any future violations of the provisions of this Agreement.
- 8.12 During the term of this Agreement and thereafter, FACILITY and SCHOOL and their employees and students shall hold information in the strictest confidence except as otherwise required by this Agreement or by federal law. Such information includes but is not limited to patient records and peer review and utilization review documents, the terms of this Agreement, and the finances, earnings, volume of business, systems, practices, plans, contracts, and similar information of each party.
- 8.13 FACILITY is an equal opportunity employer. As part of its affirmative action policies and obligations, FACILITY is subject to and will comply with the provisions governing federal contractors as set forth in 41 CFR 60-1.4(a), 41 CFR 60-741.5(a) and 41 CFR 60-250.5(a), and these regulations are hereby incorporated into this contract by reference.

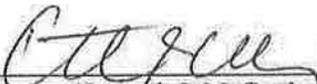
- 8.14 SCHOOL represents and warrants to FACILITY that SCHOOL and its owners, employees, agents and any subcontractors (collectively "Personnel") are not: (i) listed on the System for Award Management website ("sam.gov") with an active exclusion; or (ii) suspended or excluded from participation in any federal health care programs, as defined under 42.U.S.C. § 1320a-7b(f), any form of state Medicaid program, and are not listed on the Office of the Inspector General's website ("oig.hhs.gov") (collectively, "Government Payor Programs"). SCHOOL also represents and warrants that to the best of its knowledge there are no pending or threatened governmental investigations that may lead to suspension or exclusion of SCHOOL or Personnel from Government Payor Programs or may be cause for listing on sam.gov or oig.hhs.gov (collectively, an "Investigation"). SCHOOL shall notify FACILITY of the commencement of any Investigation or suspension or exclusion from Government Payor Programs within three (3) business days of SCHOOL's first learning of it. FACILITY shall have the right to immediately terminate this Agreement upon learning of any such Investigation, suspension or exclusion. FACILITY shall be timely kept apprised by SCHOOL of the status of any such Investigation. SCHOOL shall indemnify, defend, and hold FACILITY harmless from any claims, liabilities, fines, and expenses (including reasonable attorneys' fees) incurred as a result of SCHOOL's breach of this paragraph.
- 8.15 Each FACILITY shall have the authority to determine participation in this Agreement at the sole discretion of the FACILITY. If a FACILITY determines it will not accept Students, a letter will be provided to the SCHOOL.
- 8.16 Upon execution of this Agreement, all existing individual FACILITY Agreements with SCHOOL will automatically terminate.

[Remainder of Page Intentionally Left Blank – Signature Page to Follow]

IN WITNESS WHEREOF, each person signing below represents and warrants that he or she is fully authorized to sign and deliver this Agreement in the capacity set forth beneath his or her signature and the parties hereto have signed this Agreement as of the date and year written below.

SCHOOL:

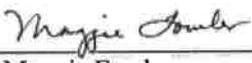
Globe University

By: 
Name: Kenneth J. McCarthy
Title: Chief Financial Officer
Address: 8147 Globe Drive
Woodbury, MN 55125

Date: 9/30/15

FACILITY:

**SSM Health Care Corporation d/b/a
SSM Health**

By: 
Name: Maggie Fowler
Title: System Vice President/Chief
Nursing Officer
Address: 1173 Corporate Lake Drive
St. Louis, MO 63132

Date: October 6, 2015

EXHIBIT 1

CONFIDENTIALITY AND SECURITY AGREEMENT
Employees, Consultants and Volunteers

I understand that the business entity ("SSM") in which I work, volunteer or provide services has a legal and ethical responsibility to safeguard the privacy of all patients and protect the confidentiality of patients' health information. SSM must ensure the confidentiality of its propriety information, including, but not limited to, human resources, payroll, fiscal, research, reporting, strategic planning, communications, computer systems, and other information (collectively, with patient identifiable health information, referred to as "Confidential Information").

In the course of my employment or assignment at SSM, I understand that I may come into the possession of Confidential Information. I further understand that I must sign and comply with this Confidentiality and Security Agreement ("Agreement") in order to access Confidential Information. I understand that for purposes of this Agreement, the term "SSM" shall include any subsidiaries or affiliates of SSM Health Care Corporation, doing business as SSM Health.

1. I will access, use and disseminate Confidential Information only when it is necessary to perform my job related duties in accordance with SSM's Policies and Procedures.
2. I will not disclose or discuss any Confidential Information with others, including friends or family, who do not have a need to know it.
3. I will not in any way divulge, copy, release, sell, loan, alter, or destroy any Confidential Information except as properly authorized.
4. I will not discuss Confidential Information where others can overhear the conversation. I understand that it is not acceptable to discuss Confidential Information even if a patient's name is not used.
5. I will not make any unauthorized transmission, examination, modification or removal of Confidential Information.
6. I have no right to any ownership interest in any information accessed or created by me during my relationship with SSM.
7. I will only access or use systems or devices that I am officially authorized to access, and I will not demonstrate the operation or function of systems or devices to unauthorized individuals.
8. I will practice good workstation security measures such as locking up digital storage devices when not in use, using screen savers with activated passwords and positioning screens away from public view.
9. I will practice secure electronic communications by transmitting Confidential Information only to authorized entities, in accordance with approved security standards.
10. I will use only my officially assigned user ID and password, approved licensed software and devices with virus protection software.
11. I will not share/disclose user IDs or passwords, use tools or techniques to break/exploit security measures or connect to unauthorized networks through the systems or devices.
12. I will notify my manager or appropriate information services contact if my password has been seen, disclosed or otherwise compromised, and I will report activity that violates this Agreement, privacy and security policies or any other incident that could have any adverse impact on Confidential Information.
13. I understand that I should have no expectation of privacy when using SSM information systems. SSM may log, access, review and otherwise utilize information stored on or passing through its systems, including e-mail, in order to manage systems and enforce security.
14. I will act in the best interest of SSM and in accordance with its Policies and Procedures at all times during my relationship with SSM and I acknowledge that my obligations under this Agreement will continue after termination of my employment, expiration of my contract, or ceasing my relationship with SSM.
15. Upon ceasing my relationship with SSM, I will immediately return to SSM any documents, media or property which constitutes Confidential Information, or which gives me access to Confidential Information.
16. I understand that violation of this Agreement may result in disciplinary action, up to and including termination of employment, suspension and loss of privileges, and/or termination of authorization to work within SSM, in accordance with SSM's policies, and/or civil/criminal prosecution.

IN WITNESS WHEREOF, by signing below, I represent and warrant that I have read this Agreement and agree to comply with all the terms and conditions stated above.

Employee/Consultant/Vendor Signature:	Primary SSM Entity Name where I work, volunteer or provide service:	Date:
Employee/Consultant/Vendor Printed Name:	Business Name of Employer (if not employed by SSM):	

CLINICAL STUDENT AFFILIATION AGREEMENT

BETWEEN

GLOBE UNIVERSITY, INC./MINNESOTA SCHOOL OF BUSINESS, INC.

AND

SAUK PRARIE HEALTHCARE

This clinical student affiliation agreement (the "Agreement") is entered into between Globe University, Inc./Minnesota School of Business, Inc., each a Minnesota business corporation, (collectively "GU/MSB") and Sauk Prairie Healthcare (the "Facility"). GU/MSB and Sauk Prairie Healthcare may be referred to throughout this Agreement in the singular as "party" or collectively as "parties."

RECITALS

WHEREAS, GU/MSB has established a nursing education program which has a clinical training component; and

WHEREAS, it is in the general interest of the Facility to assist in educating persons to be qualified professionals in nursing and the Facility has suitable clinical facilities and programs for the educational needs of GU/MSB's nursing education program; and

WHEREAS, GU/MSB and the Facility wish to cooperate in furnishing a clinical experience for students enrolled in the nursing education program at GU/MSB.

NOW, THEREFORE, in consideration of the mutual promises and agreements contained herein, the receipt and sufficiency of which the parties acknowledge the parties agree as follows:

I. MUTUAL RESPONSIBILITIES

- A. **Program Definition.** Each clinical experience program which places students at the Facility (the "Program") is governed by and subject to the terms of this Agreement. Each Program shall be listed on Exhibit 1, attached to and incorporated by reference into this Agreement. If subsequent Programs are agreed to between the parties, the parties shall amend the Exhibit to include any additional Programs.
- B. **Discipline.** GU/MSB and Facility agree to take corrective disciplinary action against a student if the student does not comply with GU/MSB's or the Facility's rules and regulations, respectively. Any disciplinary action shall be carried out according to GU/MSB's policies.

- C. **Implementation.** Personnel of GU/MSB and the Facility will communicate and mutually coordinate the scheduling and implementation of the Programs. GU/MSB is responsible for the curriculum and educational objectives of the Programs.

II. GU/MSB'S RESPONSIBILITIES

- A. **Accreditation.** Each Program accepted by Facility shall be accredited by the appropriate accrediting organization. GU/MSB shall inform Facility promptly upon any material change in accreditation status of any of the Programs.
- B. **Liaison.** GU/MSB will designate an appropriate instructor as a liaison for each active Program at the Facility. The liaison will provide clinical objectives for the Programs active at the Facility and shall coordinate the placement of all participating students with the Facility.
- C. **Education.** GU/MSB faculty will be responsible for the quality of education and shall provide supervision and oversight in a manner consistent with all applicable laws and regulations, and shall provide the academic objectives and guidance for planning, directing and evaluating the students' learning experience. GU/MSB will assure that each student has the educational experience and level of competency to participate in the Programs. GU/MSB shall have control over all phases of the administration of the Programs, curriculum content evaluation, faculty appointments, admission requirements, promotion and graduation, and such other matters pertaining to the nursing education program.
- D. **Policies and Regulations.** Facility will inform its faculty and students of the Facility's policies and regulations which relate to the Programs at the Facility. GU/MSB students and faculty are responsible for following all applicable Facility policies and procedures while at the Facility, including but not limited to privacy requirements regarding protected health information.
- E. **Liability Insurance.** GU/MSB agrees to maintain professional liability insurance and comprehensive general liability insurance with limits of not less than One Million Dollars (\$1,000,000.00) per occurrence and Three Million Dollars (\$3,000,000.00) annual aggregate, covering students and faculty participating in the Programs, and workers' compensation insurance for its faculty and any other employees participating in the Programs at the Facility. If GU/MSB does not provide professional liability insurance for students participating in the Programs, then participating students must have professional liability insurance coverage in amounts reasonably necessary to cover students involved in direct patient care during their participation in the Program. GU/MSB or participating students shall provide certificates evidencing such coverage upon request. GU/MSB shall notify Facility promptly of any cancellation of insurance coverage.

F. Other Insurance. GU/MSB will encourage participating students to carry their own health insurance during the term of their participation in the Program. Participating students will not be covered by Facility's workers' compensation coverage and shall be responsible for their own health care costs during their participation in the Program.

G. Health Immunizations and Clearance. GU/MSB will maintain a record of students' current immunizations and shall obtain student permission to submit summary information regarding their health status to the Facility and will submit this information to the Facility upon request.

GU/MSB will inform its students that **if** the Facility requires students participating in exposure prone procedures who have tested positive for the Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) or Hepatitis C Virus (HCV) to disclose this information to the Facility. In addition, per OSHA (July 6, 1992) each student shall have documentation regarding receiving or declining of the Hepatitis B vaccination series if potentially exposed to blood and body fluids during the programs.

H. Confidentiality. GU/MSB agrees that its faculty and all participating students shall keep all patient health information and other proprietary information of the Facility (the "Confidential Information") strictly confidential and shall only use such information in furtherance of the student's clinical experience. GU/MSB, its faculty and participating students will not use or disclose Confidential Information to any third party without express permission from the Facility or otherwise required by law. Confidential Information includes, but is not limited to, protected health information defined pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). This Section II (H) shall survive termination of this Agreement.

I. Compliance. GU/MSB warrants and represents that it has not been convicted of a criminal offense related to health care. GU/MSB shall require its students to comply with all applicable laws, regulations and guidelines and agrees to provide adequate training to its students and employees to ensure such compliance.

J. Criminal Background Checks. Participating students for Programs involving direct contact with patients must comply with Wisconsin law requiring criminal background studies. For applicable students, GU/MSB will be responsible for obtaining criminal background checks in accordance with Wisconsin law. Facility requires copies of all student Criminal Background Information/Checks, either electronically or in hardcopy, within 2 weeks of student presence at Facility.

III. FACILITY RESPONSIBILITIES

- A. **Accreditation.** If applicable, the Facility will have and maintain current accreditation by the Joint Commission or any other appropriate and required accreditation.
- B. **Policies and Regulations.** The Facility will provide GU/MSB with a copy of its policies and procedures that relate to the Program and shall make such material accessible to the participating students.
- C. **Facilities.** Facility will allow GU/MSB students and faculty to use its patient care and patient service facilities for clinical instruction according to a mutually-approved plan. Facility will also allow GU/MSB students and faculty to use common areas such as the cafeteria, library and parking facilities, as available.
- D. **Number of Students.** Facility and GU/MSB shall mutually agree on the number of students that will participate in the Programs at any time. Facility may limit the number of participating students in a Program at any time. Facility has the discretion to refuse to accept any specific student for cause or may remove any participating students from a Program at any time for failure to comply with Facility rules, regulations or procedures or for other behavior or actions which endanger patient safety. Except in emergencies or as otherwise provided in this Agreement, the Facility shall consult with GU/MSB prior to removing any student from the Facility.
- E. **Insurance.** Facility warrants that it carries professional and general liability insurance with limits of at least \$1 million per occurrence and carries other insurance appropriate to the risks and obligations contemplated by this Agreement.
- F. **Compliance.** Facility warrants and represents that it has not been convicted of a criminal offense related to health care and has not been debarred, excluded or otherwise been determined to be ineligible to participate in any federal health care program. This Agreement shall terminate immediately in the event that Facility is convicted of a criminal offense related to health care or is debarred, excluded or is otherwise determined to be ineligible to participate in any federal health care program. Facility shall comply with all applicable laws, regulations and guidelines.

IV. REQUIREMENTS OF STUDENTS

- A. **Expenses.** Participating students are encouraged to carry their own health insurance and are responsible for their own health care costs. Participating students are also responsible for their own personal and travel expenses and automobile insurance.

- B. Insurance.** If not covered by GU/MSB, participating students with direct patient contact are required to carry professional liability insurance in the amount of \$1 million per occurrence and \$3 million annual aggregate. Students shall provide certificates evidencing such coverage to GU/MSB and GU/MSB shall be included as a named insured on such policies. Facility shall have no obligation with respect to professional liability insurance for students.

V. MEDICAL CARE AND INFECTIOUS DISEASE EXPOSURE

- A. Injury.** Any participating student who is injured or becomes ill while at the Facility shall immediately report the injury or illness to the Facility and GU/MSB and receive treatment (if available) at the Facility as a private patient or obtain other appropriate treatment they choose. Persons receiving care will be responsible for payment of charges incurred for such care; such charges are not the responsibility of the Facility or GU/MSB.
- B. Infectious Disease.** For participating students exposed to an infectious disease at the Facility while participating in the Program, Facility will follow the same policies and procedures required of its employees. Participating students contracting an infectious disease while participating in a Program must report this fact to GU/MSB and to the Facility.

VI. INDEMNIFICATION

GU/MSB and Facility each will indemnify the other party and hold harmless from any and all claims (including, but not limited to, claims based on professional liability), losses, or expenses, including reasonable attorney fees, arising out of or resulting from a breach of its obligations under this Agreement. This Section VI shall survive termination of this Agreement.

VII. TERM AND TERMINATION

This Agreement is effective on January 1, 2016 and shall continue for an initial term of five (5) years. Upon the expiration of the initial term, this Agreement shall automatically renew for an annual one (1) year term. This Agreement may be terminated by mutual consent, or by either party at any time and for any reason upon sixty (60) days' written notice to the other party. Any students enrolled in a Program at the time of its termination will be given the opportunity to complete the academic term subject to the terms and conditions of this Agreement.

VIII. FINANCIAL CONSIDERATION

- A. Reimbursement by GU/MSB.** Programs referenced by this Agreement are hosted by the Facility without regard to reimbursement by GU/MSB; and, no such compensation is expected from one party to the other party.

- B. Compensation by Facility.** The Facility is not required to compensate GU/MSB or the participating students or faculty for any services rendered to the Facility or its patients pursuant to this Agreement.

IX. MISCELLANEOUS PROVISIONS

- A. Prohibition Against Discrimination.** Neither party will discriminate against any person because of race, color, creed, religion, gender, national origin, sexual orientation, veteran's status, marital status, age, disability, status with regard to public assistance or inclusion in any group or class against which discrimination is prohibited by federal, state, or local laws and regulations.
- B. Assignment.** Neither party shall assign or transfer any rights or obligations under this Agreement without the prior written consent of the other party. All provisions of this Agreement are binding upon and inure to the benefit of and are enforceable by or against the parties and their respective heirs, executors, administrators or other legal representatives or permitted assigns.
- C. No Waiver.** No waiver of a breach of any provision of this Agreement shall be construed to be a waiver of any breach of any other provision. No delay in acting with regard to any breach of any provision of this Agreement shall be construed to be a waiver of such breach. Every right and remedy of each of the parties shall be cumulative and either party, in its sole discretion, may exercise any and all rights or remedies stated in this Agreement or otherwise available at law or in equity.
- D. Counterparts.** This Agreement may be executed in counterparts or by facsimile signature and all such counterparts so executed constitute one agreement binding on all the parties hereto.
- E. Third Party Beneficiary.** This Agreement is solely for the benefit of the parties and their respective successors and permitted assigns, and no other person has any right, benefit, priority or interest under or because of the existence of this Agreement.
- F. Relationship of Parties.** It is agreed that nothing in this Agreement is intended or should be construed as creating a partnership, joint venture or other association between the parties, nor shall either party, its employees, students, agents or representatives be considered employees, agents or representatives of the other party.
- G. Notices.** All notices, consents, requests, demands, instructions or other communications provided for herein shall be in writing and shall be deemed validly given, made and served when (a) delivered personally; (b) sent by certified or registered mail, postage prepaid; (c) sent by reputable overnight delivery

service; or (d) sent by facsimile, transmission confirmed to the contact and address listed below.

If to GU/MSB: Minnesota School of Business
Attn: Kendra Saal, Dean of Nursing
1401 W 76th St, Suite 500
Richfield, MN 55423

Copy to:
Globe University
Attn: Ken McCarthy, CFO
8089 Globe Drive
Woodbury, MN 55125

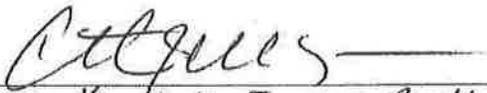
If to Facility: Sauk Prairie Healthcare
Attn: Robbi Bos, VP of Human Resources
206 26TH STREET
PRAIRIE DU SAC, WI 53578

H. Entire Agreement. This Agreement and Exhibits represent the entire Agreement between the parties.

I. Choice of Law. This Agreement shall be governed by the laws of the State of Wisconsin without consideration of its choice of laws provisions.

IN WITNESS WHEREOF, the parties have duly executed this Agreement by signing below,

GLOBE UNIVERSITY, INC./MINNESOTA SCHOOL OF BUSINESS, INC.


By: Kenneth J. McCarthy
Its: CFO
Date: 1/12/16

SAUK PRARIE HEALTHCARE


By: Robbi Bos
Its: VP-HR
Date: 1/12/16

EXHIBIT 1
LIST OF EDUCATION PROGRAMS

Globe University/Minnesota School of Business Baccalaureate Nursing Program

SUSAN K. OLSON RN BSN MSN

5063 Sunrise Ridge Trail

Middleton, WI. 53562

Home (608) 798-4640

Cell (608) 609-4365

morganlove@aol.com

PROFESSIONAL SUMMARY: Registered Nurse BSN MSN with strong cardiology, emergency and simulation background, including increasing responsibility in teaching healthcare professionals and staff development. Creative education designer and proven ability to manage nursing and education staff.

LICENSEURE: Licensed as Registered Nurse in Wisconsin

EXPERIENCE: Progressive experience in healthcare education & simulation. Extensive experience as a Staff Development Coordinator and Training Center Coordinator.

2012 February - Present UW Health Medical Foundation Madison, WI Senior Curriculum Specialist – Education design, Curriculum planning, Conducting simulation, Developed Faculty training programs. Simulation & Debriefing lead role in evaluation.

2003 – 2012 – UW Hospital & Clinics – Madison, WI. Education Coordinator

- Coordinating advanced life support courses. Program Planning, teaching & Ed. Design.
- Training Center Coordinator & Regional Faculty for American Heart Association Courses. BLS, ACLS, PALS,

Sauk Prairie Memorial Hospital – Prairie Du Sac, WI. Hospital Education Coordinator.

- Planning, designing and conducting education for all positions in hospital & clinics.
- CME coordinator for physicians. Developed the needs assessment to program evaluation.
- Organized and coordinated general orientation and nursing orientation for all staff.
- Nursing preceptor for all new nursing personnel.
- Designed and implemented competency program
- **Computer Mastery** – Microsoft Word, Microsoft Excel, Power Point, HR Management software programs

ON-GOING EDUCATION

- August 2015 Certified Healthcare Simulation Educator Society in Simulation Healthcare
- June 2013, Madison, WI. 2013 TASI “Teaching to Engage a New Generation of Learners”. The UW Madison Teaching Academy Summer Institute.
- 2013 Attended Seminar for design of education curriculum
- 2012 Simulation Technology in Healthcare Professions Northwestern University Chicago, IL

CERTIFICATIONS

- **BLS Instructor since 2000**
- **ACLS Instructor since 2003**
- **PALS Instructor since 2003**

UNIVERSITY OF WISCONSIN - MADISON TRANSCRIPT

Olson, Susan Kay
 INSTITUTION(S) ATTENDED: Edgewood College, Madison, WI
 Madison General Hospital, Madison, WI
 Univ of Wisconsin-Baraboo/Sauk County, Baraboo, WI
 Univ of Wisconsin-Platteville, Platteville, WI
 River Valley High School, Spring Green, WI

OFFICIAL COPY
 BIRTHDATE 08/19/55

MATRICULATION DATE 09/05/89

03/07/16
 PAGE 1

12/23/91 All credits taken as a University Special student have been accepted by Undergraduate Admissions toward a degree program.

CRS GR PTS

Fall 1989-90 UNS 05 UnivSpec Specials
 GERMAN 101 First Semester German
 SUM: 4.000 BC 10.000

Spring 1990-91 UNOS 05 UNOS Specials
 NURSING 206 Content&Prac-Professnl Nurs
 SUM: 2.000 A 8.000

TRANSFER COURSE CREDITS

12/23/91
 ANATOMY XXX (ANATOMY AND PHYSIOLOGY) 4.000
 ART 112 Drawing I 2.000
 ART XXX (INDEPENDENT STUDY) 1.000
 BACT 101 General Microbiology 3.000
 BACT 102 General Microbiology Lab 1.000
 BIOCHEM 201 Survey of Biochemistry 3.000
 CHEM 108 General Chemistry 5.000
 ENGLISH 101 Freshman English 3.000
 ENGLISH XXX (COMPOSITION) 3.000
 NURSING X10 (ASSESS-NURSE) 2.000
 NURSING X11 (TRENDS & ISSUES) 2.000
 NURSING 415 Org Influence-Interdis Prac 3.000
 PE ELECT XXX (GYMNASIICS/TUMBLING) 1.000
 PSYCH 201 Introduction to Psychology 3.000
 PSYCH 560 Child Psychology 4.000
 PSYCH XXX (PSYCH OF PERS ADJUSTMENT) 3.000
 RELIG ST 241 Religion-Hist&Cult:The West 4.000
 SOC 210 Survey of Sociology 3.000
 ZOOLOGY 101 Animal Biology 3.000
 ZOOLOGY 102 Animal Biology Laboratory 2.000
 XXX XXX 0.000
 TOTAL CREDITS 55.000

TRANSFER COURSE CREDITS

12/23/91
 NURSING 105 Health Care: Intrdis Appt 2.000
 NURSING 212 Intro to Nursing Practice 4.000
 NURSING 219 Clinical Nursing I 4.000
 NURSING 310 Psychopathology & Nursing 3.000
 NURSING 312 Alterations in Body Systems 4.000
 NURSING 319 Nurs Care-Inpatient Setting 4.000
 NURSING 590 Contemp Practices-Nursing 1.000
 NURSING 590 Contemp Practices-Nursing 1.000
 TOTAL CREDITS 23.000

12/23/91
 GERMAN 101 First Semester German 4.000
 NURSING 206 Content&Prac-Professnl Nurs 2.000
 TOTAL CREDITS 0.000

TRANSFER COURSE CREDITS

Spring 1991-92 NRN 3 RegistrNurs Undergrad
 GOM ARTS 371 Communic&Conflict Resltn 3.000
 SUM: EARNED CR 3 GPA CR 3 GPA 3.000
 Fall 1992-93 NRN 4 RegistrNurs Undergrad
 NURSING 302 Intro-Systematic Investigt'n 2.000
 SUM: EARNED CR 2 GPA CR 2 GPA 3.000
 Spring 1992-93 NRN 4 RegistrNurs Undergrad
 NURSING 502 Hlth&Disease-Africn Am Comm 3.000
 SUM: EARNED CR 3 GPA CR 3 GPA 2.000
 Fall 1994-95 NRN 4 RegistrNurs Undergrad
 PHMCOI-P 401 Survey of Pharmacology 3.000
 SUM: EARNED CR 3 GPA CR 3 GPA 2.000
 Spring 1994-95 NRN 4 RegistrNurs Undergrad
 PATH 404 A Survey of Disease States 4.000
 SUM: EARNED CR 4 GPA CR 4 GPA 2.000
 PAGE 2 FOLLOWS



Kath O'Connell
 UNIVERSITY REGISTRAR

UNIVERSITY OF WISCONSIN - MADISON TRANSCRIPT

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03/07/16
PAGE 2

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Olson, Susan Kay

CRS GR PTS

Fall 1995-96	NRN 4	RegistNurs Undergrad			
	SESSION A1: SEP 05 - DEC 15				
NURSING	422	Adv Concepts-Nurs Practice	3.000	BC	7.500
SUM: EARNED CR	3	GPA CR 3	3.000		7.500

12/24/95 TRANSFER COURSE CREDITS

NURSING	322	Community Health Nursing	3.000		
NURSING	433	Essentials-Gerontol Nursing	3.000		
TOTAL CREDITS			6.000		

Spring 1995-96	NRN 4	RegistNurs Undergrad			
	SESSION A1: JAN 22 - MAY 10				
PHLOS	211	Elementary Logic	4.000	C	8.000
SUM: EARNED CR	4	GPA CR 4	4.000		8.000

Fall 1996-97	NRN 4	RegistNurs Undergrad			
	SESSION A1: SEP 03 - DEC 13				
NURSING	519	Clinical Practicum for RN's	4.000	A	16.000
SUM: EARNED CR	4	GPA CR 4	4.000		16.000

Spring 1996-97	NRN 4	RegistNurs Undergrad			
	SESSION A1: JAN 21 - MAY 09				
NURSING	699	Directed Study in Nursing	2.000	A	8.000
SUM: EARNED CR	2	GPA CR 2	2.000		8.000

Spring 2002-2003	NRN 4	RegistNurs Undergrad			
	SESSION A1: JAN 21 - MAY 09				
STAT	301	Intro-Statistical Methods	3.000	C	6.000
SUM: EARNED CR	3	GPA CR 3	3.000		6.000
05/18/03		Warning			

ADV STG CREDITS	84
UGRAD CUM CREDITS	121
UNDERGRAD CUM GPA CREDITS	37
UGRAD CUM GRADE POINTS	98.5
UNDERGRADUATE GPA	2.662

Bachelor of Science-Nursing
Degree Conferred May 18, 2003

MAJOR: Nursing

UNDERGRADUATE DEGREE GPA 2.662
END OF RECORD



Keith Cargaret
UNIVERSITY REGISTRAR

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EDGEWOOD COLLEGE TRANSCRIPT

Office of the Registrar

The Family Educational Rights and Privacy Act provides that this transcript is not to be released to any other person or agency without written consent of the student.

Date Issued: 3/16/2016 Name: Susan Olson

ID: 14847

Previous Name: Stone

Graduate Division

Course Number	Title	CR Type	Gra Rpt	Att	Emd	HGpa	Q.Pts	GPA
Academic Year 2004-2005 : Spring								

NRS -620 NURSING THEORIES & FRAMEWORKS AB 3.00 3.00 3.00 10.50

Term Totals: 3.00 3.00 3.00 10.50 3.500
Career Totals: 3.00 3.00 3.00 10.50 3.500

Academic Standing: Good

Academic Year 2004-2005 : Summer

Course Number	Title	CR Type	Gra Rpt	Att	Emd	HGpa	Q.Pts	GPA
Academic Year 2005-2006 : Summer								

NRS -640 CURRICULUM & INSTRUCTION IN NURSING AB 3.00 3.00 3.00 10.50

Term Totals: 3.00 3.00 3.00 10.50 3.500
Career Totals: 18.00 18.00 18.00 63.00 3.500

Academic Standing: Good

Academic Year 2006-2007 : Fall

IC -800 ETHICS AB 3.00 3.00 3.00 10.50

Term Totals: 3.00 3.00 3.00 10.50 3.500
Career Totals: 6.00 6.00 6.00 21.00 3.500

Academic Standing: Good

Academic Year 2006-2007 : Spring

NRS -660 PROGRAM EVALUATION AB 3.00 3.00 3.00 10.50

Term Totals: 3.00 3.00 3.00 10.50 3.500
Career Totals: 21.00 21.00 21.00 73.50 3.500

Academic Standing: Good

NRS -605 TEACHING/LEARNING THEORY AB 3.00 3.00 3.00 10.50

NRS -625 HEALTH CARE SYSTEMS A 3.00 3.00 3.00 12.00

NRS -725 HEALTH CARE PROGRAM EVALUATION A 3.00 3.00 3.00 12.00

Term Totals: 6.00 6.00 6.00 22.50 3.750
Career Totals: 12.00 12.00 12.00 43.50 3.625

Academic Standing: Good

Academic Year 2006-2007 : Summer

NRS -600 ASSESSMENT & PLANNING FOR AGGREGATE B 3.00 3.00 3.00 9.00

Term Totals: 3.00 3.00 3.00 9.00 3.000
Career Totals: 15.00 15.00 15.00 52.50 3.500

IC -850 STUDIES IN CHANGE A 3.00 3.00 3.00 12.00

Academic Standing: Good

Academic Year 2006-2007 : Spring

Term Totals: 3.00 3.00 3.00 12.00 4.000
Career Totals: 27.00 27.00 27.00 97.50 3.611

Globe University
4901 Eastpark Blvd
Madison WI 53718
ATTN: Campus Director

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Mitchelle Kelley
Registrar
Edgewood College



EDGEWOOD COLLEGE TRANSCRIPT

Office of the Registrar

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Date Issued: 3/16/2016 Name: Susan Olson
ID: 14847 Previous Name: Stone

Graduate Division

Course Number Title CR Type Gra Rpt Att Emrd HGpa Q.Pts GPA
Academic Year 2007-2008 : Fall

Course Number Title CR Type Gra Rpt Att Emrd HGpa Q.Pts GPA
Academic Year 2007-2008 : Spring

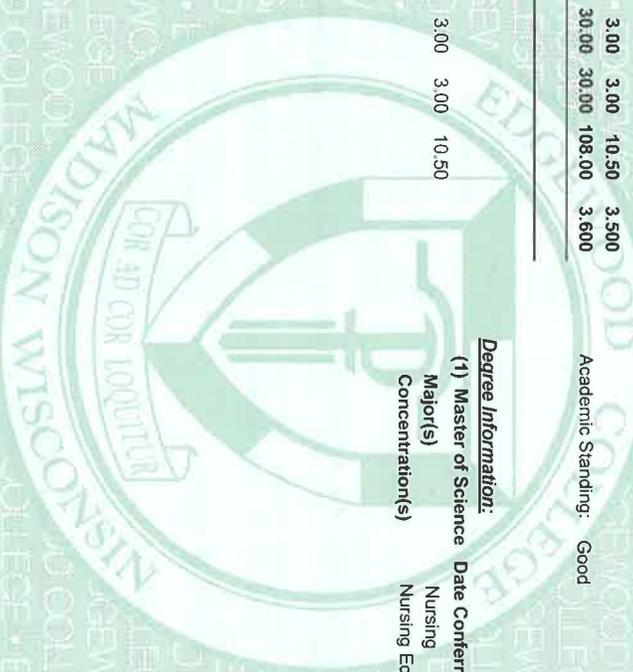
NRS -636 PROMOTING INTERPERSONAL COMPETENCY AB 3.00 3.00 3.00 10.50
 Term Totals: 3.00 3.00 3.00 10.50 3.500
 Career Totals: 30.00 30.00 30.00 108.00 3.600
 Academic Standing: Good
 Academic Year 2007-2008 : Spring

NRS -735 NURSING PRACTICUM B 3.00 3.00 3.00 9.00
 Term Totals: 6.00 6.00 6.00 19.50 3.250
 Career Totals: 36.00 36.00 36.00 127.50 3.541
 Academic Standing: Good

NRS -675 GACHING METHODOLOGY IN NURSING AB 3.00 3.00 3.00 10.50
 Term Totals: 3.00 3.00 3.00 10.50 3.500
 Career Totals: 30.00 30.00 30.00 108.00 3.600
 Academic Standing: Good
 Academic Year 2007-2008 : Spring

Degree Information:
 (1) Master of Science Date Conferred : 05/25/2008
 Major(s) Nursing
 Concentration(s) Nursing Education

Transfer:	0	0	0	0	0
Edgewood:	36.00	36.00	36.00	127.50	3.5410
Career:	36.00	36.00	36.00	127.50	3.5410



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Susan Olson
 Michelle Kelley
 Registrar
 Edgewood College



EDGEWOOD COLLEGE TRANSCRIPT

Office of the Registrar

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Date Issued: 3/16/2016

Name: Susan Olson

ID: 14847

Previous Name: Stone

Page 3 of 4

Undergraduate Division

Course Number	Title	CR Type	Gra Rpt	Att	Emd	HGpa	Q.Pts	GPA
Academic Year 1987-1988 : Transfer Credits Accepted								

University Of Wisconsin - Platteville								
BIO1 -145	GENERAL ZOOLOGY	TR		5.00	5.00	0.00	0.00	
BIO1 -214	ANATOMY AND PHYSIOLOGY	TR		4.00	4.00	0.00	0.00	
BIO1 -324	GENERAL BACTERIOLOGY	TR		4.00	4.00	0.00	0.00	
CHEM -105	GENERAL CHEMISTRY	TR		5.00	5.00	0.00	0.00	
ENGL -113	FRESHMAN ENGLISH	TR		3.00	3.00	0.00	0.00	
ENGL -123	FRESHMAN ENGLISH	TR		3.00	3.00	0.00	0.00	
PSYC -113	GENERAL PSYCHOLOGY	TR		3.00	3.00	0.00	0.00	
PSYC -203	PSYCHOLOGY OF PERSONAL ADJUSTMENT	TR		3.00	3.00	0.00	0.00	
SOC -203	PRINCIPLES OF SOCIOLOGY	TR		3.00	3.00	0.00	0.00	
		Term Totals:		33.00	33.00	0.00	0.00	0.000
		Career Totals:		33.00	33.00	0.00	0.00	0.000

Academic Year 1987-1988 : Fall

ART -114 -F3	DRAWING STUDIO I	A		2.00	2.00	2.00	8.00	
NRS -330	ASSESSMENT IN NURSING	AB		2.00	2.00	2.00	7.00	
		Term Totals:		4.00	4.00	4.00	15.00	3.750
		Career Totals:		37.00	37.00	4.00	15.00	3.750

Academic Standing: Good

Academic Year 1987-1988 : Spring

ART -379	INDEPENDENT STUDY	A		1.00	1.00	1.00	4.00	
		Term Totals:		4.00	4.00	4.00	15.00	3.750
		Career Totals:		37.00	37.00	4.00	15.00	3.750

Undergraduate Division

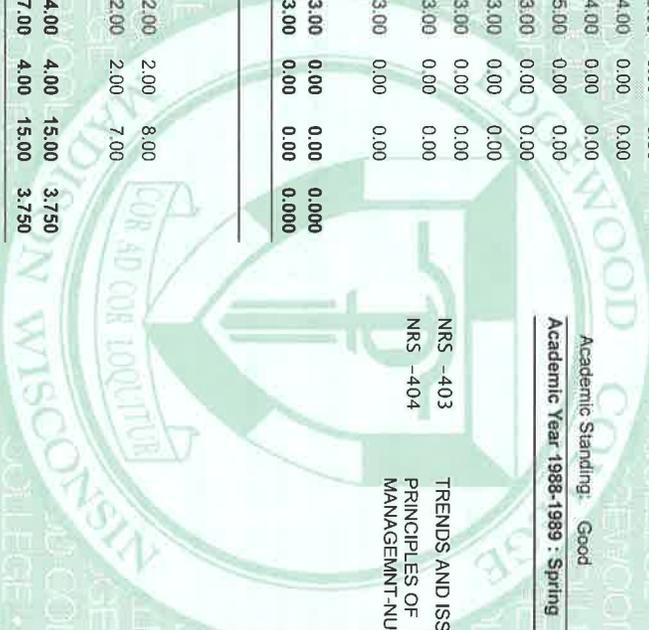
Course Number	Title	CR Type	Gra Rpt	Att	Emd	HGpa	Q.Pts	GPA
Academic Year 1987-1988 : Spring								

PSY -210	CHILD PSYCHOLOGY	A		4.00	4.00	4.00	16.00	
		Term Totals:		5.00	5.00	5.00	20.00	4.000
		Career Totals:		42.00	42.00	9.00	35.00	3.888

Academic Standing: Good

Academic Year 1988-1989 : Spring

NRS -403	TRENDS AND ISSUES	AB		2.00	2.00	2.00	7.00	
NRS -404	PRINCIPLES OF MANAGEMENT-NURSIN	AB		3.00	3.00	3.00	10.50	
		Term Totals:		5.00	5.00	5.00	17.50	
		Career Totals:		47.00	47.00	9.00	35.00	3.888



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Michelle Kelley
Registrar
Edgewood College



EDGEWOOD COLLEGE TRANSCRIPT

Office of the Registrar

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Date Issued: 3/16/2016

ID: 14847

Name: Susan Olson

Previous Name: Stone

Page 4 of 4

Undergraduate Division

Course Number Title CR Type Gra Rpt Att Emrd HGpa Q.Pts GPA
Academic Year 1988-1989: Spring

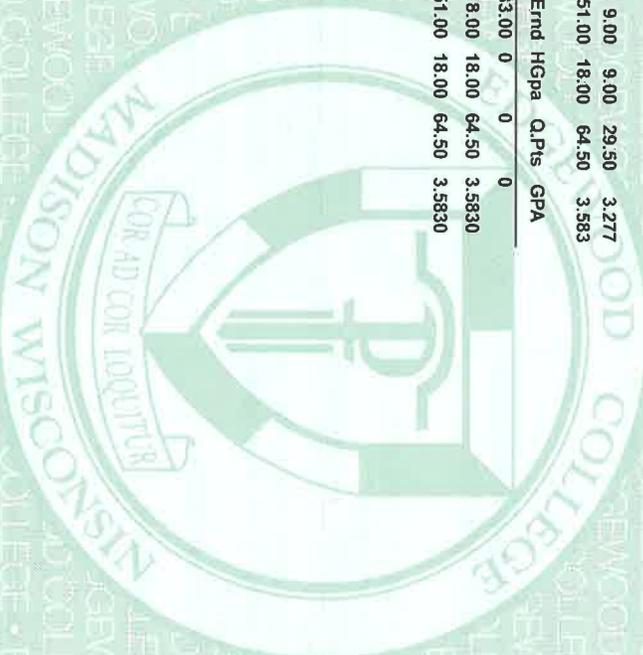
RS -121 -F8 CHRISTIAN THOUGHT TODAY B 4.00 4.00 4.00 12.00

Academic Standing: Good

Term Totals: 9.00 9.00 9.00 29.50 3.277
Career Totals: 51.00 51.00 18.00 64.50 3.583

	Att	Emrd	HGpa	Q.Pts	GPA
Transfer:	33.00	33.00	0	0	0
Edgewood:	18.00	18.00	18.00	64.50	3.5830
Career:	51.00	51.00	18.00	64.50	3.5830

END OF RECORD



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Susan Olson
Michelle Kelley
Registrar
Edgewood College

To: Board of Nursing
 From: Lakeshore Technical College Nursing Program
 Topic: Explanation for NCLEX pass rate 80% and self-improvement plan for 2016
 Date: 3/22/2015

N 1.09 Lakeshore Technical College did not meet the 80% RN NCLEX pass rate for 2015. This is the second consecutive time that LTC did not meet the 80% RN NCLEX pass rate. Strategies that were implemented in February 2015 that were identified in the 2015 school self-evaluation report included:

- Eliminate extra credit
- Eliminate rounding of grades
- Evaluate alignment of NCLEX test plan with curriculum instruction
- Course Test analysis and modification to test plans as needed
- Adaptive testing
- Faculty coaching for high-risk students
- Monitoring Faculty teaching effectiveness and mentoring

In 2015, we had a total of 49 ADN students attempt the RN NCLEX; 39 passed and 10 failed for a 79.5% pass rate average (NCSBN NCLEX Program Reports, Mountain Measures). LTC, as well as other WTCS nursing programs use Mountain measures to benchmark and evaluate student outcomes because of twice/year reporting of student outcomes on the NCLEX measures. This provides the program an opportunity to evaluate if recent changes that were made have an impact on student success. BON reports are only provided annually which make it difficult for programs to make timely analysis of change in performance based on implemented strategies. Based on the BON report due to a variance in the reporting period compared to Mountain measures, the LTC pass rate for 2015 was 77.5% for first time pass takers and 92% for all takers, including repeaters. Eight of the students who failed on the first attempt, have now successfully passed the NCLEX.

Our Oct-March 2015 graduates which were primarily December 2014 grads had a pass rate of 68%. These graduates were not included in the strategies that were implemented in February 2015. After implementing the strategies that were listed in the 2014 school self-evaluation report, LTC did notice a significant rise in pass rates. Historically, LTC had two reporting periods in which the pass rate for our ADN program was low; however, with program improvement strategies that were implemented in 2014 there was a significant improvement in the April-September reporting period of 87% which was higher than the 83% national average for that reporting period.

	Apr-Sep 2013	Oct-Mar 2014	Apr-Sep 2014	Oct-March 2015	Apr-Sept 2015
% passing	92%	93%	68%	68%	87%

We have seen some positive changes in the number of questions our Apr-Sep cohort of graduates took during the NCLEX exam compared to the Oct-March cohort. 77% of our graduates took the minimum number of questions and 0% needed to take the maximum number of questions. This compared to the Oct-March cohort that 38% of the graduates took the minimum number of questions and 15% of them took the maximum number of questions. This data supports that our graduates were able to demonstrate their competence in a more efficient manner thus needing less questions.

Even though there is improved graduate success in the last reporting period, the program administrator and faculty are continuing to look at how to sustain and/or increase student success on the NCLEX exam. There was an analysis of our student outcomes on the NCLEX exams compare to national averages. It identified a trend that our students scored low in two areas, Management of Care and Safety and Infection Control which comprises 29-38% of the RN NCLEX exam. The faculty will focus on these two areas to improve student outcomes.

Client Needs	Distribution NCLEX test plan	Pass rate comparison	Apr 15 - Sept 15	Oct 14 - Mar 15	Apr 14 - Sept 14	Oct 13 - Mar 14	Apr 13 - Sept 13	Oct 12 - Mar 13
		NCLEX Pass Rates	87%	68%	68%	93%	92%	85%
Management of Care	17-23%	LTC Pass Rate	60%	54%	55%	58%	56%	63%
		National Pass Rate	61%	60%	61%	59%	60%	60%
Safety and Infection Control	9-15%	LTC Pass Rate	55%	56%	54%	60%	59%	63%
		National Pass Rate	62%	61%	61%	61%	60%	59%
Health Promotion and Maintenance	6-12%	LTC Pass Rate	65%	58%	54%	60%	58%	61%
		National Pass Rate	61%	60%	59%	59%	59%	59%
Psychosocial Integrity	6-12%	LTC Pass Rate	65%	59%	56%	62%	58%	55%
		National Pass Rate	61%	60%	61%	60%	60%	59%
Basic Care and Comfort	6-12%	LTC Pass Rate	55%	65%	57%	60%	64%	60%
		National Pass Rate	61%	60%	59%	60%	60%	59%
Pharmacological and Parenteral Therapies	12-18%	LTC Pass Rate	61%	63%	60%	59%	60%	58%
		National Pass Rate	62%	61%	61%	60%	60%	59%
Reduction of Risk Potential	9-15%	LTC Pass Rate	62%	61%	56%	58%	61%	64%
		National Pass Rate	61%	60%	59%	59%	59%	59%

The nursing program has identified a multi-step approach to improve student outcomes.

1. Faculty has been engaged in professional development to improve instructional effectiveness. Faculty has participated in numerous professional development seminars, conferences or continuing education activities which include the following topics: clinical decision making, item writing, cooperative learning, engaging teaching strategies, and concept based curriculum. This is especially important since 5/11 of the nursing faculty are new and have been with our nursing program 3 years or less.
2. The program administrator is coaching and monitoring faculty performance and teaching effectiveness as appropriate.
3. Faculty is developing and reviewing test blueprints as well as test analysis to identify alignment with the course competencies and NCLEX test plan. Test questions are being modified to align with the program test development guidelines that were adopted by faculty (McDonald, 2014).

4. Faculty is reviewing courses to increase number of alternative test items within each exam and including teaching strategies within the course on how to answer these questions
5. Due to graduates' performance in Management of care and Safety and Infection control the program is specifically looking to improve student clinical decision making, prioritization, assignment and test taking skills throughout the program and have identified several new strategies to implement in 2016 school year which include:
 - Including teaching strategies and practice questions in each course on how to approach answering prioritization, delegation and assignment questions as well as questions related to safety and infection control.
 - Include exam questions on prioritization, delegation and assignment questions as well as safety and infection control for each course.
 - Adoption of HESI integrative package throughout the program which will include case studies, patient reviews, practice exams, adaptive quizzing, specialty exams and exit exams. These tools will be required components throughout the program and will be included in the courses' grading plan.
 - HESI exit and specialty exams are required for all students with an identified level of achievement. If students do not meet that level of achievement, remediation will be required and students will be able to retest as a method to evaluate their performance and participate in resources to improve their success.
 - Onsite NCLEX review courses
6. Faculty and administrator continue to analyze trends in student outcomes in their individual courses to identify gaps based on the NCLEX results analysis and the NCLEX test plan. Nursing Pharmacology, Health Alteration and Complex Health Alteration 1 are three course that students have struggled in the past. Students who have had poor performance in these courses have also demonstrated poor performance on the NCLEX exam. As a result, the program added support systems for these courses to increase student success. An academic specialist which provides academic coaching has been identified for each of these courses. In addition, a student is now required to participate in Mandatory Academic Support if they failed the course previously or if they failed an exam while taking the course. Mandatory Academic Support requirements includes:
 - developing a performance improvement plan based on a student-self appraisal of potential barriers to success
 - meeting with the instructor to discuss the performance plan and review progress after every exam
 - meeting with an academic specialist and/or peer tutor each week
 - Student referrals to other college support systems as appropriate such as the program advisor or college counselor.
7. The program administrator and faculty are assessing their incoming student readiness to succeed and with collaboration across the college has identified some ways to strengthen incoming students which include:

- Anatomy and Physiology minimum scores required for entrance into the nursing courses
- Science courses aligning grading policies with nursing program including:
 - Eliminate extra credit
 - Eliminate rounding of grades
 - No test retakes
- Completion of general education classes prior to taking nursing courses

We are confident that with this plan we will be able to increase our RN NCLEX pass rates to meet the 80% annual benchmark. The LTC Nursing Program appreciates your support and would welcome any questions you may have.

FORM COMPLETED BY:

Kathleen Calabresa

 Educational Administrator

Associate Dean of Nursing

Kathleen Calabresa

 Signature

3/01/2016

(920) 693-1860

 Telephone Number

kathleen.calabrea@gotoltc.edu

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8366
Madison, WI 53708-8366

FAX #: (608) 266-2602
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@dps.wi.gov
Website: <http://dps.wi.gov>

BOARD OF NURSING

REQUEST FOR AUTHORIZATION TO ADMIT STUDENTS TO A NURSING SCHOOL

After authorization to plan a nursing school is granted by the Board of Nursing to an institution, the institution must submit a request to the Board for authorization to admit students to the nursing school; the application must include all of the following:

- (1) Verification of employment of an educational administrator meeting the qualifications in N 1.08 (2) including the following:
 - Current, active registered nurse license or privilege to practice in Wisconsin that is not encumbered
 - Graduate degree with a major in nursing
 - Knowledge of learning principles for adult education, including nursing curriculum development, administration and evaluation and either educational preparation or 2 years experience as an instructor in a nursing education program within the last 5 years
 - Current knowledge of nursing practice
- (2) Evidence of faculty meeting the qualifications in N 1.08(3) including the following:
 - A) For Professional Nursing Faculty:
 - Current, active registered nurse license or privilege to practice in Wisconsin that is not encumbered
 - Graduate degree with a major in nursing; interprofessional faculty teaching non-clinical nursing courses must have advanced preparation appropriate for the content being taught.
 - B) For Practical Nursing Faculty:
 - Current, active registered nurse license or privilege to practice in Wisconsin that is not encumbered.
 - Baccalaureate degree with a major in nursing.
- (3) School's philosophy and objectives
- (4) Overview of curriculum including all of the following:
 - Content
 - Course sequence
 - Course descriptions
 - Program evaluation plan
 - Course syllabi for the first year and plan for subsequent years
- (5) Verification of establishment of student policies for admission, progression, retention and graduation
- (6) Updated timeline for implementing the program and intended date for entry of the first class

- (7) Verification of students' ability to acquire clinical skills by providing all of the following:
- Letter of intent or contracts from clinical facilities securing clinical opportunities and documentation of the facility type, size, number of beds, and type of patients.
 - Documentation of simulation equipment and experiences.

The Board will make a decision on the application to admit students within two months of receipt of the completed application and notify the institution of the action taken on the application. Once a school receives authorization to admit, the school may begin admitting students while seeking to obtain program approval.

Withdrawal of authorization may occur if the school fails to meet and maintain standards in N 1.08.

To apply for authorization to admit students, submit the following required items to dspsexaminationoffice@wisconsin.gov:

- (1) Form #1114 for each faculty member and for the program educational administrator
- (2) A written proposal addressing items three (3), four (4), five (5) and six (6) above.
- (3) Form #1004 for each clinical facility

Institution applying for authorization to admit students:

Name of School: Lakeshore Technical College

Address: 1290 North Avenue
Cleveland, WI 53015

Nursing Program(s) (ADN, BSN, Other): Practical Nursing

Kathi Calabresa
Nursing Educational Administrator

Kathi Calabresa
Signature

(920) 693-1860
Telephone Number

Associate Dean of Nursing
Title

3/20/16
Date

kathleen.calabresa@gotoltc.edu
Email Address

REQUEST FOR AUTHORIZATION TO ADMIT STUDENTS TO A NURSING SCHOOL

#1. VERIFICATION OF EDUCATIONAL ADMINISTRATOR

Kathleen Calabresa has been approved by the WI Board of Nursing as the educational administrator for the ADN nursing program at Lakeshore Technical College since January 2015. She will assume the educational administrator role for the PN program if this program is approved. She has been a registered nurse since 1975 and has a current WI license. She graduated from University of Phoenix with honors in 2003 with a MSN degree (See Attached form #1114).

Prior to this position, Kathleen was a member of the nursing faculty at LTC since 2003. She has taken curriculum development coursework as part of her MSN curriculum and has been a member of the WTCS curriculum advisory committee for 4 years. She had accountability for Accreditation Commission for Nursing (ACEN) Standard 4 which relates to curriculum upon the last accreditation site visit in 2011. The standard was found to be in full compliance without any recommendations.

#2. EVIDENCE OF FACULTY MEETING THE QUALIFICATIONS IN N 1.08(3) INCLUDING THE FOLLOWING:

Based on a cohort of 16 students, the PN nursing program will require a 1.38 FTE. Nursing faculty who are currently acting as ADN instructors in the first year of the nursing program at Lakeshore Technical College will also teach in the PN program. These faculty have met the qualifications as identified in 1.08(3) upon hire as ADN instructors. They all have the experiential and educational experience to act as faculty in the PN program as evidenced by the documentation in Faculty Qualification Record Form #114. These instructors all have MSN degrees with a minimum of two years of nursing experience. Attached is additional documentation that verifies these faculty members have an active registered nurse license to practice in WI.

(3) SCHOOL'S PHILOSOPHY AND OBJECTIVES:

The philosophy for the nursing program incorporates Wisconsin Technical College System (WTCS) faculty beliefs regarding nursing education as shaped by the WTCS nursing mission statement.

Nursing is the dynamic interpersonal goal-directed process that seeks to promote optimal health within the context of individuals, family, community and society. The concepts of caring and integrity are central to nursing and communicated through both attitude and action. Nursing uses the nursing process, a problem solving approach to provide holistic, patient centered care to individuals, families, and groups. Nurses assess health and make clinical decisions to manage and provide safe and effective nursing care according to standards of practice within the legal, ethical and regulatory frameworks. Nursing is based on knowledge and science and is demonstrated by evidence-based practice. Through collaboration with other health care professionals, nursing is responsive to the needs of the community across the health-illness and lifespan continuum.

Individuals, families, and groups are diverse, complex living beings, in which physical, psychological, cultural and spiritual health processes are in constant interaction. This constant interaction provides the capacity for change. Individuals have inherent worth, dignity and autonomy in health care decisions.

Nursing education facilitates the development of knowledge, attitudes and skills appropriate to the learner's level of nursing practice. Nursing education integrates concepts from nursing and other disciplines and takes place in institutions of higher learning. As a practice discipline, nursing education requires the use of performance based instruction with measureable competencies. Faculty and learners create a safe, cooperative environment which stimulates the spirit of inquiry, clinical reasoning, and self-directed life-long learning. Excellence in nursing education is achieved by providing students with a rigorous and dynamic curriculum using technology, partnerships and resources. Graduates are prepared to meet community specific healthcare needs as entry level practitioners.

System-wide Curriculum

The WTCS nursing programs provide a seamless curriculum, which is flexible and accessible for learners on a statewide basis. Prior learning, experience and career mobility are valued and efforts are aimed at facilitating articulation between levels of nursing. Information gathering within the community network that includes advisory committees, employers, and health care consumers enhances curriculum review and revision.

Comparison of LTC Mission to the Mission of the Associate Degree-Nursing Mission	
College Mission & Vision	Nursing Education Unit Mission & Vision
<p>Mission: To enrich lives and strengthen the economy by preparing a work force that is skilled, diverse, and flexible.</p> <p>Vision: To meet the needs of the future with innovation and excellence.</p>	<p>Mission Statement: The nursing programs within the Wisconsin Technical College System (WTCS) are committed to educational excellence. We prepare nurses with the knowledge, skills and attitude to enhance and restore the well-being of individuals, families, and the community by using the nursing process.</p> <p>Vision Statement: The Wisconsin Technical College nursing programs provide a quality, dynamic learning environment which prepares a diverse workforce of nurses to meet community needs.</p>

#4. OVERVIEW OF CURRICULUM INCLUDING ALL OF THE FOLLOWING:

The WTCS PN nursing curriculum which has been approved by the WI BON previously will be adopted for implementation by Lakeshore Technical College. The curriculum has been designed for face-to-face delivery on a part-time track. The admission requirements for this program have lower placement test scores than the current ADN program. As a result, there will be support courses (extended education) that will be delivered as a co-requisite model to help increase student success within the program. Enrollment in the support courses will be done based on admission placement tests and student progress/success when enrolled in the course.

Content and Sequencing of Courses

Practical Nursing Technical Diploma -Part-Time Track

Catalog No.	Class Title	Credit(s)
Fall		
10-809-188	Developmental Psych	3.0
78-858-785	Reading Fundamentals and Study Skills	Ext-Ed
10-801-195	Written Communications	3.0
78-851-781	Writing Fundamentals and Study Skills	Ext-Ed
Total		6.0
Spring		
10-806-103	Body, Structure, and Function	3.0
78-8560789	Science Fundamentals and Study Skills	Ext-Ed
10-801-196	Oral/Interpersonal Communications	3.0
78-851-789	Communication Fundamentals and Study Skills	Ext-Ed
Total		6.0
Summer		
31-543-301	Nursing Fundamentals	2.0
78-854-783	Math for Nursing	Ext-Ed
Total		2.0
Fall		
31-543-302	Nursing Skills	3.0
31-543-303	Nursing Pharmacology	2.0
31-543-304	Introduction to Clinical Practice	2.0
Total		7.0
Spring		
31-543-306	Nursing Health Promotions	3.0
31-543-307	Clinical Care Across Lifespan	2.0
31-543-305	Nursing Health Alterations	3.0
31-543-308	Intro Clinical Care Management	2.0
Total		10.0
Program Total		31.0

Program evaluation plan

Feedback and evaluation for the program will be obtained from faculty, students and the community healthcare partners that are represented on the program advisory committee and who affiliate with the program for clinical placement. Evaluation of the program will include:

- Student learning outcomes
- Program completion rates
- PN-NCLEX pass rates
- Graduate satisfaction results
- Employer satisfaction results
- Job Placement rates

Student Learning Outcomes

The Student Learning Outcomes (SLO) that will be evaluated for the PN programs are identified below. The achievement of these SLO's will be done through each clinical course evaluation. The use of HESI PN exit exams will also evaluate the achievement of the SLOs. In addition, program graduates and employers will evaluate the achievement of these outcomes within 6-12 months after completion of the program.

- PN1. Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to caring, advocacy, and quality care while adhering to evidence-based practice
- PN2. Demonstrate appropriate written, verbal, and nonverbal communication in a variety of clinical contexts
- PN3: Integrate knowledge of social, mathematical, and physical sciences, pharmacology, and disease processes while participating in clinical decision making
- PN4: Provide patient centered care under supervision by participating in the nursing process across diverse populations and healthcare settings
- PN5: Minimize risk of harm to patients, members of the healthcare team, and self through safe individual performance and participation in system effectiveness
- PN6: Collaborate as an active member of the multidisciplinary health care team to provide effective patient care throughout the lifespan
- PN7: Use information and technology to communicate, manage data, mitigate error, and assist with decision-making

COURSE DESCRIPTIONS AND SYLLABI FOR PN NURSING COURSES

Refer to Course Outcome Summaries which are attached for further course information

Nursing Fundamentals

31-543-301

Total Credits 2

Description

This course focuses on basic nursing concepts to provide evidenced-based care to diverse patient populations across the lifespan. Current and historical issues impacting nursing will be explored within the scope of nursing practice. The nursing process will be introduced as a framework for organizing the care of patients.

Competencies

1. Differentiate scopes of practice within the nursing profession
2. Maintain a safe, effective care environment for adults of all ages
3. Use appropriate communication techniques
4. Use the nursing process
5. Adapt nursing practice to meet the needs of diverse patients in a variety of settings
6. Provide nursing care for patients with sleep/rest/mobility alterations
7. Provide nursing care for patients with comfort alterations
8. Provide nursing care for patients with nutritional, fluid, and electrolytes disturbances
9. Provide nursing care for patients with commonly occurring alterations in elimination patterns
10. Provide nursing care for patients with integumentary disorders
11. Provide nursing care for patients with infection
12. Provide nursing care for patients with cognitive and sensory impairments
13. Provide nursing care for patients and families experiencing grief and loss
14. Provide nursing care for patients with alterations in oxygenation

Nursing Skills

31-543-302

Total Credits 3

Description

This course focuses on development of evidence-based clinical skills and physical assessment across the lifespan. Content includes mathematical calculations and conversions related to clinical skills. In addition the course includes techniques related to obtaining a health history and basic physical assessment skills using a body systems approach.

Competencies

1. Use aseptic technique
2. Perform mathematical calculations related to clinical practice
3. Provide wound care
4. Measure blood pressure
5. Manage oxygen therapy
6. Perform tracheostomy care and suctioning procedures (oral, nasal, pharyngeal, and tracheostomy)
7. Demonstrate specimen collection procedures
8. Maintain enteral tubes (feeding, irrigation, suction)

9. Administer medications via the enteral route (oral/tube/rectal)
10. Administer medications via the parenteral routes (Intradermal/Subcutaneous/Intramuscular)
11. Administer medications via topical, transdermal, eye, ear, inhalation, and vaginal routes
12. Manage intravenous therapy
13. Facilitate alternative methods of elimination (urinary and bowel)
14. Obtain a health history
15. Perform a general survey assessment
16. Perform an integumentary assessment
17. Perform a musculoskeletal assessment
18. Perform a head/neck assessment
19. Perform a basic eye/ear assessment
20. Perform a basic neurological assessment
21. Perform a basic respiratory assessment
22. Perform a basic cardiovascular assessment
23. Perform an abdominal assessment

Nursing Pharmacology

31-543-303

Total Credits 2

Description

This course introduces the principles of pharmacology, including drug classifications and their effects on the body. Emphasis is on the use of the components of the nursing process when administering medications.

Competencies

1. Apply basic pharmacology principles to medication management
2. Examine legal, ethical, social, and cultural issues related to medication administration
3. Apply components of the nursing process to the administration of antimicrobial drugs
4. Apply components of the nursing process to the administration of autonomic nervous system drugs
5. Apply components of the nursing process to the administration of respiratory system drugs
6. Apply components of the nursing process to the administration of cardiovascular and renal systems drugs
7. Apply components of the nursing process to the administration of gastrointestinal system drugs
8. Apply components of the nursing process to the administration of central nervous system drugs
9. Apply components of the nursing process to the administration of endocrine system drugs
10. Apply components of the nursing process to the administration of analgesic and musculoskeletal system drugs

Nursing: Introduction to Clinical Practice

31-543-304

Total Credits

2

Description

This introductory clinical course emphasizes basic nursing skills and application of the nursing process in meeting the needs of diverse clients across the lifespan. Emphasis is placed on performing basic nursing skills, the formation of nurse-client relationships, communication, data collection, documentation, and medication administration.

Course Competencies

- 1 Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to caring, advocacy, and quality care while adhering to evidence-based practice
- 2 Demonstrate appropriate written, verbal, and nonverbal communication in a variety of clinical contexts
- 3 Integrate knowledge of social, mathematical, and physical sciences, pharmacology, and disease processes while participating in clinical decision making
- 4 Provide patient centered care under supervision by participating in the nursing process across diverse populations and healthcare settings
- 5 Minimize risk of harm to patients, members of the healthcare team, and self through safe individual performance and participation in system effectiveness
- 6 Collaborate as an active member of the multidisciplinary health care team to provide effective patient care throughout the lifespan
- 7 Use information and technology to communicate, manage data, mitigate error, and assist with decision-making

Nursing Health Alterations

31-543-305

Total Credits

3

Description

This course elaborates upon the basic concepts of health and illness as presented in Nursing Fundamentals. It applies theories of nursing in the care of patients through the lifespan, utilizing problem solving and critical thinking. This course will provide an opportunity to study conditions affecting different body systems and apply evidence-based nursing interventions. It will also introduce concepts of leadership and management.

Course Competencies

- 1 Evaluate nursing care for patients with coronary artery disease
- 2 Evaluate nursing care for patients with other alterations in the cardiovascular system
- 3 Evaluate nursing care for patients with acute alterations in the respiratory system
- 4 Evaluate nursing care for patients with chronic alterations in the respiratory system
- 5 Evaluate nursing care for patients with alterations in hematology
- 6 Evaluate nursing care for patients with alterations in the endocrine system
- 7 Evaluate nursing care for patients with alterations in fluid and electrolyte balance
- 8 Evaluate nursing care for patients with alterations in acid-base balance
- 9 Evaluate nursing care for patients with pain and alterations in comfort

Nursing Health Promotion

31-543-306

Total Credits 3

Description

This course focuses on topics related to health promotion for individuals and families throughout the lifespan. We will cover nursing care of the developing family, which includes reproductive issues, pregnancy, labor and delivery, post-partum, the newborn, and the child. Recognizing the spectrum of healthy families we will discern patterns associated with adaptive and maladaptive behaviors applying mental health principles. An emphasis is placed on teaching and supporting healthy lifestyles choices for individuals of all ages. Nutrition, exercise, stress management, empowerment, and risk reduction practices are highlighted. Study of the family will cover dynamics, functions, discipline styles, and stages of development.

Competencies

1. Use principles of teaching/learning when reinforcing teaching plans
2. Apply principles of family dynamics to nursing care
3. Adapt nursing interventions for maladaptive patterns of behavior
4. Plan nursing care for patients with reproductive issues
5. Plan nursing care for a healthy pregnant woman
6. Plan nursing care during uncomplicated labor and delivery
7. Plan nursing care for a healthy newborn
8. Plan nursing care for the post-partum patient
9. Examine adaptations of nursing care for patients from infancy through adolescence
10. Plan nursing care for the ill child
11. Plan a healthy diet for a well patient
12. Encourage healthy lifestyle behaviors in patients
13. Promote safety/accident prevention for patients from infancy through adolescence
14. Promote healthy coping in acute and chronic illness

Nursing: Clinical Care across the Lifespan

31-543-307

Total Credits

2

Description

This clinical experience applies nursing concepts and therapeutic interventions to patients across the lifespan. It also provides an introduction to concepts of teaching and learning. Extending care to include the family is emphasized.

Course Competencies

- 1 Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to caring, advocacy, and quality care while adhering to evidence-based practice
- 2 Demonstrate appropriate written, verbal, and nonverbal communication in a variety of clinical contexts
- 3 Integrate knowledge of social, mathematical, and physical sciences, pharmacology, and disease processes while participating in clinical decision making
- 4 Provide patient centered care under supervision by participating in the nursing process across diverse populations and healthcare settings
- 5 Minimize risk of harm to patients, members of the healthcare team, and self through safe individual performance and participation in system effectiveness
- 6 Collaborate as an active member of the multidisciplinary health care team to provide effective patient care throughout the lifespan
- 7 Use information and technology to communicate, manage data, mitigate error, and assist with decision-making

Nursing: Introduction to Clinical Care Management

31-543-108

Total Credits

2

Description

This clinical experience applies nursing concepts and therapeutic nursing interventions to groups of patients across the lifespan. It also provides an introduction to leadership, management, and team building.

Course Competencies

- 1 Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to caring, advocacy, and quality care while adhering to evidence-based practice
- 2 Demonstrate appropriate written, verbal, and nonverbal communication in a variety of clinical contexts
- 3 Integrate knowledge of social, mathematical, and physical sciences, pharmacology, and disease processes while participating in clinical decision making
- 4 Provide patient centered care under supervision by participating in the nursing process across diverse populations and healthcare settings
- 5 Minimize risk of harm to patients, members of the healthcare team, and self through safe individual performance and participation in system effectiveness
- 6 Collaborate as an active member of the multidisciplinary health care team to provide effective patient care throughout the lifespan
- 7 Use information and technology to communicate, manage data, mitigate error, and assist with decision-making

#5 STUDENT POLICIES

Admission policies

The following admission steps are required for the Practical Nursing Program:

1. Application and application fee
2. High school/college transcripts
3. Background Information check and fee
4. Accuplacer Placement Scores
 - Math 50-78 or ACT 16
 - Reading 55-73 or ACT 16
 - Writing 70-85 or ACT 16
5. HESI Admission Exam -70%
6. Complete Health Requirements
7. Complete Functional Ability form
8. Complete Nursing Assistant course within 6 months of clinical or take NA refresher
9. Priority admission process

PN (Stand-Alone) Program Admission Requirements

1. _____ College Application (can be done online at www.gotoltc.edu)
2. _____ \$30 College Application Fee, if applicable (non-refundable)
3. _____ Official High School Transcripts & Official College Transcripts if applicable
4. _____ Entrance Assessment: Accuplacer

ACC Math (50) _____ ACT Math (16) _____

ACC Reading (55) _____ ACT Reading (16) _____

ACC Writing (70) _____ ACT Writing (16) _____

OPTIONS TO MEET PROGRAM SCORES:

1. Accuplacer Retest (\$10)
2. Math: Successfully complete Pre-Algebra
3. Reading: Successfully complete 15 college-level credits
4. Writing: Successfully complete Written Communication

5. _____ Program Advising (call 920-693-1109 to set up appt.)
6. _____ Functional Abilities Statement of Understanding *
7. _____ Background Check & \$16 (check or cash) *
 1. If one clinical site says no, program entry is denied
 2. If denied, a letter is sent to student
8. _____ Health Form *
9. _____ **READ** and complete Nursing Program Handbook Signature Sheet *
10. _____ **HESI -70%-**
 1. Nursing-level Accuplacer/ACT scores **MUST** be met before taking the HESI
 2. When program-required scores are met, The Program Advisor will send an email granting permission to take the HESI.

11. Nursing Assistant Class within 6 months of Clinical course, working as CNA or NA Refresher Course

All admission requirements must be 100% completed.

Progression policies

The nursing course curriculum is designed for students to complete part-time in three semesters. For optimal learning of theory and practice, students are advised to maintain enrollment each semester as outlined in the academic pathway. Nursing faculty believe that course performance and test scores are highly correlated to success on the NCLEX-PN. With this belief, the following grading policies are in place:

1. Students may enroll in a nursing course **only two times**. This includes enrollment in on-line or face to face courses from other colleges. Two unsuccessful enrollments of the same nursing course will result in dismissal from the PN program. Examples of two unsuccessful enrollments include:
 - a. Withdrawal from a course at any point during the course and a subsequent failure on the second attempt of the same course or
 - b. Withdrawal from an online course and a subsequent failure in a face-to-face delivery of the same course.
2. Students must be actively enrolled and participating in a co-requisite theory course to be able to continue in the clinical course.
3. Students must successfully complete the skills course prior to taking a clinical course.
4. All students who do not remain in the usual course progression (Example: for course failure or opting out for personal reasons) must meet with the program advisor, Lisa Weadge. Call 920.693.1109 to make an appointment. Students who do not remain in the usual course progression are not guaranteed a spot in a clinical or skill course registration.
5. A student may step out of the program for one semester. The student must notify the advisor, Lisa Weadge of his/her intent to step out and plan for returning. Prior to re-enrollment the student must also confirm with the counselor the intent to return. Re-enrollment will be on a space available basis as noted above.

Theory Courses

- Students must attain a minimum 80% overall score in the theory course to demonstrate achievement of course competencies.
- There will be no rounding of any grades, extra credit or alternative testing to achieve the 80% course score.
- In addition, students must attain a minimum 80% test score average in the class. If the student does not achieve the 80% average, they will fail the course regardless of the other course work.

Skill Courses

- Students must attain a minimum 80% overall score in the skill course to demonstrate achievement of course competencies.
- All skills must be completed satisfactorily to pass the course.
- Students must attain a minimum 80% test score average in the class. If the student does not achieve the 80% average, they will fail the course regardless of the other course work.
- There will be no rounding of any grades, extra credit or alternative testing to achieve the 80% course score.

Clinical Courses

- Students must attain a minimum 80% overall score in the clinical course to demonstrate achievement of course competencies.
- There will be no rounding of any grades, extra credit or alternative testing to achieve the 80% course score.

- In addition, students must demonstrate achievement of each clinical competency (a score of 4 or higher) in order to pass the clinical course. If the student does demonstrate achievement of each competency (they receive a score of 2 or lower), they will fail the clinical course regardless of the other course work.

The grading scale in the Practical Nurse Program:

- A = 92%-100%
- B = 85-91%
- C = 80-84%
- D = 79-70%
- F = < 69%

Retention policies

LTC'S nursing program's model for intrusive advising is student-centered. It is designed specifically for at-risk students to provide them with structured support in an attempt to increase persistence rates. Persistence rates is defined as percent of students completing a degree with a designated time frame at the same institution (Act Institutional Data file, 2015). Nursing program persistence rates measure the percent of students who complete the part-time practical nursing program within a four semester (2 year) timeframe.

Although all students can benefit by supportive faculty and advising relationships, students who would be required to participate in a structured intrusive advising process would include those that previously failed a course, those students who failed an exam or students who demonstrate high risk behaviors such as absence and not completing assignments. There are two courses based on past course pass rate statistics that have been targeted to have Academic Specialist support with the goal of increasing pass rates > 80%.

- Nursing Pharmacology
- Health Alteration

Nurse educator role and responsibility

1. Early identification of high-risk performance/behavior

It is important that the faculty make contact with the student as soon as they are identified as being high-risk which is identified as failing a previous course or failing an exam with the intent of helping the student further explore obstacles that may be hindering their success. Other behaviors such as poor attendance, tardiness, falling asleep in class and late or missing assignments should alert the instructor to make contact with the student and consider these behaviors to be an obstacle to successful course completion and early referral to the academic advisor.

2. Initial Communication with student

Nursing faculty should contact student for a face-to-face meeting to discuss observed behaviors and/or academic progress as soon as there is evidence of lack of progress or high risk behaviors. Show concern and support for the student. Discuss the expectations for the nursing program's intrusive advising program as defined in your course and following program guidelines and the requirements for the student's participation in the program. Explain consequences of being dropped from the course for non-participation in the intrusive advising requirements.

Facilitate a student self-appraisal and develop a plan to improve academic success

The student must gather appreciation of the impact of their actions on the potential for being successful in the class.

- a. Facilitate the student to complete a self-appraisal of academic skills and potential environmental obstacles. Be aware that self-perceptions may be inaccurate and may fail to result in appropriate help-seeking behaviors. As a result, guidance with self-appraisal is strongly recommended (Jeffreys 2012). Soliciting student self-appraisals of study skills must be partnered with actively offering appropriate assistance to weaker students.
- a. Review self-appraisal with the student and have student develop a written plan with specific strategies to improve academic and environmental barriers. Listen carefully to students to determine if they need additional support services. Discuss written plan and offer suggestions for additional strategies that may be helpful.
- b. Offer student encouragement to map out a schedule of time commitments throughout the day to develop a full understanding of time allocation. This can include school, work, family and personal commitments. Have student share their map with you at a subsequent meeting and analyze if the student has a good plan for school and life balance addressing time for studying and completing assignments.

3. Early referral to Support Services

Early referral and intervention for Academic, Personal and Financial support is key to increase student success and retention.

- a. Use the **Referral Form for Academic Advising** that can be found on the Bridge home page <https://dynamicforms.ngwebsolutions.com/ShowForm.aspx?RequestedDynamicFormTemplate=aabe869c-bf7d-4397-b7b9-90deed09f428> to provide notification of students who show high risk behaviors that may impact academic success or those that are failing exams. In addition, you may contact the program advisor directly by e-mail to update her on student's progress.
- b. Use the **Referral Form for non-attendance** that can be found on the Bridge home page <https://dynamicforms.ngwebsolutions.com/ShowForm.aspx?RequestedDynamicFormTemplate=1c1edff1-23ae-493e-a4ec-db7b948d3c7c> Non-attendance should be reported in situations where the student NEVER attends the course or who began attendance and then ceased attending prior to the 14th day of the semester.
- c. Review the **Student Support Service** page on the LTC website with the student at <http://www.gotoltc.edu/current-students/student-support-services/> to facilitate a discussion of potential support services. Help student make a plan on who to contact based on needs assessment and assist with directing students to the correct person. Literature supports bringing the student directly to their office has more impact rather than just a referral.
- d. Follow-up with phone call or e-mail as appropriate with Counselor, Disability Services or Financial services to facilitate initiation or continuity of support and services.
- e. Notify the **Academic Specialist** about student referral. Share results of student self-appraisal and communicate and student specific concerns.

4. Ongoing student communication

- a. Instructors are expected to maintain personal contact with students each week. If the student's academic performance and behaviors have improved, communication may be in class or by e-mail providing student with feedback and encouragement.
- b. Instructors should communicate scheduled office hours that they are available for extra help.
- c. Instructors are expected to meet with students within a week after any exam that the student did not pass. The meeting should include individual time with the student to review any exam in which they were not successful. Have the student review the test questions that were incorrect and have student analyze why their answer was incorrect and provide rationale for the correct answer. Review any learning plan content that the students need additional information.

- d. Stimulate the student to critically think of academic and environmental factors that contributed to poor test results. Explore the following as options:
 - Knowledge deficit r/t poor preparation/lack of study skills/time management
 - Poor test taking skills
 - Anxiety
 - e. Review the student's academic plan and discuss with student if there should be modification of the plan based on the student's analysis of contributors that impacted lack of success.
 - f. Refer any concerns related to anxiety or mental health concerns to college counselor. Refer any concerns related to learning disabilities to Disability Services.
 - g. Instructors should communicate with any student at least 2 days prior to the test opening if they did not meet the requirements of intrusive advising and the consequences of non-participation.
- 6. Ongoing communication with the Academic Specialist**
- a. Instructors are expected to provide a course packet, syllabus and calendar with the Academic Specialist. Instructors should request Blackboard access for the Academic Specialist from Heather Pokorsky.
 - b. Instructors are expected to communicate with the Academic specialist after each exam providing them with the names of the students who are required to meet with them prior to the next exam and reviewing the expectations for student attendance/participation with the Academic Specialist. (example: minimal of one hour weekly).
 - c. Instructors should confirm with the Academic specialist at least 3 days prior to each exam to confirm if the student met the tutoring expectations and share student progress results.
 - d. Instructors should collaborate with the Academic specialist at the end of the course to obtain data that they have gathered on the impact of the intrusive advising on course pass rates. This data should be included in the end of the semester course reports. Data should minimally include the following:
 - # of unique student contacts
 - # of overall student contacts
 - # of student contacts who were at risk (identified by failing previous course or failing exams)
 - Review individual student results:
 - % of high risk students who passed subsequent module exam –list results per each module exam
 - % of high risk students who passed the final exam
 - % of high risk students who passed the course

7. Ongoing communication with Academic Advisor

Communicate with the advisor if the student has not passed the course and future plans to continue in the program if known.

Academic specialist role and responsibility

1. Establishing student relationships

The academic specialist should come to the first day of class to explain the role of the academic specialist in helping with student success and to offer her/his services. Gather times/days students prefer to meet to aid in developing a calendar/availability of tutoring hours.

2. Setting a calendar and communicating availability/location for tutoring

- a. Develop a calendar of availability for each course in which you are responsible. Calendar should include time for individual and walk-in appointments. The hours should be set based on student availability and

preference and should be throughout the week. Schedule separate tutoring group times for each course and each section. Additional hours may be needed seven days prior to a scheduled exam. Evening hours may be an option to address student need and evening tutoring may be done on campus, by phone, e-mail, Skype, Face-time or other electronic means.

- b. A written calendar of availability for the semester should be shared with the Associate Dean of Nursing and the instructor by the end of the first week of class. It is expected that the scheduled hours stay within the tutoring hours available for the course. If the hours exceed based on student need/request, it is expected that the Academic specialist share variance with the Associate Dean of Nursing prior to scheduling additional hours.
- c. Communication of the tutoring calendar to the students should be done by the first week of class by e-mail and posting the schedule on Blackboard. The library is a good location for visibility for students for drop-in appointments. Classroom settings would be optimum for large group instruction. Reserving a classroom can be done through Trish Klein, administrative assistant.

3. Facilitating learning

- a. The main focus of the academic specialist is to prepare students for the next exam as a way to improve course pass rates. Although all students may choose to participate in tutoring with the academic specialist, students who are high-risk are required to participate in academic tutoring each week or as determined by the instructor.
- b. The AS should provide encouragement and support to the learning by providing supplemental support to classroom instruction. They should not reteach the class or review exams. They should use multiple learning strategies to meet the needs of the diverse learners. Students should be encouraged to come to review sessions with questions on areas that need clarification. The AS can provide additional instruction on difficult concepts using a variety of teaching strategies including small group activities, active learning, case scenarios, stimulating critical thinking, simulation, review of practice quizzes, etc. to meet the learning needs of the students.

4. Ongoing communication with high risk students

- a. The AS is responsible for weekly communication with high-risk students who must participate in intrusive advising. If the student's academic performance and behaviors have improved, communication may be in class or by e-mail providing student with feedback and encouragement.
- b. Although students are strongly encouraged to make contact to set up tutoring times with the AS, the AS is responsible for reaching out to any student (in person, phone or e-mail) who has not made contact to set up time for tutoring as required by the specific course. Copy course instructor on e-mails.

5. Ongoing communication with course instructor

- a. The AS is responsible for weekly (or as determined by the instructor) communication with the instructor to communicate weekly participation of high risk students in intrusive advising. At least 3 days prior to the next exam, the AS should communicate with the instructor names of student who participated as well as those that did not participate in intrusive advising requirements as expected.
- b. The AS is responsible for communicating to the instructor for any student specific concerns that may impact positive student outcomes.
- c. The AS is responsible for sharing a summary of the student contacts and outcomes as defined in 6 C below.

6. Tracking of time, student participation and student outcomes

The AS is responsible for having students complete and return any grant funded required paperwork. The requirements will be variable on grant requirements. Obtain forms and clarification on requirements from the grant manager who is the Dean of Health and Human Services.

- a. Weekly recordkeeping to summarize AS effort and results is required by using an established excel spreadsheet.
- b. Weekly recordkeeping to summarize individual plan for each student which was served is required by using an established WORD document.
- c. A summation of time and outcomes will be completed at the end of each course and shared with the course instructor within two weeks of the course completion

Program advisors role and responsibility

1. Establishing relationships

The Program Advisor should establish early relationships with students prior to entering the nursing program during academic advising and program planning as well as during program orientation. Central to academic advising are discussions about educational goals, helping students understand strengths and weaknesses to meet those goals, and linking students to campus services. Advising is not just about course selections but also involves an ongoing relationship between advisors and students.

Building relationships with students is the first step, but additional contacts may be used to provide the information to connect students with useful and appropriate resources. Use information gleaned from advisees to make referrals to campus resources for which the student qualifies and can benefit. When making referrals, advisors should try to provide students with as much information on the resource as possible including a contact name, phone number and email address. When practical, walk students to their next campus destination.

Establish a Relationship and Maintain Regular Contact with Advisees

Maintain regular, ongoing contact with students by sending emails; follow up regarding their mid-term grades; call any time an early alert is received from a faculty member; and use social media to your advantage. All of these practices will help build and foster strong relationships with advisees which allow advisors the opportunity to be intrusive without intruding.

Ongoing Communication with the Nursing Program

- a. Maintain regular contact with the nursing instructor who provided referral for high-risk students providing academic information that may help improve student outcomes.
- b. Maintain regular contact with the Associate Dean of Nursing to provide updates on student status; changing progression, leaving the program, etc.

Student's role and responsibility

Initial Instructor Communication

- Students who have previously failed a course must meet with the instructor prior to taking the course for the second time.
- Students who have failed a learning plan exam must meet with the instructor within a week after completing the exam.

Students must meet with the instructor to review their performance and identify strategies to increase success. Self-reflection is an important component of this process so students are required to identify strengths and/or

barriers to their success in the nursing program by completing a self-perception appraisal and then developing a specific performance improvement plan with a specific strategies, action plan and timeline for implementation. These documents must be completed and submitted to the instructor. Lack of completion may result in removal of the nursing program. Because there are many potential factors that may impact student success, instructors will review the self-perception appraisal survey with the students and will recommend additional college resources.

Ongoing Instructor Communication

Students are encouraged to meet regularly with their instructors throughout the course. They are required to meet the instructor within the week after completing an unsuccessful learning plan exam to review and analyze the rationale for not being successful. Students will share their perceived reason for lack of success with the instructor and develop/modify their improvement plan that they will follow for the next exam.

Academic Tutoring

- Students who were unsuccessful in the course on a previous attempt must make an hour weekly appointment for tutoring at the beginning of the course.
- Students who were unsuccessful on a learning plan exam must make an appointment for one hour weekly tutoring within the week after failing an exam.

The instructor will identify if the tutoring will be completed by an Academic Specialist or a peer tutor. Students may seek out additional academic support with peer tutors, study groups and/or the instructor if desired. Students must complete and submit to instructor acknowledgment of tutoring activities using the Academic Support Log prior to taking the next module exam per instructor guidelines. Please see course syllabus for instructor guidelines and to locate the Academic Support Log.

Program Advising

Students must meet with the program advisor at least once a semester. The instructor or program advisor may request additional meetings based on student progress. The advisor will assist in academic program planning and assisting with non-academic factors that may impact success in the nursing program. The advisor may initiate referrals to college support services based on review of the student's self-perception appraisal.

College Support Services

Students should participate in college support services based on personal need or by the referral of the instructor or the program advisor. College support services may include disability services, financial services, counseling, etc.

Consequences of not participating in Mandatory Academic coaching

Students who have previously failed a course or who failed a learning plan exam are required to follow the mandatory academic coaching guidelines that are outlined in the nursing handbook and the course syllabus or they may be dropped from the course which may result in removal from the nursing program.

Graduation policies

Students must attain a grade of "C" or better in all required courses and maintain a grade point average of 2.0 or above to be eligible for graduation. The student assumes the ultimate responsibility to see that all credit requirements for graduation are met. Required courses include general education courses.

To graduate with a Practical nursing technical diploma from Lakeshore Technical College, the student must:

- Obtain at least 25% of the credits from LTC (i.e. 8 credits for a 32 credit program) AND
- Obtain at least 25% of the nursing credits from Lakeshore Technical College (i.e. 5 credits for PN).
- Include at least the clinical credits from the final semester of the nursing program.

#6 Updated Timeline for Implementation

The admission of the first cohort of 16 students into the nursing courses would be projected for summer 2017. Timeline is as follows:

April-May 2016

- Communication to parties of interest to plan program
- Develop PN nursing program sheet
- Create LTC PN program website
- Develop course schedules
- Create faculty job descriptions
- Create nursing student handbook

May-August 2016

- Marketing of program to community
- Recruit nursing faculty
- Recruit PN nursing students
- Candidacy request for ACEN accreditation as soon as obtain BON approval to admit students
- Begin process to obtain written affiliation agreements with clinical agencies

Fall 2016-Spring 2017

- Hire nursing faculty
- Offering general education courses with academic support
- Developing below-the-line nursing curriculum learning activities and assessments
- Finalize the written affiliation agreements with clinical agencies

Summer 2017

- Admit first cohort to PN nursing courses

Spring 2018

- Graduate first PN nursing cohort
- Site visit for accreditation through Accreditation Commission for Nursing (ACEN)

#7 Verification of students' ability to acquire clinical skills

Each cohort will be a maximum of 16 students. Each clinical group will have a maximum of 8 students. Intent is to have clinical placement in Sheboygan as well as Manitowoc counties to serve the students within our district. When exploring a needs assessment to initiate a PN program, representatives on the advisory board representing nursing homes throughout the district unanimously stated they supported the program and would be willing to host clinical placement of our students. Attached is total documentation (form #1004, contract and job descriptions) to affiliate with two nursing homes for PN clinical placement. The intent is to pursue additional contracts in the future.

- Rocky Knoll Health Care Center in Plymouth, WI
- Manitowoc Health and Rehabilitation Center in Manitowoc, WI

Simulation equipment and experiences

PN nursing students will have access to the LTC clinical skills and simulation lab. Simulation equipment is both high and low fidelity. There are three separate simulation rooms with high fidelity manikins including 3 adult, 1 infant, 1 child, and one mother. There are 2 skills classrooms; one with 3 beds and one with 4 beds to practice clinical skills. The skills lab is fully stocked with equipment and supplies needed to facilitate the skills course and simulations within the clinical courses.

Models/Mannequins Inventory:

Developed: November 2015

Adult - Full Body Manikin (11)
Useful for teaching basic skills and patient care

Adult - Full Body Manikin (1)
Useful for basic skills and patient care. Formerly Sim Man. Monitor with VS, verbalizations thru PC, Foley, IV/PIC sites (with fluids).

Adult – Full body Otic/Ophthalmic Manikin (1)
Useful for eye & ear gtts, IM/SQ injection, catheterization.

Adult – Full body Manikin - Nursing Anne (2)
Designed for scenario-based training for the care and management of basic patient handling skills to advanced nursing skills. Sim Pads available to enhance functionality with Heart & Lung sounds, VS, some verbalizations.

Adult – Mobile Full body functional manikin (2)
Susie (2013) and ECS Meti-Man (2015). For Simulation. Wireless patient simulators with pulses, heart/lung sounds, VS, verbalization capability, IV sites (with fluids), foley/ng placement. Has CPR evaluation tool.

Auscultation Trainer and SmartScope Manikin (1) (Updated 2013)
Has a menu of heart & lung conditions controlled by a wireless remote control. As the Smartscope™ is moved to different locations on the manikin, different heart & lung sounds are heard

Birth Process Model (1)
Natural size. The model shows the beginning of the birth process. Formation of the bag of waters. Model separates into 3 parts.

Birthing Manikin - Noelle with baby (1/1)

Designed to provide a complete birthing experience before, during and after delivery. Fetal Heart Tone App also available.

Blood Pressure Arms (2)

Arms to demonstrate the five Korotkoff phases, has palpable radial pulse. The optional external Amplifier/Speaker System can be used instead of the speaker in the arm to broadcast sounds for a group. Includes sphygmomanometer, cuff, and gauge assembly.

Breast Self-Exam Models (9)

Form with simulated tumors of different common lumps in the breast.

Chest Surgical Wound Model Plates (total 16 - able to make more)

Full Breast stapled site with tube (5)

Small stapled site with tube (3)

Small stapled site without tube (5)

Small site with open wound (3)

Chester Chests (9)

Used to develop competence with the three most common types of long-term vascular access routes. Including a surgically implanted port.

Child - 2 Years of age Full Body Manikin (1)

Mobile, functional: useful for teaching basic skills and patient care. Realistic size and weight, chest rise, cyanosis, monitor with VS, verbalizations, able to catheterize, IV site, IO, injections. Has CPR evaluation tool.

Choking Charlies (11)

Anatomically accurate male torso designed to simulate a foreign body upper airway obstruction for training the Abdominal Thrust Maneuver.

Decubitus Foot Models (11)

This replica contains varying stages of pressure ulcers.

Ear Examination Simulator (1)

Used to practice examination of the human ear. Has plug-in removable ears with various observable differences such as normal tympanic membrane with slanted ear canal. The lifelike, flexible texture of the ears requires the same manipulation when using the otoscope as required on a live patient.

Ear Model (1)

Cross-Section Ear Model. Economical, soft foam cross-sections are realistically detailed with the Cross-Section Ear Model. Printed with vocabulary terms on one

Ear Syringing Heads (4)

For learning irrigation. Has a flexible pinna that allows manipulation.

Infant - Full Body Manikin (3)

Nonfunctional manikins useful for teaching basic skills and patient care.

Infant Newborn Hal – Mobile Manikin (1) (2013)

Wireless patient simulator: heart/lungs sounds, VS, cries, seizures, cyanosis.

Injection Pad Models:

SQ (15) for Insulin/Lovenox

SQ/IM – Gold Pads (11 – 2014/2015) (4 - older)

Intradermal (11) (I hope to replace some of these)

Interchangeable Catheterization and Enema Trainer (6) (2006)
Lower torso for used peri care and positioning during catheterization.

Intramuscular Injection Torso Models (11)
Lower torso to patella (4)
Mid abdomen torso's (7)
Left gluteal taken off so it is easy to observe internal structure.

NG Tube and Trach Insertion Manikins (8). (2003/2005)
Torso designed for practice of gastrointestinal care procedures via nasal and oral access. Can also be used for Trach care and suctioning.

NG Tube Teaching Models (4). (2005)
A model of the nose, mouth, pharynx, trachea, esophagus, & stomach covered with Plexiglas for observation. Plastic feeding tubes or catheters may be passed through the nose or mouth into the esophagus or stomach. Also features tracheostoma for endotracheal aspiration.

Ostomy Model (16). (2005)
Varying sized stomas which may be washed with soap and water, taped, bandaged, or fitted with ostomy bags. Flat plates have carrying cases.

Peri-Genitalia (10)
For peri care and foley catheter insertion. Model features a viscoelastic urethra that accurately duplicates the feeling of inserting a lubricated catheter into the bladder. These are delicate and last only a few years.

Peritoneal Dialysis Model (2). (1997)
Designed to introduce the essentials of Continuous Ambulatory Peritoneal Dialysis (CAPD) procedures and care to patients. Solution setup included.

Peri-Ostomy Models (10). (2014-2015)
Two-in-one simulator combines the features of female and male catheterization and fully functional stomas. 1-2 yrs. old.
Each CNA classroom has one.

Pitting Edema Simulator (2)
Model simulates edema in which pitting results in a depression in the peripheral extremities. 1+ through 4+ depths can be demonstrated.
Seymour Butts (6). (2005 & 2012)
Manikin with variety of ulcer wounds. It simulates undermining, tunneling, subcutaneous fat, exposed bones, eschar, slough, and more.

Skeleton Model (1)
Life-Size Skeletal reproduction of an adult Male Specimen.

Surgical Sally (4). (2005)
Surgical bandaging female simulator female with 14 surgical wounds, including a mid-sternal split with chest tube drain, a sacral decubitus ulcer- stage 2, and a leg amputation stump.

Testes Exam (8)
Simulator features soft, thin outer skin with delicate underlying structures and four embedded, simulated tumors.

Wisconsin Department of Safety and Professional Services

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Website: dspd.wisconsin.gov

BOARD OF NURSING

FACULTY / EDUCATIONAL ADMINISTRATOR QUALIFICATION RECORD

New nursing school seeking authorization to admit students: Completion of this form is required for each faculty member and the educational administrator. This form must be submitted to the Board of Nursing along with the request for authorization to admit students.

Nursing school approved by the Board of Nursing: Completion of this form is required for each faculty member and the educational administrator. The form must be kept on file in the school of nursing office and made available to the Board upon request for all faculty members and educational administrators hired by the nursing school.

Change in educational administrator: Institutions are required to notify the Board of Nursing within 48 hours of the termination, resignation or retirement of an educational administrator and designate an interim educational administrator (EA) within five (5) business days. Completion and submission of this form is required as part of the notification process.

Faculty/EA Name (*Last, First*): Calabresa, Kathleen WIRN License #: 64601

School of Nursing Employed By: Lakeshore Technical College

Type of Nursing Program(s) (ADN, PN, BSN, etc.): Practical Nursing

Position: Educational Administrator Faculty

Appointment Effective Date: 1/2015

FACULTY APPOINTMENTS (complete Section A below).

Fully-qualified faculty must have a current, active Registered Nurse license or privilege to practice in Wisconsin that is not encumbered and a graduate degree with a major in nursing.

A. EDUCATIONAL PREPARATION

Name of Institution	Location City/State	Graduation Date	Degree Earned or # of Credits	Major	Minor

Wisconsin Department of Safety and Professional Services

EDUCATIONAL ADMINISTRATOR APPOINTMENTS

Fully-qualified educational administrator must have current, active Registered Nurse license or privilege to practice in Wisconsin that is not encumbered, a graduate degree with a major in nursing, knowledge of learning principles for adult education, including nursing curriculum development, administration and evaluation, current knowledge of nursing practice, and **either** educational preparation (master's degree in nurse education or doctorate degree in nurse education) or at least two (2) years experience as an instructor in a nursing education program within the last five (5) years.

NOTE: Applicant must complete Section A below; complete Section B below only if teaching experience is being applied toward the requirements in lieu of an earned master's or doctorate degree in nurse education.

List most recent education preparation and teaching experience first. Attach additional pages as necessary.

A. EDUCATIONAL PREPARATION

Name of Institution	Location City/State	Graduation Date	Degree Earned or # of Credits	Major	Minor
Alverno College	Mil. WI	12/1975	BSN	Nursing	
Univ of Phoenix	Phoenix, AZ	8/2003	MSN	Nursing	

B. NURSING INSTRUCTION EXPERIENCE*

*Complete this section only if a master's or doctorate degree in nurse education has not been earned and teaching experience is being applied in lieu of a master's or doctorate degree in nursing.

From Month/Year	To Month/Year	Part-time or Full-Time	Employer/School	Location City/State	Position/Job Title

Kathleen Calabresa
Educational Administrator

Associate Dean of Nursing
Title

Kathleen Calabresa
Signature

3/1/2016
Date

(620) 693-1860
Telephone Number

kathleen.calabresa@goto1tc.edu
Email Address

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Change in educational administrator: Institutions are required to notify the Board of Nursing within 48 hours of the termination, resignation or retirement of an educational administrator and designate an interim educational administrator (EA) within five (5) business days. Completion and submission of this form is required as part of the notification process.

Faculty/EA Name (Last, First): Loneragan, LuAnn WIRN License #: 92909-30

School of Nursing Employed By: Lakeshore Technical College

Type of Nursing Program(s) (ADN, PN, BSN, etc.): ADN

Position: _____ Educational Administrator X Faculty

Appointment Effective Date: 01/03/1996

FACULTY APPOINTMENTS (complete Section A below).

Fully-qualified faculty must have a current, active Registered Nurse license or privilege to practice in Wisconsin that is not encumbered and a graduate degree with a major in nursing.

A. EDUCATIONAL PREPARATION

Name of Institution	Location City/State	Graduation Date	Degree Earned or # of Credits	Major	Minor
University of WI - Milwaukee	Milwaukee, WI	5/1987	MSN	Nursing	
University of WI - Eau Claire	Eau Claire, WI	5/1983	BSN	Nursing	

2/12/16 HR

(P)



Wisconsin Department of Safety and Professional Services

Credential/Licensing Search

Individual Search Results - Detail

Credential/License Summary for 92909

Name: LONERGAN, LUANN BETH
Profession: REGISTERED NURSE (30)
Credential/License Number: 92909-30
Location: KIEL WI
Credential/License Type: regular
Status: License is current (Active)
Eligible To Practice: credential license is current

Credential/License current through: 2/28/2018

Granted date: 3/27/1986

Multi-state: Y

Orders: NONE

Specialties: NONE

Other Names: Luann Beth Olson

[Return to Search Results](#)

Consistent with The Joint Commission and NCQA standards for primary source verification. Data on this page is refreshed hourly.

Send questions or comments to dsps@wisconsin.gov.

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Faculty/EA Name (Last, First): Peters, Barbara WI RN License #: 149441-30

School of Nursing Employed By: Lakeshore Technical

Type of Nursing Program(s) (ADN, PN, BSN, etc.): ADN

Position: Educational Administrator Faculty

Appointment Effective Date: 6/29/15

FACULTY APPOINTMENTS (complete Section A below).

Fully-qualified faculty must have a current, active Registered Nurse license or privilege to practice in Wisconsin that is not encumbered and a graduate degree with a major in nursing.

A. EDUCATIONAL PREPARATION

Name of Institution	Location City/State	Graduation Date	Degree Earned or # of Credits	Major	Minor
NWTC	Green Bay WI	12/2004	84	ADN	
Grand Canyon University	Phoenix AZ	3/2012	36	BSN	
GCU	Phoenix AZ	3/2015	32	MSN-E	



Wisconsin Department of Safety and Professional Services

Credential/Licensing Search

Individual Search Results - Detail

Credential/License Summary for 149441

Name: PETERS, BARBARA B**Profession:** REGISTERED NURSE (30)**Credential/License Number:** 149441-30**Location:** LUXEMBURG WI**Credential/License Type:** regular**Status:** License is current (Active)**Eligible To Practice:** credential license is current**Credential/License current through:** 2/28/2018**Granted date:** 1/20/2005**Multi-state:** Y**Orders:** NONE**Specialties:** NONE**Other Names:** Barbara B Peters

Barbara B Birkholz

[Return to Search Results](#)

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Send questions or comments to dsps@wisconsin.gov.

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8366
 Madison, WI 53708-8366
 FAX #: (608) 266-2602
 Phone #: (608) 266-2112

1400 E. Washington Avenue
 Madison, WI 53703
 E-Mail: dsps@wisconsin.gov
 Website: dsps.wisconsin.gov

BOARD OF NURSING

FACULTY / EDUCATIONAL ADMINISTRATOR QUALIFICATION RECORD

New nursing school seeking authorization to admit students: Completion of this form is required for each faculty member and the educational administrator. This form must be submitted to the Board of Nursing along with the request for authorization to admit students.

Nursing school approved by the Board of Nursing: Completion of this form is required for each faculty member and the educational administrator. The form must be kept on file in the school of nursing office and made available to the Board upon request for all faculty members and educational administrators hired by the nursing school.

Change in educational administrator: Institutions are required to notify the Board of Nursing within 48 hours of the termination, resignation or retirement of an educational administrator and designate an interim educational administrator (EA) within five (5) business days. Completion and submission of this form is required as part of the notification process.

Faculty/EA Name (Last, First): Lori Hertel WI RN License #: 102627-30

School of Nursing Employed By: Lakeshore Technical College

Type of Nursing Program(s) (ADN, PN, BSN, etc.): ADN

Position: Educational Administrator Faculty

Appointment Effective Date: 1-5-04

FACULTY APPOINTMENTS (complete Section A below).

Fully-qualified faculty must have a current, active Registered Nurse license or privilege to practice in Wisconsin that is not encumbered and a graduate degree with a major in nursing.

A. EDUCATIONAL PREPARATION

Name of Institution	Location City/State	Graduation Date	Degree Earned or # of Credits	Major	Minor
MARIAN College	Fond Du Lac	12-04	Masters Nurse Educator		
MARIAN College	Fond Du Lac	5-89	BSN		
MARIAN College	Fond Du Lac	5-89	Bachelor of Science	Psychology	
FVTC	Appleton	1985	CNA		
Chilton High School	Chilton	1983			

✓ 2/9/16 HR

NO. 102627 - 30

EXPIRES: 02/28/2018

The State of Wisconsin
Department of Safety and Professional Services
BOARD OF NURSING

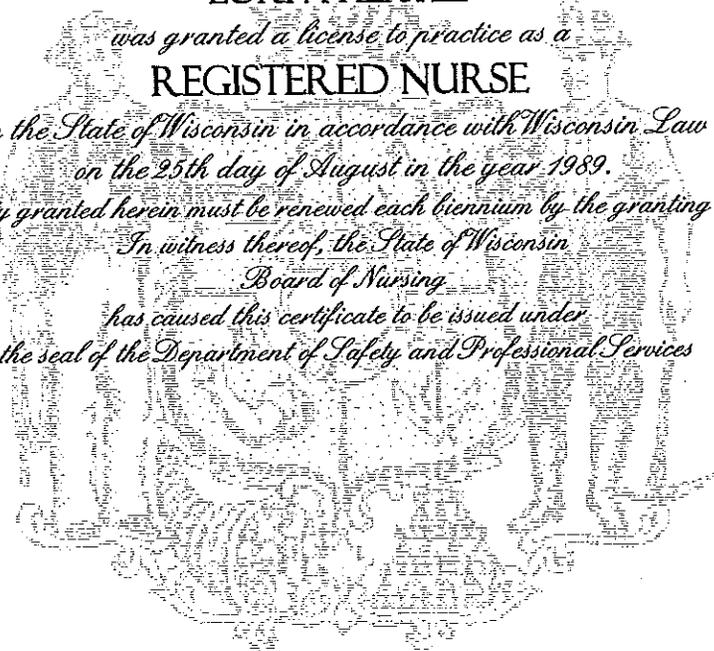
Hereby certifies that
LORI A HERTEL

was granted a license to practice as a
REGISTERED NURSE

in the State of Wisconsin in accordance with Wisconsin Law
on the 25th day of August in the year 1989.

The authority granted herein must be renewed each biennium by the granting authority.

In witness thereof, the State of Wisconsin
Board of Nursing
has caused this certificate to be issued under
the seal of the Department of Safety and Professional Services



[Signature]
02/25 Secretary

[Signature] DNP, BSNP
Chairperson

[Signature]
Secretary

This certificate was printed on the 3rd day of February in the year 2016

Wisconsin Department of Safety and Professional Services

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BOARD OF NURSING

FACULTY / EDUCATIONAL ADMINISTRATOR QUALIFICATION RECORD

New nursing school seeking authorization to admit students: Completion of this form is required for each faculty member and the educational administrator. This form must be submitted to the Board of Nursing along with the request for authorization to admit students.

Nursing school approved by the Board of Nursing: Completion of this form is required for each faculty member and the educational administrator. The form must be kept on file in the school of nursing office and made available to the Board upon request for all faculty members and educational administrators hired by the nursing school.

Change in educational administrator: Institutions are required to notify the Board of Nursing within 48 hours of the termination, resignation or retirement of an educational administrator and designate an interim educational administrator (EA) within five (5) business days. Completion and submission of this form is required as part of the notification process.

Faculty/EA Name (Last, First): Vanne, Jill WIRN License #: 150696

School of Nursing Employed By: Lakeshore Technical College

Type of Nursing Program(s) (ADN, PN, BSN, etc.): ADN

Position: Educational Administrator Faculty

Appointment Effective Date: Jan. 5, 2015

FACULTY APPOINTMENTS (complete Section A below).

Fully-qualified faculty must have a current, active Registered Nurse license or privilege to practice in Wisconsin that is not encumbered and a graduate degree with a major in nursing.

A. EDUCATIONAL PREPARATION

Name of Institution	Location City/State	Graduation Date	Degree Earned or # of Credits	Major	Minor
Jacksonville Univ.	Jacksonville, FL	May/2014		MSN Clinical Ed.	
Carroll College					



Wisconsin Department of Safety and Professional Services Credential/Licensing Search

Individual Search Results - Detail

Credential/License Summary for 150696

Name: VANNE, JILL M

Profession: REGISTERED NURSE (30)

Credential/License Number: 150696-30

Location: TWO RIVERS WI

Credential/License Type: regular

Status: License is current (Active)

Eligible To Practice: credential license is current

Credential/License current through: 2/28/2018

Granted date: 7/14/2005

Multi-state: Y

Orders: NONE

Specialties: NONE

Other Names: Jill M Hansen

Jill M Vanne

[Return to Search Results](#)

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Send questions or comments to dsps@wisconsin.gov.

✓ 2/5/16, HR

State of Wisconsin
DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES
COMMITTED TO EQUAL OPPORTUNITY IN EMPLOYMENT AND LICENSING

MULTI-STATE

REGISTERED NURSE

No. 131761-30

Expires: 2/28/2018

TAMMY MARIE SPOERL
162 MEADOW RIDGE DR
SHEBOYGAN FALLS, WI 53085
UNITED STATES

The person whose name appears on this document has complied with the provisions of the Wisconsin Statutes and holds the credential specified on the front of this card. To verify the current status of this credential, use "Lookup a license" at dps.wi.gov.

The named person has complied with Wisconsin Statutes and holds the credential specified. Signature:

Ch 440.11, Wis Statutes, requires you to notify the Department of a name or address change within 30 days. Please submit corrected information via the web at dps.wi.gov or by mail to DSPS at PO Box 8935, Madison WI 53708-8935.



Wisconsin Department of Safety and Professional Services Credential/Licensing Search

Individual Search Results - Detail

Credential/License Summary for 72961

Name: AVCI, KAY LYNN
Profession: REGISTERED NURSE (30)
Credential/License Number: 72961-30
Location: MANITOWOC WI
Credential/License Type: regular
Status: License is current (Active)
Eligible To Practice: credential license is current

Credential/License current through: 2/28/2018

Granted date: 4/6/1979

Multi-state: Y

Orders: NONE

Specialties: NONE

Other Names: Kay Lynn Schmeichel

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BOARD OF NURSING

CLINICAL FACILITY SELECTION AND SIMULATED SETTING EXPERIENCES

Completion of this form is required for each clinical facility or simulated setting experience as part of the application for authorization to admit students. In addition, this form shall be completed, kept on file in the school of nursing office, and made available to the Board upon request for all clinical facilities and all simulated setting experiences utilized by the nursing school.

I. IDENTIFYING DATA

- A. Name of facility: Manitowoc Health + Rehabilitation Center
Address: 2021 S Alverno Rd
Manitowoc WI 54220
Telephone: 920-683-4100
- B. Type of facility: Hospital Nursing Home Community Health Agency
 Other: _____
- C. Number of beds at facility: 150
- D. Types of patients: Short-term, Long-term, Dementia
- E. Administrator of facility: Raeline Springstroh
- F. Director of nursing service: Julie Place
- G. School(s) of nursing utilizing the facility: No Other

II. EXHIBITS (*attach to this form*)

- A. Copy of formal agreement signed by:
1. Administrator of facility
 2. Educational administrator of nursing school
- B. Copy of the position description for:
1. Registered Nurses
 2. Licensed Practical Nurses
- C. Listing of simulation activities provided and a listing of types of simulation equipment utilized

Wisconsin Department of Safety and Professional Services

III. PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

A. Have the nursing school objectives been shared with the facility? Yes No

Comments: _____

B. Does the facility agree to cooperate in promoting the nursing school objectives? Yes No

Comments: _____

C. Are there experiences in the facility available to students to meet clinical objectives? Yes No

Comments: _____

D. Is the practice of registered nursing in the facility within the legal scope of practice for registered nurses as defined in Chapter 441.11(4), Wisconsin Statutes? (If no, facility may not be approved.)

Yes No

Comments: _____

E. Is the practice of licensed practical nursing in the facility within the legal scope of practice for licensed practical nurses as defined in Chapter 441.11(3), Wisconsin Statutes? (If no, facility may not be approved.)

Yes No

Comments: _____

F. If simulated settings are utilized, list the activities, responsibilities and equipment which are included in the learning experience:

Lakeshore Technical College
Nursing School

Kathi Calabresa
Educational Administrator

Kathi Calabresa
Signature

920 693 1860
Telephone Number

Associate Degree Nursing + Practical
Nursing Program(s) Utilizing Facility/Simulated Setting Nursing

Associate Dean of Nursing
Title

3/1/16
Date

Kathi.calabresa@gotohtz.edu
Email Address

JOB DESCRIPTION

Title of Position: Licensed Practical Nurse

Date: 11/96

Approximate number of employees in classification or with same title: 20

Division/Dept.: Nursing

Location: Health Care Center

Reports to: Registered Nurse, Clinical Coordinator

PURPOSE OF POSITION:

Functions as a member of the interdisciplinary team and exercises sound judgement based on theoretical and clinical knowledge, skills, understanding and experience in nursing situations. Facilitates the care of residents by meeting specific nursing requirements; assists the professional nurse as directed to perform nursing measures, and communicates significant observations to the registered nurse or clinical coordinator who is in charge.

FUNDAMENTAL JOB DUTIES AND RESPONSIBILITIES:

A. Essential Functions:

1. Reports to the unit appropriately groomed and professionally attired. Utilizes nursing knowledge and is professional in all contacts with families, visitors and fellow staff members.
2. Attends and participates in unit report from previous shift and prioritizes staff duties accordingly.
3. Provides specific instruction and direction to certified nursing assistants and assures that duties are completed.
4. Administers properly prepared oral and injectable medications as ordered by the physician. Accurately records medications given, understand the purpose for which a medication is given, expected results of the medication, the customary dosage, expected side effects and any abnormal reactions to the medication given. Follows proper procedures for giving PRN medications. Completes resident treatments in accordance with M.D. orders and resident care plans.
5. Operates equipment which is available for specific residents' needs, and understands the basis for use of such equipment. Insures that equipment is clean and ready for use at all times.
6. Notifies the registered nurse, physician, and guardian of any change of condition in resident status as appropriate, documents action taken & results that occurred.
7. Knows diet options of the facility and monitors resident nutritional status including food and fluid intake, notifies the registered nurse and attending physician as needed.

Licensed Practical Nurse
Page 2

8. Participates in the care planning process and implementation of the resident plan of care. Cooperates with all staff to provide quality care to residents according to their individual need and preference.
9. Updates physician orders, medication administration record (MARS), nurses notes, consult forms, and other medical records required for the completion of the medical record.
10. Provides input to the RN concerning performance of CNA's.
11. Attends continuing education programs, staff meetings.

B. Non-Essential or Marginal Demands: None

PHYSICAL DEMANDS OF THE ESSENTIAL FUNCTIONS:*

Standing, walking, bending/twisting, reaching, feeling, talking and hearing are required over 75% per shift. Crouching, low levels of pushing/pulling and low levels of handling are required about 25% per shift. Low to high levels of lifting and low to high levels of fingering are required 25% per shift.

For additional information on physical demands, refer to position inventory.

WORKING CONDITIONS WHILE PERFORMING ESSENTIAL FUNCTIONS:

Over 75% of the time is spent inside. Exposure to wet conditions and noise occurs about 25% per shift. Extreme temperature changes (hot) and atmospheric conditions such as noxious odors and dust are present about 10% per shift. Temperature changes (cold), hazards such as mechanical, electrical, chemicals, burns, physical attack or injury, fast moving vehicles, atmospheric conditions, fumes, mists, gases, poor ventilation and physically confined worksite are present only in unusual situations.

EQUIPMENT USED TO PERFORM ESSENTIAL FUNCTIONS:

Medical equipment (patient lifting devices, gloves, scales), personal protective equipment (gloves)

QUALIFICATIONS NEEDED:

Three to four years of high school are required as well as licensure in the State of Wisconsin as a licensed practical nurse is required. Basic everyday living skills, the ability to understand and follow directions as well as the ability to read, write, add and subtract are also required.

This position description has been prepared to assist in defining job responsibilities, physical demands, working conditions and skills needed. It is not intended as a complete list of job duties, responsibilities and/or essential functions. This description is not intended to limit or

Licensed Practical Nurse
Page 3

modify the right of any supervisor to assign, direct and control the work of employees under supervision. Manitowoc Health Care Center retains and reserves any or all rights to change, modify, amend, add to or delete from any section of this document as it deems, in its judgement, to be proper.

Director of Nursing Service

Date

JOB DESCRIPTION

Title of Position: Registered Nurse

Date: 5-24-2010

Division/Dept.: Nursing

Reports to: Clinical Coordinator

PURPOSE OF POSITION:

Supervises and monitors nursing care provided on assigned unit. Assures resident needs are managed and addressed in the plan of care. Interacts with other disciplines to assure quality care is provided within policies and parameters defined by the nursing management.

A. Essential Functions:

1. Assigns and supervises duties to unit staff and monitor staff performance, including the completion of employee performance evaluations.
2. Administer and record medications given during shift of duty as prescribed by the medical staff.
3. Perform comprehensive nursing assessments on all residents and establish a nursing plan of care based on assessment outcomes.
4. Complete required documentation including the minimum data set (MDS), nursing narratives and other documents according to established policies and procedures
5. Inform respective medical staff of changes in conditions, accurately document and transcribe physician orders and communicate orders to other departments according to established policies and procedures.
6. Replace absent staff as directed.
7. Attend inservice programs and staff meetings to keep current with nursing practice and facility policies.
8. Provide treatments to residents according to the resident plan of care and/or as prescribed by the attending physician.

In addition to the above essential functions, employee(s) must treat residents and staff with dignity and respect and must know Resident's Bill of Rights. Employee(s) must also adhere to good working habits.

B. Non-Essential or Marginal Demands: None

PHYSICAL DEMANDS OF THE ESSENTIAL FUNCTIONS:

Hearing, far vision and near vision are required about 75% per shift. Walking, talking and sitting are required about 50% per shift. Standing and low levels of pushing and pulling are required about 25% per shift. Sitting, stooping, crouching, bending/twisting, reaching, feeling, low levels of carrying, low to high to very high levels of pushing/pulling, low to medium levels of handling and low levels of fingering are required about 10% per shift. Kneeling, crawling, running, grappling, climbing, using legs and feet, balancing, medium to high levels of carrying, medium levels of pushing/pulling and high levels of fingering are required in unusual or non-routine situations.

* For additional information on physical demands, refer to position inventory.

WORKING CONDITIONS WHILE PERFORMING ESSENTIAL FUNCTIONS:

Over 75% of the time is spent inside with exposure to wet occurring about 10% per shift. Working outside with exposure to humid conditions, noise and physical attack or injury is present only in unusual situations.

EQUIPMENT USED TO PERFORM ESSENTIAL FUNCTIONS:

Medical equipment (first aid equipment, oxygen and anesthesia, patient lifting devices)

QUALIFICATIONS NEEDED:

Two or more years at a university, community college , college, business school, trade or technical school as well as current licensure in the State of Wisconsin as a registered nurse is required. Basic everyday living skills as well as the ability to understand and follow directions. Also, the ability to read, write, add and subtract is also required.

This position description has been prepared to assist in defining job responsibilities, physical demands, working conditions and skills needed. It is not intended as a complete list of job duties, responsibilities and/or essential functions. This description is not intended to limit or modify the right of any supervisor to assign, direct and control the work of employees under supervision. Manitowoc Health Care Center retains and reserves any or all rights to change, modify, amend, add to or delete from any section of this document as it deems, in its judgement, to be proper.

Director of Nursing

Date

Job Attachment: Registered Nurse

The following are expected responsibilities of this position:

1. Monitors staff compliance with facility policies and residents rights on assigned unit.
2. Actively participates in the employee performance evaluation process as directed by unit coordinator

I have read, understand and agree to comply with the requirements as set forth in the job description and attachment for this position.

Employee Signature

Date

Supervisor Signature

Date

**CLINICAL AFFILIATION AGREEMENT FOR
HEALTH OCCUPATIONS**

Effective Date: June 22, 2015

This Agreement is made and executed as of the date first written above at Cleveland, Wisconsin, by and between the LAKESHORE TECHNICAL COLLEGE, a Wisconsin institution for technical education and training ("LTC"), and **MANITOWOC HEALTH & REHABILITATION CENTER, Manitowoc**, a Wisconsin clinical education setting ("Clinical Education Setting").

WITNESSETH:

WHEREAS, LTC administers educational curricula for various health services (each a "Program" and collectively the "Programs"), and seeks to provide, as part of the Program curricula, supervised clinical experiences for LTC students enrolled in the Programs ("Students"); and **MANITOWOC HEALTH & REHABILITATION CENTER**.

WHEREAS, the Clinical Education Setting serves patients in various health services through the provision of medical or other services consistent with the one or more Programs, and seeks to train future health care practitioners by providing Students with supervised clinical experiences at the Clinical Education Setting sites, consistent with the educational objectives of Students and LTC; and **MANITOWOC HEALTH & REHABILITATION CENTER**.

WHEREAS, LTC and the Clinical Education Setting have determined that each may best accomplish its objectives by mutual assistance, and seek to describe their affiliation in this Agreement;

NOW THEREFORE, LTC and the Clinical Education Setting agree as follows:

AGREEMENT

1. **LTC'S RIGHTS AND RESPONSIBILITIES.** In addition to its rights and responsibilities described elsewhere in this Agreement, LTC shall have the following rights and responsibilities:

1.1 **Preparation of Students for Clinical Placement.** LTC shall assure, through qualified faculty that each Student assigned to the Clinical Education Setting is adequately prepared to benefit from such assignment. A Student's preparedness shall be measured by: (i) academic performance indicating an ability to understand what Student will observe and/or perform during the clinical placement; and (ii) appreciation of the nature and seriousness of the work Student will observe and/or perform.

1.2 **Assigning Students to the Clinical Education Setting.** After receiving from the Clinical Education Setting the number of placements available for Students, LTC shall

select Students to be assigned (with the approval of the Clinical Education Setting) to the Clinical Education Setting. LTC shall notify the Clinical Education Setting of the Students assigned to the Clinical Education Setting, and each Student's availability for participation in clinical experiences.

1.3 Educational Coordinator. LTC shall appoint a faculty member to serve as Educational Coordinator for each Program, and shall communicate his or her name, title and telephone number to the Clinical Education Setting. The Educational Coordinator shall be responsible for overall management of the Students' educational experience, and may be assigned as Educational Coordinator for one or more Programs.

1.4 Accreditation and Licensure. LTC shall maintain, at all times during the term of this Agreement: (i) accreditation as an educational institution; (ii) all licensures and approvals from the State of Wisconsin necessary to the applicable Program; and (iii) full and unrestricted accreditation of the Programs from the accrediting organization. LTC shall promptly notify the Clinical Education Setting of any change in its accreditation or licensure status.

1.5 Background Investigative Disclosure. All Students who are assigned to the Clinical Education Setting shall have had a background check performed under the direction of LTC in accordance with applicable Wisconsin Caregiver Background Check Law. The background check shall include obtaining, as applicable, information from the Department of Justice, the Department of License and Regulation, the Department of Health and Family Services and from out-of-state agencies if the Student has lived outside of Wisconsin within the past three years. If the Student has a criminal record, it will be evaluated by LTC to determine if the individual is barred from performing duties at the Clinical Education Setting. Prior to placement of the Student, LTC will notify the Clinical Education Setting in writing of any crime of which Student has been convicted so that the Clinical Education Setting may make a determination as to whether the conviction(s) is substantially related to the duties the Student would be performing. The Clinical Education Setting may refuse placement of any Student the Clinical Education Setting believes could put its patients, employees and/or visitors at risk. LTC hereby agrees to notify the Clinical Education Setting when LTC becomes aware that any Student on site at the Clinical Education Setting is charged with or convicted of any crime or is investigated by any governmental agency.

2. CLINICAL EDUCATION SETTING RIGHTS AND RESPONSIBILITIES. In addition to its rights and responsibilities described elsewhere in this Agreement, the Clinical Education Setting shall have the following rights and responsibilities:

2.1 Number of Placements. The Clinical Education Setting shall have sole discretion to determine its capacity to accept Students for clinical placement under this Agreement, whether such capacity is described in terms of the number of Students on-site at any one time, the number of hours of clinical supervision that the Clinical Education Setting can provide over a period of time, or other such description of capacity. The Clinical Education Setting shall communicate such capacity to LTC before Students may be assigned to the Clinical Education Setting.

2.2 Site Coordinator. The Clinical Education Setting shall appoint an employee to serve as a coordinator at the site for each Program (for purposes of this Agreement, the "Site Coordinator"), and shall communicate his or her name, title and telephone number to LTC. The Site Coordinator shall be responsible for overall management of the experience at the Clinical Education Setting, and may be assigned as Site Coordinator for one or more Programs.

2.3 Orientation. The Clinical Education Setting shall provide LTC's faculty and Students with a comprehensive orientation to the Clinical Education Setting, including all applicable policies and procedures and expectations of the Clinical Education Setting, and a tour of the physical plant. Such orientation shall include a comprehensive orientation to the Clinical Education Setting's emergency and safety protocols and policies.

2.4 Qualified Supervision. The Clinical Education Setting shall maintain throughout the term of the Agreement a student/practitioner ratio in accordance with Wisconsin law.

2.5 Student Access to the Clinical Education Setting and Patients. The Clinical Education Setting shall permit access by Students to any and all areas of the Clinical Education Setting as reasonably required to support Students' clinical development and as permitted under applicable law. These areas shall include, without limitation, patient care units, laboratories, ancillary departments, health science libraries, cafeteria and parking facilities. The Clinical Education Setting reserves the right to refuse access to any Student who does not meet, in the Clinical Education Setting's reasonable determination, its standards for safety, health or proper conduct.

2.6 Accreditation, Licensure and Eligibility. The Clinical Education Setting shall maintain, at all times during the term of this Agreement all qualifications necessary to provide services under this Agreement, including: (i) full and unrestricted accreditation, as appropriate, from the Joint Commission on Accreditation on Healthcare or be approved by the State of Wisconsin; (ii) all necessary licensures, certifications and approvals from the State of Wisconsin or other authority; and (iii) if applicable, eligibility for participation in the Medicare and Medicaid programs. The Clinical Education Setting shall immediately notify LTC of any change in the Clinical Education Settings' qualifications, accreditation, licensure or eligibility status.

2.7 Clinical Component Requirements. The clinical component offered by LTC shall in all respects be implemented and administered by the Clinical Education Setting in a manner that meets the requirements of any agency that accredits, licenses, certifies or otherwise oversees the Program, other authorities identified by LTC, and all applicable laws.

2.8 Inspections. The Clinical Education Setting shall, upon reasonable request, permit inspection of its premises by LTC, Program oversight agencies, if any, and other authorities.

2.9 Final Authority. The Clinical Education Setting retains final authority for all aspects of operations at and management of the Clinical Education Setting.

2.10 Remuneration. Students may not receive remuneration for services relating to the Program and performed for or on behalf of the Clinical Education Setting.

3. JOINT RIGHTS AND RESPONSIBILITIES. In addition to their rights and responsibilities described elsewhere in this Agreement, LTC and the Clinical Education Setting shall have the following rights and responsibilities.

3.1 Supervision and Evaluation of Students. LTC and the Clinical Education Setting shall, in good faith, work cooperatively to assure adequate supervision and evaluation of Students while Students are on-site at the Clinical Education Setting. Both parties shall reinforce with Students: (i) the seriousness of the service being performed at the Clinical Education Setting, including the Student's impact upon patients' wellbeing; (ii) the importance of abiding by the Clinical Education Setting rules and regulations; and (iii) the confidentiality of patient identities and health information. LTC shall, if the Clinical Education Setting so desires, assure prompt feedback to the Clinical Education Setting regarding Students' evaluation of their clinical experience at the Clinical Education Setting. The Clinical Education Setting shall assure prompt feedback to LTC regarding Students' performance at the Clinical Education Setting and additional feedback as described in the Program Memorandum, if any.

3.2 Review and Evaluation of Affiliation. LTC and the Clinical Education Setting agree to review and evaluate any and all aspects of their affiliation at periodic intervals, and to work cooperatively to establish and maintain clinical experiences that meet their respective objectives. This Agreement may be amended or modified, pursuant to Section 7 below, to reflect changes in the parties' relationship.

4. STUDENT RIGHTS AND RESPONSIBILITIES. LTC and the Clinical Education Setting shall instruct Students regarding Students' rights and responsibilities while on-site at the Clinical Education Setting. These rights and responsibilities shall include the following:

4.1 Conduct. Student shall, at all times while on the Clinical Education Setting premises, conduct himself or herself in a professional manner and shall refrain from loud, boisterous, offensive or otherwise inappropriate conduct. Student shall refrain from the improper use of alcohol or other drugs, and shall not carry any firearms or other weapons while on the Clinical Education Setting premises. Student shall abide by all policies, rules and regulations established by the Clinical Education Setting and LTC.

4.2 Timeliness. Student shall report to the Clinical Education Setting at the assigned place and time. Student shall immediately inform the Clinical Education Setting and LTC of Student's inability to report to the Clinical Education Setting as assigned.

4.3 Uniform and Identification. Student shall wear the uniform or other clothing as directed by LTC. Student shall display proper identification as directed by the Clinical Education Setting. Student's appearance shall be, at all times, neat and clean.

4.4 Personal Expenses. While at the Clinical Education Setting, Student shall be responsible for Student's personal expenses such as meals, travel, medical care and incidentals.

4.5 Evaluation of Clinical Experience. Student shall, upon request of LTC or the Clinical Education Setting, provide a candid evaluation of the clinical experience at the Clinical Education Setting including, without limitation, preparation for the on-site experience, orientation to the Clinical Education Setting, and experience and supervision at the Clinical Education Setting.

5. STUDENT HEALTH POLICIES

5.1 Emergency Medical Services. If Student is injured or becomes ill while at the Clinical Education Setting, the Clinical Education Setting shall provide emergent or urgent medical care as appropriate, consistent with the Clinical Education Setting's capability and policies. The Clinical Education Setting shall promptly notify LTC that Student has been injured or become ill. Student shall bear financial responsibility for charges associated with said treatment.

5.2 Immunizations. LTC shall assure that Students have received, before reporting to the Clinical Education Setting, appropriate immunizations and vaccines, or, in the alternative, have completed the appropriate declination of immunization form, notice of which is provided to the Clinical Education Setting.

5.3 OSHA Policies. The Clinical Education Setting shall instruct Students regarding OSHA policies, and regarding precautions and other procedures to protect Students, patients and the Clinical Education Setting personnel from bloodborne and other pathogens.

6. TERM AND TERMINATION

6.1 Initial and Renewal Term. Subject to Section 6.2 below, this Agreement shall be effective as of the date set forth above **June 22, 2015** and shall continue for an initial term of one academic or Program year. Thereafter, this Agreement shall automatically renew and continue in full force and effect for any and all periods during which any Student in a Program is placed at and accepted by the Clinical Education Setting. Notwithstanding the foregoing, either party may choose not to renew this Agreement at the end of the then-current Program by providing the other with not less than sixty (60) days' advance written notice of its intent not to renew prior to the end of then-current Program. In the event that either party's non-renewal of this Agreement disrupts the clinical experience of any Student(s) in a Program, the Agreement shall remain in full force and effect until such time as this Agreement may expire without disruption of said Student(s)' clinical experience. Upon notice of non-renewal by either party, no new Student may be placed at the Clinical Education Setting.

6.2 Termination. Notwithstanding Section 6.1 above, this Agreement may be terminated as follows:

A. By Mutual Agreement. LTC and the Clinical Education Setting may terminate this Agreement at any time upon written agreement.

B. For Cause. In the event LTC or the Clinical Education Setting fails in any substantial manner to perform as required herein, this Agreement may be terminated as described below:

(1) Either party may terminate this Agreement at any time, upon material breach of any of its provisions by the other party; provided, however, if such breach is curable, that not less than thirty (30) days prior to termination, written notice shall be given by the non-breaching party to the breaching party that states the intention of the non-breaching party to terminate this Agreement, the nature of the material breach giving rise to termination, and shall permit the breaching party reasonable opportunity to cure such material breach to the reasonable satisfaction of the non-breaching party during said thirty (30) day period.

(2) If the material breach is not resolved to the reasonable satisfaction of the non-breaching party during the thirty (30) day period as provided in B.(1) above, the non-breaching party shall immediately give the breaching party written notice of termination of the Agreement.

(3) In the event that termination of the Agreement by the Clinical Education Setting pursuant to this Section 6.2 (B) disrupts the clinical experience of any Student(s) in a Program, the parties shall attempt, in good faith and using their commercially reasonable best efforts, to continue Students' clinical experiences and this Agreement shall remain in full force and effect until such time as this Agreement may expire without disruption of said Students' clinical experience. During any time period in which notice of termination has been given and existing Students are completing the Program, no new Student may be placed at the Clinical Education Setting.

C. Immediate Termination. LTC may immediately terminate this Agreement if the Clinical Education Setting fails to maintain full and unrestricted accreditation, licensure and, if applicable, eligibility as required under Section 2.6 of this Agreement. The Clinical Education Setting may terminate this Agreement immediately upon written notice to LTC if LTC fails to maintain full and unrestricted accreditation and licensure as required under Section 1.4 of this Agreement. In addition, the Clinical Education Setting may also terminate any Program if LTC fails to maintain full and unrestricted accreditation.

6.3 Effect of Termination. Upon termination of this Agreement, no party shall have any further obligation hereunder except for obligations accruing under the terms of this Agreement prior to the date of termination.

6.4 Termination of a Student's Program Due to Student's Actions.

Notwithstanding Article 6 above, a Program for a Student may be terminated by LTC or the Clinical Education Setting as described below in the event such Student fails in any substantial manner to perform as required herein. Either LTC or the Clinical Education Setting may terminate a Program for a Student at any time upon material breach by a Student of any of the provisions in this Agreement governing such Student; provided, however, written notice shall be given by the party declaring such breach to the other party hereto and to such Student that states the intention of the party declaring such breach to immediately terminate the Program for the Student in question and the nature of the material breach giving rise to such termination.

7. AMENDMENTS AND MODIFICATIONS. This Agreement may be changed at any time with the written approval of the parties. Such amendments or modifications will be written, signed by the parties and made a part of this Agreement.

8. INDEMNIFICATION AND LIABILITY

8.1 LTC. LTC shall indemnify, defend and hold harmless the Clinical Education Setting, its governing board, officers, employees and agents from and against any and all liabilities, claims, losses, lawsuits, judgments, and/or expenses including attorney fees, arising, either directly or indirectly, from any act or failure to act by LTC or any of its employees. LTC will not indemnify the Clinical Education Setting for any act or failure to act by any Student that may occur during or that may arise out of this Agreement.

8.2 The Clinical Education Setting. The Clinical Education Setting shall indemnify, defend and hold harmless LTC, its governing board, officers, faculty, employees, students, and agents from and against any and all liabilities, claims, losses, lawsuits, judgments, and/or expenses including attorney fees, arising, either directly or indirectly, from any act or failure to act by the Clinical Education Setting or any of its employees, agents, medical residents or members of its medical staff that may occur during or that may arise out of this Agreement.

8.3 Costs. In the event each party is found to be at fault, then each shall bear its own costs and attorney fees and its proportionate share of any judgment or settlement based on its percentage of fault, as determined by a procedure established by the parties.

8.4 Survival. This Section 8 shall continue beyond the expiration, non-renewal or termination of this Agreement.

9. INSURANCE.

9.1 LTC. LTC shall maintain, at no cost to the Clinical Education Setting, general and professional liability insurance covering LTC as an entity and each of its employees and agents against general and professional liability claims, in the minimum amount of one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) aggregate per year. Evidence of such insurance shall be provided to the Clinical Education Setting upon request.

9.2 The Clinical Education Setting. The Clinical Education Setting shall maintain, at no cost to LTC, general and professional liability insurance covering the Clinical Education Setting as an entity and each of its physician-employees, nonphysician-employees, medical residents and agents against professional liability claims, in the minimum amount of one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) aggregate per year. Evidence of such insurance shall be provided to LTC upon request.

9.3 Students. Students shall maintain, at no cost to LTC or the Clinical Education Setting (unless either such party consents to such cost), accident insurance. LTC shall maintain, at no cost to the Clinical Education Setting, general liability insurance covering LTC as an entity and each of its students against general liability claims, in the minimum amount of one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) aggregate per year. Evidence of such insurance shall be provided to the Clinical Education Setting upon request.

10. DISPUTE RESOLUTION. Any dispute arising under or in any way related to this Agreement that is not resolved by agreement of LTC and the Clinical Education Setting may be submitted by either party to binding arbitration pursuant to the Commercial Arbitration Rules of the American Arbitration Association. The parties agree that such arbitration shall result in a final and binding award in the State of Wisconsin, and may be judicially enforced. Each party shall bear its own arbitration costs and expenses, unless otherwise determined by the arbitrator.

11. NOTICES AND COMMUNICATION

11.1 Notices. All notices under this Agreement shall be given in writing and shall be deemed to have been properly given when delivered:

If to LTC:

LAKESHORE TECHNICAL COLLEGE, INC.
Attn: Kathleen Calabresa
Associate Dean of Nursing
Health & Human Services
1290 North Avenue
Cleveland, WI 53015

If to the Clinical Education Setting:

**MANITOWOC HEALTH & REHABILITATION
CENTER**
ATTN: Raeline Springstroh, Administrator
2021 South Alverno Road
Manitowoc, WI 54220
Phone: 920-683-4100
raelinespringstroh@manitowochrc.co

or at other such addresses as a party from time to time may designate by written notice to the other party.

12. NON-EXCLUSIVE. The parties agree that LTC shall be free to enter into similar

agreements with other facilities, and that the Clinical Education Setting shall be free to enter into similar agreements with other educational institutions.

13. GOVERNING LAW. This Agreement shall be governed by and construed in accordance with the internal Laws of the State of Wisconsin (regardless of such State's conflict of laws principles), and without reference to any rules of construction regarding the party responsible for the drafting hereof.

14. INVALID PROVISION. The invalidity or unenforceability of any particular provision of this Agreement shall not affect the other provisions hereof, and this Agreement shall be construed in all respects as if such invalid or unenforceable provision were omitted.

15. ASSIGNMENT. No assignment by a party of this Agreement or its rights and responsibilities hereunder shall be valid without the specific written consent of the other party.

16. RELATIONSHIP OF PARTIES. LTC and the Clinical Education Setting, including their respective agents and employees, shall be, at all times, independent contractors of the other. Nothing in this Agreement is intended or shall be construed to create a joint venture relationship, a partnership, a lease, or a landlord/tenant relationship. Should any governmental agency question or challenge the independent contractor status of LTC, the Clinical Education Setting or their employees, both LTC and the Clinical Education Setting, upon receipt by either of them of notice, shall promptly notify the other party and afford the other party the opportunity to participate in any government agency discussion or negotiations, irrespective of how such discussions are initiated.

17. CONFIDENTIALITY OF RECORDS

17.1 Student Records. LTC and the Clinical Education Setting acknowledge that many student educational records are protected by the Family Educational Rights and Privacy Act ("FERPA") and that, generally, student permission must be obtained before releasing specific student data to anyone other than LTC. LTC agrees to provide the Clinical Education Setting with guidance with respect to compliance with FERPA.

17.2 Patient Health Care Records. LTC and the Clinical Education Setting acknowledge that patient health information is protected under Wisconsin law (e.g., Wis. Stat. §§ 146.82, 51.30 and 252.15) and the Health Insurance Portability and Accountability Act ("HIPAA"), and that, generally, the written permission of the patient (or person authorized by the patient) must be obtained before disclosing patient health information. The Clinical Education Setting agrees to provide Students and LTC with guidance with respect to compliance with these statutes and regulations.

18. NON-DISCRIMINATION. LTC and the Clinical Education Setting shall not unlawfully discriminate against any individual on the basis of race, creed, color, sex, religion, age, disability or national origin, and shall comply with applicable anti-discriminatory laws and policies promulgated by LTC.

19. ENTIRE AGREEMENT. This Agreement constitutes the entire agreement between the parties and contains all the agreements between the parties with respect to the subject hereof. This Agreement supercedes any and all other agreements, in writing or oral, between the parties hereto with respect to the subject matter thereof.

20. NO THIRD PARTY BENEFICIARIES. No third parties (including any Student) are intended to benefit from this Agreement, and no third-party beneficiary rights shall be implied from anything contained in this Agreement.

21. WAIVER. Any party may waive in writing any term or condition contained in this Agreement and intended to be for its benefit; provided, however, that no waiver by any party, whether by conduct or otherwise, in any one or more instances, shall be deemed or construed as a further or continuing waiver of any such term or condition.

22. COUNTERPARTS. This Agreement may be executed simultaneously in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument, provided that all such counterparts, in the aggregate, shall contain the signatures of all parties hereto.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the Effective Date.

LAKESHORE TECHNICAL COLLEGE

MANITOWOC HEALTH &
REHABILITATION CENTER

By: Kathleen Calabrese
Kathleen Calabrese
Associate Dean of Nursing
Health & Human Services

By: Raeline Springstroh
Raeline Springstroh
Administrator

Date: 7/6/2015

Date: 06-29-15

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8366
Madison, WI 53708-8366
FAX #: (608) 266-2602
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53708-8366
E-Mail: dsps@wisconsin.gov
Website: dsps.wisconsin.gov

BOARD OF NURSING

CLINICAL FACILITY SELECTION AND SIMULATED SETTING EXPERIENCES

Completion of this form is required for each clinical facility or simulated setting experience as part of the application for authorization to admit students. In addition, this form shall be completed, kept on file in the school of nursing office, and made available to the Board upon request for all clinical facilities and all simulated setting experiences utilized by the nursing school.

I. IDENTIFYING DATA

- A. Name of facility: Rocky Knoll Health Care Center
Address: N7135 Rocky Knoll Pkwy
Plymouth WI 53073
Telephone: 920-892-6718
- B. Type of facility: Hospital Nursing Home Community Health Agency
 Other: _____
- C. Number of beds at facility: 155
- D. Types of patients: Short-Term + Long-Term
- E. Administrator of facility: Rachelle Valleskey
- F. Director of nursing service: Carla Darrah
- G. School(s) of nursing utilizing the facility: No Others

II. EXHIBITS (*attach to this form*)

- A. Copy of formal agreement signed by:
1. Administrator of facility
 2. Educational administrator of nursing school
- B. Copy of the position description for:
1. Registered Nurses
 2. Licensed Practical Nurses
- C. Listing of simulation activities provided and a listing of types of simulation equipment utilized

Wisconsin Department of Safety and Professional Services

III. PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

A. Have the nursing school objectives been shared with the facility? Yes No

Comments: _____

B. Does the facility agree to cooperate in promoting the nursing school objectives? Yes No

Comments: _____

C. Are there experiences in the facility available to students to meet clinical objectives? Yes No

Comments: _____

D. Is the practice of registered nursing in the facility within the legal scope of practice for registered nurses as defined in Chapter 441.11(4), Wisconsin Statutes? (If no, facility may not be approved.)

Yes No

Comments: _____

E. Is the practice of licensed practical nursing in the facility within the legal scope of practice for licensed practical nurses as defined in Chapter 441.11(3), Wisconsin Statutes? (If no, facility may not be approved.)

Yes No

Comments: _____

F. If simulated settings are utilized, list the activities, responsibilities and equipment which are included in the learning experience:

Lakeshore Technical College
Nursing School

Kathi Calabresa
Educational Administrator

Kathi Calabresa
Signature

920 693 1860
Telephone Number

Assoc Degree Nursing + Practical Nursing
Nursing Program(s) Utilizing Facility/Simulated Setting

Associate Dean of Nursing
Title

3/1/2016
Date

Kathi.Calabresa@gotolitz.edu
Email Address

Registered Nurse (RN)

Type: Full Time
Salary/Pay Rate: \$25.19/hr. to \$28.29/hr.
Posted Date: 03/19/2015
Deadline to Apply: 04/17/2015

3rd shift available

PURPOSE & SUMMARY

The primary purpose of the Registered Nurse is to utilize the nursing process in planning and providing direct care to residents as assigned. The nurse will plan, direct and carry out shift routines in assigned nursing unit and observe, direct and evaluate the activities of personnel as the person "in charge" according to the Nurse Practice Act, current state and federal regulations, and in compliance to current nursing standards of practice.

ESSENTIAL DUTIES

Provides Leadership and Direction on the Unit:

- Role models positive communication skills with LPN's, CNA's, (if applicable), interdisciplinary team, supervisory and management team, customers, residents and families.
- Listen to shift report and keep open lines of communication with supervisor, co-workers and on-coming shift.
- Make shift rounds to observe the physical and psychosocial status of assigned unit and residents.
- Assign personnel appropriately to meet resident needs.
- Ensure that unit personnel on your shift are carrying out their assignments.
- Attend nurses and team meetings as scheduled and/or assigned.
- Initiate disciplinary action when the performance of personnel warrants such action.
- Report occupational exposures to needle sticks, blood, body fluids, infectious materials, and hazardous chemicals in accordance with facility policy and procedures governing accidents and incidents.

Resident Care Functions:

- Maintains competence in all required skills within the facility.
- Treats and ensures that residents are treated with respect and dignity.
- Immediately reports any suspected abuse or neglect per facility policy.
- Perform nursing techniques for the comfort and well being of the resident.
- Administers prescribed medications and treatments per MD orders.
- Is drug knowledgeable and reports resident response, side effects, responds to drug considerations and reports problems or potential problems to the physician.
- Maintains all required documentation in an accurate and timely manner according to policies and procedures of the facility.
- Follows all shift routines, policy and procedures regarding monitoring of vital signs, weights, administration of medications and treatments.
- Make physician calls to report resident change in condition.
- Keep families updated on resident conditions.
- Comply with acute emergency protocols and tasks involved in the event of a 911 call.
- Follows all DNR/DNI/CPR/Comfort Care protocols and orders.
- Monitors use of special equipment, i.e. oxygen, intravenous supplies and equipment, enteral

Graduate of an accredited school of nursing. Current licensure in the State of Wisconsin as a Registered Nurse as defined by §41.11 (1) Wisconsin Statutes.

Current CPR Registration

A Registered Nurse with previous geriatric, medical, psychiatric or developmentally disabled preferred.

Good problem solver with abilities to make independent judgments utilizing initiative, discretion and the nursing process as needed.

Demonstrates leadership ability.

Effective communicator with staff, families and outside agencies.

Ability to prioritize duties.

Customer service oriented with knowledge of successful customer service techniques.

Clinical competence to utilize the nursing process to perform physical and cognitive assessments of residents.

Must be a team player and portray a positive attitude.

[Return to full list >>](#)

Licensed Practical Nurse (LPN)

Type: Part Time
Salary/Pay Rate: \$18.37/hr. to \$21.42/hr.
Posted Date: 03/11/2015

1st, 2nd & 3rd shift available

PURPOSE & SUMMARY

Provides comprehensive nursing care to residents.

Supports the principles of the nursing process, standards of nursing practice, current state regulations as per HFS132 and federal regulations, and/or the program objectives for the diversified population of the facility.

Assists in supervising Nursing Assistants/Attendants.

ESSENTIAL DUTIES

Participates in development, implementation, and evaluation of the total plan of care as assigned.

Observes, reports, and charts on physical and mental condition of residents.

Administers medications and treatments as prescribed by the physician and permitted by licensing regulations.

May participate in the care planning process in coordinating nursing services with other discipline services.

Directly responsible for supervision of the daily work assignments and performances of assigned activities of nursing staff, i.e. Nursing Assistants, in accordance with the Nurse Practice Act.

May initiate and prepare updates to the resident plan of care.

Assists in assessing resident for any permanent change in condition that would result in an alteration of the care plan. Notifies RN of such.

Initiates specialty assessments as needed, i.e. safety assessment, hydration assessment, skin assessment, pain assessment, etc.

Reviews and updates care plans for acute changes in condition, i.e. UTI, URI, etc., notifies RN of change.

Assists in evaluation of pharmacy indicators.

Attends in-service education programs and provides on-unit orientation for nursing staff.

Provides orientation to all levels of nursing staff.

Provides facility updates to all nursing staff, i.e. policy and procedure updates/changes.

Attends in-services provided by facility in order to update their skills. The nurses also provide suggestions for topics they would like to have discussed at monthly meetings.

Observes, reports, and documents changes in conditions of residents to the registered nurse, attending physician, and family/legal responsible party.

Receives and executes the written or verbal orders of physicians.

Assists residents with activities of daily living as assigned.

Monitors use of special equipment, i.e. oxygen, intravenous, etc.

Understands and promotes the concept of comprehensive individualized nursing care for a diversified population.

Initiates investigations of incident accident reports of residents and employees (coordinates with Social Services).

May perform other care duties/assignments per facility needs.

QUALIFICATIONS

Current Wisconsin license as a Licensed Practical Nurse.

Ability to handle crisis intervention situations as directed by individualized care plan, facility protocol, resident rights, etc.

Understands and effectively carries out oral and written instructions.

Practices comprehensive nursing techniques.

(See Physical Standards Addendum.)

WORKING RELATIONSHIPS

Provides direction to the following subordinate positions: Certified Nursing Assistants; Medication Aides.

Formally supervised by Nurse Supervisor.

Performs duties with consideration for residents, employees, and visitors.

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**CLINICAL AFFILIATION AGREEMENT FOR
HEALTH OCCUPATIONS**

Effective Date: May 20, 2015

This Agreement is made and executed as of the date first written above at Cleveland, Wisconsin, by and between the LAKESHORE TECHNICAL COLLEGE, a Wisconsin institution for technical education and training ("LTC"), and **ROCKY KNOLL HEALTH CARE CENTER, N7135 ROCKY KNOLL PARKWAY, PLYMOUTH**, a Wisconsin clinical education setting ("Clinical Education Setting").

WITNESSETH:

WHEREAS, LTC administers educational curricula for various health services (each a "Program" and collectively the "Programs"), and seeks to provide, as part of the Program curricula, supervised clinical experiences for LTC students enrolled in the Programs ("Students"); and **ROCKY KNOLL HEALTH CARE CENTER**.

WHEREAS, the Clinical Education Setting serves patients in various health services through the provision of medical or other services consistent with the one or more Programs, and seeks to train future health care practitioners by providing Students with supervised clinical experiences at the Clinical Education Setting sites, consistent with the educational objectives of Students and LTC; and **ROCKY KNOLL HEALTH CARE CENTER**.

WHEREAS, LTC and the Clinical Education Setting have determined that each may best accomplish its objectives by mutual assistance, and seek to describe their affiliation in this Agreement;

NOW THEREFORE, LTC and the Clinical Education Setting agree as follows:

AGREEMENT

1. **LTC'S RIGHTS AND RESPONSIBILITIES.** In addition to its rights and responsibilities described elsewhere in this Agreement, LTC shall have the following rights and responsibilities:

1.1 **Preparation of Students for Clinical Placement.** LTC shall assure, through qualified faculty that each Student assigned to the Clinical Education Setting is adequately prepared to benefit from such assignment. A Student's preparedness shall be measured by: (i) academic performance indicating an ability to understand what Student will observe and/or perform during the clinical placement; and (ii) appreciation of the nature and seriousness of the work Student will observe and/or perform.

1.2 **Assigning Students to the Clinical Education Setting.** After receiving from the Clinical Education Setting the number of placements available for Students, LTC shall

select Students to be assigned (with the approval of the Clinical Education Setting) to the Clinical Education Setting. LTC shall notify the Clinical Education Setting of the Students assigned to the Clinical Education Setting, and each Student's availability for participation in clinical experiences.

1.3 Educational Coordinator. LTC shall appoint a faculty member to serve as Educational Coordinator for each Program, and shall communicate his or her name, title and telephone number to the Clinical Education Setting. The Educational Coordinator shall be responsible for overall management of the Students' educational experience, and may be assigned as Educational Coordinator for one or more Programs.

1.4 Accreditation and Licensure. LTC shall maintain, at all times during the term of this Agreement: (i) accreditation as an educational institution; (ii) all licensures and approvals from the State of Wisconsin necessary to the applicable Program; and (iii) full and unrestricted accreditation of the Programs from the accrediting organization. LTC shall promptly notify the Clinical Education Setting of any change in its accreditation or licensure status.

1.5 Background Investigative Disclosure. All Students who are assigned to the Clinical Education Setting shall have had a background check performed under the direction of LTC in accordance with applicable Wisconsin Caregiver Background Check Law. The background check shall include obtaining, as applicable, information from the Department of Justice, the Department of License and Regulation, the Department of Health and Family Services and from out-of-state agencies if the Student has lived outside of Wisconsin within the past three years. If the Student has a criminal record, it will be evaluated by LTC to determine if the individual is barred from performing duties at the Clinical Education Setting. Prior to placement of the Student, LTC will notify the Clinical Education Setting in writing of any crime of which Student has been convicted so that the Clinical Education Setting may make a determination as to whether the conviction(s) is substantially related to the duties the Student would be performing. The Clinical Education Setting may refuse placement of any Student the Clinical Education Setting believes could put its patients, employees and/or visitors at risk. LTC hereby agrees to notify the Clinical Education Setting when LTC becomes aware that any Student on site at the Clinical Education Setting is charged with or convicted of any crime or is investigated by any governmental agency.

2. CLINICAL EDUCATION SETTING RIGHTS AND RESPONSIBILITIES. In addition to its rights and responsibilities described elsewhere in this Agreement, the Clinical Education Setting shall have the following rights and responsibilities:

2.1 Number of Placements. The Clinical Education Setting shall have sole discretion to determine its capacity to accept Students for clinical placement under this Agreement, whether such capacity is described in terms of the number of Students on-site at any one time, the number of hours of clinical supervision that the Clinical Education Setting can provide over a period of time, or other such description of capacity. The Clinical Education Setting shall communicate such capacity to LTC before Students may be assigned to the Clinical Education Setting.

2.2 Site Coordinator. The Clinical Education Setting shall appoint an employee to serve as a coordinator at the site for each Program (for purposes of this Agreement, the "Site Coordinator"), and shall communicate his or her name, title and telephone number to LTC. The Site Coordinator shall be responsible for overall management of the experience at the Clinical Education Setting, and may be assigned as Site Coordinator for one or more Programs.

2.3 Orientation. The Clinical Education Setting shall provide LTC's faculty and Students with a comprehensive orientation to the Clinical Education Setting, including all applicable policies and procedures and expectations of the Clinical Education Setting, and a tour of the physical plant. Such orientation shall include a comprehensive orientation to the Clinical Education Setting's emergency and safety protocols and policies.

2.4 Qualified Supervision. The Clinical Education Setting shall maintain throughout the term of the Agreement a student; practitioner ratio in accordance with Wisconsin law.

2.5 Student Access to the Clinical Education Setting and Patients. The Clinical Education Setting shall permit access by Students to any and all areas of the Clinical Education Setting as reasonably required to support Students' clinical development and as permitted under applicable law. These areas shall include, without limitation, patient care units, laboratories, ancillary departments, health science libraries, cafeteria and parking facilities. The Clinical Education Setting reserves the right to refuse access to any Student who does not meet, in the Clinical Education Setting's reasonable determination, its standards for safety, health or proper conduct.

2.6 Accreditation, Licensure and Eligibility. The Clinical Education Setting shall maintain, at all times during the term of this Agreement all qualifications necessary to provide services under this Agreement, including: (i) full and unrestricted accreditation, as appropriate, from the Joint Commission on Accreditation on Healthcare or be approved by the State of Wisconsin.; (ii) all necessary licensures, certifications and approvals from the State of Wisconsin or other authority; and (iii) if applicable, eligibility for participation in the Medicare and Medicaid programs. The Clinical Education Setting shall immediately notify LTC of any change in the Clinical Education Settings' qualifications, accreditation, licensure or eligibility status.

2.7 Clinical Component Requirements. The clinical component offered by LTC shall in all respects be implemented and administered by the Clinical Education Setting in a manner that meets the requirements of any agency that accredits, licenses, certifies or otherwise oversees the Program, other authorities identified by LTC, and all applicable laws.

2.8 Inspections. The Clinical Education Setting shall, upon reasonable request, permit inspection of its premises by LTC, Program oversight agencies, if any, and other authorities.

2.9 Final Authority. The Clinical Education Setting retains final authority for all aspects of operations at and management of the Clinical Education Setting.

2.10 Remuneration. Students may not receive remuneration for services relating to the Program and performed for or on behalf of the Clinical Education Setting.

3. JOINT RIGHTS AND RESPONSIBILITIES. In addition to their rights and responsibilities described elsewhere in this Agreement, LTC and the Clinical Education Setting shall have the following rights and responsibilities.

3.1 Supervision and Evaluation of Students. LTC and the Clinical Education Setting shall, in good faith, work cooperatively to assure adequate supervision and evaluation of Students while Students are on-site at the Clinical Education Setting. Both parties shall reinforce with Students: (i) the seriousness of the service being performed at the Clinical Education Setting, including the Student's impact upon patients' wellbeing; (ii) the importance of abiding by the Clinical Education Setting rules and regulations; and (iii) the confidentiality of patient identities and health information. LTC shall, if the Clinical Education Setting so desires, assure prompt feedback to the Clinical Education Setting regarding Students' evaluation of their clinical experience at the Clinical Education Setting. The Clinical Education Setting shall assure prompt feedback to LTC regarding Students' performance at the Clinical Education Setting and additional feedback as described in the Program Memorandum, if any.

3.2 Review and Evaluation of Affiliation. LTC and the Clinical Education Setting agree to review and evaluate any and all aspects of their affiliation at periodic intervals, and to work cooperatively to establish and maintain clinical experiences that meet their respective objectives. This Agreement may be amended or modified, pursuant to Section 7 below, to reflect changes in the parties' relationship.

4. STUDENT RIGHTS AND RESPONSIBILITIES. LTC and the Clinical Education Setting shall instruct Students regarding Students' rights and responsibilities while on-site at the Clinical Education Setting. These rights and responsibilities shall include the following:

4.1 Conduct. Student shall, at all times while on the Clinical Education Setting premises, conduct himself or herself in a professional manner and shall refrain from loud, boisterous, offensive or otherwise inappropriate conduct. Student shall refrain from the improper use of alcohol or other drugs, and shall not carry any firearms or other weapons while on the Clinical Education Setting premises. Student shall abide by all policies, rules and regulations established by the Clinical Education Setting and LTC.

4.2 Timeliness. Student shall report to the Clinical Education Setting at the assigned place and time. Student shall immediately inform the Clinical Education Setting and LTC of Student's inability to report to the Clinical Education Setting as assigned.

4.3 Uniform and Identification. Student shall wear the uniform or other clothing as directed by LTC. Student shall display proper identification as directed by the Clinical Education Setting. Student's appearance shall be, at all times, neat and clean.

4.4 Personal Expenses. While at the Clinical Education Setting, Student shall be responsible for Student's personal expenses such as meals, travel, medical care and incidentals.

4.5 Evaluation of Clinical Experience. Student shall, upon request of LTC or the Clinical Education Setting, provide a candid evaluation of the clinical experience at the Clinical Education Setting including, without limitation, preparation for the on-site experience, orientation to the Clinical Education Setting and experience and supervision at the Clinical Education Setting.

5. STUDENT HEALTH POLICIES

5.1 Emergency Medical Services. If Student is injured or becomes ill while at the Clinical Education Setting, the Clinical Education Setting shall provide emergent or urgent medical care as appropriate, consistent with the Clinical Education Setting's capability and policies. The Clinical Education Setting shall promptly notify LTC that Student has been injured or become ill. Student shall bear financial responsibility for charges associated with said treatment.

5.2 Immunizations. LTC shall assure that Students have received, before reporting to the Clinical Education Setting, appropriate immunizations and vaccines, or, in the alternative, have completed the appropriate declination of immunization form, notice of which is provided to the Clinical Education Setting.

5.3 OSHA Policies. The Clinical Education Setting shall instruct Students regarding OSHA policies, and regarding precautions and other procedures to protect Students, patients and the Clinical Education Setting personnel from bloodborne and other pathogens.

6. TERM AND TERMINATION

6.1 Initial and Renewal Term. Subject to Section 6.2 below, this Agreement shall be effective as of the date set forth above **May 20, 2015** and shall continue for an initial term of one academic or Program year. Thereafter, this Agreement shall automatically renew and continue in full force and effect for any and all periods during which any Student in a Program is placed, at and accepted by the Clinical Education Setting. Notwithstanding the foregoing, either party may choose not to renew this Agreement at the end of the then-current Program by providing the other with not less than sixty (60) days' advance written notice of its intent not to renew prior to the end of then-current Program. In the event that either party's non-renewal of this Agreement disrupts the clinical experience of any Student(s) in a Program, the Agreement shall remain in full force and effect until such time as this Agreement may expire without disruption of said Student(s)' clinical experience. Upon notice of non-renewal by either party, no new Student may be placed at the Clinical Education Setting.

6.2 Termination. Notwithstanding Section 6.1 above, this Agreement may be terminated as follows:

A. By Mutual Agreement. LTC and the Clinical Education Setting may terminate this Agreement at any time upon written agreement.

B. For Cause. In the event LTC or the Clinical Education Setting fails in any substantial manner to perform as required herein, this Agreement may be terminated as described below:

(1) Either party may terminate this Agreement at any time, upon material breach of any of its provisions by the other party; provided, however, if such breach is curable, that not less than thirty (30) days prior to termination, written notice shall be given by the non-breaching party to the breaching party that states the intention of the non-breaching party to terminate this Agreement, the nature of the material breach giving rise to termination, and shall permit the breaching party reasonable opportunity to cure such material breach to the reasonable satisfaction of the non-breaching party during said thirty (30) day period.

(2) If the material breach is not resolved to the reasonable satisfaction of the non-breaching party during the thirty (30) day period as provided in B.(1) above, the non-breaching party shall immediately give the breaching party written notice of termination of the Agreement.

(3) In the event that termination of the Agreement by the Clinical Education Setting pursuant to this Section 6.2 (B) disrupts the clinical experience of any Student(s) in a Program, the parties shall attempt, in good faith and using their commercially reasonable best efforts, to continue Students' clinical experiences and this Agreement shall remain in full force and effect until such time as this Agreement may expire without disruption of said Students' clinical experience. During any time period in which notice of termination has been given and existing Students are completing the Program, no new Student may be placed at the Clinical Education Setting.

C. Immediate Termination. LTC may immediately terminate this Agreement if the Clinical Education Setting fails to maintain full and unrestricted accreditation, licensure and, if applicable, eligibility as required under Section 2.6 of this Agreement. The Clinical Education Setting may terminate this Agreement immediately upon written notice to LTC if LTC fails to maintain full and unrestricted accreditation and licensure as required under Section 1.5 of this Agreement. In addition, the Clinical Education Setting may also terminate any Program if LTC fails to maintain full and unrestricted accreditation.

6.3 Effect of Termination. Upon termination of this Agreement, no party shall have any further obligation hereunder except for obligations accruing under the terms of this Agreement prior to the date of termination.

6.4 Termination of a Student's Program Due to Student's Actions.

Notwithstanding Article 6 above, a Program for a Student may be terminated by LTC or the Clinical Education Setting as described below in the event such Student fails in any substantial manner to perform as required herein. Either LTC or the Clinical Education Setting may terminate a Program for a Student at any time upon material breach by a Student of any of the provisions in this Agreement governing such Student; provided, however, written notice shall be given by the party declaring such breach to the other party hereto and to such Student that states the intention of the party declaring such breach to immediately terminate the Program for the Student in question and the nature of the material breach giving rise to such termination.

7. AMENDMENTS AND MODIFICATIONS. This Agreement may be changed at any time with the written approval of the parties. Such amendments or modifications will be written, signed by the parties and made a part of this Agreement.

8. INDEMNIFICATION AND LIABILITY

8.1 LTC. LTC shall indemnify, defend and hold harmless the Clinical Education Setting, its governing board, officers, employees and agents from and against any and all liabilities, claims, losses, lawsuits, judgments, and/or expenses including attorney fees, arising, either directly or indirectly, from any act or failure to act by LTC or any of its employees. LTC will not indemnify the Clinical Education Setting for any act or failure to act by any Student that may occur during or that may arise out of this Agreement.

8.2 The Clinical Education Setting. The Clinical Education Setting shall indemnify, defend and hold harmless LTC, its governing board, officers, faculty, employees, students, and agents from and against any and all liabilities, claims, losses, lawsuits, judgments, and/or expenses including attorney fees, arising, either directly or indirectly, from any act or failure to act by the Clinical Education Setting or any of its employees, agents, medical residents or members of its medical staff that may occur during or that may arise out of this Agreement.

8.3 Costs. In the event each party is found to be at fault, then each shall bear its own costs and attorney fees and its proportionate share of any judgment or settlement based on its percentage of fault, as determined by a procedure established by the parties.

8.4 Survival. This Section 8 shall continue beyond the expiration, non-renewal or termination of this Agreement.

9. INSURANCE.

9.1 LTC. LTC shall maintain, at no cost to the Clinical Education Setting, general and professional liability insurance covering LTC as an entity and each of its employees and agents against general and professional liability claims, in the minimum amount of one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) aggregate per year. Evidence of such insurance shall be provided to the Clinical Education Setting upon request.

9.2 The Clinical Education Setting. The Clinical Education Setting shall maintain, at no cost to LTC, general and professional liability insurance covering the Clinical Education Setting as an entity and each of its physician-employees, nonphysician-employees, medical residents and agents against professional liability claims, in the minimum amount of one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) aggregate per year. Evidence of such insurance shall be provided to LTC upon request.

9.3 Students. Students shall maintain, at no cost to LTC or the Clinical Education Setting (unless either such party consents to such cost), accident insurance. LTC shall maintain, at no cost to the Clinical Education Setting, general liability insurance covering LTC as an entity and each of its students against general liability claims, in the minimum amount of one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) aggregate per year. Evidence of such insurance shall be provided to the Clinical Education Setting upon request.

10. DISPUTE RESOLUTION. Any dispute arising under or in any way related to this Agreement that is not resolved by agreement of LTC and the Clinical Education Setting may be submitted by either party to binding arbitration pursuant to the Commercial Arbitration Rules of the American Arbitration Association. The parties agree that such arbitration shall result in a final and binding award in the State of Wisconsin, and may be judicially enforced. Each party shall bear its own arbitration costs and expenses, unless otherwise determined by the arbitrator.

11. NOTICES AND COMMUNICATION

11.1 Notices. All notices under this Agreement shall be given in writing and shall be deemed to have been properly given when delivered:

If to LTC:

LAKESHORE TECHNICAL COLLEGE, INC.
Attn: Kathleen Calabresa
Associate Dean of Nursing
Health & Human Services
1290 North Avenue
Cleveland, WI 53015

If to the Clinical Education Setting:

ROCKY KNOLL HEALTH CARE CENTER
Rachelle Valleskey, Administrator
N7135 Rocky Knoll Parkway
Plymouth, WI 53073
rvalleskey@rockyknoll.net

or at other such addresses as a party from time to time may designate by written notice to the other party.

12. NON-EXCLUSIVE. The parties agree that LTC shall be free to enter into similar agreements with other facilities, and that the Clinical Education Setting shall be free to enter into similar agreements with other educational institutions.

13. GOVERNING LAW. This Agreement shall be governed by and construed in accordance with the internal Laws of the State of Wisconsin (regardless of such State's conflict of laws principles), and without reference to any rules of construction regarding the party responsible for the drafting hereof.

14. INVALID PROVISION. The invalidity or unenforceability of any particular provision of this Agreement shall not affect the other provisions hereof, and this Agreement shall be construed in all respects as if such invalid or unenforceable provision were omitted.

15. ASSIGNMENT. No assignment by a party of this Agreement or its rights and responsibilities hereunder shall be valid without the specific written consent of the other party.

16. RELATIONSHIP OF PARTIES. LTC and the Clinical Education Setting, including their respective agents and employees, shall be, at all times, independent contractors of the other. Nothing in this Agreement is intended or shall be construed to create a joint venture relationship, a partnership, a lease, or a landlord/tenant relationship. Should any governmental agency question or challenge the independent contractor status of LTC, the Clinical Education Setting or their employees, both LTC and the Clinical Education Setting, upon receipt by either of them of notice, shall promptly notify the other party and afford the other party the opportunity to participate in any government agency discussion or negotiations, irrespective of how such discussions are initiated.

17. CONFIDENTIALITY OF RECORDS

17.1 Student Records. LTC and the Clinical Education Setting acknowledge that many student educational records are protected by the Family Educational Rights and Privacy Act ("FERPA") and that, generally, student permission must be obtained before releasing specific student data to anyone other than LTC. LTC agrees to provide the Clinical Education Setting with guidance with respect to compliance with FERPA.

17.2 Patient Health Care Records. LTC and the Clinical Education Setting acknowledge that patient health information is protected under Wisconsin law (e.g., Wis. Stat. §§ 146.82, 51.30 and 252.15) and the Health Insurance Portability and Accountability Act ("HIPAA"), and that, generally, the written permission of the patient (or person authorized by the patient) must be obtained before disclosing patient health information. The Clinical Education Setting agrees to provide Students and LTC with guidance with respect to compliance with these statutes and regulations.

18. NON-DISCRIMINATION. LTC and the Clinical Education Setting shall not unlawfully discriminate against any individual on the basis of race, creed, color, sex, religion, age, disability or national origin, and shall comply with applicable anti-discriminatory laws and policies promulgated by LTC.

19. ENTIRE AGREEMENT. This Agreement constitutes the entire agreement between the parties and contains all the agreements between the parties with respect to the

subject hereof. This Agreement supercedes any and all other agreements, in writing or oral, between the parties hereto with respect to the subject matter thereof.

20. NO THIRD PARTY BENEFICIARIES. No third parties (including any Student) are intended to benefit from this Agreement, and no third-party beneficiary rights shall be implied from anything contained in this Agreement.

21. WAIVER. Any party may waive in writing any term or condition contained in this Agreement and intended to be for its benefit; provided, however, that no waiver by any party, whether by conduct or otherwise, in any one or more instances, shall be deemed or construed as a further or continuing waiver of any such term or condition.

22. COUNTERPARTS. This Agreement may be executed simultaneously in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument, provided that all such counterparts, in the aggregate, shall contain the signatures of all parties hereto.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the Effective Date.

**LAKESHORE TECHNICAL COLLEGE
CENTER**

ROCKY KNOLL HEALTH CARE

By: Kathi Calabrese
Kathleen Calabresa
Associate Dean of Nursing
Health & Human Services

By: Rachelle Valleskey
Rachelle Valleskey
Administrator

Date: 6/1/2015

Date: 5/24/2015

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dan Williams		2) Date When Request Submitted: 03/25/16 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Wisconsin Board of Nursing			
4) Meeting Date: 04/14/16	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? 2016 Board review of website Position Statements_Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: <p>In 2016 the Board will review the Position statements that are currently on the Board webpage and determine whether to revise what is there and/or create new statements as necessary.</p> <p>http://dsps.wi.gov/Documents/Board%20Services/Position%20Statements/Nursing/Board%20of%20Nursing.pdf</p>			

BON POSITION STATEMENTS

1. I AM TRAVELLING WITH A PATIENT THROUGH WISCONSIN; DO I NEED TO OBTAIN A WISCONSIN LICENSE IN ORDER TO DO THIS?

Generally, if you do not have a multi-state license, you would need to obtain a Wisconsin license from the Board of Nursing to practice within this state. There is however an exception for those that may be travelling through the state for short periods of time. Ch 441.115, Stats allows for temporary practice of no more than 72 consecutive hours with prior notification to the Board. Certain exceptions apply; please review the Statute for complete information.

Revised: 9/12/2013

2. IF I AM GIVEN A PHYSICIAN'S ORDER TO ADMINISTER A MEDICATION TO A PATIENT AND I HAVE KNOWLEDGE THAT THE MEDICATION COULD CAUSE AN ADVERSE REACTION AND AN EVENT OCCURS, WHO IS RESPONSIBLE, THE PHYSICIAN OR THE NURSE?

In a situation such as the above, it is highly recommended that you review the standards of practice for registered nurses in Ch N6.03 (2)(c), Wis. Admin. Code. This rule requires an RN to "consult with a physician" if he/she "knows or should have known" that a delegated medical act may harm a patient. Similarly, the definition of negligence in Ch N7.03 (1)(e) states that it is a substantial departure from the standard of care for a nurse to execute a medical order which the licensee know or should have known would harm or present the likelihood of harm to a patient. If a nurse has this information and does not bring it to the attention of the treating physician(s), this could have serious implications for licensure.

Revised: 9/12/2013

3. Use of Nurse Technicians

The Nurse Technician (extern, intern) always functions under the direct supervision of the registered nurse. Under s. N6.02 (6), Wisconsin Administrative Code, direct supervision means immediate availability to continually coordinate, direct and inspect at first hand the practice of another. This has been interpreted by the board to require that the supervising RN must be in the same facility as the nurse technician.

Under s. N6.03 (3), Wisconsin Administrative Code, the supervising RN may delegate acts within the scope of professional nursing to the Nurse Technician, provided the RN does the following:

- Delegates tasks commensurate with educational preparation and demonstrated abilities of the Nurse Technician;

- Provides direction and assistance to the Nurse Technician;
- Observes and monitors the activities of the Nurse Technician; and,
- Evaluates the effectiveness of acts performed by the Nurse Technician

The Board of Nursing cautions RN's, agencies and facilities that the Nurse Technician is not licensed to practice nursing either as an RN or LPN. The Nurse Technician performs tasks delegated to him or her by the RN under direction supervision. While tasks or procedures may be delegated to the Nurse Technician, the functions of assessment and evaluation may not, including the preparation or alteration of a plan of care. The Nurse Technician may assist the RN in these functions, but may not perform them in their entirety.

Revised: 04/11/2013

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dan Williams		2) Date When Request Submitted: Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Wisconsin Board of Nursing			
4) Meeting Date: April 14, 2016	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Wisconsin Division of Quality Assurance (DQA) inquiry -Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: <p>This email has been redacted for Agenda purposes: DQA, (which is charged with regulating health care facilities), often will have questions regarding RN delegation and some facility regulations that may restrict delegation. To provide as much information to RN's who work in multiple licensed facilities, a DQA document was created in 2004 that listed the regulations and some guidance when delegating in those facilities. DQA is updating that document. The previous document referenced quite a few publications from the Nursing Board. Although helpful from a historical perspective, does the Board of Nursing have a position on keeping or removing any of the material? For background the table at the end of the document has federal and state regulations for facilities or agencies that may supersede nurse practice act. The rest of the document is open for review and any comments would be welcome. The draft document is attached for reference. Thank you.</p>			

Medication Administration by Unlicensed Assistive Personnel (UAPs)

This publication reviews the use of Unlicensed Assistive Personnel (UAPs), typically nursing assistants, to administer medications. This approach is subject to the regulations under which the entities operate. It is also subject to the laws and regulations that define the scope of nursing practice and the obligation of nurses to exercise professional judgment when delegating nursing duties to UAPs and supervising UAPs in the performance of delegated duties.

The Division of Quality Assurance (DQA) has received many questions related to medication administration, including the circumstances under which a registered nurse (RN) may delegate to UAPs, what training is required, and what amount of RN supervision is required when medication administration is happening in a DQA regulated entity. The answers to these questions may depend on the setting, patient or resident characteristics, training of the personnel, and applicable regulations. To address some of these questions the DQA has developed a document that lists state and federal regulations for various facilities and requirements based on those regulations.

The document lists entity regulations and requirements that may limit the delegation of various duties or tasks. It also provides information that RNs should consider when delegating medication administration to UAPs. **This document does not address specific scenarios or situations, but does include resource references that registered nurses can use to determine if delegation to UAPs is appropriate. This document also reviews the Board of Nursing current and past publications.**

The tables following, [Guidelines For Registered Nurses Delegating Medication Administration to UAPs](#), provide the regulations and interpretations that currently exist that affect registered nurses who are delegating medication administration. The tables list the regulations based on the facility licensure type.

Medication Administration Delegated by Registered Nurses to Unlicensed Assistive Personnel

Facility Regulations That Affect Registered Nurse Delegation and the Scope of Duty for Unlicensed Assistive Personnel

This document is intended to provide a compilation of current Wisconsin facility regulations that impact medication administration and registered nurse delegation of medication administration. This document also contains selected portions of nurse practice regulations and other resources that licensed registered nurses may find useful when delegating medication administration to Unlicensed Assistive Personnel (UAP). **This document does not specifically address physician delegation or any healthcare professional delegation of medication administration other than registered nurse delegation. The information in this document is based on current regulations as of 1/1/16.**

Introduction

The administration of medication is an important part of the care that many individuals receive in healthcare, assisted living and community facilities. Medication administration is not an isolated task, but a significant component of medication management by healthcare professionals.

The Division of Quality Assurance (DQA) investigates medication administration and medication errors in regulated entities. Many medication errors occur at the time of medication administration, sometimes leading to negative outcomes, including death.

Some healthcare professionals are trained and authorized by their licensure status to administer medications. These include physicians, nurses, respiratory therapists and pharmacists. The healthcare professionals' training and scope of practice, as determined by their respective licenses, determine the circumstances and limitations for medication administration.

Many licensed healthcare professionals are authorized by their license to delegate certain duties, including medication administration to unlicensed personnel who are commonly referred to as unlicensed assistive personnel (UAPs). In Wisconsin, registered nurses and physicians commonly delegate medication administration.

UAPs in Wisconsin include individuals who are trained to perform certain healthcare-related duties under the supervision of healthcare professionals. UAPs may have job titles such as medication aides, nurse aides, home health aides, certified medical assistants, pharmacy technicians or similar designations. The scope of duties for UAPs in regulated entities such as healthcare, assisted living and community facilities is generally defined by the requirements for their training and subject to the delegation of tasks to them by licensed healthcare professionals who supervise them.

Regulations for many regulated entities require registered nurses (RNs) be responsible for medication administration. The limits of that authority are governed by the laws and rules that regulate the practice of nursing in Wisconsin and the type of facility or entity in which RNs work.

Healthcare providers, nurses, administrators and others routinely ask DQA about the scope of UAP duties and the extent of supervision required for UAPs to whom RNs delegate medication administration. The complexity of each healthcare situation requires healthcare professionals to know the extent of delegation permitted in a particular setting and to exercise professional judgment in accordance with their licensure whether a task should be delegated to a UAP.

Resources for Registered Nurses, Licensed Practical Nurses, and Nursing UAPs

The following information is provided for registered nurses, licensed practical nurses and Nurse UAPs to review and consider when delegating and supervising.

Wisconsin Administrative Code Chapter N 6

Wisconsin Administrative Code Chapter N 6 provides the standards of practice for registered nurses (RN) and licensed practical nurses (LPN). The following are important aspects of these regulations that may effect medication administration.

N6.02 (1) "Basic nursing care" means care that can be performed following a defined nursing procedure with minimal modification in which the responses of the patient to the nursing care are predictable.

N6.02 (2) "Basic patient situation" as determined by an R.N., physician, podiatrist or dentist means the following 3 conditions prevail at the same time in a given situation:

- (a) The patient's clinical condition is predictable;
- (b) Medical or nursing orders are not changing frequently and do not contain complex modifications; and,
- (c) The patient's clinical condition requires only basic nursing care.

N6.02 (3) "Complex patient situation" as determined by an R.N., physician, podiatrist or dentist means any one or more of the following conditions exist in a given situation:

- (a) The patient's clinical condition is not predictable;
- (b) Medical or nursing orders are likely to involve frequent changes or complex modifications; or
- (c) The patient's clinical condition indicates care that is likely to require modification of nursing procedures in which the responses of the patient to the nursing care are not predictable.

N6.02 (5) "Delegated nursing act" means acts delegated to an L.P.N. or less-skilled assistant by an R.N.

N6.02 (6) "Direct supervision" means immediate availability to continually coordinate, direct and inspect at first hand the practice of another.

N6.02 (7) "General supervision" means regularly to coordinate, direct and inspect the practice of another.

N6.03 (3) Supervision and direction of delegated nursing acts. In the supervision and direction of delegated nursing acts an R.N. shall:

- (a) Delegate tasks commensurate with educational preparation and demonstrated abilities of the person supervised;
- (b) Provide direction and assistance to those supervised;
- (c) Observe and monitor the activities of those supervised; and,
- (d) Evaluate the effectiveness of acts performed under supervision.

N6.04 Standards of practice for licensed practical nurses.

- (1) Performance of acts in basic patient situations. In the performance of acts in basic patient situations, the L.P.N. shall, under general supervision of an R.N. or the direction of a physician, podiatrist or dentist:
 - (a) Accept only patient care assignments which the L.P.N. is competent to perform;
 - (b) Provide basic nursing care;
 - (c) Record nursing care given and report to the appropriate person changes in condition of a patient;
 - (d) Consult with an R.N. or physician in cases where an L.P.N. knows or should know a delegated nursing or medical act may harm a patient; and,
 - (e) Perform the following other acts when applicable:
 - 1. Assist with the collection of data;
 - 2. Assist with the development and revision of a nursing care plan;
 - 3. Reinforce the teaching provided by an R.N., physician, podiatrist or dentist and provide basic health care instruction; or,
 - 4. Participate with other health team members in meeting basic patient needs.
- (2) Performance of acts in complex patient situations. In the performance of acts in complex patient situations the L.P.N. shall:
 - (a) Meet standards under sub. (1) under the general supervision of an R.N., physician, podiatrist, or dentist;
 - (b) Perform delegated nursing or medical acts beyond basic nursing care under the direct supervision of an R.N., physician, podiatrist or dentist. An L.P.N. shall, upon request of the board, provide documentation of his or her nursing education, training or experience which prepare the L.P.N. to competently perform these assignments.
- (3) Assumption of charge nurse position in nursing homes. In assuming the position of charge nurse in a nursing home as defined in s. 50.04 (2)(b), Stats., an L.P.N. shall:
 - (a) Follow written protocols and procedures developed and approved by an R.N.;
 - (b) Manage and direct the nursing care and other activities of L.P.N.s and nursing support personnel under the general supervision of an R.N. and,
 - (c) Accept the charge nurse position only if prepared to competently perform this assignment based on his or her nursing education, including education, training or experience or active involvement in education or training for responsibilities not included in the basic L.P.N. curriculum.

Board of Nursing Positions Previously Published in Wisconsin Regulatory Digest

The following are articles published in the Wisconsin Regulatory Digest, a Publication of the Board of Nursing. These NO LONGER reflect the current position of the Wisconsin Nursing Board.

- *Nursing March 1989 Vol. 2 No. 1 Page 2*
Nursing May 1995 Vol. 8 No. 1 Page 3

Under sec. [441.11(4)] Wis. Stats the registered nurse supervises and directs licensed practical nurses and less skilled assistants, e.g. nursing assistants, home health aides, or teaching assistants. The registered nurse is not restricted in terms of what tasks or procedures may be delegated to the assistant, but the registered nurse is responsible for ensuring that such acts are safely and appropriately carried out by the assistant. The registered nurse assumes overall responsibility for delegated nursing acts, as well as for the functions of assessment and evaluation. The less skilled assistant may contribute to the assessment and evaluation performed by the registered nurse by reporting to the RN and by documenting observation made. The less skilled assistant is not a substitute for the registered nurse or the licensed practical nurse.

- *Nursing March 1990 Vol. 3 No. 1 Page 1-2*

The board recently reviewed its position on the use of unlicensed personnel in the administration of medications. The board is aware that federal regulations allow this practice and that the Department of Health and Social Services (now the Department of Health and Family Services) has developed criteria to be utilized in evaluating medication administration courses. The board strongly recommends that unlicensed persons, prior to administering medications, complete course work related to medication administration, such as that taught in the Health Occupations are of the Vocational, Technical and Adult Education (VTAE) system. Registered nurses should be advised that under sec. [441.001(4)] Wis. Stats, the practice of professional nursing includes "the supervision and direction of licensed practical nurses and less skilled assistants." Therefore, it is the responsibility of the registered nurse to supervise unlicensed personnel who are administering medication to patients. In the supervision of unlicensed personnel, the registered nurse must follow the standards under Wis. Admin. Code N. 6.03(3). These standards indicate that the registered nurse must delegate tasks commensurate with educational preparation and demonstrated abilities of the person supervised, provide direction and assistance to those supervised, observe and monitor the activities of those supervised, and evaluate the effectiveness of acts performed under supervision. It should be pointed out to licensed practical nurses who serve as charge nurses in nursing homes that they are only allowed to manage and direct the nursing care and other activities of nursing support personnel under general supervision of an R.N. Therefore, the **R.N. is ultimately responsible** for the

supervision of the unlicensed personnel in their performance of any medication administration.

- *Nursing May 1995 Vol. 8 No. 1 Page 3-4*

Under sec. 441.11(4), Wis. Stats. And Wis. Admin. Sec. N 6.03(3) the registered nurse may delegate acts within the scope of professional nursing to an L.P.N. or a less-skilled assistant, provided that the RN meets the following criteria for delegation:

- 1) Delegates tasks commensurate with educational preparation and demonstrated abilities of the person supervised;
- 2) Provides direction and assistance to those supervised;
- 3) Observes and monitors the activities of those supervised; and,
- 4) Evaluates the effectiveness of acts performed under supervision.

While nursing acts may be delegated, the functions of assessment and evaluation may not. The L.P.N. and less skilled assistant may assist the R.N. in these functions, but may not perform them in their entirety. If nursing acts are delegated by a registered nurse, the legal principle of respondeat superior is invoked. By that principle the nursing act undertaken by the L.P.N. or less skilled assistant is, in a legal sense, the act of the supervising nurse who has delegated the act. While certain employers and administrators may suggest which nursing acts should be delegated, and/or to whom the delegation may be made, it is the RN who makes, and is ultimately responsible for making the decision whether and under what circumstances the delegation occurs. If the RN decides that delegation may not appropriately or safely take place, but nonetheless makes the delegation he or she may be disciplined by the board for negligent practice, as defined in Wis. Admin. Sec. N 7.03. Finally a prospective delegate is not required to accept a delegated nursing act. The prospective delegate must immediately inform the supervising RN of any refusal to accept the delegation.

- *Position of the Board of Nursing on Performance of IV Therapy by Licensed Practical Nurses*

The Board of Nursing has responded to numerous inquiries regarding to the role of the LPN related to IV therapy. The following information should be assistance in determining the extent of involvement by LPNs in initiating, maintaining, monitoring and discontinuing IV's in specific practice settings.

It is not within the scope of practice of the LPN in Wisconsin to perform IV therapy. However, acts involving IV therapy may be delegated by the RN to the LPN under section N6.03(3), Wis. Adm.Code. These acts include starting peripheral IV lines, adding medication to the intravenous fluids, monitoring of intravenous fluids which carry medication, and monitoring intravenous fluids for hydration purposes. Since these acts are all within the scope of practice of the professional nurse, they may be delegated by the RN to the LPN. There must be willingness on the part of the RN to delegate and on the LPN to accept such delegated acts.

It is the opinion of the Practice Committee of the Board of Nursing that such delegated nursing acts beyond basic nursing care require direct supervision. The Board of Nursing has interpreted direct supervision, defined in section N6.02(6), Wis. Adm. Code, as necessitating on-site supervision. Therefore, the RN supervising the LPN in the performance of IV therapy must be physically present in the facility and immediately available.

While the Board of Nursing position statement on the performance of IV therapy by LPNs includes monitoring of IV fluids as an act requiring direct supervision, it is not the board's intent that observation of the IV infusions on controlled infusion pumps by the LPN requires direct supervision. If the RN preprograms the IV infusion on a controlled pump and performs the client assessment, then the LPN may monitor the infusion under general supervision of the RN and report any concerns or problem with the infusion to the RN. If there is a need for a medication change, for additional medication, or for correction of a problem with the infusion, then the LPN performing these procedures must do so under direct supervision. Monitoring by LPNs of IV infusions that are not pump-controlled does require direct supervision.

Furthermore, the LPN must be competent in the performance of IV therapy. Competence is based on the appropriate education, training or experience. It is essential that there be documentation of the education, training or experience attesting to the competence of the LPN to perform IV therapy. In section N7.03(1)(g) Wis. Adm. Code, the Board of Nursing cites as negligence, "offering or performing services as a licensed practical nurse or registered nurse for which the licensee or registrant is not qualified by education, training or experience."

- *Nursing September 1998 Volume 1, No. 2 Page 1*

Use of Nurse Technicians

The Nurse Technician is a nursing student who either is currently enrolled in a nursing program leading to a registered nurse or practical nurse licensure, or who has failed the licensure exam and is awaiting a retake of the exam.

The Nurse Technician always functions under direct supervision of the registered nurse. Under Section N 6.02(6), Wisconsin Administrative Code, direct supervision means immediate availability to continually coordinate, direct and inspect at first hand the practice of another. This has been interpreted by the board to require that the supervising RN must be **on-site** with the Nurse Technician.

Under Section N 6.03(3), Wisconsin Administrative Code, the supervising RN may delegate acts within the scope of professional nursing to the Nurse Technician, provided that the RN does the following: 1) Delegates tasks commensurate with educational preparation and demonstrated abilities of the Nurse Technician; 2) Provides direction and assistance to the Nurse Technician; 3) Observes and monitors the activities of the Nurse Technician; and, 4) Evaluates the effectiveness of acts performed by the Nurse Technician.

The board cautions RN's, agencies and facilities that the Nurse Technician is not licensed to practice nursing either as an RN or LPN. The Nurse Technician functions only as a result of tasks delegated to him/her by the RN who provides direct supervision. While certain nursing tasks may be delegated to the Nurse Technician, the functions of assessment and evaluation may not. Those responsibilities must be done in conjunction with the RN.

Current Nursing Board Positions

Use of Nurse Technicians

The Nurse Technician (extern,intern) always functions under the direct supervision of the registered nurse. Under s. N6.02 (6), Wisconsin Administrative Code, direct supervision means immediate availability to continually coordinate, direct and inspect at first hand the practice of another. This has been interpreted by the board to require that the supervising RN must be in the same facility as the nurse technician.

Under s. N6.03 (3), Wisconsin Administrative Code, the supervising RN may delegate acts within the scope of professional nursing to the Nurse Technician, provided the RN does the following:

- Delegates tasks commensurate with educational preparation and demonstrated abilities of the Nurse Technician;
- Provides direction and assistance to the Nurse Technician;
- Observes and monitors the activities of the Nurse Technician; and,
- Evaluates the effectiveness of acts performed by the Nurse Technician

The Board of Nursing cautions RN's, agencies and facilities that the Nurse Technician is not licensed to practice nursing either as an RN or LPN. The Nurse Technician performs tasks delegated to him or her by the RN under direction supervision. While tasks or procedures may be delegated to the Nurse Technician, the functions of assessment and evaluation may not, including the preparation or alteration of a plan of care. The Nurse Technician may assist the RN in these functions, but may not perform them in their entirety.

Revised: 04/11/2013

Resources

The following are published documents that can assist nurses create policy and procedures and determine if they should delegate.

- Wisconsin Nurses Association Guidelines for Registered Nurse Delegation to Unlicensed Assistive Personnel
- National Council of State Boards of Nursing Delegation Concepts and Decision-Making Process Position Paper

Guidelines For Registered Nurses Delegating Medication Administration to UAPs

Facility	Unlicensed Assistive Personnel (UAP)	Applicable State & Federal Regulations	Plain Language for Facility	Plain Language for UAP and RN
Home Health Agency	Home Health Aide (HHA) Personal Care Worker (PCW)	<p>DHS 133.02(4) “Home health aide” means an individual whose name is on the registry and who is eligible for employment in a home health agency, and who is employed by or under contract to a home health agency to provide home health aide services under supervision of a registered nurse.</p> <p>DHS 133.02 (5) “Home health aide services” means personal care services which will facilitate the patient’s self-care at home and are necessary to prevent or postpone institutionalization, but do not require performance by a registered nurse or licensed practical nurse.</p> <p>DHS 133.06(4)(b) Employees. Scope of duties. No employes may be assigned any duties for which they are not capable, as evidenced by training or possession of a license.</p> <p>DHS 133.06(4)(e) Continuing Training. A program of continuing training shall be provided to all employees as appropriate for the client population and the employee’s duties.</p> <p>DHS 133.08(2)(d) Policies. To be fully informed of one’s own health condition, unless medically contraindicated, and to be afforded the opportunity to participate in the planning of the home health services, including referral to health care institutions or other agencies, and to refuse to participate in experimental research.</p> <p>DHS 133.17 (2)(g) Duties. Home health aide services may include, but are not limited to: (g) assisting patients with self-administration of medications.</p> <p>DHS 133.17 (3) Assignments. Home health aides shall be assigned specific patients by a registered nurse. Written instructions for patient care shall be prepared and updated for the aides at least each 60 days by a registered nurse or appropriate therapist, consistent with the plan</p>	<p><u>General Agency Requirements</u></p> <p>All licensed/certified home health agencies providing administration of a medication by an UAP (HHA, PCW, other) must meet the following conditions:</p> <ol style="list-style-type: none"> 1. The agency has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the time of administration and the identification of the person administering medication. [42 CFR 484.14(e)] 2. There is a written delegation of this nursing act (medication administration) by the registered nurse. (nurse aide assignment sheet) [(DHS 133.17(3), 42 CFR 484.36(c)] 3. There is documentation to support the educational preparation of the caregiver who administers medications. [DHS 133.06(4)(b), 	<p><u>Scope of Duty</u></p> <p>UAPs (HHA and PCWs) may administer oral, sublingual, topicals, rectal suppositories, eye drops, eye ointments, ear drops, inhalers, nasal inhaler, nebulizers, injections and vaginal suppositories, to patients, regardless of patient age or functional capacity when all of the following conditions are met:</p> <ol style="list-style-type: none"> 1. The medication and ordered dose is preselected by a nurse, pharmacist or designated family member; 2. The medication is one of the following: oral medication, sublingual medication, topical medication, rectal suppository, eye drop or ointment, ear drop, multi dose inhaler, nasal inhaler, nebulizer, injection, vaginal suppository; and 3. All General Agency

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Facility	Unlicensed Assistive Personnel (UAP)	Applicable State & Federal Regulations	Plain Language for Facility	Plain Language for UAP and RN
HHA (Home Health Agency)		<p>of treatment under s. HFS 133.20. These instructions shall be reviewed by the immediate supervisors with their aides.</p> <p>DHS 133.17 Home health aide services. (1) PROVISION OF SERVICES. When a home health agency provides or arranges for home health aide services, the services shall be given in accordance with the plan of care provided for under s. DHS 133.20, and shall be supervised by a registered nurse or, when appropriate, by a therapist.</p> <p>HFS 133.20 (2)Contents of Plan. Each plan developed under subd. (1) shall include: (b) The methods for delivering needed care, and an indication of which professional disciplines are responsible for delivering the care.</p> <p>42 CFR 484.10 (c)(1) The patient has the right to be informed, in advance, about the care to be furnished, and any changes in the care to be furnished.</p> <p>i) The home health agency must advise the patient in advance of the disciplines that will furnish care, and the frequency of visits proposed to be furnished.</p> <p>ii) The home health agency must advise the patient in advance of any change in the plan of care before the change is made.</p> <p>42 CFR 484.14 (e) Personnel policies. Personnel practices and patient care are supported by appropriate, written personnel policies. Personnel records include qualifications and licensure that is kept current.</p> <p>42 CFR 484.36(c) Standard: Assignment and duties of the home health aide. (1) Assignment. The home health aide is assigned to a specific patient by the registered nurse. Written patient care instructions for the home health aide must be prepared by the registered nurse or other appropriate professional who is responsible for the supervision of the home health aide under paragraph (d) of this section.</p>	<p>42 CFR 484.36(c)]</p> <p>4. There is immediate and accessible supervisory support available to the caregiver administering medications. [DHS 133.17(1)]</p> <p>5. Patients must be informed prior to delivery of service, that unlicensed personnel will administer their medications. [DHS 133.08(2)(d) & 42 CFR 484.10(c)(1)]</p> <p>6. Supervision and delegation of the delegated nursing act meets the requirements of Chapter N6 of the Wisconsin Administrative Code.</p>	<p>Requirements 1-6 are met (previous column).</p> <p><u>Home Health Aide (HHA) Medication Administration</u></p> <p>HHA can administer medications that are not preselected if the patient is self-directing adults or has a responsible adult physically present who understands the medication program and is able to direct the home health aide. Medications that are not preselected can be administered by the HHA to self-directing adults as delegated from the registered nurse if the following conditions are met:</p> <p>1. When medication has not been preselected, there is documented evidence that the home health aide has been trained in the actions, uses, effects, adverse reactions and toxic effects of all the medications administered. Additionally, the home</p>

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Facility	Unlicensed Assistive Personnel (UAP)	Applicable State & Federal Regulations	Plain Language for Facility	Plain Language for UAP and RN
HHA (Home Health Agency)				<p>health aide must be trained in the appropriate responses to adverse reactions to any medication administered. The delegating registered nurse may require training to be verified by return demonstration with each home health aide who administers medication to a specific patient. [DHS 133.06(4)(b)]</p> <ol style="list-style-type: none"> 2. The patient receiving the medication is a self-directing adult (18 or older), or a responsible adult is physically present to direct the home health aide in the administration of the medication; 3. The medication is one of the following: oral medication, sublingual medication, topical medication, rectal suppository, eye drop or ointment, ear drop, nasal inhaler, multi dose inhaler, nebulizer, injection, vaginal

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Facility	Unlicensed Assistive Personnel (UAP)	Applicable State & Federal Regulations	Plain Language for Facility	Plain Language for UAP and RN
HHA (Home Health Agency)				<p>suppository; and</p> <p>4. All General Agency Requirements 1-6 are met (previous column to left).</p> <p>For patients who have Medicaid some of these delegated tasks may not be reimbursed or require preauthorization for reimbursement.</p>
Hospice	<p>Hospice Aide</p> <p>Medication aide/ Hospice aide (MA/HA)</p>	<p>DHS 131.13(12) “Nurse aide” means an individual employed by or under contract to a hospice to provide nurse aide services as specified ins. DHS 131.26 (2) (b) under the supervision of a registered nurse.</p> <p>DHS 131.19 Patient rights. (2) RIGHTS OF PATIENTS. In addition to rights to the information under sub. (1), each patient shall have all of the following rights:</p> <p>(b) To participate in planning care and in planning changes in care.</p> <p>(c) To select or refuse care or treatment.</p> <p>(L) To be informed prior to admission of the types of services available from the hospice, including contracted services and specialized services for unique patient groups such as children.</p> <p>(m) To be informed of those items and services that the hospice offers and for which the resident may be charged, and the amount of charges for those services..</p> <p>DHS 131.31 (4) DUTIES. Hospice employees or contracted staff may be assigned only those duties for which they are capable, as evidenced by documented training or possession of a license or certificate.</p> <p>DHS 131.31(5) CONTINUOUS TRAINING. A program of continuing training directed at maintenance of appropriate skill levels shall be provided for all hospice employees providing services to</p>	<p><u>General Hospice Requirements</u></p> <p>All hospices providing administration of a medication by an UAP (hospice aide) must meet the following conditions:</p> <ol style="list-style-type: none"> 1. The hospice has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the time of administration and the identification of the person administering medication. 2. There is a written delegation of this nursing act (medication 	<p><u>Scope of Duty</u></p> <p>State Approved Hospice Medication Administration Course includes training on the following forms of medication administration: oral, sublingual, topical, rectal suppositories, eye drops, eye ointments, ear drops, vaginal suppositories, multi-dose oral inhalers, and nasal inhalers.</p> <p>All unlicensed personnel who administer medications in a hospice must take this course. If these individuals will administer other types of medications, for example, nebulizers, injections, oxygen, medication via a G-tube, insulin, etc. they must</p>

Guidelines For Registered Nurses Delegating Medication Administration to UAPs

Facility	Unlicensed Assistive Personnel (UAP)	Applicable State & Federal Regulations	Plain Language for Facility	Plain Language for UAP and RN
Hospice		<p>patients and their families.</p> <p>DHS 131.28 Governing body. (2) The governing body shall do all of the following: (e) Ensure that nursing and physician services and drugs and biologicals are routinely available on a 24 hour basis 7 days a week.</p> <p>DHS 131.32 Medical director. (1) The hospice shall have a medical director who shall be a medical doctor or a doctor of osteopathy. (c) Ensure that medications are used within accepted standards of practice.</p> <p>DHS 131.26 Non-core services. (2) NURSE AIDE SERVICES. The hospice may provide nurse aide services as follows: (a) Assignment. Nurse aides are assigned to a specific patient by a registered nurse that is a member of the interdisciplinary group. Written patient care instructions for a nurse aide shall be prepared by a registered nurse who is responsible for the supervision of a nurse aide as specified under par. (c). (b) Plan of care. The nurse aide shall provide care in accordance with the patient’s plan of care. Nurse aide services consist of, but are not be limited to all of the following: 5. Assisting patients with self-administration of medications. 6. Administering medications to patients if the aide has completed a state-approved medications administration course and has been delegated this responsibility in writing for the specific patient by a registered nurse.</p> <p>42 CFR 418.106 (d) Standard: Administration of drugs and biologicals. (1) The interdisciplinary group, as part of the review of the plan of care, must determine the ability of the patient and/or family to safely self-administer drugs and biologicals to the patient in his or her home.</p> <p>(2) Patients receiving care in a hospice that provides inpatient care</p>	<p>administration) by the registered nurse.</p> <ol style="list-style-type: none"> 3. There is documentation to support the educational preparation of the caregiver who administers medications. 4. There is immediate and accessible supervisory support available to the caregiver administering medications. 5. Patients must be informed, prior to delivery of service, that unlicensed personnel will administer their medications. 6. Supervision and delegation of the delegated nursing act meets the requirements of Chapter N6 of the Wisconsin Administrative Code. 	<p>receive additional training and that training must be documented.</p>
Hospice				

Guidelines For Registered Nurses Delegating Medication Administration to UAPs

Facility	Unlicensed Assistive Personnel (UAP)	Applicable State & Federal Regulations	Plain Language for Facility	Plain Language for UAP and RN
		<p>directly in its own facility may only be administered medications by the following individuals:(i) A licensed nurse, physician, or other health care professional in accordance with their scope of practice and State law;(ii) An employee who has completed a State-approved training program in medication administration; and(iii) The patient, upon approval by the interdisciplinary group.</p>		
Hospital	Nurse Aide Medication Technician Diagnostic Medication Assistants Nurse Technician Various Other Titles that Hospitals Use for UAP	<p>42 CFR 482.23(c) Standard: Preparation and administration of drugs. Drugs and biologicals must be prepared and administered in accordance with Federal and State laws, the orders of the practitioner or practitioners responsible for the patients care as specified under 482.12(c), and accepted standards of practice.</p> <p>All drugs and biologicals must be administered by, or under supervision of, nursing or other personnel in accordance with Federal and State laws and regulations, including applicable licensing requirements, and in accordance with the approved medical staff policies and procedures.</p>	<p><u>General Hospital Requirements</u></p> <p>All hospitals providing administration of a medication by an UAP must meet the following conditions:</p> <ol style="list-style-type: none"> 1. The hospital has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the time of administration and the identification of the person administering medication. [42 CFR 482.23(c)] 2. A registered nurse shall assign the nursing care of each patient to other nursing personnel in accordance with the patient’s needs and the preparation and competence of the available nursing staff. [3. A registered nurse shall assign the 	<p><u>Scope of Duty</u></p> <p>The UAP administering medications in a hospital have their scope of duty determined by medical staff policies and procedures.</p>
Hospitals				

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Facility	Unlicensed Assistive Personnel (UAP)	Applicable State & Federal Regulations	Plain Language for Facility	Plain Language for UAP and RN
			<p>nursing care of each patient to other nursing personnel in accordance with the patient's needs and the preparation and competence of the available nursing staff.</p> <ol style="list-style-type: none"> 4. There is immediate and accessible supervisory support when needed to the UAP administering medications. 5. Patients must be informed, prior to delivery of service, that their medications will be administered by UAP. 6. Supervision and delegation of medications by nurses meets the requirements of Chapter N6 of the Wisconsin Administrative Code. 	
Nursing Home	Medication aide/Nurse aide MANA	<p>DHS 132.60(5)(d)1. Administration of medications. Personnel who may administer medications. In a nursing home, medication may be administered only by a nurse, a practitioner, as defined in s. 450.07 (1)(d), Stats., or a person who has completed training in a drug administration course approved by the department.</p> <p>DHS 132.62(2)(a)3. Duties. The director of nursing services shall be responsible for:</p> <ol style="list-style-type: none"> a. Supervising the functions, activities, and training of the nursing personnel; b. Developing and maintaining standard nursing practice, nursing policy and procedure manual, and written job descriptions for each level of nursing personnel; c. Coordinating nursing services with other resident services; d. Designating the charge nurses provided for by this section; e. Being on call at all times, or designating other registered nurse to be on call, when no registered nurse is on duty in the facility; and 	<p><u>General Nursing Home Requirements</u></p> <p>All nursing homes providing administration of a medication by an UAP (Medication Aide/Nurse Aide) must meet the following conditions:</p> <ol style="list-style-type: none"> 1. The nursing home has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, 	<p><u>Scope of Duty</u></p> <p>State Approved Nursing Home Medication Administration Course covers medication administration technique including: oral, sublingual, topical, rectal suppositories, eye drops, eye ointments, ear drops, vaginal suppositories, multi dose oral inhalers, and nasal inhalers.</p> <p>All unlicensed personnel who administer medications</p>

Guidelines For Registered Nurses Delegating Medication Administration to UAPs

Facility	Unlicensed Assistive Personnel (UAP)	Applicable State & Federal Regulations	Plain Language for Facility	Plain Language for UAP and RN
Nursing Home		<p>f. Ensuring that the duties of nursing personnel shall be clearly defined and assigned to staff members consistent with the level of education, preparation, experience, and licensing of each.</p> <p>42 CFR 483.60 The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under and agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p>	<p>the route of administration, the time of administration and the identification of the person administering medication. [(DHS 132.62(2)(a)3]</p> <p>2. There is a written delegation of this nursing act (medication administration) by the registered nurse. [(DHS 132.62(2)(a)3]</p> <p>3. There is documentation to support the educational preparation of the caregiver that administers medications. [DHS 132.60(5)(d)1]</p> <p>4. There is immediate and accessible supervisory support available to the caregiver administering medications. [42 CFR 483.60]</p> <p>5. Residents must be informed. Prior to delivery of service, that their medications will be administered by unlicensed personnel. [DHS 132.31(1)(n)]</p> <p>6. Supervision and delegation of the delegated nursing act meets the requirements of Chapter N6 of the Wisconsin Administrative Code.</p>	<p>in a nursing home must take this State of Wisconsin approved course or meet the course requirements. If these individuals will administer other types of medications for example nebulizers, intravenous injections, oxygen, medication via a tube, insulin, etc., they must receive additional training, and that training must be documented.</p>
Community Based Residential Facility	Unlicensed Assistive Personnel (UAP)	DHS 83.35 Assessment, individual service plan and evaluations. (c) Areas of assessment. The assessment, at a minimum, shall include all of the following areas applicable to the resident: 2.	<p><u>General CBRF Requirements</u></p> <p>All CBRFs providing administration of a medication by an UAP (CBRF</p>	<p><u>Scope of Duty</u></p> <p>If the CBRF is a nurse supervised facility, then the</p>

Guidelines For Registered Nurses Delegating Medication Administration to UAPs

Facility	Unlicensed Assistive Personnel (UAP)	Applicable State & Federal Regulations	Plain Language for Facility	Plain Language for UAP and RN
CBRF			<p>unlicensed personnel will administer their medications. [HFS 83.32(2)(a)2]</p> <p>6. If applicable, supervision and delegation of the delegated nursing act meets the requirements of Chapter N6 of the Wisconsin Administrative Code</p>	
Adult Family Home (AFH)	Unlicensed Assistive Personnel (UAP)	<p>DHS 88.06 (3)(c) The assessment shall identify the person’s needs and abilities in at least the areas of activities of daily living, medications, health, level of supervision required in the home and community, vocational, recreational, social and transportation.</p> <p>DHS 88.06 (3)(d) The individual service plan shall contain at least the following: 1. A description of the services the licensee will provide to meet assessed need. 2. Identification of the level of supervision required in the home and community. 3. Description of services provided by outside agencies. 4. Identification of who will monitor the plan. 5. A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. (e). A copy of the individual service plan shall be provided to all persons involved in the development of it.</p> <p>DHS 88.07(2)(c) Services that are provided shall be services determined by the resident, licensee, service coordinator, if any, placing agency, if any, and guardian, if any, to be needed by the resident and within the capability of the licensee to provide.</p> <p>DHS 88.07(3)(c) If the licensee or service provider assists a resident with a prescription medication, the licensee or service provider shall help the resident securely store the medication, take the correct dosage at the correct time and communicate effectively with his or her physician. (d) Before a licensee or service provider dispenses or administers a prescription medication to a resident. The licensee shall obtain a written order from the physician who prescribed the</p>	<p>All adult family homes providing administration of a medication by UAP must meet the following conditions:</p> <p>1. The adult family home has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the time of administration and the identification of the person administering medication. [DHS 88.07(3)(e)]</p> <p>2. When contracted nursing services include <u>nurse responsibility</u> for medication administration and the nurse delegates tasks to the AFH staff, there is a written delegation of this nursing act (medication</p>	<p>Scope of Duty</p> <p>1) If licensee provides medication administration the staff can only administer medications for which they were trained, for which they have orders and for which the resident or residents guardian have provided consent.</p> <p>2) If licensee has a registered nurse administering medications they may decide to delegate various tasks. This delegation can define the scope of AFH staff who administers medications.</p>

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Facility	Unlicensed Assistive Personnel (UAP)	Applicable State & Federal Regulations	Plain Language for Facility	Plain Language for UAP and RN
AFH		<p>medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident’s file. (e) 1.The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. 2. The record shall also contain information describing potential side effects and adverse reactions caused by each prescription medication.</p> <p>DHS 88.10(3)(j) Treatment choice. To receive all treatments prescribed by the resident’s physician and to refuse any form of treatment unless the treatment has been ordered by a court. The written informed consent of the resident or resident’s guardian is required for any treatment administered by the adult family home.</p>	<p>administration) by the registered nurse. [DHS 88.06(3)(d)]</p> <ol style="list-style-type: none"> 3. There is documentation to support the educational preparation of the caregiver who administers medications. [DHS 88.07(2)(c)] 4. Patients must be informed, prior to delivery of service, that unlicensed personnel will administer their medications. [DHS 88.10(3)(j) & 88.07(2)(c)] 5. If applicable, supervision and delegation of the delegated nursing act meets the requirements of Chapter N6 of the Wisconsin Administrative Code 	
Residential Care Apartment Complex (RCAC)	UAP	<p>DHS 89.13(21) “Medication administration” means giving or assisting tenants in taking prescription and nonprescription medications in the correct dosage, at the proper time and in the specified manner.</p> <p>DHS 89.13 (22) “Medication management” means oversight by a nurse, pharmacist or other healthcare professional to minimize risks associated with use of medications. Medication management includes proper storage of medications; preparation of a medication organization or reminder system; assessment of the effectiveness of medications; monitoring for side effects, negative reactions and drug interactions; and delegation and supervision of medication administration.</p> <p>DHS 89.13 (24) “Nursing services” means nursing procedures, excluding personal services, which, according to the provisions of ch. 441, Stats., the nurse practice act, must be performed by a registered</p>	<p><u>General RCAC Requirements</u></p> <p>All RCACs providing administration of a medication by an UAP must meet the following conditions:</p> <ol style="list-style-type: none"> 1. The RCAC has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. [(DHS 89.13(22)] 2. There is evidence of delegation of this nursing act (medication administration) by the registered 	<p><u>Scope of Duty</u></p> <p>Service agreements shall outline any medication administration and medication management tasks, including who is performing those tasks. Resident and/or family should be informed of the qualifications of these individuals.</p>

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Facility	Unlicensed Assistive Personnel (UAP)	Applicable State & Federal Regulations	Plain Language for Facility	Plain Language for UAP and RN
RCAC		<p>nurse or as a delegated act under the supervision of a registered nurse.</p> <p>DHS 89.23(4)(a)Service providers. 2. Nursing services and supervision of delegated nursing services shall be provided consistent with the standards contained in the Wisconsin nurse practice act. Medication administration and medication management shall be performed by or as a delegated task, under the supervision of a nurse or pharmacist.</p> <p>DHS 89.28 Risk Agreement (2)Content (a) 3. What the facility will and will not do to meet the tenant’s needs and comply with the tenant’s preference relative to the identified in the course of action. 4. Alternatives offered to reduce the risk or mitigate the consequences relating to the situation or condition. 5. The agreed-upon course of action, including responsibilities of both the tenant and the facility. 6 The tenant’s understanding and acceptance of responsibilities for the outcome from the agreed-upon course of action.</p>	<p>nurse. [DHS 89.23(4)(a)]</p> <ol style="list-style-type: none"> 3. There is evidence to support the educational preparation of the caregiver who administers medications. [DHS 89.23(4)(a)] 4. There is accessible supervisory support available to the caregiver administering medications. [DhS 89.23(4)(a)] 5. Residents must be informed, prior to delivery of service, that unlicensed personnel will administer their medications. [DHS 89.28] 6. Supervision and delegation of the delegated nursing act meets the requirements of Chapter N6 of the Wisconsin Administrative Code 	
Facility for Developmentally Disabled (FDD) or Intermediate Care Facility for Individuals with Intellectual Disabilities	Medication Aide/Nurse Aide	<p>DHS 134.60(4)(a)1. Orders. Medications, treatments and rehabilitative or rehabilitative therapies shall be administered as ordered by a physician or dentist subject to the resident’s right to refuse them.</p> <p>DHS 134.60(4)(d) Administration of medications. 1. Medications may be administered only by a nurse, a practitioner or a person who has completed training in a drug administration course approved by the department. Facility staff shall immediately record the administration of medications in a resident’s record. 2. Facilities shall develop policies and procedures designed to provide safe and accurate administration of medications and these policies and procedures shall be followed by personnel assigned to prepare and administer medications and to record their administration.</p>	<p><u>General ICF/MR Requirements</u></p> <p>All ICFs/MR or FDDs providing administration of a medication by an UAP (Medication aide/nurse aide) must meet the following conditions:</p> <ol style="list-style-type: none"> 1. The ICF/MR or FDD has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the 	<p><u>Scope of Duty</u></p> <p>State Approved ICF/MR and FDD Medication Administration Course covers medication administration technique including: oral, sublingual, topical, rectal suppositories, eye drops, eye ointments, ear drops, vaginal suppositories, multi dose oral inhalers, and nasal inhalers.</p>

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Facility	Unlicensed Assistive Personnel (UAP)	Applicable State & Federal Regulations	Plain Language for Facility	Plain Language for UAP and RN
		<p>§ 483.60 Pharmacy services. The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in § 483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p>	<p>required documentation of the name of the medication, the dose, the route of administration, the time of administration and the identification of the person administering medication. [DHS 134.60(4)(d)]</p> <ol style="list-style-type: none"> 2. There is a written delegation of this nursing act (medication administration) by the registered nurse. [DhS 134.60(4)(d)] 3. There is documentation to support the educational preparation of the caregiver who administers medications. [DHS134.60(4)(d)] 4. There is immediate and accessible supervisory support available to the caregiver administering medications. [42 CFR 483.460 (d)(5)] 5. Patients must be informed, prior to delivery of service, that unlicensed personnel will administer their medications. 6. Supervision and delegation of the delegated nursing act meets the requirements of Chapter N6 of the Wisconsin Administrative Code 	<p>All unlicensed personnel who administer medications in a ICF/MR or FDD must take this State of Wisconsin approved course or meet the course requirements. If these individuals will administer other types of medications for example nebulizers, intravenous injections, oxygen, medication via a tube, insulin, etc., they must receive additional training, and that training must be documented.</p>
End Stage Renal Disease	UAP	42 CFR 405.2136(f) Standard: Patient care policies. These policies are developed by the physician responsible for supervising and directing the provision of ESRD services, or the facility's organized	<p><u>General ESRD Requirements</u></p> <p>All ESRDs providing administration</p>	<p><u>Scope of Duty</u></p> <p>The UAP administering</p>

Guidelines For Registered Nurses Delegating Medication Administration to UAPs

Facility	Unlicensed Assistive Personnel (UAP)	Applicable State & Federal Regulations	Plain Language for Facility	Plain Language for UAP and RN
ESRD		<p>medical staff (if there is one), with the advice of (and with the provision for review of such policies from time to time, but at least annually, by) a group of professional personnel associated with the facility, including, but not limited to, one or more physicians and one or more registered nurses experienced in rendering ESRD care.</p> <p>42 CFR 405.2136(f)(1)(vi) The patient care policies cover the following: (v) Pharmaceutical services.</p>	<p>of a medication by an UAP must meet the following conditions:</p> <ol style="list-style-type: none"> 1. The ESRD has written policies and procedures designed to provide safe and accurate administration of medication. [42 CFR 4052136(f)] 2. Supervision and delegation of the delegated nursing act meets the requirements of Chapter N6 of the Wisconsin Administrative Code 	<p>medications in an ESRD have their scope of duty determined by medical staff policies and procedures. If a registered nurse is delegating medication administration to nurse UAPs follow delegation requirements which can limit the scope of duties for unlicensed assistive personnel.</p>
Ambulatory Surgical Centers (ASC)	UAP	<p>42 CFR 416.48 Condition for coverage- Pharmaceutical services. (a) Standard: Administration of Drugs. Drugs must be administered according to established policies and acceptable standards of practice.</p>	<p><u>General ASC Requirements</u></p> <p>All ASCs providing administration of a medication by an UAPs must meet the following conditions:</p> <ol style="list-style-type: none"> 1. The ASC has written policies and procedures designed to provide safe and accurate administration of medication. [42 CFR 416.48] 2. Supervision and delegation of the delegated nursing act meets the requirements of Chapter N6 of the Wisconsin Administrative Code 	<p><u>Scope of Duty</u></p> <p>The UAP administering medications in an ASC have their scope of duty determined by medical staff policies and procedures. If a registered nurse is delegating medication administration to nurse UAPs follow delegation requirements which can limit the scope of duties for unlicensed assistive personnel.</p>

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Sharon Henes Administrative Rules Coordinator		2) Date When Request Submitted: 4 April 2016 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Board of Nursing			
4) Meeting Date: 14 April 2016	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Legislation and Rule Matters – Discussion and Consideration 1. Scope amending N 1 Relating to Schools of Nursing 2. Scope amending N 2 Relating to Licensure 3. Act 269 Relating to Controlled Substances Guidelines 4. Update on Legislation and Pending and Possible Rulemaking Projects	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization			
<i>Sharon Henes</i>		<i>4 April 2016</i>	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

STATEMENT OF SCOPE

BOARD OF NURSING

Rule No.: N 1

Relating to: Approval for Schools of Nursing

Rule Type: Permanent

1. Finding/nature of emergency (Emergency Rule only): N/A

2. Detailed description of the objective of the proposed rule:

The objective of the proposed rule is to clarify provisions in the chapter relating to approval for schools of nursing.

3. Description of the existing policies relevant to the rule, new policies proposed to be included in the rule, and an analysis of policy alternatives:

The chapter was updated in 2014. This proposed rule is a clean-up to clarify some provisions based upon feedback received during the implementation of the 2014 revision. These provisions include requirements for the approval stages, accreditation, faculty, and clinicals.

4. Detailed explanation of statutory authority for the rule (including the statutory citation and language):

§ 15.08(5)(b) Each examining board: shall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession.

§ 441.01(3) The board may establish minimum standards for schools for professional nurses and schools for licensed practical nurses, including all related clinical units and facilities, and make and provide periodic surveys and consultations to such schools. It may also establish rules to prevent unauthorized persons from practicing professional nursing. It shall approve all rules for the administration of this chapter in accordance with ch. 227.

5. Estimate of amount of time that state employees will spend developing the rule and of other resources necessary to develop the rule:

75 hours

6. List with description of all entities that may be affected by the proposed rule:

Schools of nursing

7. Summary and preliminary comparison with any existing or proposed federal regulation that is intended to address the activities to be regulated by the proposed rule:

None

8. Anticipated economic impact of implementing the rule (note if the rule is likely to have a significant economic impact on small businesses):

None to minimal. It is not likely to have significant economic impact on small businesses.

Contact Person: Sharon Henes, Administrative Rules Coordinator, (608) 261-2377

Authorized Signature

Date Submitted

STATEMENT OF SCOPE

BOARD OF NURSING

Rule No.: N 2

Relating to: Licensure

Rule Type: Permanent

1. Finding/nature of emergency (Emergency Rule only): N/A

2. Detailed description of the objective of the proposed rule:

The objective of the proposed rule is to clarify provisions in the chapter relating to licensure

3. Description of the existing policies relevant to the rule, new policies proposed to be included in the rule, and an analysis of policy alternatives:

The chapter was updated in 2014. This proposed rule is a clean-up to clarify some licensure provisions based upon feedback received from stakeholders during the implementation of the 2014 revision.

4. Detailed explanation of statutory authority for the rule (including the statutory citation and language):

§ 15.08(5)(b) Each examining board: shall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession.

§ 441.01(3) The board may establish minimum standards for schools for professional nurses and schools for licensed practical nurses, including all related clinical units and facilities, and make and provide periodic surveys and consultations to such schools. It may also establish rules to prevent unauthorized persons from practicing professional nursing. It shall approve all rules for the administration of this chapter in accordance with ch. 227.

5. Estimate of amount of time that state employees will spend developing the rule and of other resources necessary to develop the rule:

75 hours

6. List with description of all entities that may be affected by the proposed rule:

Nurse applicants

7. Summary and preliminary comparison with any existing or proposed federal regulation that is intended to address the activities to be regulated by the proposed rule:

None

8. Anticipated economic impact of implementing the rule (note if the rule is likely to have a significant economic impact on small businesses):

None to minimal. It is not likely to have significant economic impact on small businesses.

Rev. 3/6/2012

Contact Person: Sharon Henes, Administrative Rules Coordinator, (608) 261-2377

Authorized Signature

Date Submitted

State of Wisconsin



2015 Assembly Bill 660

Date of enactment: **March 17, 2016**
Date of publication*: **March 18, 2016**

2015 WISCONSIN ACT 269

AN ACT *to repeal* 448.05 (6) (at); *to renumber* 440.035; *to amend* 440.035 (title), 448.05 (6) (a), 448.07 (1) (b) and 452.12 (4); and *to create* 227.01 (13) (zk) and 440.035 (2m) of the statutes; **relating to:** guidelines for prescribing controlled substances and the examination authority of the Medical Examining Board.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 227.01 (13) (zk) of the statutes is created to read:

227.01 (13) (zk) Are guidelines issued under s. 440.035 (2m).

SECTION 2. 440.035 (title) of the statutes is amended to read:

440.035 (title) General duties and powers of examining boards and affiliated credentialing boards.

SECTION 3. 440.035 of the statutes is renumbered 440.035 (1m).

SECTION 4. 440.035 (2m) of the statutes is created to read:

440.035 (2m) The medical examining board, the podiatry affiliated credentialing board, the board of nursing, the dentistry examining board, or the optometry examining board may issue guidelines regarding best practices in prescribing controlled substances, as defined in s. 961.01 (4), for persons credentialed by that board who are authorized to prescribe controlled substances.

SECTION 5. 448.05 (6) (a) of the statutes, as affected by 2013 Wisconsin Act 240, is amended to read:

448.05 (6) (a) Except as provided in pars. (am), and (ar), ~~and (at)~~, the board shall examine each applicant it

finds eligible under this section in such subject matters as the board deems applicable to the class of license or certificate which the applicant seeks to have granted. Examinations may be both written and oral. In lieu of its own examinations, in whole or in part, the board may make such use as it deems appropriate of examinations prepared, administered, and scored by national examining agencies, or by other licensing jurisdictions of the United States or Canada. The board shall specify passing grades for any and all examinations required.

SECTION 6. 448.05 (6) (at) of the statutes, as created by 2013 Wisconsin Act 240, is repealed.

SECTION 7. 448.07 (1) (b) of the statutes is amended to read:

448.07 (1) (b) The board shall maintain the register required by s. 440.035 (4) (1m) (d), which shall be divided according to the activity for which the registrant is licensed or certified. The board shall make copies available for purchase at cost.

SECTION 8. 452.12 (4) of the statutes is amended to read:

452.12 (4) REGISTER OF BROKERS AND SALESPERSONS. The board shall include in the register the board maintains under s. 440.035 (4) (1m) (d) the names of all brokers and salespersons whose licenses were revoked

* Section 991.11, WISCONSIN STATUTES: Effective date of acts. "Every act and every portion of an act enacted by the legislature over the governor's partial veto which does not expressly prescribe the time when it takes effect shall take effect on the day after its date of publication."

within the past 2 years. The register shall be available for purchase at cost.

From: ACEN <acen@acenursing.org>
Sent: Tuesday, March 15, 2016 2:02 PM
To: Williams, Dan - DSPS
Subject: USDOE Renews ACEN Recognition



March 15, 2016

Dear Constituent:

We have important and exciting news to share. The Accreditation Commission for Education in Nursing (ACEN) is pleased to share that the Secretary of Education of the United States Department of Education (USDOE) has renewed our recognition as an accrediting agency and Title IV gatekeeper.

As you may recall last December, we met with the National Advisory Committee on Institutional Quality and Integrity (NACIQI) regarding our recognition with the USDOE. The USDOE staff and NACIQI concluded that ACEN was in compliance with all USDOE requirements including the "separate and independent" requirement. Their recommendation was reviewed and approved by the Secretary.

Given the high demand for nurses at all education levels, maintaining recognition from the USDOE is an important step forward for ACEN accredited programs and the broader healthcare community. Now that ACEN's recognition is renewed, we are even better positioned to advance our commitment to academic excellence in nursing.

Thank you for your continued support throughout this process.

Sincerely,



Marilyn S. Brady, PhD, RN
Chair, ACEN Board of Commissioners



Marsal P. Stoll, EdD, MSN
Chief Executive Officer, ACEN

Accreditation Commission for Education in Nursing
3343 Peachtree Road NE, Suite 850 | Atlanta, GA 30326 | P (404)975-5000 | F (404)975-5020 | www.acenursing.org

This message was sent to dan1.williams@wisconsin.gov from:

ACEN | acen@acenursing.org | ACEN | 3343 Peachtree Road NE, Suite 850 | Atlanta, GA 30326

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