WSR 26-16-083
PROPOSED RULES
DEPARTMENT OF HEALTH
(Board of Nursing)
[Filed August 5, 2026, 8:41 a.m.]

Original Notice.

Preproposal statement of inquiry was filed as WSR 26-01-020.

Title of Rule and Other Identifying Information: Nursing education programs rules; amending WAC 246-840-500 through 246-840-571.

The Washington state board of nursing (board) is proposing amendments to WAC 246-840-500 through 246-840-571 to update nursing education program requirements, approval, faculty qualifications, curriculum, clinical education, student competency, and board oversight. The proposed rules also implement SHB 2339 (chapter 139, Laws of 2026). This rule making is phase 3 of four phases of the board's review of chapter 246-840 WAC, conducted in accordance with RCW 43.70.041, which requires the board to formally review its rules at least every five years.

Hearing Location(s): On September 11, 2026, 1:15 p.m., at the Department of Labor and Industries (L&I), 7273 Linderson Way S.W., Tumwater, WA 98501, Room S117/118; or virtual. Please follow this link to register for the virtual hearing which will give you instructions to either join the meeting on a device, or to call in to the meeting on the phone, https://us02web.zoom.us/meeting/register/j6U-yvRBQECcNnrwRbDM9w. After registering you will receive a confirmation email containing information.

Date of Intended Adoption: September 11, 2026.

Submit Written Comments to: Jessilyn Dagum, P.O. Box 47864, Olympia, WA 98504-7864, email WABONRules@doh.wa.gov, fax 360-236-4738, web https://fortress.wa.gov/doh/policyreview, beginning the date and time of this filing, by August 21, 2026, at 11:59 p.m.

Assistance for Persons with Disabilities: Jessilyn Dagum, phone 360-236-3538, fax 360-236-4738, TTY 711, email WABONRules@doh.wa.gov, by August 21, 2026.

Purpose of the Proposal and Its Anticipated Effects, Including Any Changes in Existing Rules: The board is proposing amendments to nursing education program rules in WAC 246-840-500 through 246-840-571. The proposal updates, clarifies, and reorganizes existing rules for nursing programs.

The proposed rules are intended to reduce administrative burden for nursing programs; remove barriers related to clinical placements and faculty oversight; modernize simulation requirements; and simplify processes for program approval, expansion, and innovative program delivery. The proposal also aligns board requirements with national accreditation standards where appropriate.

The proposed amendments:

- Update the minimum requirements for simulation in nursing education, nursing faculty with changes to clinical experiences, and degree qualifications;
- Streamline chapter 246-840 WAC with national best practices and standards;
- Reduce administrative burden for nursing education programs while maintaining minimum standards set by the board;
- Remove barriers related to clinical placements and clinical faculty oversight;

- Simplify processes for program approval, expansion, and implementation of innovative delivery methods; and
- Align board requirements, where appropriate, with national accreditation standards.

The anticipated effect of the proposal is to make the rules clearer and easier to use while maintaining minimum standards for nursing education, program accountability, and public safety.

Reasons Supporting Proposal: The current nursing education program rules have become outdated, duplicative, and unnecessarily complex. The proposed amendments are needed to improve clarity, consistency, and usability for nursing programs, students, faculty, and the public.

This rule making is part of the board's review of chapter 246-840 WAC under RCW 43.70.041. RCW 43.70.041 requires the board to formally review its rules at least once every five years to simplify, streamline, and improve regulations. This proposal is Phase 3 of the board's comprehensive review of chapter 246-840 WAC. The proposed rules support current nursing education practices, reduce unnecessary administrative burden, and help nursing programs prepare graduates for safe and competent nursing practice. The proposed amendments also align with recent legislative changes related to advanced practice licensure and applicant documentation requirements, as described in SHB 2339 (chapter 139, Laws of 2026). SHB 2339 makes title and terminology updates for advanced practice nursing in chapter 18.79 RCW, including updates to advanced practice role titles (SHB 2339, sections 1-4). The proposed amendments align the advanced practice nursing education rules with the statutory terminology changes. SHB 2339 also removes the statutory requirement that licensure applicants submit official transcripts to the board and retains the requirement that applicants submit an attested written application on a department of health form and any other official records specified by the board (SHB 2339, sections 5 and 6). The board is addressing transcript-related rule changes across multiple rule makings. The proposed amendments in this rule making clarify the education verification process by requiring the postsecondary educational institution to submit verification that the applicant for licensure has met the nursing program and graduation requirements to facilitate timely licensing (WAC 246-840-513, section 2).

The board anticipates the proposed rules will improve clarity and consistency for applicants, licensees, employers, educators, and the public. The proposed amendments are not anticipated to create significant implementation or enforcement issues. The proposed amendments support the board's statutory authority and responsibility to regulate nursing practice, protect public health and safety, and conduct periodic rule review.

Statutory Authority for Adoption: RCW 18.79.010 and 18.79.110.

Statute Being Implemented: RCW 18.79.110, 18.79.800, 43.70.041, and SHB 2339 (chapter 139, Laws of 2026).

Rule is not necessitated by federal law, federal or state court decision.

Name of Proponent: Washington state board of nursing, governmental.

Name of Agency Personnel Responsible for Drafting: Jessilyn Dagum, 111 Israel Road S.E., Tumwater, WA 98501, 360-236-3538; Implementation: Gerianne Babbo, 111 Israel Road S.E., Tumwater, WA 98501,

360-915-3334; and Enforcement: Catherine Woodard, 111 Israel Road S.E., Tumwater, WA 98501, 360-628-0786.

A school district fiscal impact statement is not required under RCW 28A.305.135.

A cost-benefit analysis is required under RCW 34.05.328. A preliminary cost-benefit analysis may be obtained by contacting Jessilyn Dagum, P.O. Box 47864, Olympia, WA 98504-7864, phone 360-236-3538, fax 360-236-4738, TTY 711, email WABONRules@doh.wa.gov.

This rule proposal, or portions of the proposal, is exempt from requirements of the Regulatory Fairness Act because the proposal:

Is exempt under RCW 19.85.025(3) as the rules only correct typographical errors, make address or name changes, or clarify language of a rule without changing its effect; and rules adopt, amend, or repeal a procedure, practice, or requirement relating to agency hearings; or a filing or related process requirement for applying to an agency for a license or permit.

Explanation of exemptions: Portions of the proposed rule are exempt under RCW 34.05.310 (4)(d) because they clarify language, update terminology, reorganize existing requirements, and make the rules easier to read without changing the effect of those regulations and RCW 34.05.310 (4)(g) because they update the appeal process to the board for program approval status, are procedural in nature, without establishing new requirements.

Scope of exemption for rule proposal:

Is partially exempt:

Explanation of partial exemptions: The proposed rule changes to WAC 246-840-500, 246-840-505, 246-840-514, 246-840-521, 246-840-522, 246-840-544, 246-840-546, 246-840-559, 246-840-561, 246-840-562, 246-840-564, 246-840-566, 246-840-567, 246-840-568, and 246-840-569 are exempt under RCW 34.05.310 (4)(d) because they clarify, reorganize, modernize, or correct language without changing the effect of the rule. Portions of the proposed changes to WAC 246-840-562 are also exempt under RCW 34.05.310 (4)(g) because they are procedural in nature and only relate to a process requirement for licensure. Other portions of the proposal establish or amend substantive nursing program requirements, including program approval, program standards and evaluation, reporting and recordkeeping, faculty requirements, clinical and simulation education, program changes, and board oversight. Those portions are therefore not exempt.

The proposed rule does not impose more-than-minor costs on businesses. Following is a summary of the agency's analysis showing how costs were calculated. The board analyzed portions of the proposed rule that impact small businesses and estimated probable costs that are not significant under RCW 34.05.310 impacting small businesses. The board determined that the proposed rule does not impose more-than-minor costs on small businesses. The North American Industry Classification System (NAICS) was used to identify the codes, 611210 and 611310, as the best representations of the education field for nursing programs. The estimated costs to implement the proposed changes in rules totals are $0.00 to negligible costs. The proposed rule is anticipated to result in no costs or only negligible costs associated with limited staff time to review curriculum language, simulation pol-

icies, clinical hour calculations, or internal program documents, dependent on the time in hours of labor for nursing program administrators to learn the updated processes. These negligible costs are less than the one percent minor cost threshold of $1,576.37 and $11,015.09 for the industry identified under NAICS 611210 and 611310, respectively. The proposed amendments to update nursing programs reduce administrative burden and clarify accepted standards that are already in practice. Based on this analysis, the board determined that the proposed rule does not impose more-than-minor costs on small businesses.

A copy of the detailed cost calculations may be obtained by contacting Jessilyn Dagum, P.O. Box 47864, Olympia, WA 98504-7864, phone 360-236-3538, fax 360-236-4738, TTY 711, email WABONRules@doh.wa.gov.

August 4, 2026
Alison Bradywood DNP, MN/MPH, RN, NEA-BC
Executive Director
Washington State Board of Nursing

RDS-7267.4

AMENDATORY SECTION (Amending WSR 16-17-082, filed 8/17/16, effective 9/17/16)

WAC 246-840-500 Philosophy governing approval of nursing ((~~education~~)) programs. ((~~The commission believes that quality nursing education provides the foundation for safe and effective nursing practice. Nursing education shall be accessible and promote student and faculty diversity. While the commission has established minimum standards for approved nursing education programs, it believes that each nursing education program should have flexibility in developing and implementing its philosophy, purposes, and objectives. Such development and implementation should be based not only upon the minimum standards for approved nursing education programs, but also upon sound educational and professional principles for the preparation of registered nurses, practical nurses, advanced registered nurse practitioners, and other nurses who pursue graduate nursing degrees and postgraduate degrees and certifications to meet current and future nursing needs of the public. The commission believes that there must be congruence between the total program activities of the nursing education program and its stated philosophy, purpose and objectives.~~

~~The commission further believes that the standards for approved nursing education programs are useful for promoting self-evaluation and peer evaluation, which may lead to further program development and ongoing continuous quality improvement.~~)) Quality nursing education provides the foundation for safe and effective nursing practice. The board establishes the minimum standards for approval of nursing programs, and each nursing program shall have autonomy in developing and implementing its philosophy, purposes, and objectives. The board promotes a just culture that supports learning, accountability, open communication, and continuous improvement in support of safe educational and clinical environments.

These standards for approved nursing programs are guided by educational and professional principles for the preparation of practical

nurses, registered nurses, advanced registered nurse practitioners, and nurses pursuing additional graduate education to meet evolving nursing workforce needs.

National accreditation standards support quality nursing education within nursing programs by promoting self-evaluation and peer review, encouraging ongoing program development, and continuous quality improvement. The board recognizes these efforts support the approval of nursing programs that prepare students to practice safely and competently, ensuring the protection of the public.

NEW SECTION

WAC 246-840-501 Definitions. The definitions in this section apply throughout WAC 246-840-500 through 246-840-571 unless the context clearly requires otherwise.

(1) "Clinical practice" means a faculty-planned student learning experience in which nursing knowledge, skills, and clinical judgment are applied in a health care, community, or other practice setting. Clinical practice may include direct care clinical practice, indirect practice experiences, observational clinical experiences, and simulation-based learning experiences as permitted under this chapter.

(2) "Direct care clinical practice" means a clinical practice experience involving interaction with a client in which the student participates in the assessment, planning, implementation, or evaluation of nursing care. Direct care clinical practice may involve individuals, families, groups, communities, or populations across the lifespan.

(3) "Indirect practice experience" means a faculty-planned student learning experience that supports nursing practice or client outcomes but does not involve direct interaction between the student and a client. Indirect practice experiences may include case analysis, leadership or policy activities, interprofessional collaboration, development of population-based interventions, research projects, and the use of client or population data for quality assurance or quality improvement activities.

(4) "National nursing education accrediting body" means a nursing education accrediting body recognized by the United States Department of Education (USDE) that accredits nursing programs.

(5) "Observational clinical experience" means a clinical practice experience in which a student observes nursing practice, health care delivery, professional roles, or systems of care without actively participating in direct client care.

(6) "Simulation-based learning experience" means a structured and facilitated activity that represents an actual or potential clinical situation and allows a student to develop, demonstrate, or enhance knowledge, skills, clinical judgment, or professional attitudes in a simulated environment. A simulation-based learning experience includes preparation, prebriefing, the simulated scenario, and debriefing.

AMENDATORY SECTION (Amending WSR 16-17-082, filed 8/17/16, effective 9/17/16)

WAC 246-840-505 Purposes of ((~~commission~~)) board approval of nursing ((~~education~~)) programs. The ((~~commission~~)) board approves nursing ((~~education~~)) programs to:

(1) Assure preparation for the safe and effective practice of nursing by setting minimum standards for nursing ((~~education~~)) programs ((~~preparing persons for licensure as registered nurses, practical nurses, advanced registered nurse practitioners, or for preparing nurses for additional graduate education or higher levels of nursing practice~~)).

(2) Provide criteria for the approval, development, evaluation, and improvement of new and established nursing ((~~education~~)) programs.

(3) Assure graduates of nursing ((~~education~~)) programs are educationally prepared for licensure at the appropriate level of nursing practice.

(4) Facilitate interstate endorsement of graduates of ((~~commission~~)) board-approved nursing ((~~education~~)) programs.

(5) Assure nursing education standards for out-of-state distance learning nursing ((~~education~~)) programs placing students in Washington state for clinical or other practice experiences are equivalent to in-state nursing ((~~education~~)) programs.

(6) Assure internationally educated nurses' educational preparation is equivalent to that of in-state nursing ((~~education~~)) programs.

AMENDATORY SECTION (Amending WSR 16-17-082, filed 8/17/16, effective 9/17/16)

WAC 246-840-510 Approval of initial (new) in-state nursing ((~~education~~)) programs. ((~~(1) New nursing education programs must submit a commission approved application for approval to operate a new undergraduate, post-licensure, or graduate nursing education program in Washington state.~~

~~(2) Graduate programs changing from a master's degree in nursing to a doctoral of nursing practice degree must submit a substantive change request identified in WAC 246-840-554(3).~~

~~(3) The commission shall consider the need, size, type, and geographic location when approving a program.~~

~~Phase I: Submission of application and feasibility study~~

~~(4) A postsecondary educational institution wishing to establish a nursing education program or additional program in nursing shall submit an application and feasibility study as follows:~~

~~(a) Submit to the commission a statement of intent to establish a nursing education program or additional program on a form provided by the commission and a completed feasibility study that includes the following information:~~

~~(i) Studies documenting the current and future supply and demand needs for nurses in the area of the proposed nursing education program;~~

~~(ii) Purposes and classification of the proposed nursing education program;~~

~~(iii) Availability of qualified candidates for the nurse administrator and faculty positions;~~

~~(iv) Budgeted nurse administrator and faculty positions over the course of five years;~~

~~(v) Source and description of adequate and acceptable clinical or practice facilities for the nursing education program;~~

~~(vi) Description of adequate and acceptable academic facilities for the nursing education program;~~

~~(vii) Potential effect on other nursing programs within a sixty mile radius of the proposed nursing education program location;~~

~~(viii) Evidence of financial resources adequate and acceptable for the planning, implementation, and continuation of the nursing education program for the next five years;~~

~~(ix) Anticipated student population;~~

~~(x) Tentative time schedule for planning and initiating the nursing education program; and~~

~~(xi) Accreditation status of the parent institution.~~

~~(b) Respond to the commission's request(s) for additional information.~~

~~Phase II: Nursing education program development~~

~~(5) Only after receiving commission approval for nursing education program development, the educational institution shall:~~

~~(a) Appoint a qualified nurse administrator;~~

~~(b) Provide appropriate resources, consultants, and faculty to develop the proposed nursing education program; and~~

~~(c) At least three months prior to advertising and admitting students, submit the proposed program plan including the following:~~

~~(i) Program purpose and outcomes;~~

~~(ii) Organization and administration within the educational institution and within the nursing unit or department including the nurse administrator, faculty, and nursing support staff;~~

~~(iii) Resources, facilities, and services for students and faculty;~~

~~(iv) Policies and procedures as identified in WAC 246-840-519 (3)(a) through (e);~~

~~(v) A plan for hiring and retaining faculty, including qualifications, responsibilities, organizational structure, and faculty/student ratio in classroom, clinical, and practice experiences;~~

~~(vi) Curriculum, including course descriptions, course outcomes, and course topical outlines;~~

~~(vii) Initial year and five-year sustaining budget;~~

~~(viii) Projected plans for the orderly expansion and ongoing evaluation of the program.~~

~~(d) If required by the commission, arrange a site visit to the campus to clarify and augment materials included in the written proposed program plan. The visit may be conducted by a representative of the commission before a decision regarding approval is made.~~

~~Phase III: Initial approval~~

~~(6) The nursing education program may only admit students if it has received initial approval by the commission.~~

~~(a) The nursing education program shall submit progress reports as requested by the commission.~~

~~(b) Site visits shall be scheduled as deemed necessary by the commission during the period of initial approval. A site survey, conducted by the commission, will determine whether graduates may test for the national council licensing examination (NCLEX) as identified in WAC 246-840-050 or graduate certification exams as identified in~~

~~WAC 246-840-302 (3)(a), (b), (c) and (d) for advanced registered nurse practice.~~

~~Phase IV: Full approval~~

~~(7) A self-evaluation report of compliance with the standards for nursing education as identified in WAC 246-840-511 through 246-840-556, shall be submitted to the nursing commission within six months following graduation of the first class.~~

~~(a) The commission may conduct a site visit to determine full approval of the nursing education program.~~

~~(b) The commission will review the self-evaluation report, survey reports and program outcome data in order to grant or deny full approval of the nursing education program under WAC 246-840-558(1).~~))

(1) Phase I: Submission of application. A postsecondary educational institution seeking to establish a nursing program or additional nursing program shall submit the applicable application as stated in subsection (6) of this section, and provide any additional information requested by the board. The application must include:

(a) A statement of intent to establish a nursing program or additional program on a form provided by the board; and

(b) The application and supporting documentation submitted to the accrediting body, if applicable.

(2) Phase II: Nursing program development. After receiving board approval for nursing program development, the educational institution shall:

(a) Appoint a qualified nurse administrator;

(b) Provide appropriate resources, consultants, and faculty to develop the proposed nursing program; and

(c) Submit the proposed program plan on a board-approved form. The proposed program plan must include the following:

(i) Program purpose and outcomes;

(ii) Organization structure and administration within the educational institution and within the nursing unit or department including the nurse administrator, faculty, and nursing support staff;

(iii) Resources, facilities, and services for students and faculty;

(iv) Curriculum, including course descriptions, course outcomes, and course topical outlines; and

(v) Projected plans for the expansion and ongoing evaluation of the program.

(d) If required by the board, the program may schedule a site visit of the campus to clarify and augment materials included in the proposed written program plan.

(3) Phase III: Initial approval. After receiving initial approval by the board:

(a) The nursing education program may admit students;

(b) The nursing program shall submit progress reports as requested by the board; and

(c) The board will schedule site visits as necessary during the period of initial approval. The board will determine whether graduates may test for the National Council Licensing Examination (NCLEX) as identified in WAC 246-840-050 or graduate certification exams as described in WAC 246-840-302 for advanced registered nurse practice.

(4) Phase IV: Full approval. The board may grant full approval after:

(a) Ensuring the nursing program complies with the standards for nursing education identified in WAC 246-840-511 through 246-840-556 within six months following graduation of the first class; and

(b) Reviewing the self-evaluation report, survey reports, and program outcome data to grant or deny full approval under WAC 246-840-558.

(5) The board may conduct a site visit to determine full approval of the nursing education program.

(6) Application requirements.

(a) RN to BSN nursing programs. Nursing programs seeking board approval of an RN-BSN program shall apply for approval using one of the following streamlined pathways at the program's discretion:

(i) Submit a board-approved application with all required documentation demonstrating compliance with state nursing education regulations; or

(ii) Submit a completed application and supporting materials previously prepared for a recognized national nursing accrediting body; or

(iii) Submit a completed application and materials prepared for a Washington state recognized higher education body that demonstrates compliance with the nursing education standards in this chapter.

(b) Graduate programs. Graduate programs changing from a master's degree in nursing to a doctor of nursing practice degree shall submit a substantive change request as required in WAC 246-840-554(3).

(c) New nursing programs shall submit a board-approved application for approval to operate a new undergraduate, post-licensure, or graduate nursing program in Washington state using a phased approach.

(d) The board shall notify programs of its decision within 30 days.

AMENDATORY SECTION (Amending WSR 16-17-082, filed 8/17/16, effective 9/17/16)

WAC 246-840-511 Accreditation requirements for all nursing ((~~education~~)) programs located in Washington state. (1)((~~(a)~~)) A nursing ((~~education~~)) program located in Washington state must be located ((~~in~~)) within a postsecondary educational institution ((~~with~~)) that:

(a) Has received approval from either the Washington state student achievement council or state board of technical and community colleges to grant the appropriate degree or certificate; and

(b) ((~~A nursing education program must be located in an institution accredited by a United States Department of Education approved regional accrediting body or national institutional accrediting body.~~

~~(2) All nursing education programs having received full commission approval on or before the effective date of this rule, must become accredited or achieve candidacy status granted by a national nursing education accrediting body recognized by the United States Department of Education on or before January 1, 2020.~~

~~(3) New nursing education programs receiving full commission approval after the effective date of this rule, must obtain national nursing education accreditation within four years of receiving full commission approval.~~

~~(4) The commission may take action as identified in WAC 246-840-557 against a nursing education program that does not maintain national nursing education accreditation status.~~

~~(5) Any nursing education program not having national nursing education accreditation must disclose to students in all publications describing the program that it lacks national nursing education accreditation and this may limit future educational and career options for the students.~~)) Is accredited by a regional institutional accrediting body recognized by the United States Department of Education.

(2) New nursing programs must obtain national nursing education accreditation within four years of receiving full board approval.

(3) The board may take action as provided in WAC 246-840-557 against a nursing program that does not maintain national nursing education accreditation status.

(4) Nursing programs without national nursing education accreditation shall disclose this status in all program publications and inform students that lack of accreditation may limit future educational and career opportunities.

AMENDATORY SECTION (Amending WSR 16-17-082, filed 8/17/16, effective 9/17/16)

WAC 246-840-512 Standards and evaluation of nursing ((~~education~~)) programs. (1) The nursing ((~~education~~)) program shall meet minimum standards established by the ((~~commission~~)) board as detailed in WAC 246-840-511 through 246-840-556. All information communicated by the nursing program to the board must be accurate, complete, and consistent with information available to students and the public across all platforms.

(2) The nursing ((~~education program shall implement a written, comprehensive, systematic plan for ongoing evaluation that is based on program outcomes data and input from faculty, students, health care partners and consumers, and that incorporates continuing improvement goals and measures.~~

~~(a) The plan must include evaluative criteria, methods used to evaluate, frequency of evaluation, assignment of responsibility, and measurable indicators or benchmarks of effectiveness for the nursing education program and instruction.~~

~~(b) The nursing education program shall document analysis of the data collected and actions taken as a result of use of the systematic program evaluation plan.~~

~~(c) Major changes in the professional nursing education program must be evidence-based.~~

~~(d) The nursing education program shall review and analyze the evaluative methods and instruments used to measure program outcomes for appropriateness according to the timeline specified in the plan.~~

~~(e) The nursing education program shall evaluate didactic and clinical course effectiveness each time a course is taught.~~

~~(f) Implementation of the plan for systematic program evaluation and ongoing quality improvements must be documented in faculty or faculty-related minutes.~~

~~(g) The following items must be included in the systematic program evaluation: Faculty, student and graduate satisfaction surveys, facility, resource and services surveys of faculty and students, faculty workload surveys and evaluations, national council licensing examination (NCLEX) pass rates, post licensure certification examination pass rates, student attrition and completion rates, employment rates~~

~~after graduation, employer satisfaction, and program and student learning outcomes.~~

~~(h) Faculty and students shall participate in program planning, implementation, evaluation, and continuous quality improvement.~~

~~(3) Program information communicated by the nursing education program must be accurate, complete, and consistent.~~)) program shall:

(a) Complete the board-approved annual education survey identifying key quality indicators for nursing education; and

(b) Implement a written, comprehensive, systematic plan per accreditation standards for ongoing evaluation that is based on the end of program student learning outcomes (EPSLOs) data and feedback from faculty, students, health care partners, consumers, and that incorporates continuing improvement goals and measures.

(3) The board will review programs based on national accrediting standards, state requirements not covered by accreditation standards, and the National Council State Boards of Nursing (NCSBN) prelicensure nursing program approval quality indicators.

AMENDATORY SECTION (Amending WSR 16-17-082, filed 8/17/16, effective 9/17/16)

WAC 246-840-513 Reporting and recordkeeping requirements for nursing ((~~education~~)) programs. ((~~(1) Within two business days, nursing education programs shall report to the commission, on forms provided by the commission, events involving a student or faculty member that the program has reason to believe resulted in patient harm, an unreasonable risk of patient harm, or diversion of legend drugs or controlled substances.~~

~~(2) The nursing education program shall keep a log of all events reported by a patient, family member, student, faculty or a health care provider resulting in patient harm, an unreasonable risk of patient harm, or allegations of diversion, and medication errors. The log must include:~~

~~(a) The date and nature of the event;~~

~~(b) The name of the student or faculty member involved;~~

~~(c) The name of the clinical faculty member responsible for the student's clinical experience;~~

~~(d) Assessment of findings and suspected causes related to the incident or root cause analysis;~~

~~(e) Nursing education program corrective action; and~~

~~(f) Remediation plan, if applicable.~~

~~(3) The nursing education program shall use the principles of just culture, fairness, and accountability in the implementation and use of all incident reporting logs with the intent of:~~

~~(a) Determining the cause and contributing factors of the incident;~~

~~(b) Preventing future occurrences;~~

~~(c) Facilitating student learning; and~~

~~(d) Using the results of incident assessments for on-going program improvement.~~)) (1) For events that the nursing program has reason to believe resulted in patient harm, an unreasonable risk of patient harm, or allegations of diversion of legend drugs or controlled substances, and involve a student or faculty member, the nursing program shall:

(a) Report the event to the board within two business days of receiving notice of the event; and

(b) Maintain a log of all events which includes:

(i) The date and nature of the event;

(ii) The name of the student or faculty member involved;

(iii) The name of the clinical faculty member responsible for the student's clinical experience;

(iv) Any assessment of findings and suspected causes related to the incident or root cause analysis;

(v) Any nursing program corrective action if applicable; and

(vi) Any student remediation plan, if applicable.

(c) The nursing program shall use the principles of just culture, fairness, and accountability in the evaluation of reportable incidents.

(2) The postsecondary educational institution shall submit verification as required in this chapter that the applicant for licensure has met the nursing program and graduation requirements to facilitate timely licensing.

AMENDATORY SECTION (Amending WSR 16-17-082, filed 8/17/16, effective 9/17/16)

WAC 246-840-514 Purpose and outcomes for approved nursing ((~~education~~)) programs. (1) The purpose and expected outcomes of the nursing ((~~education~~)) program shall be stated clearly and must be available to the public in ((~~written form~~)) writing.

(2) The purpose and expected outcomes shall be consistent with nursing practice as outlined in chapters 18.79 RCW and 246-840 WAC.

((~~(3) The nursing education program shall have a purpose statement and expected outcomes consistent with the parent institution and with generally accepted standards of nursing practice appropriate for graduates of the type of nursing program offered.~~

~~(4) The input of stakeholders including, but not limited to, health care partners and community members shall be considered in developing and evaluating the purpose and expected outcomes of the program.~~))

AMENDATORY SECTION (Amending WSR 16-17-082, filed 8/17/16, effective 9/17/16)

WAC 246-840-516 Organization and administration for all nursing ((~~education~~)) programs. (1) ((~~The nursing education program must be an integral part of the accredited parent institution.~~

~~(2)~~)) The relationship of the nursing ((~~education~~)) program to the parent institution and other units within the parent institution must be clearly delineated and included in an organizational chart, which ((~~indicates~~)) identifies lines of responsibility and authority.

((~~(3)~~)) (2) The parent institution shall:

(a) Employ a qualified nurse administrator with clear institutional, administrative, and budgetary authority for the nursing program;

(b) Provide financial support and resources needed to operate a ((~~professional~~)) nursing ((~~education~~)) program, ((~~which~~)) that meets

the requirements of this chapter and fosters achievement of program goals and expected outcomes.

((~~The financial resources must support adequate educational facilities, equipment, technology, and qualified administrative and instructional personnel sufficient to achieve program goals and outcomes.~~

~~(4)~~)) (3) The nursing ((~~education~~)) program shall:

(a) Involve nursing faculty in determining academic policies and procedures((~~.~~

~~(5) The nursing education program shall~~));

(b) Provide ((~~opportunity~~)) opportunities for student participation in the development and evaluation of program policies and procedures, curriculum planning and evaluation((~~.~~

~~(6) The nursing education program shall provide accurate information to students and the public.~~

~~(7) The governing entity shall employ a qualified nurse administrator with clear institutional authority and administrative responsibility for the nursing program~~)); and

(c) Ensure that information available to students and the public is accurate and congruent across all platforms.

AMENDATORY SECTION (Amending WSR 25-17-091, filed 8/20/25, effective 9/20/25)

WAC 246-840-517 Nurse administrator qualification requirements in nursing ((~~education~~)) programs located in Washington state. (1) The nursing ((~~education program administrator must be a professionally and academically qualified registered nurse with an active, unencumbered Washington nursing license.~~

~~(2) The nurse administrator of a practical or associate degree nursing education program must have a minimum of:~~

~~(a) The following educational qualifications:~~

~~(i) A bachelor of science in nursing (BSN) from a nursing education program accredited by a national nursing education accrediting body recognized by the United States Department of Education and a graduate degree; or~~

~~(ii) A graduate degree from a nursing education program accredited by a national nursing education accrediting body recognized by the United States Department of Education;~~

~~(b) Preparation in education that includes teaching adults, adult learning theory, teaching methods, curriculum development, and curriculum evaluation, or two years of teaching experience in nursing education that demonstrates this type of preparation;~~

~~(c) Curriculum development and administration experience;~~

~~(d) Five years of experience as a registered nurse including two years of experience in nursing education; and~~

~~(e) Current knowledge of nursing practice at the practical nurse or associate degree program level as appropriate.~~

~~(3) The nurse administrator of a baccalaureate or graduate nursing education program must have:~~

~~(a) The following educational qualifications:~~

~~(i) A graduate degree in nursing. The graduate degree must be from a program accredited by a national nursing education accreditation body recognized by the United States Department of Education; and~~

~~(ii) A doctoral degree in nursing, health, or a related educational field. The doctoral degree must be from a college or university accredited by both a regional accrediting body and a national nursing accrediting body recognized by the United States Department of Education;~~

~~(b) Preparation in education that includes teaching adults, adult learning theory, teaching methods, curriculum development, and curriculum evaluation, or two years of teaching experience in nursing education that demonstrates this type of preparation;~~

~~(c) Preparation or experience in nursing administration or educational administration; and~~

~~(d) At least five years of experience as a registered nurse including two years of experience in nursing education at or above the highest level of the nursing education program the nurse administrator will be administering.~~

~~The board may grant an exception to the two years of experience in nursing education requirement, for nurse administrators of graduate nursing education programs, if the program can demonstrate that the nurse administrator will be provided with two academic years of ongoing educational mentorship by a person who meets or exceeds nurse administrator qualifications identified in this subsection.~~

~~(4) The board may grant an exception to any or all of the requirements in subsection (3)(a)(ii), (b), (c), or (d) of this section for nurse administrators of baccalaureate nursing education programs if the following conditions are met:~~

~~(a) The educational institution, parent institution, postsecondary educational institution, or governing entity submits to the board for approval within 30 days of hire a written comprehensive plan to support the nurse administrator's success in the role.~~

~~(i) The plan must address the nurse administrator's areas of exception as they relate to any or all of the requirements in subsection (3)(a)(ii), (b), (c), or (d) of this section.~~

~~(ii) The plan must include strategies such as ongoing mentorship by a qualified nurse administrator who meets or exceeds the qualifications in subsection (3)(a), (b), (c), and (d) of this section, mentorship at the academic institution, structured professional development, and additional education to address gaps in teaching methods, curriculum development, and nursing administrative experience.~~

~~(iii) An individual with two or more years of experience as an academic nurse administrator is not required to have a comprehensive plan.~~

~~(b) An evaluation of both the comprehensive plan and the performance of the nurse administrator must occur each year for a two-year period. The evaluation should involve input from the nurse administrator, mentors, nursing faculty, and administrative peers.~~

~~(c) An actionable development plan must be submitted to the board each year for two years, based on the data and analysis of the comprehensive plan and performance review of the nurse administrator.~~)) program administrator of a nursing program located in Washington state must be a professionally and academically qualified registered nurse (RN) with an active, unencumbered RN license or privilege to practice in Washington state and meet requirements in the jurisdiction where the program is approved.

(2) The nurse administrator of a practical or associate degree nursing program must have:

(a) A baccalaureate degree in nursing from a nursing program accredited by a national nursing education accreditation body recognized

by the United States Department of Education and a graduate degree in a health-related field; or

(b) A graduate degree in nursing from a nursing program accredited by a national nursing education accreditation body recognized by the United States Department of Education;

(c) Experience in postsecondary teaching, nursing practice, and administration; and

(d) A current knowledge of nursing practice at or above the level of student preparation.

(3) The nurse administrator of a baccalaureate or graduate nursing education program must have:

(a) A graduate degree in nursing, health, or a related educational field. The graduate degree must be from a program accredited by a national nursing education accreditation body recognized by the United States Department of Education;

(b) Experience in postsecondary teaching, nursing practice, and administration; and

(c) A current knowledge of nursing practice at or above the level of student preparation.

(4) The board may approve individual exceptions when the qualifications required in subsections (2) and (3) of this section are unmet.

(5) The nurse administrator shall be responsible for creation and maintenance of an environment conducive to teaching and learning ((~~through~~)). The nurse administrator shall have sufficient time provided to fulfill the required administrative duties and responsibilities, which include:

(a) ((~~Facilitation of the development, implementation, and evaluation of the curriculum~~)) Collaborate with faculty to develop, implement, and evaluate the curriculum.

(b) ((~~Communication~~)) Ensure opportunities for faculty development.

(c) Communicate and make decisions ((~~making~~)) regarding program needs, budget preparation and monitoring, and ongoing involvement with central administration and other units of the parent institution.

((~~(c) Facilitation of faculty development and~~)) (d) Conduct performance reviews for full-time and part-time faculty consistent with the policies of the institution and standards of professional nursing practice((~~, and encouragement of faculty to seek ways of improving clinical skills and methods of demonstrating continued educational and clinical competence~~)).

((~~(d) Evaluation of clinical performance~~)) (e) Evaluate the clinical instruction of nursing faculty ((~~in practice situations must be performed by a qualified licensed nurse~~)) as appropriate to the level of practice being taught.

((~~(e) Facilitation of faculty recruitment and appointment. The nurse administrator of the nursing education program shall establish a goal for acquiring faculty with diversity in ethnicity, gender, clinical specialty and experience.~~

~~(f) Recommendation of faculty for appointment, promotion, tenure, and retention consistent with the policies of the institution and standards in this chapter.~~

~~(g) Facilitation of the development of long-range goals and objectives for the nursing program.~~

~~(h) Facilitation of recruitment, selection, and advisement of students.~~

~~(i) Assurance that the rules of the board are effectively implemented.~~

~~(j)~~)) (f) Recruit new faculty, recommend and appoint faculty for promotion, tenure, and retention consistent with the policies of the institution and standards in this chapter.

(g) Recruit faculty that reflects diverse backgrounds including, but not limited to, clinical specialty and experience.

(h) Develop long-range goals and objectives for the nursing program.

(i) Facilitate recruitment, selection, and advising of nursing students.

(j) Ensure that the rules of the board are effectively implemented across nursing programs.

(k) Notification to the board of events as identified in WAC 246-840-513 and 246-840-554((~~(3)~~)).

((~~(6) The nurse administrator must have sufficient time provided to fulfill relevant administrative duties and responsibilities.~~))

AMENDATORY SECTION (Amending WSR 16-17-082, filed 8/17/16, effective 9/17/16)

WAC 246-840-518 Resources, facilities and services for approved nursing ((~~education~~)) programs. (1) A nursing ((~~education~~)) program shall have the fiscal, human, physical, technological, clinical and learning resources ((~~adequate~~)) to support student and program processes and outcomes.

(2) ((~~Classrooms, laboratories, and conference rooms must be available and adequate in size, number, and type according to the number of students and the educational purposes for, which the rooms are to be used.~~

~~(3) Offices must be available and adequate in size, number, and type to provide faculty with opportunity for uninterrupted work and privacy for conferences with students. Adequate space must be provided for clerical staff, records, files, and other equipment.~~

~~(4) An office allowing for private consultation with students and faculty, and support for administrative responsibilities must be available to the nurse administrator.~~

~~(5) Library facilities and computer access must be provided for use by the faculty and students. Physical facilities, hours, and scope and currency of learning resources must be appropriate for the purpose of the program and for the number of faculty and students.~~

~~(6) The nursing education program shall conduct annual evaluations of resources, facilities, and services based on input from faculty and students. The schedule and results of these evaluations must be available to the commission upon request.~~

~~(7)~~)) The nursing ((~~education~~)) program shall demonstrate adequate financial support for faculty, support personnel, equipment, technology, supplies, and services.

AMENDATORY SECTION (Amending WSR 16-17-082, filed 8/17/16, effective 9/17/16)

WAC 246-840-519 Student requirements in ((~~all~~)) approved nursing ((~~education~~)) programs. (1) The nursing ((~~education~~)) program shall hold students accountable for ((~~professional~~)) ethical behavior as

identified in chapters 18.79, 18.130 RCW, and 246-840 WAC, including, academic honesty and integrity.

(2) ((~~Written policies and procedures for students must be available and communicated in a fair, accurate, inclusive, and consistent manner.~~

~~(3) The approved nursing education program shall:~~

~~(a) Develop and implement written~~)) The nursing program shall:

(a) Develop, implement, communicate, and make available to nursing students, policies and procedures specific to nursing students including, but not limited to, the following:

(i) Student selection, admission, progression, remediation, graduation, withdrawal, and dismissal of students;

(ii) Student recordkeeping and systems;

(iii) Americans with Disabilities Act (ADA) accommodations for students;

(iv) Student rights and responsibilities;

(v) Grievances and complaint processes;

(vi) Incident reports and tracking of reports;

(vii) ((~~Medication administration or selection by students and faculty role in supervising students during medication administration or selection processes;~~

~~(viii)~~)) Reporting and logging of events involving a student and faculty member that the nursing ((~~education~~)) program has reason to believe resulted in patient harm, unreasonable risk of patient harm, or allegations of diversion of legend drugs;

((~~(ix) Documenting student near miss errors incidents;~~

~~(x) Student professional dress;~~

~~(xi) Professional behavior;~~

~~(xii) Background check requirements;~~

~~(xiii) Immunization requirements;~~

~~(xiv)~~)) (viii) Clinical practice placement expectations, including immunizations; and

((~~(xv)~~)) (ix) Student performance evaluations((~~; and~~

~~(xvi) Other expectations of nursing students, including providing direction to students on how to apply for national council licensing examination (NCLEX) testing and licensure~~)).

(b) Maintain a system of student records in accordance with institutional requirements. ((~~Student records shall be available to the commission staff during on-site surveys or investigations.~~

~~(c) Provide a written statement to nursing students of student rights and responsibilities.~~

~~(d)~~)) (c) Require and assure that students seeking admission by transfer from another approved nursing ((~~education~~)) program, or readmission for completion of the program, shall meet the equivalent of the program's current standards.

((~~(e) Encourage admission of students from diverse populations.~~))

AMENDATORY SECTION (Amending WSR 16-17-082, filed 8/17/16, effective 9/17/16)

WAC 246-840-521 Additional student requirements for prelicensure registered nurse nursing ((~~education~~)) programs located in the state of Washington. The nursing ((~~education~~)) program shall provide the student in a prelicensure registered nursing program with written information on the legal role of the nursing technician as defined in

WAC 246-840-010 and 246-840-840. The information must be provided prior to the time of completion of the first clinical course and shall clearly advise the student of ((~~his or her~~)) their responsibilities, if ((~~he or she~~)) they choose((~~s~~)) to be employed as a nursing technician.

AMENDATORY SECTION (Amending WSR 16-17-082, filed 8/17/16, effective 9/17/16)

WAC 246-840-522 Additional student requirements for RN to BSN and graduate nursing ((~~education~~)) programs. (1) The nursing ((~~education~~)) program shall ensure nursing students in registered nurse to baccalaureate nursing programs (RN to BSN) and graduate nursing ((~~education~~)) programs are licensed as a registered nurse in each state or United States territory where practice or clinical experiences occur.

(2) The nursing ((~~education~~)) program shall provide the student in a graduate nursing program with written or electronic information on the requirements for national certification as appropriate to the level of educational degree and specialty.

AMENDATORY SECTION (Amending WSR 16-17-082, filed 8/17/16, effective 9/17/16)

WAC 246-840-523 Faculty requirements for nursing ((~~education~~)) programs. (1) Each nursing ((~~education~~)) program shall have ((~~a sufficient~~)) an adequate number of professionally and academically qualified faculty with ((~~adequate diversity of~~)) diverse expertise in nursing to meet the nursing ((~~education~~)) program purpose, outcomes, and identified quality improvement processes.

(2) The nursing ((~~education~~)) program shall provide new faculty with sufficient orientation to achieve program purpose and outcomes, and to assure safe clinical and practice experiences for students.

(3) ((~~The program shall make available ongoing faculty development opportunities to assure faculty members are prepared, experienced, and current in subject matter taught.~~

~~(4) Nursing faculty shall have an active, unencumbered Washington state registered nurse license.~~

~~(5) Interdisciplinary~~)) Nursing faculty shall have an active, unencumbered registered nurse (RN) license or privilege to practice in Washington state and meet requirements in the jurisdiction where the program is approved.

(4) Interprofessional faculty teaching in the nursing ((~~education~~)) program shall have academic and professional education and experience in their field of specialization.

((~~(6)~~)) (5) Adjunct clinical faculty employed solely to supervise clinical nursing experiences or practice experiences shall meet all the faculty qualifications for the program level they are teaching.

((~~(7)~~)) (6) Nursing faculty shall be responsible for:

(a) ((~~Developing, implementing, and evaluating~~)) Collaborating with the nurse administrator to develop, implement, and evaluate:

(i) The purpose and outcomes of the nursing ((~~education~~)) program;

((~~(b) Designing, implementing, and evaluating~~)) (ii) The curriculum;

((~~(c) Developing and evaluating~~)) (iii) Nursing education policies as identified in WAC 246-840-519 ((~~(3)~~)) (2)(a) through ((~~(c)~~)) (c) within the framework of the policies of the parent institution; and

((~~(d) Participating in or providing for~~)) (iv) Criteria for the selection of clinical and practice experiences in clinical facilities or clinical practice settings, which address safety and the need for students to achieve the program outcomes and course objectives.

(b) Providing academic advising and guidance of students;

((~~(e)~~)) (c) Evaluating student achievement((~~, in terms of~~)) in meeting curricular objectives ((~~as~~)) related to ((~~both~~)) nursing knowledge and practice, including preceptorship or mentored experiences;

((~~(f)~~)) (d) Selecting, guiding, and evaluating student learning activities;

((~~(g) Participating in activities to improve their own nursing competency in area(s) of responsibility and to demonstrate current clinical competency; and~~

~~(h) Developing criteria for the selection and evaluation of clinical and practice experiences in clinical facilities or clinical practice settings, which address safety and the need for students to achieve the program outcomes and course objectives.~~)) (e) Faculty shall be responsible for securing, coordinating, and overseeing clinical placements, including procuring clinical sites and preceptors; and

(f) Engaging in activities to improve their own nursing competency in area(s) of responsibility and to demonstrate current clinical competency.

AMENDATORY SECTION (Amending WSR 16-17-082, filed 8/17/16, effective 9/17/16)

WAC 246-840-524 Degree requirements for faculty teaching in practical nursing ((~~education~~)) programs. In a nursing ((~~education~~)) program preparing practical nurses only, nursing faculty teaching nursing must have a minimum of a baccalaureate degree ((~~with a major~~)) in nursing from a nursing ((~~education~~)) program that is accredited by a nursing education accrediting body approved by the United States Department of Education.

AMENDATORY SECTION (Amending WSR 16-17-082, filed 8/17/16, effective 9/17/16)

WAC 246-840-526 Degree requirements for nursing faculty teaching in prelicensure registered nurse or for RN to BSN education programs. (1) In a nursing ((~~education~~)) program preparing students for registered nurse((~~s for~~)) (RN) licensure or for ((~~RN to BSN degree,~~)) a registered nurse to baccalaureate nursing program (RN to BSN), didactic nursing faculty teaching nursing shall:

((~~(1)~~)) (a) Have a minimum of a graduate degree in nursing or higher from an accredited college or university and from a nursing ((~~education~~)) program that is accredited by a nursing education ac-

creditation body recognized by the United States Department of Education; or

((~~(2) A bachelor's degree in nursing~~)) (b) A baccalaureate degree in nursing (BSN) or higher from an accredited college or university and from a nursing ((~~education~~)) program that is accredited by a nursing education accreditation body recognized by the United States Department of Education, and a graduate degree in a health or education related field from an accredited college or university.

(2) For clinical, simulation, or lab faculty:

(a) A minimum of a BSN or higher from a nursing program accredited by a national nursing education accreditation body recognized by the United States Department of Education; and

(b) Two years of current clinical experience working as a registered nurse.

AMENDATORY SECTION (Amending WSR 16-17-082, filed 8/17/16, effective 9/17/16)

WAC 246-840-527 Degree and licensing requirements for nursing faculty teaching in a nursing ((~~education~~)) program leading to licensure as an advanced registered nurse practitioner. In a nursing ((~~education~~)) program preparing students for licensure as advanced registered nurse practitioners (ARNPs), nursing faculty teaching nursing must meet the following qualifications:

(1) An active, unencumbered ((~~Washington state~~)) ARNP license accepted in Washington state;

(2) A minimum of a graduate degree in nursing from ((~~an accredited college or university and from a nursing education program that is accredited by~~)) a program accredited by a national nursing education accreditation body recognized by the United States Department of Education;

(3) Two years of clinical experience as a nurse practitioner, nurse midwife, nurse anesthetist, or clinical nurse specialist; and

(4) Current knowledge, competence, and certification in the role and population foci consistent with teaching responsibilities.

AMENDATORY SECTION (Amending WSR 16-17-082, filed 8/17/16, effective 9/17/16)

WAC 246-840-528 Degree requirements for nursing faculty teaching in a graduate nursing ((~~education~~)) program not leading to licensure as an advanced registered nurse practitioner. For graduate nursing programs preparing nurses in advanced degrees, ((~~nursing~~)) faculty teaching nursing must meet the following qualifications:

(1) A graduate degree ((~~in nursing~~)) at or above the program level being taught from an accredited college or university ((~~and nursing education program that is accredited by a nursing education accrediting body recognized by the United States Department of Education and is at or above the program level being taught; or a bachelor's degree in nursing from a nursing education program that is accredited by a nursing education accrediting body and graduate degree in a health or education related field from an accredited college or university~~)); and

(2) Demonstrated specialization, expertise, ((~~or~~)) and preparation and experience for the courses being taught.

AMENDATORY SECTION (Amending WSR 16-17-082, filed 8/17/16, effective 9/17/16)

WAC 246-840-531 Clinical and practice experiences for students in approved nursing ((~~education~~)) programs. (1) All nursing programs preparing students for licensure ((~~shall provide faculty planned clinical or direct patient care experiences based on program outcomes and goals.~~

~~(a) The number of clinical or direct patient care experience hours must be:~~

~~(i) At least three hundred hours for licensed practical nursing education programs;~~

~~(ii) At least five hundred hours for associate degree nursing education programs;~~

~~(iii) At least six hundred hours for bachelors of science in nursing education programs;~~

~~(iv) At least five hundred hours for masters level nurse practitioner nursing education programs;~~

~~(v) At least one thousand hours for doctoral of nursing practice nurse practitioner programs.~~

~~(b) Observation of licensed or qualified health care professionals practicing a technical skill or therapy may be included in the calculation of student clinical hours. Observation is reserved for care or therapy situations, which students are not qualified to deliver;~~

~~(c) Skill practice labs must not be counted towards clinical practice hours.~~

~~(2)(a) All postlicensure nursing education programs shall have faculty planned practice experiences for students based on program outcomes and goals. Practice experience examples include, but are not limited to: Indirect and direct patient care, patient or population teaching, population interventions, student nurse teaching or the teaching of nursing students, leadership and change projects, research, accessing client or population data for the purpose of doing quality assurance or improvement projects, informatics, thesis or dissertation development and defense.~~

~~(b) The number of practice hours must be equivalent to programs of similar type:~~

~~(i) At least one hundred hours for registered nurse to bachelor's degree programs; and~~

~~(ii) At least one hundred hours for graduate nursing education programs.~~

~~(3) Faculty shall organize clinical and practice experiences based on the educational preparation and skill level of the student.~~

~~(4) Faculty shall plan, oversee, and evaluate student clinical and practice experiences.~~)) and post-licensure shall provide faculty planned clinical experiences based on program outcomes and goals. Students must demonstrate achievement of competencies adopted by the nursing program from nationally recognized professional standards and evaluated in accordance with the requirements of the applicable national nursing education accrediting body.

(2) The total number of clinical hours shall align with the national clinical hour averages for comparable programs, as identified by the National Council of State Boards of Nursing (NCSBN).

(3) Clinical experience hours shall support competency development and attainment of end of program student learning outcomes.

(4) In prelicensure programs, 50 percent or more of clinical experiences in each clinical course must be direct care with clients.

(5) Observation experiences may be included in the calculation of student clinical hours.

(6) Skill practice labs may not be counted towards clinical practice hours.

(7) Faculty shall plan, oversee, and evaluate student clinical and practice experiences.

(8) The nursing program retains sole responsibility for securing, coordinating, and overseeing clinical placements, including procuring clinical sites and preceptors.

AMENDATORY SECTION (Amending WSR 16-17-082, filed 8/17/16, effective 9/17/16)

WAC 246-840-532 Faculty to student ratios for clinical and practice experience in nursing ((~~education~~)) programs. When deemed safe by nursing faculty judgment:

(1) Practical and prelicensure registered nursing ((~~education~~)) programs shall have:

(a) A maximum faculty to student ratio of one faculty member to ((~~ten~~)) 10 students in clinical settings involving direct patient care((~~,~~)); and

(b) One faculty member to ((~~fifteen~~)) 15 students at one time in practice settings that are observational, population or community education projects, involve student precepted experiences, or are skills practice labs.

(2) ((~~Registered nurse to bachelor nursing education programs shall have a maximum faculty to student ratio of one faculty member to fifteen students at one time in clinical and practice settings.~~

~~(3) Advanced registered nurse practitioner nursing education programs shall have a maximum faculty to student ratio of one faculty member to six students in clinical and practice settings.~~

~~(4)~~)) Registered nurse to baccalaureate (BSN) and graduate nursing ((~~education~~)) programs (not leading to licensure as an advanced registered nurse practitioner (ARNP)), shall have a maximum faculty to student ratio of one faculty member to ((~~fifteen~~)) 15 students in clinical and practice settings.

((~~(5) A lower ratio of faculty to students may be required for students in initial or highly complex learning situations, or when student or patient safety warrant.~~)) (3) Graduate nursing education programs that lead to licensure as an ARNP shall follow national accreditation and professional guidelines.

AMENDATORY SECTION (Amending WSR 22-12-026, filed 5/23/22, effective 9/9/22)

WAC 246-840-533 Nursing preceptors((~~, interdisciplinary~~)) and interprofessional preceptors, ((~~and proctors~~)) in clinical or practice settings for nursing students located in Washington state. (1) Nursing preceptors((~~, interdisciplinary preceptors, and proctors may be used to enhance clinical or practice learning experiences after a student has received instruction and orientation from program faculty who confirm the student is adequately prepared for the clinical or practice experience. For the purpose of this section:~~

~~(a) A nursing preceptor means a practicing licensed nurse who provides personal instruction, training, and supervision to any nursing student, and meets all requirements of subsection (4) of this section.~~

~~(b) An interdisciplinary preceptor means a practicing health care provider who is not a licensed nurse, but provides personal instruction, training, and supervision to any nursing student, and meets all requirements of subsection (5) of this section.~~

~~(c) A proctor means an individual who holds an active credential in one of the professions identified in RCW 18.130.040 who monitors students during an examination, skill, or practice delivery, and meets all requirements of subsection (6) of this section.~~

~~(2) Nursing education faculty are responsible for the overall supervision and evaluation of the student and must confer with each primary nursing and interdisciplinary preceptor, and student at least once during each phase of the student learning experience:~~

~~(a) Beginning;~~

~~(b) Midpoint; and~~

~~(c) End.~~

~~(3) A nursing preceptor or an interdisciplinary preceptor shall not precept more than two students at any one time.~~

~~(4) A nursing preceptor may be used in nursing education programs when the nursing preceptor:~~

~~(a) Has an active, unencumbered nursing license at or above the level for which the student is preparing;~~

~~(b) Has at least one year of clinical or practice experience as a licensed nurse at or above the level for which the student is preparing;~~

~~(c) Is oriented to the written course and student learning objectives prior to beginning the preceptorship;~~

~~(d) Is oriented to the written role expectations of faculty, preceptor, and student prior to beginning the preceptorship; and~~

~~(e) Is not a member of the student's immediate family, as defined in RCW 42.17A.005(27); or have a financial, business, or professional relationship that is in conflict with the proper discharge of the preceptor's duties to impartially supervise and evaluate the nurse.~~

~~(5) An interdisciplinary preceptor may be used in nursing education programs when the interdisciplinary preceptor:~~

~~(a) Has an active, unencumbered license in the area of practice appropriate to the nursing education faculty planned student learning objectives;~~

~~(b) Has the educational preparation and at least one year of clinical or practice experience appropriate to the nursing education faculty planned student learning objectives;~~

~~(c) Is oriented to the written course and student learning objectives prior to beginning the preceptorship;~~

~~(d) Is oriented to the written role expectations of faculty, preceptor, and student prior to beginning the preceptorship; and~~

~~(e) Is not a member of the student's immediate family, as defined in RCW 42.17A.005(27); or have a financial, business, or professional relationship that is in conflict with the proper discharge of the preceptor's duties to impartially supervise and evaluate the nurse.~~

~~(6) A proctor who monitors, teaches, and supervises students during the performance of a task or skill must:~~

~~(a) Have the educational and experiential preparation for the task or skill being proctored;~~

~~(b) Have an active, unencumbered credential in one of the professions identified in RCW 18.130.040;~~

~~(c) Only be used on rare, short-term occasions to proctor students when a faculty member has determined that it is safe for a student to receive direct supervision from the proctor for the performance of a particular task or skill that is within the scope of practice for the nursing student; and~~

~~(d) Is not a member of the student's immediate family, as defined in RCW 42.17A.005(27); or have a financial, business, or professional relationship that is in conflict with the proper discharge of the preceptor's duties to impartially supervise and evaluate the nurse.~~

~~(7) A practice/academic partnership model may be used to permit practice hours as a nursing technician, as defined in WAC 246-840-010(30), to be credited toward direct care nursing program clinical hours, and academic credit. Use of this model must include:~~

~~(a) Endorsement by the nurse administrator placed in the student's file that:~~

~~(i) Traditional clinical experiences in a required area of study are limited or not available to the program; or~~

~~(ii) Circumstances are present in which the student will gain greater educational benefit from the nursing student-employee role;~~

~~(b) A nursing preceptor or nursing supervisor who has experience and educational preparation appropriate to the faculty-planned student learning experience. The nursing preceptor or nursing supervisor must be responsible for ensuring the requirements of WAC 246-840-880 are met;~~

~~(c) Nursing program faculty that work with health care facility representatives to align clinical skills and competencies with the nursing student-employee work role/responsibilities;~~

~~(d) Nursing student-employees with faculty-planned clinical practice experiences that enable the student to attain new knowledge, develop clinical reasoning/judgment abilities, and demonstrate achievement of clinical objectives and final learning outcomes of the nursing program if the nursing student-employee is in the final nursing course;~~

~~(e) The nursing student-employee use of reflection on the development or achievement of clinical objectives and final learning outcomes as designed by nursing education faculty;~~

~~(f) Nursing education faculty responsible for the overall supervision and evaluation of the nursing student-employee on a weekly basis;~~

~~(g) Evaluation by nursing education faculty to include documentation of the nursing student-employee achievement of clinical objectives and final learning outcomes and competencies of the nursing program; and~~

~~(h) Nursing technicians be enrolled in a commission-approved nursing program and be in good standing to receive academic credit.~~))

and interprofessional preceptors in clinical or practice settings for nursing students located in Washington state may be used to enhance clinical or practice learning experiences with formative and summative feedback. A student shall receive instruction and orientation from program faculty who confirm the student is prepared for the clinical or practice experience. For the purpose of this section:

(a) A nursing preceptor means a practicing licensed nurse who provides individualized instruction and supervision to any nursing student in capstone or extended placements and meets all requirements of subsection (4) of this section.

(b) An interprofessional preceptor means a practicing health care provider who is not a licensed nurse, but provides personal instruction and supervision to any nursing student in capstone or extended placements and meets all requirements of subsection (4) of this section.

(2) Nursing faculty are responsible for the overall supervision and evaluation of the student and must jointly confer with the student and primary nursing or interprofessional preceptor at the beginning, midpoint, and end of each precepted learning experience.

(3) A nursing preceptor or an interprofessional preceptor shall not precept more than two prelicensure students at any one time.

(4) A nursing preceptor or interprofessional preceptor may be used in nursing programs when the preceptor:

(a) Is a preceptor licensed under their licensing authority with:

(i) An active, unencumbered license at or above the level of licensure for which the student is preparing; and

(ii) At least one year of clinical or practice experience.

(b) Is oriented to the written course and student learning objectives prior to beginning the preceptorship;

(c) Is oriented to the written role expectations of faculty, preceptor, and student prior to beginning the preceptorship; and

(d) Is not a member of the student's immediate family, as defined in RCW 42.17A.005(27); or have a financial, business, or professional relationship that is in conflict with the proper discharge of the preceptor's duties to impartially supervise and evaluate the nurse.

(5) An academic practice partnership model may be used to permit practice hours as a nursing technician, as defined in WAC 246-840-010, to be credited toward direct care nursing program clinical hours, and academic credit. Use of this model must include:

(a) Endorsement by the nurse administrator;

(b) A nursing preceptor who has experience and educational preparation appropriate to the faculty-planned student learning experience. The nursing preceptor must be responsible for ensuring the requirements of WAC 246-840-880 are met;

(c) Nursing faculty that work with health care facility representatives to align clinical skills and competencies with the nursing student-employee work role/responsibilities;

(d) Nursing faculty responsible for the overall supervision and evaluation of the nursing student-employee on a weekly basis;

(e) Evaluation by nursing faculty to include documentation of the nursing student-employee achievement of clinical objectives and final learning outcomes and competencies of the nursing program.

AMENDATORY SECTION (Amending WSR 24-20-031, filed 9/23/24, effective 10/24/24)

WAC 246-840-534 Use of simulation for clinical experiences ((~~at a 1:1 ratio~~)) in LPN, RN, or RN to BSN nursing ((~~education~~)) programs located in Washington state. (1) ((~~An LPN, RN, or RN to BSN~~)) A licensed practical nurse (LPN), registered nurse (RN), or registered nurse to baccalaureate (RN to BSN) nursing ((~~education~~)) program located in Washington state may use simulation as a substitute for traditional clinical experiences in WAC 246-840-531 ((~~at a 1:1 ratio, where one hour of simulation counts for one hour of required clinical experience, not to exceed 50 percent of its clinical hours for a particular course.~~

~~(a) Simulation as used in this section means a technique to replace or amplify real experiences with guided experiences evoking or replicating substantial aspects of the real world in a fully interactive manner.~~

~~(b) The nursing education program shall have~~)) to achieve program outcomes.

(2) If the nursing program elects to incorporate simulation, simulation hours shall not exceed one hour of simulation for two hours of clinical experience. Simulation hours must not be counted toward the requirement that at least 50 percent of a prelicensure clinical course consist of direct client care with clients as described in WAC 246-840-531(4).

(3) The program shall have:

(a) An organizing framework ((~~providing~~)) with policies and procedures addressing adequate fiscal, human, technological, and material resources to support and sustain the simulation activities((~~.~~

~~(c)~~));

(b) Simulation program activities ((~~must be~~)) managed by an individual who is academically and experientially qualified and who demonstrates currency and competency in the use of simulation ((~~while managing the simulation program.~~

~~(d) The nursing education program shall have a budget sustaining simulation activities and training of the faculty.~~

~~(e) The nursing education program shall have~~));

(c) Faculty facilitating simulation must be oriented, qualified in the subject matter being taught, and current and competent in the use of simulation;

(d) Appropriate facilities, educational and technological resources and equipment to meet the intended objectives of the simulation((~~.~~

~~(f) All faculty involved in simulations, both didactic and clinical, shall have training in the use of simulation and shall engage in ongoing professional development in the use of simulation.~~

~~(g)~~)); and

(e) A faculty to student ratio((~~s~~)) in the simulation lab ((~~must be~~)) in the same ratio as identified in WAC 246-840-532 for clinical learning experiences.

((~~(2) Faculty shall organize clinical and practice experiences based on the educational preparation and skill level of the student.~~

~~(3) Qualified simulation faculty must supervise and evaluate student clinical and practice experiences.~~

~~(a) The nursing education program shall demonstrate that simulation activities are linked to programmatic outcomes.~~

~~(b) The nursing education program shall have written policies and procedures on the following:~~

~~(i) Short-term and long-term plans for integrating simulation into the curriculum;~~

~~(ii) An identified method of debriefing each simulated activity; and~~

~~(iii) A plan for orienting faculty to simulation.~~

~~(c) Debriefing as used in this section means an activity following a simulation experience that is led by a facilitator, encourages reflective thinking, and provides feedback regarding the participant's performance.~~

~~(d)~~)) (4) The nursing ((~~education~~)) program shall develop criteria to evaluate simulation activities.

((~~(e)~~)) (5) Students and faculty shall evaluate ((~~the~~)) simulation experiences on an ongoing basis.

((~~(f) The program shall include information about use of simulation in its annual report to the board.~~))

AMENDATORY SECTION (Amending WSR 16-17-082, filed 8/17/16, effective 9/17/16)

WAC 246-840-537 Curriculum and program requirements for approved nursing ((~~education~~)) programs. (1) The curriculum of the nursing ((~~education~~)) program must enable the student to develop the nursing knowledge, skills, and professional identity necessary for the level, scope, and standards of competent nursing practice expected at the level of educational preparation.

(2) ((~~The curriculum will be revised as necessary to maintain a program reflecting advances in health care and its delivery.~~

~~(3)~~)) The curriculum, as defined by nursing ((~~education~~)), professional and practice standards, shall include evidence-based learning experiences and methods of instruction((~~, including distance education methods,~~)) consistent with the written curriculum plan applicable to all including distance education.

((~~(4)~~)) (3) Clinical and practice experiences must include broad opportunities to learn and provide care to clients from diverse ((~~ethnic and cultural backgrounds. The emphasis placed on these areas and the scope encompassed shall be in keeping~~)) backgrounds and in various settings. The clinical and practice experiences must be consistent with the purpose and outcomes of the program.

((~~(5)~~)) (4) The length, organization, content, methods of instruction, and placement of courses must be consistent with the purpose and outcomes of the program.

((~~(6) All nursing programs delivering curriculum through distance learning methods must ensure that students receive curriculum comparable to in-person teaching and the clinical and practice learning experiences are evaluated by faculty through formative and summative evaluations.~~

~~(7)~~)) (5) Nursing programs shall not use external nursing examinations as the sole basis for program progression or graduation. External nursing exams for the purpose of this section((~~,~~)) means ((~~examinations created by people or organizations outside a student's own~~)) standardized assessments that are developed outside of the nursing ((~~education~~)) program.

((~~(8) Competency based testing for progression in nursing programs must be based on valid and reliable tools measuring the knowl-~~

~~edge and skills expected at an identified level of student or nursing practice.~~))

AMENDATORY SECTION (Amending WSR 21-04-016, filed 1/22/21, effective 2/22/21)

WAC 246-840-539 Curriculum and program requirements for practical nurse nursing ((~~education~~)) programs. The practical nurse nursing ((~~education~~)) program of study ((~~must~~)) includes both didactic and clinical learning experiences and must ((~~be~~)):

(1) ((~~Effective September 1, 2017,~~)) Be designed to include prerequisite classes in the physical, biological, social and behavior sciences that are transferable to colleges and universities in the state of Washington;

(2) Be planned, implemented, and evaluated by the faculty;

(3) Be based on the philosophy, mission, objectives, and outcomes of the program and consistent with chapters 18.79 RCW and this chapter;

(4) Be organized by subject and content to meet program outcomes;

(5) ((~~Designed to teach students to use a systematic approach to clinical decision making and safe patient care;~~

~~(6) Designed to teach students~~)) Include instruction in:

(a) Use of a systematic approach to clinical reasoning and decision making and safe patient care;

(b) Professional relationships and communication;

((~~(b)~~)) (c) Nursing ethics;

((~~(c)~~)) (d) Nursing history and trends;

((~~(d) Commission~~)) (e) Board-approved scope of practice decision tree;

((~~(e)~~)) (f) Standards of practice;

((~~(f)~~)) (g) Licensure and legal aspects of nursing including the disciplinary process, substance abuse and professional values;

((~~(g)~~)) (h) Concepts and clinical practice experiences in ((~~geriatric nursing, and medical, surgical, and mental health~~)) nursing for clients throughout the life span; and

((~~(h) Concepts of antepartum, intrapartum, postpartum and newborn nursing with only an assisting role in the care of clients during labor and delivery and those with complications; and~~))

(i) Concepts and clinical practice in the prevention of illness and the promotion, restoration, and maintenance of health in patients across the life span and from diverse cultural, ethnic, social, and economic backgrounds.

((~~(7)~~)) (6) Be designed to prepare graduates for licensure and to practice as a practical ((~~nursing~~)) nurse, as identified in WAC 246-840-700 and 246-840-705. This includes providing opportunities for integration of quality and safety education in the curriculum, emergency procedures, interprofessional communication, and time management; and

((~~(8) Designed to prepare graduates to practice according to competencies recognized by professional nursing organizations.

(a) Practical nursing courses shall include~~)) (7) Be grounded in professional standards, evidence-based practice, supports achievement of end of program student learning outcomes (EPSLOs), interprofessional collaboration, and professional identity.

(8) Include practical nursing courses that provide:

((~~(i)~~)) (a) Components of: Client needs; safe, effective care environment; health promotion and maintenance; ((~~interdisciplinary~~)) interprofessional communication and collaboration; discharge planning; basics of multicultural health; psychosocial integrity; and physiological integrity.

((~~(ii)~~)) (b) Skills laboratory and clinical practice in the functions of the practical nurse including, but not limited to, administration of medications, implementing and monitoring client care, and promoting psychosocial and physiological health.

((~~(iii)~~)) (c) Concepts of coordinated care, delegation and supervision.

((~~(b) Practical nurse programs teaching intravenous infusion therapy shall prepare graduates for national certification by a nursing professional practical nurse certifying body.~~))

AMENDATORY SECTION (Amending WSR 21-04-016, filed 1/22/21, effective 2/22/21)

WAC 246-840-541 Curriculum and program requirements for prelicensure registered nursing ((~~education~~)) programs. ((~~(1) The program of study for a registered nursing education program must include both didactic and clinical learning experiences and must be:~~

~~(a) Effective September 1, 2017, designed so that all prerequisite nonnursing course credits and nursing credits are transferable to the bachelor's in nursing programs as identified in the statewide associate in nursing direct transfer agreement between community colleges, colleges, and universities, or the statewide associate of applied science transfer degree;~~

~~(b) Designed to include instruction in the physical, biological, social and behavioral sciences. Content is required from the areas of anatomy and physiology (equivalent to two quarter credit terms with laboratory), chemistry, microbiology, pharmacology, nutrition, communication, and computations;~~

~~(c) Designed to include theory and clinical experiences in the areas of medical surgical nursing and mental health nursing across the life span, teaching students to use a systematic approach to clinical decision making and preparing students to safely practice professional nursing through the promotion, prevention, rehabilitation, maintenance, restoration of health, and palliative and end of life care for individuals of all ages across the life span;~~

~~(d) Designed to include nursing history, health care trends, legal and ethical issues such as professional values, substance abuse and the disciplinary process, scope of practice and commission approved scope of practice decision tree, and licensure and professional responsibility pertaining to the registered nurse role. Content may be integrated, combined, or presented as separate courses;~~

~~(e) Designed to include opportunities for the student to learn assessment and analysis of client and family needs, planning, implementation, evaluation, and delegation of nursing care for diverse individuals and groups;~~

~~(f) Planned, implemented, and evaluated by faculty;~~

~~(g) Based on the philosophy, mission, objectives and outcomes of the program;~~

~~(h) Organized logically with scope and sequence of courses demonstrating student learning progression;~~

~~(i) Based on sound educational principles and standards of educational practice;~~

~~(j) Designed so articulation or dual enrollment agreements between associate and bachelor's degree nursing programs or associate and master's degree nursing programs exists to facilitate higher levels of nursing education in a timely manner;~~

~~(k) Designed to prepare graduates for licensure and to practice as registered nurses as identified in WAC 246-840-700 and 246-840-705; and~~

~~(l) Designed to prepare graduates to practice as associate degree or bachelor degree nurses as identified by professional nursing organizations.~~

~~(2) Baccalaureate and entry-level master's degree programs shall also include:~~

~~(a) Theory and clinical experiences in community and public health nursing;~~

~~(b) The study of research principles and application of statistics to health care practice and intervention; and~~

~~(c) The study and practice of leadership, interdisciplinary team coordination, quality assurance and improvement, care coordination and case management.~~

~~(3) Registered nursing curricula shall include:~~

~~(a) Comprehensive content on: Client needs; safe practice; effective care environment; discharge planning; health promotion, prevention and maintenance; psychosocial integrity and physiological integrity.~~

~~(b) Clinical experiences in the care of persons at each stage of the human life cycle, with opportunities for the student to learn and have direct involvement in and responsibility and accountability for the provision of basic nursing care and comfort for clients with acute and chronic illnesses, pharmacological and parenteral therapies, and pain management.~~

~~(c) Opportunities for management of care, delegation, supervision, working within a health care team, and interdisciplinary care coordination.~~)) (1) Prerequisite nonnursing course credits and nursing credits shall be aligned as identified in the statewide associate in nursing direct transfer agreement (DTA)/major related program (MRP) between community colleges, colleges, and universities, or the statewide associate of applied science transfer degree and are congruent with institution and program requirements;

(2) The curriculum for prelicensure registered nursing programs shall be designed to include instruction in the physical, biological, social, and behavioral sciences consistent with the requirements of the DTA/MRP.

(3) The program of study for a registered nursing program includes both didactic and clinical learning experiences and must be:

(a) Designed to include theory and clinical experiences in the areas of nursing across the life span preparing students to safely practice professional nursing;

(b) Designed to include nursing history, health care trends, legal and ethical issues such as professional values, substance abuse and the disciplinary process, scope of practice and the board-approved scope of practice decision tree, as well as licensure and professional responsibility pertaining to the registered nurse role;

(c) Designed to include opportunities for the student to learn assessment and analysis of client and family needs, planning, imple-

mentation, evaluation, and delegation of nursing care for diverse individuals and communities;

(d) Planned, implemented, and evaluated by faculty;

(e) Based on the philosophy, mission, objectives, and outcomes of the program;

(f) Designed so articulation or dual enrollment agreements between associate and bachelor's degree nursing programs or associate and master's degree nursing programs exist to facilitate higher levels of nursing education; and

(g) Designed to prepare graduates for licensure and to practice as registered nurses as identified in WAC 246-840-700 and 246-840-705. This includes providing opportunities for integration of quality and safety education in the curriculum, effective delegation, emergency procedures, interprofessional communication, and time management.

AMENDATORY SECTION (Amending WSR 16-17-082, filed 8/17/16, effective 9/17/16)

WAC 246-840-542 Curriculum and program requirements for registered nurse to ((~~bachelor's or master's in~~)) baccalaureate nursing ((education)) programs. Registered nurse to ((~~bachelor's or master's in~~)) baccalaureate (RN to BSN) nursing ((~~education~~)) programs must design curriculum to:

(1) ((~~Develop curriculum to ensure the courses or content completed at the diploma or associate degree levels of nursing are not duplicated;~~

~~(2) Design curriculum to ensure student sufficient exposure to content in science and liberal arts;~~

~~(3) Design curriculum to allow students the exposure to apply new concepts to practice at the level of the bachelor's or entry level master's in nursing including, but not limited to, practice experiences identified in WAC 246-840-541(2);~~

~~(4) Design curriculum to include~~)) Prepare students for practice at the baccalaureate level and shall include practice experiences that expand knowledge and strengthen the ability to practice in increasingly complex health care environments;

(2) Promote critical thinking, problem solving, ((~~and~~)) clinical reasoning ((~~skills~~)), and judgment at the level of preparation;

((~~(5) Design curriculum including a specific course or~~)) (3) Incorporate content directly related to role differences and effective role transition strategies at the level of preparation((~~;~~

~~(6) Design curriculum including competencies in the following areas:~~

~~(a) The study and practice of leadership, interdisciplinary team coordination and collaboration, quality assurance and improvement, and care coordination and case management;~~

~~(b) The study and practice of community and public health; and~~

~~(c) The theory and application of research and evidence-based practice concepts and processes.~~)) that:

(a) Fosters advancement in clinical reasoning and judgment using nursing research findings.

(b) Enhances professional practice including the ability to communicate, lead, influence health outcomes, policy, and apply systems-level thinking.

(c) Applies principles of public health and population-based care in complex settings while collaborating in interprofessional practice.

(d) Engages students in learning experiences that expand knowledge and strengthens the ability to practice in increasingly complex healthcare environments.

(e) Applies research and evidence-based practice concepts and processes.

AMENDATORY SECTION (Amending WSR 16-17-082, filed 8/17/16, effective 9/17/16)

WAC 246-840-543 Curriculum and program requirements for nursing ((education)) programs preparing students for licensure as advanced registered nurse practitioners (ARNP). (1) Nursing ((education)) programs preparing students for licensure as advanced registered nurse practitioners (ARNPs), including post-master's students, shall include content culminating in a certificate or graduate degree with a concentration in advanced nursing practice as defined in RCW 18.79.059, WAC 246-840-010((~~(2), and~~)), 246-840-300, and 246-840-302.

(2) ((~~The nursing education program preparing students for licensure as advanced registered nurse practitioners shall have as its primary purpose the preparation of advanced practice nurses for roles as defined in WAC 246-840-300 and 246-840-302.~~

~~(3) Post-master's nursing education programs preparing nurses for licensure as advanced registered nurse practitioners shall teach all competencies designated for the ARNP role including clinical practice. Post-master's students must meet the same ARNP outcome competencies as master's advanced registered nurse practitioner students.~~

~~(4)~~)) The curriculum of the nursing ((education)) program preparing nurses for licensure as ((~~advanced registered nurse practitioners~~)) ARNPs shall prepare the graduates to practice in one of the four ARNP roles: Certified nurse practitioner (CNP), certified registered nurse anesthetist (CRNA), certified nurse midwife (CNM), or certified clinical nurse specialist((~~, or certified nurse practitioner~~)) (CCNS). The curriculum must include:

(a) Clinical and didactic course work preparing the graduate to practice in the role of the ARNP consistent with the ((~~designation being sought for licensure~~)) certification being sought; and

(b) ((~~Advanced physiology/pathophysiology, including general principles applied across the life span;~~

~~(c) Advanced health assessment, including assessment of all human systems, advanced assessment techniques, concepts, and approaches;~~

~~(d) Diagnostic theory and management of health care problems including diseases representative of all systems;~~

~~(e) Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, pharmacotherapeutics of all broad categories of agent, and pharmacological management of individual patients;~~

~~(f) Preparation providing a basic understanding of the principles for decision making in the identified ARNP role;~~

~~(g) Role preparation in one of the six population foci of practice, which includes family or individual across the life span, adult gerontology, neonatal, pediatrics, women's health gender-related, and psychiatric mental health;~~

~~(h) Advanced practice nursing core, including legal, ethical and professional responsibilities of the ARNP; and~~

~~(i) At least five hundred hours in direct patient care in the ARNP role with clinical preceptor supervision and faculty oversight.~~

~~(5) Advanced registered nurse practitioner nursing education~~)) Clinical education that meets national certification standards for direct patient care with clinical preceptor supervision and faculty oversight.

(3) ARNP programs preparing students for two population foci or combined nurse practitioner-clinical nurse specialist shall include content and clinical experience in both functional roles and population foci.

((~~(6)~~)) (4) Each student enrolled in an ((~~advanced registered nurse practitioner~~)) ARNP nursing ((~~education~~)) program shall have an active, unencumbered ((~~RN license in each state or United States territory~~)) registered nurse (RN) license or privilege to practice in Washington and meet requirements in the jurisdiction where the clinical practice occurs.

AMENDATORY SECTION (Amending WSR 16-17-082, filed 8/17/16, effective 9/17/16)

WAC 246-840-544 Curriculum and program requirements for graduate nursing ((~~education~~)) programs not leading to advanced practice licensure. ((~~(1) Graduate nursing education programs shall meet the standards established by the national nursing or nursing-related education accrediting body.~~

~~(2) The curriculum of graduate nursing education program shall be congruent with national standards for graduate level nursing education.~~

~~(3)~~)) The curriculum and practice experiences in graduate nursing programs not leading to advanced practice licensure shall be consistent with the competencies of the specific area of practice, stated program outcomes, and established national standards by a nursing education accrediting body approved by the United States Department of Education.

AMENDATORY SECTION (Amending WSR 16-17-082, filed 8/17/16, effective 9/17/16)

WAC 246-840-546 Distance-learning nursing education course(s) ((~~or courses~~)) offered by approved nursing programs. Nursing ((~~education~~)) programs offering any distance-learning course(s), as defined in WAC 246-840-010, shall:

(1) Ensure distance-learning courses meet established quality and security standards for online and distance learning education;

(2) Develop written policies and procedures ensuring quality assurance controls, security, maintenance, and service support for students and faculty who use the system;

(3) Ensure students receive curriculum comparable to in-person teaching;

(4) Complete ongoing student and faculty evaluations of distance learning courses; and

(5) Provide access to distance-learning courses when requested by the ((~~commission~~)) board.

AMENDATORY SECTION (Amending WSR 16-17-082, filed 8/17/16, effective 9/17/16)

WAC 246-840-547 Extended or satellite ((~~nursing~~)) campus site of nursing ((~~education~~)) programs approved in Washington state. (1) An approved nursing ((~~education~~)) program shall obtain ((~~commission~~)) board approval prior to advertising or admitting students in an extended or satellite nursing education campus.

(2) An approved nursing ((~~education~~)) program wishing to initiate an extended or satellite nursing program off the main campus ((~~of the university~~)) but located in the state of Washington, must submit ((~~an initial plan three to six~~)) a substantive change request at least three months prior to the expected date of operations. The ((~~initial plan~~)) substantive change request must identify:

(a) ((~~The impact on existing nursing education programs in a sixty mile radius from the location of the proposed extended or satellite campus;~~

~~(b) Faculty staffing for the extended or satellite program;~~

~~(c) How the nursing education program shall~~)) A plan for faculty staffing and access to student support services for the extended or satellite nursing program;

(b) Demonstrate how the nursing program will meet the curriculum and academic standards of the main campus nursing ((~~education~~)) program;

((~~(d)~~)) (c) Adequate clinical or practice facilities for the extended or satellite ((~~or extended~~)) nursing program;

((~~(e)~~)) (d) Academic facilities and resources that meet the requirements identified in WAC 246-840-518; and

((~~(f)~~)) (e) A plan for nursing and institutional administration of the extended or satellite nursing program ((~~and how the extended or satellite campus~~)) that meets administration requirements as identified in WAC 246-840-516.

(3) Administration of the extended or satellite ((~~campus~~)) nursing program shall coordinate annual reports and site survey evaluations with administration at the main campus.

NEW SECTION

WAC 246-840-5491 Internationally educated registered nurse and licensed practical nurse—Educational deficiency and supplemental preparation. (1) The board will verify whether an internationally educated registered nurse (RN) or licensed practical nurse (LPN) applicant's nursing education is substantially equivalent to Washington standards, including required theory and clinical instruction across the life span (pediatrics, obstetrics, mental health, and medical-surgical).

(2) A board-approved credential evaluation service will assess foreign education against U.S. standards.

(3) If the board identifies deficiencies, the applicant will be notified of the content areas and clinical experiences that are deficient.

(4) Applicants who do not meet educational requirements for licensure may complete supplemental nursing education at a board-approved college or university, depending on availability, sufficient to

demonstrate competency equivalent to a graduate of a board-approved prelicensure registered nurse or practical nurse program.

(5) Approved nursing programs providing supplemental nursing education for applicants shall:

(a) Develop an educational plan of study to address the specific deficiencies identified in the credential evaluation;

(b) Document successful completion of the educational plan of study; and

(c) Arrange clinical learning experiences that are faculty-supervised and aligned with course objectives.

(6) If direct patient care experiences are not reasonably available, required clinical experiences may be satisfied through faculty-led, structured simulation activities that:

(a) Are evidence-based;

(b) Include defined learning outcomes and evaluation criteria; and

(c) Provide competency validation equivalent to direct patient care experiences.

AMENDATORY SECTION (Amending WSR 16-17-082, filed 8/17/16, effective 9/17/16)

WAC 246-840-553 Innovation projects or program approach for approved nursing ((~~education~~)) programs located in Washington state.

(1) The board may approve innovative proposals for approved nursing programs located in Washington state that support community health care delivery or workforce development.

(2) A nursing ((~~education~~)) program may apply using the board-approved form to implement an innovative program approach or project by complying with the provisions of this section.

((~~(2)~~)) (3) Nursing ((~~education~~)) programs approved to implement innovative approaches or programs shall continue to provide quality nursing education preparing graduates to practice safely, competently, and ethically within the scope of practice as defined in chapters 18.79 RCW and ((~~chapter~~)) 246-840 WAC.

((~~(3) The purpose of innovations in nursing education program approval is to:~~

~~(a) Foster innovative models of nursing education to address the changing needs in health care;~~

~~(b) Assure innovative approaches or programs protect the public; and~~

~~(c) Assure innovative approaches or programs maintain quality outcome standards.~~

~~(4) A nursing education program that holds full commission approval may be eligible to implement an innovative approach or program.~~

~~(5) The following information shall be provided to the commission at least three months in advance of requested implementation date:~~

~~(a) Identifying information to include name of nursing program, address, responsible party and contact information;~~

~~(b) A brief description of the current program;~~

~~(c) Identification of the regulation(s) affected by the proposed innovative approach;~~

~~(d) Length of time for, which the innovative approach is requested;~~

~~(e) Description of the innovative approach, including objective(s);~~

~~(f) Brief explanation of why the nursing education program wants to implement an innovative approach at this time;~~

~~(g) Explanation of how the proposed innovation differs from approaches in the current program;~~

~~(h) Rationale with available evidence supporting the innovative approach;~~

~~(i) Identification of resources supporting the proposed innovative approach;~~

~~(j) Expected impact innovative approach will have on the program, including administration, students, faculty, and other program resources;~~

~~(k) Plan for implementation, including timeline;~~

~~(l) Plan for evaluation of the proposed innovation, including measurable criteria/outcomes, method of evaluation, and frequency of evaluation; and~~

~~(m) Additional application information as requested by the commission.~~

~~(6) The following are the standards for approval:~~

~~(a) Eligibility and application criteria in subsections (4) and (5) of this section are met;~~

~~(b) The innovative approach or program will not compromise the quality of education or safe practice of students;~~

~~(c) Resources are sufficient to support the innovative approach or program;~~

~~(d) Rationale with available evidence supports the implementation of the innovative approach or program;~~

~~(e) Implementation plan is reasonable to achieve the desired outcomes of the innovative approach or program;~~

~~(f) Timeline provides for a sufficient period to implement and evaluate the innovative approach or program; and~~

~~(g) Plan for periodic evaluation is comprehensive and supported by appropriate methods of evaluation.~~

~~(7) If the application meets the standards, the commission may:~~

~~(a) Approve the application; or~~

~~(b) Approve the application with modifications as agreed between the commission and the nursing education program.~~

~~(8) If the submitted application does not meet the criteria in subsections (4) and (5) of this section, the commission may deny approval or ask for more information.~~

~~(9) The commission may rescind the approval or require the nursing education program to make modifications if:~~

~~(a) The commission receives evidence, which substantiates adverse impact; or~~

~~(b) The nursing education program fails to implement the innovative approach or program as presented and approved.~~

~~(10)~~)) (4) The nursing ((~~education~~)) program shall provide the ((~~commission~~)) board with progress reports ((~~conforming to~~)) addressing the board-approved evaluation plan ((~~as requested by the commission~~)).

(a) ((~~If any report indicates patients or students were adversely impacted by the innovation, the nursing education program shall provide documentation of corrective measures and their effectiveness~~)) The nursing program shall document in the report strategies to address any adverse impacts to patients or students that resulted from the innovation; and

(b) The final evaluation report shall ((~~conform to the evaluation plan, detailing and analyzing the outcomes data~~)) align with the evaluation plan, specifying achievement of outcomes.

((~~(11)~~)) (5) Final approval shall be granted if the innovative approach or program achieves the desired outcomes, and has not compromised public ((~~protection, and is consistent with core nursing education criteria, the nursing education program may request the innovative approach or program be continued~~)) safety.

AMENDATORY SECTION (Amending WSR 16-17-082, filed 8/17/16, effective 9/17/16)

WAC 246-840-554 Ongoing evaluation and approval of nursing ((~~education~~)) programs located in Washington state. (1) Nursing ((~~education programs meeting the requirements of WAC 246-840-511 through 246-840-556 may be approved by the commission for a maximum of ten years.~~

~~(2) To ensure continuing compliance with nursing education standards, nursing education programs may be required to participate in self-studies, self-evaluations and commission site visits at various times in the approval cycle depending on program outcomes and complaints received by the commission and as deemed necessary by the commission.~~

~~(3) Any proposed substantive nursing education program change must be presented to the commission for approval at least three months prior to implementation.~~

~~(a) Substantive changes include the following:~~

~~(i) Changes in legal status, control, ownership, or resources of the institution;~~

~~(ii) Faculty numbers below the required staff for clinical as found in WAC 246-840-532 or clinical simulation sections identified in WAC 246-840-534 (1)(g);~~

~~(iii) Changes in faculty composition when their expertise or experiences are not adequate to teach those areas of nursing described in WAC 246-840-523, 246-840-539, 246-840-541, 246-840-542, 246-840-543, and 246-840-544;~~

~~(iv) Changes in the number of students admitted requiring one or more additional clinical or practice groups, or changing the required faculty to student ratios of 1:10 for prelicensure programs and 1:6 for nursing education programs preparing students for advanced practice registered nurse licensure; or~~

~~(v) Major curriculum revision or changes in the length of the program.~~

~~(A) Major curriculum revisions include:~~

~~(I) Changes in curricular delivery method;~~

~~(II) Changes in nursing model or conceptual framework;~~

~~(III) Changes in curriculum meaning or direction of the curriculum such as philosophy, program goals, program terminal objectives, course objectives and descriptions;~~

~~(IV) Changes in total program credits; or~~

~~(V) Addition or deletion of a satellite or extended campus.~~

~~(B) The following changes do not require commission approval:~~

~~(I) Movement of content from one course to another; or~~

~~(II) Formatting changes in syllabi.~~

~~(b) The nurse administrator of the program shall submit the following when requesting approval for substantive changes:~~

~~(i) A letter explaining the substantive change request;~~

~~(ii) The rationale for the proposed change and anticipated effect on the program including faculty workload, students, resources, clinical or practice experiences, and facilities;~~

~~(iii) A summary or grid that explains the difference between the current practice and proposed change;~~

~~(iv) A timeline for implementation of the change; and~~

~~(v) The methods of evaluation to be used to determine the effect of the change.~~

~~(4) The program shall submit annual reports on forms provided by the commission and on the date specified.~~)) programs located in Washington state may be approved by the board for a maximum of up to 10 years if they meet state requirements (WAC 246-840-511 through 246-840-556), national accrediting standards, and the National Council State Boards of Nursing (NCSBN) prelicensure nursing program approval quality indicators.

(2) Nursing programs shall be subject to evaluation if the board has cause to believe the program is not maintaining compliance.

(3) The board may intervene if there is a failure to meet state requirements (WAC 246-840-511 through 246-840-556), national accrediting standards, and the NCSBN prelicensure nursing program approval quality indicators.

(4) Any proposed substantive nursing program change shall be submitted in writing to the board for approval at least three months prior to implementation. The nursing program may request an accelerated board review by providing rationale for an expedited review.

(5) Substantive changes include:

(a) Faculty changes, including:

(i) A reduction in the total number of qualified faculty needed to effectively deliver the nursing program;

(ii) Clinical ratios that exceed the required faculty to student ratio as described in WAC 246-840-532;

(iii) Changes in faculty qualifications that are insufficient to teach content areas of nursing described in WAC 246-840-523, 246-840-539, 246-840-541, 246-840-542, 246-840-543, and 246-840-544;

(b) Program expansion more than 10 students;

(c) Major curriculum revision or changes in the length of the program including:

(i) Changes in curricular delivery method;

(ii) Changes in curriculum meaning or direction of the curriculum such as philosophy, program outcomes, end of program student learning outcomes (EPSLOs), course objectives and descriptions;

(iii) Changes in total program credits; or

(iv) Addition of a satellite or extended campus.

(6) Nonsubstantive changes shall only require notification to the board three months prior to the change becoming effective:

(a) Updates to legal status, control, or ownership;

(b) Resources changes of the institution that impact program delivery;

(c) Closure or relocation of an extended or satellite campus.

(7) No notification is required for the following:

(a) Movement of content from one course to another; or

(b) Formatting changes in syllabi.

AMENDATORY SECTION (Amending WSR 16-17-082, filed 8/17/16, effective 9/17/16)

WAC 246-840-556 Ongoing approval, accreditation and ((~~commission reviews~~)) board review of nursing programs. ((~~(1) The commission may accept accreditation by a commission-recognized national nursing education accreditation body approved by the United States Department of Education as evidence of compliance with the standards of nursing education programs.~~

~~(a) The nursing education program shall submit to the commission a copy of any self-study submitted to the national nursing education accrediting body at the time the report is sent to the national nursing education accrediting body.~~

~~(b) The nursing education program shall submit to the commission within thirty days of receiving any report or accreditation letter from the national nursing education accreditation body to include, but not limited to: Continuous improvement progress reports, substantive change notification and accreditation action letters, site visit reports and program response letters, final site visit report and letter.~~

~~(c) The nursing education program shall submit notice of any change in program or institution accreditation status with the commission within thirty days of receipt of notice from the national accreditation body.~~

~~(d) Failure to submit notice of accreditation survey results within thirty days may result in a site visit or other sanctions as described in WAC 246-840-558.~~

~~(e) Programs holding approval based upon national nursing education accreditation must comply with WAC 246-840-511 through 246-840-556.~~

~~(f) The commission may grant approval for a continuing period, not to exceed ten years, to nursing education programs with maximum continuing national accreditation.~~

~~(g) If the nursing program is accredited for less than maximum accreditation, the program must provide the commission with a copy of the report and a plan of correction for the items of noncompliance within thirty days of receipt from the accreditation body. The commission may require an additional report regarding noncompliance, or may conduct a site visit.~~

~~Evaluation of a Nursing Program by the Commission~~

~~(2) Programs not nationally accredited by a commission-recognized national nursing accreditation body are subject to a site visit made by representative(s) of the commission on dates mutually agreeable to the commission and the nursing education program.~~

~~(a) Prior to the site visit, a nursing education program shall submit a self-evaluation report at least thirty days before the visit providing evidence of compliance with the standards of nursing education as identified in WAC 246-840-511 through 246-840-556.~~

~~(b) Prior to commission consideration, a draft of the commission site visit report will be made available to the school for review for corrections in statistical data.~~

~~(c) Following the commission's review and decision, the commission will send the program nurse administrator, the president and vice president of instruction or provost written notification regarding approval of the program.~~)) (1) Accredited nursing programs. The board may accept accreditation of a nursing program by a national nursing

education accreditation body approved by the United States Department of Education as evidence of compliance with the standards.

(a) Compliance shall be established by submitting to the board the following communications between the nursing program and the national nursing education accrediting body:

(i) A completed self-study prepared for the national nursing education accrediting body and submitted to the board concurrently;

(ii) All official correspondence between the nursing program and the national nursing education accreditation body; and

(iii) Notice of any change in program or institution accreditation status.

(b) Failure to submit notice of accreditation survey results within 30 days may result in a site visit or other sanctions as described in WAC 246-840-558.

(c) Programs holding approval based upon national nursing education accreditation must comply with WAC 246-840-511 through 246-840-556.

(d) The board may grant approval for a period not to exceed 10 years to nursing programs with continuing national accreditation.

(e) If the nursing program is accredited for less than the standard accreditation term, the program must submit a copy of the report and a plan for the items of noncompliance to the board no later than 30 days of receipt from the accreditation body. The board may require an additional report regarding noncompliance or may conduct a site visit.

(2) Nonaccredited nursing programs. Programs not accredited by a national nursing education accreditation body approved by the United States Department of Education are subject to a site visit made by representative(s) of the board on dates mutually agreeable to the board and the nursing program.

(a) Prior to the site visit, a nursing program shall submit a self-study no later than 45 days before the visit, providing evidence of compliance with the standards of nursing education as identified in WAC 246-840-511 through 246-840-556.

(b) Prior to presentation to the board for consideration, a draft of the board site visit report will be made available for the school to review. The school shall have at least three weeks to:

(i) Offer corrections of errors as they relate to names, positions, data, and other documentable facts;

(ii) Offer comments related to the content in the draft report; or

(iii) Provide supplementary documentation demonstrating additional progress made toward compliance with the standards.

(c) Following the board's review and decision, the board will send the program nurse administrator and appropriate institution leadership, written notification regarding approval status of the program within 30 days.

AMENDATORY SECTION (Amending WSR 16-17-082, filed 8/17/16, effective 9/17/16)

WAC 246-840-557 ((~~Commission action following commission site visit, complaint investigation, or national accreditation visits of nursing education programs located in Washington state.~~)) Board action regarding nursing program compliance. ((~~(1) When a matter directly~~

~~concerning a nursing education program is being considered by the commission, any commission member associated with the program shall not participate in the deliberation or decision-making action of the commission.~~

~~(2) The commission shall evaluate each program in terms of its conformance to the nursing education standards in this chapter.~~

~~(3) Within thirty days of the commission's decision, the commission shall give written notice to the educational institution regarding its decision on the nursing education program's approval status, including the nurse administrator, the president and provost or vice president of instruction.~~

~~(4) The commission shall grant continuing full approval to a nursing education program meeting the requirements of the law and this chapter. Full approval may carry recommendations for improvement and for correcting deficiencies.~~

~~(5) If the commission determines an approved nursing education program is not maintaining the education standards required for approval, the commission shall give written notice specifying the deficiencies and shall designate the period of time in which the deficiencies must be corrected.~~

~~(6) The commission may require the program to submit a plan of correction, or the commission may issue a directed plan of correction.~~

~~(7) The commission may limit student numbers or deny admission of new students if the program has insufficient resources, including faculty or program administration.~~

~~(8) The commission may withdraw program approval if the program fails to correct the deficiencies within the specified period of time.~~

~~(9) The commission may summarily suspend approval of a program if circumstances constituting an immediate threat to public safety are present.~~)) (1) The board shall evaluate concerns regarding compliance with state requirements (WAC 246-840-511 through 246-840-556), national accrediting standards, and the National Council State Boards of Nursing (NCSBN) prelicensure nursing program approval quality indicators.

(2) The board shall grant continuing full approval to a nursing program meeting the requirements of the law and this chapter.

(3) Within 14 days of the board's decision, the board shall give written notice to the nurse administrator and appropriate institution leadership.

(4) A nursing program not maintaining the education standards required shall receive written notice from the board specifying areas needing alignment and a timeline in which the alignment must be corrected.

(5) The board may:

(a) Request a compliance action plan; or

(b) Issue a directed compliance action plan requiring compliance within a designated time period; and

(c) Limit student admission numbers or deny admission of new students.

(6) The board may summarily suspend approval of a program if circumstances constituting an immediate threat to public safety are present.

(7) The board may take action under this section in accordance with chapter 34.05 RCW, and any applicable rules of the board.

AMENDATORY SECTION (Amending WSR 16-17-082, filed 8/17/16, effective 9/17/16)

WAC 246-840-558 Denial, statement of deficiencies, conditional approval or withdrawal of approval of nursing ((~~education~~)) programs located in Washington state. (1) The ((~~commission~~)) board may deny full approval to new or existing nursing ((~~education~~)) programs located in Washington state if it determines a nursing ((~~education~~)) program fails substantially to meet the standards for nursing education as contained in WAC 246-840-511 through 246-840-556, which may include requirements not addressed through compliance with accreditation standards.

(2) The ((~~commission~~)) board may issue a statement of deficiencies and request a ((~~plan of correction or directed plan of correction requiring~~)) compliance action plan or issue a directed compliance action plan, requiring alignment within a designated time period.

(3) The ((~~commission~~)) board may grant conditional approval to a nursing ((~~education~~)) program failing to meet the minimum standards contained in the law and this chapter.

(a) Conditions must be met within a designated time period and shall be specified in writing.

(b) A conditionally approved program shall be reviewed at the end of the designated time period((~~. The review will~~)) and shall result in one of the following actions:

(i) Restoration of full approval to existing programs;

(ii) Issuance of full approval to a new program;

(iii) Continuation of conditional approval; or

(iv) Issuance of intent to withdraw approval.

(4) The following situations may be cause for review, investigation, and a site visit by the ((~~commission~~)) board to determine if the minimum standards for education nursing programs are being met:

(a) Complaints relating to violations of WAC 246-840-511 through 246-840-556;

(b) Denial, withdrawal, or change of program accreditation status by a ((~~commission~~)) board-recognized national nursing accreditation agency ((~~or general~~)), specialized academic accreditation agency, or institutional accreditation agency;

(c) Failure to obtain ((~~commission~~)) board approval of substantive program changes requiring ((~~commission~~)) board approval under WAC 246-840-554 and 246-840-556;

(d) Providing false or misleading information to students or the public concerning the nursing program;

(e) Violation of the rules or policies of the ((~~commission~~)) board;

(f) ((~~Inability to secure or retain a qualified nurse administrator;~~

~~(g)~~)) Inability to secure or retain faculty resulting in substandard supervision and teaching of students;

((~~(h)~~)) (g) Noncompliance with the program's stated purpose, objectives, policies, and curriculum resulting in unsatisfactory student achievement or negative program outcomes;

((~~(i) Failure to provide clinical or practice experiences necessary to meet the objectives of the nursing program;~~

~~(j) Faculty student ratio in direct patient care is greater than 1:10 in prelicensure programs or 1:6 in nursing education programs preparing nurses for advanced registered nurse practitioner licensure; and~~

~~(k) Failure to maintain an average national council licensing examination (NCLEX) annual passing rate or average advanced practice certification annual passing rate of eighty percent~~)) (h) National Council Licensing Examination (NCLEX) or certification pass rates trending below 80 percent for three consecutive years.

(5) ((~~If a program:~~

~~(a) Fails to maintain an average NCLEX passing or advanced practice certification rate of eighty percent of first time test takers for one year, the program must complete an assessment of the problem. The program may request technical assistance from the commission.~~

~~(b) Fails to maintain an average NCLEX passing or advanced practice certification rate of eighty percent of first time writers for two consecutive years, the program must complete an assessment of possible contributing factors and submit a plan of correction to the commission. The commission may place the program on conditional approval status. The program may request technical assistance from the commission.~~

~~(c) Fails to maintain an average NCLEX passing or advanced practice certification rate of eighty percent of first time writers for three consecutive years, the program must complete an assessment of possible contributing factors, submit a plan of correction, and the commission may conduct a site visit. The program may request technical assistance from the commission. The commission shall place the program on conditional approval status.~~

~~(d) Fails to maintain a NLCEX [NCLEX]~~ ~~passing or advanced practice certification rate of eighty percent for four out of five consecutive years, the commission shall continue the program on conditional approval, require a full evaluation site visit, and may withdraw program approval following the site visit.~~)) Nursing program pass rates:

(a) The board will be available for technical assistance if a program:

(i) Does not maintain the average NCLEX passing metric accepted by the program's national accreditation body; or

(ii) Does not maintain a rate of 80 percent of first time test takers for programs that are not currently accredited; or

(iii) Does not maintain first time 80 percent certification pass rate for advanced practice.

(b) Three consecutive years of NCLEX or certification pass rates trending below 80 percent of first-time test takers shall require completion and submission of an assessment to the board of possible contributing factors and an improvement plan.

(6) The ((~~commission~~)) board may withdraw approval ((~~from existing nursing education programs~~)) if it determines that a nursing ((~~education~~)) program fails to ((~~meet~~)) substantially meet the standards for nursing education as contained in WAC 246-840-511 through 246-840-556.

(7) All these actions shall be taken in accordance with the Administrative Procedure Act, chapter 34.05 RCW, and any applicable rules of the ((~~commission~~)) board.

AMENDATORY SECTION (Amending WSR 16-17-082, filed 8/17/16, effective 9/17/16)

WAC 246-840-559 Closing of an approved nursing ((~~education~~)) program located in Washington state.

~~((Voluntary Closure))~~

(1) Voluntary closure. When a governing institution decides to close a nursing ((~~education~~)) program located in Washington state it shall immediately notify the ((~~commission~~)) board in writing, stating the reason, closure plan, and ((~~date of intended closing~~)) intended closure date. The governing institution ((~~may~~)) shall choose one of the following closing procedures:

(a) The nursing ((~~education~~)) program may continue until the last class enrolled is graduated if:

(i) The nursing ((~~education~~)) program continues to meet the standards for approval, WAC 246-840-511 through 246-840-556 until all of the enrolled students have graduated;

(ii) The date of closure is the date on the degree, diploma, or certificate of the last graduate; and

(iii) The governing institution notifies the ((~~commission~~)) board in writing of the closing date; or

(b) The program may close after assisting in the transfer of students to other approved programs if:

(i) The program continues to meet the standards required for approval, WAC 246-840-511 through 246-840-556 until all students are transferred;

(ii) The governing institution submits to the ((~~commission~~)) board a list of the names of students who have been transferred to approved programs and the date on which the last student was transferred; and

(iii) The date on which the last student was transferred shall be the closing date of the program.

((~~**Closing as a Result of Withdrawal of Approval**~~))

(2) Closing as a result of withdrawal of approval. When the ((~~commission~~)) board withdraws approval of a nursing ((~~education~~)) program, the governing institution shall comply with the following procedures:

(a) Students of the nursing ((~~education~~)) program shall be notified in writing of their status and options for transfer to an approved program.

(b) The nursing ((~~education~~)) program shall close after assisting in the transfer of students to other approved programs. The ((~~commission~~)) board must establish a period for the transfer process.

(c) The governing institution shall submit to the ((~~commission~~)) board a list of the names of students who have transferred to approved programs and the date on which the last student was transferred.

~~**((Requirements for All Nursing Education Programs That Close))**~~

(3) Requirements for all nursing programs that close. Nursing ((~~education~~)) programs, regardless of type of closure, shall submit to the ((~~commission~~)) board a plan for the secure storage and access to academic records and transcripts at the time of the decision to close the program.

AMENDATORY SECTION (Amending WSR 16-17-082, filed 8/17/16, effective 9/17/16)

WAC 246-840-561 Reinstatement of approval for nursing programs located in Washington state. The ((~~commission~~)) board may consider

reinstatement of withdrawn approval of a nursing ((~~education~~)) program located in Washington state after one year and upon submission of satisfactory evidence that the program will meet the standards of nursing education, WAC 246-840-511 through 246-840-556. The ((~~commission~~)) board may conduct a site visit to verify the evidence provided by the nursing ((~~education~~)) program.

AMENDATORY SECTION (Amending WSR 16-17-082, filed 8/17/16, effective 9/17/16)

WAC 246-840-562 Appeal of ((~~commission decisions~~)) board letter of determinations. A nursing ((~~education~~)) program wishing to contest a ((~~decision~~)) determination by the ((~~commission~~)) board that affects the program's approval status shall have the right to appeal the ((~~commission's decision~~)) board's determination in accordance with the provisions of chapter 18.79 RCW, chapter 34.05 RCW, the Administrative Procedure Act, and chapter 246-11 WAC.

AMENDATORY SECTION (Amending WSR 16-17-082, filed 8/17/16, effective 9/17/16)

WAC 246-840-563 Criteria for approval of LPN and RN refresher course ((~~program~~)) located in Washington state. (1) A program ((~~making application~~)) applying to the ((~~commission~~)) board for initial approval of a refresher course for licensed practical nurses (LPNs) and registered nurses (RNs) in Washington state shall submit a ((~~commission~~)) board-approved application at least three months before expected date of implementation.

(2) For in-state refresher courses ((~~programs~~)), the refresher program shall have a designated nurse administrator who is responsible for the overall operation and evaluation of the refresher program meeting the following qualifications:

(a) Active, unencumbered Washington state RN license or RN multistate license; and

(b) ((~~Bachelor's degree in nursing with a graduate degree in nursing from a nursing accredited nursing education program, or bachelor's degree in nursing from a nursing education accredited~~)) A baccalaureate degree in nursing and a graduate degree in nursing from an accredited nursing program, or baccalaureate degree in nursing from an accredited nursing program and a graduate degree from a health-related field from an accredited university.

(3) The philosophy, purpose and objectives of the refresher course must be clearly stated and available in written form. They must be consistent with the definition of nursing as outlined in chapter 18.79 RCW and WAC 246-840-700 and 246-840-705.

((~~Objectives reflecting the philosophy must be stated in behavioral terms and describe the capabilities and competencies of the graduate.~~

~~(4) All nurse faculty shall:~~

~~(a) Hold an unencumbered, active license to practice as a registered nurse in the state of Washington;~~

~~(b) Be qualified academically and professionally for their respective areas of responsibility.~~

~~(i) Faculty in a practical nurse education refresher course program shall hold a minimum of a bachelor's degree in nursing from a nursing accredited nursing program;~~

~~(ii) Faculty in a registered nurse refresher course education program shall hold a bachelor's degree in nursing and a graduate degree in nursing from a nursing education accredited program or a bachelor's degree in nursing from a nursing accredited program and a graduate degree in a health-related field from an accredited university.~~

~~(c)~~)) (4) All nurse faculty shall meet qualifications in WAC 246-840-523:

(a) Be qualified to develop and implement the program of study with at least two years of teaching experience;

((~~(d)~~)) (b) Plan, develop, oversee, and evaluate clinical experiences((~~;~~

~~(e) Be sufficient in number to achieve the stated program objectives based on patient safety concerns.~~

~~The faculty to student ratio in the clinical area and simulation lab must be at least one faculty member to every twelve students. Exceptions shall be justified to and approved by the commission~~)).

(5) Clinical refresher experiences may be precepted at a 1:15 ratio as specified in WAC 246-840-534. The faculty to student ratio in nonprecepted clinical experiences and simulation group settings involving direct patient care shall not exceed 1:10 as specified in WAC 246-840-532. Exceptions shall be approved by the board.

(6) The course content, length, methods of instruction and learning experiences shall be consistent with the philosophy and objectives of the course. Outlines and descriptions of all learning experiences shall be available in writing.

((~~(6)~~)) (7) The refresher program shall have written policies to include, but are not limited to:

(a) Admission requirements;

(b) Progression requirements and grading criteria;

(c) Dismissal criteria;

(d) Clinical and practice requirements;

(e) Grievance process;

(f) Student expectations and responsibilities; and

(g) Program costs and length of program.

((~~(7)~~)) (8) The program shall submit substantive change requests to the ((~~commission~~)) board including changes in:

(a) ((~~Program name, mailing address, electronic address, website address, or phone number;~~

~~(b)~~)) Curriculum;

((~~(c)~~)) (b) Clinical, simulation or didactic hours; or

((~~(d)~~)) (c) Program instruction methods((~~; or~~

~~(e) Ownership including adding or deleting an owner~~)).

((~~(8)~~)) (9) The program shall submit nonsubstantive change notification for changes in:

(a) Updates to legal status, control, or ownership;

(b) Resources changes of the institution that impact program delivery.

(10) Evidence-based methods shall be used to measure the student's achievement of the stated theory and clinical objectives.

((~~(9)~~)) (11) The refresher course shall be evaluated by faculty and students regularly.

((~~(10)~~)) (12) The refresher course shall ensure that prior to clinical practice experiences, the enrolled student holds either a

limited education authorization from the ((~~commission~~)) board, or an active nursing license in Washington state.

((~~(11)~~)) (13) The refresher course shall ensure all students have clinical practice experiences.

((~~(12)~~)) (14) Refresher course faculty or qualified preceptors may be used to teach in the clinical setting.

(a) Preceptors shall be licensed at same level of licensure as the student's refresher course type;

(b) ((~~Preceptors shall not be related to, or friends of the student;~~

~~(c) Preceptors shall receive the goals and objectives of the clinical practice course from the refresher program prior to the student's clinical experience; and~~

~~(d) Preceptors may assist faculty in the evaluation of the student's clinical learning experience.~~

~~(13)~~)) Meet preceptor definitions in 246-840-533.

(15) The refresher course shall not place students in the clinical setting without first validating student skills and knowledge to perform in the clinical setting.

((~~(14)~~)) (16) The refresher course shall maintain student records demonstrating the students have successfully completed the course and met the stated objectives for at least five years from date of course completion.

((~~(15)~~)) (17) The refresher course shall provide a certificate of successful completion of the course to the student. The certificate shall contain the following:

(a) Name of participant;

(b) Name of program;

(c) Number of didactic and clinical hours successfully completed; and

(d) Date of participant's completion of the program.

((~~(16)~~)) (18) The refresher course ((~~program~~)) shall submit an annual report to the ((~~commission on commission~~)) board on board designated forms.

((~~(17)~~)) (19) The refresher course ((~~program~~)) shall ((~~apply for~~)) request renewal of approval every five years by submitting a ((~~commission approved renewal application no later than three months before expiration of the approval~~)) written request to the board no later than three months before the approval expires.

AMENDATORY SECTION (Amending WSR 16-17-082, filed 8/17/16, effective 9/17/16)

WAC 246-840-564 Curriculum for LPN ((~~nurse~~)) refresher course. For licensed practical nurse (LPN) refresher courses ((~~programs~~)), the course content must consist of a minimum of ((~~sixty~~)) 60 hours of theory content and ((~~one hundred twenty~~)) 120 hours of clinical practice.

(1) The theory course content must include, but not be limited to, a minimum of ((~~sixty~~)) 60 hours in current basic concepts of:

(a) Nursing process and patient centered care;

(b) Cultural competence across the life span;

(c) Pharmacology, medication calculation, administration, safety, and the mitigation and reporting of medication errors;

(d) Review of the concepts in the areas of:

(i) Current practical nursing practice, including legal expectations as identified in chapters 18.79 and 18.130 RCW, and nursing scope of practice, including the ((~~commission~~)) board-approved scope of practice decision tree;

(ii) Therapeutic and basic communications and observational practices needed for identification, reporting, and recording patient needs; and

(iii) Basic physical, biological, and social sciences necessary for practice.

(e) Review and updating of practical nursing knowledge and skills to include, but not be limited to, concepts of delegation, leadership, fundamentals, medical, surgical, geriatric, and mental health nursing.

(2) The clinical course content shall include a minimum of ((~~one hundred twenty~~)) 120 hours of clinical practice in the area(s) listed in subsection (1)(e) of this section.

(a) Sixty hours of clinical practice may be obtained through lab simulation if the program has adequate lab space and equipment to accommodate student learning and is approved by the ((~~commission~~)) board.

(b) Exceptions shall be ((~~justified to~~)) requested and approved by the ((~~commission~~)) board.

AMENDATORY SECTION (Amending WSR 16-17-082, filed 8/17/16, effective 9/17/16)

WAC 246-840-566 Curriculum for ((~~registered nurse~~)) RN refresher course. For registered nurse (RN) refresher courses ((~~programs~~)), the course content must consist of a minimum of ((~~forty~~)) 40 hours core course content, ((~~forty~~)) 40 hours of specialty course content, and ((~~one hundred sixty~~)) 160 hours of clinical practice in the specialty area.

(1) The core course content must include, but not be limited to, a minimum of ((~~forty~~)) 40 hours of theory in current basic concepts of:

(a) Nursing process and patient centered care;

(b) Cultural competence across the life span;

(c) Pharmacology, major drug classifications, medication calculations and administration, side effects, adverse reactions, associated lab tests and mitigation and reporting of medication errors;

(d) Critical thinking, clinical reasoning, and evidence-based practice;

(e) Review of the concepts in the areas of:

(i) Current professional nursing practice, including legal expectations as found in chapters 18.79 and 18.130 RCW, and nursing scope of practice, including the ((~~commission~~)) board-approved scope of practice decision tree;

(ii) Therapeutic and clinical communication skills and observational practices needed for identification, reporting, and recording patient needs; and

(iii) Basic physical, biological and social sciences necessary for practice.

(f) Review and updating of registered nursing knowledge and skills, including delegation, leadership, interdisciplinary team coordination and care management.

(2) The specialty course content shall include, but not be limited to, a minimum of ((~~forty~~)) 40 hours of theory in current specialty nursing practice concepts of basic nursing related to the special area of interest such as surgical, pediatrics, obstetrics, psychiatric, acute, intensive, extended care, or community health nursing.

(3) The clinical course content shall include a minimum of ((~~one hundred sixty~~)) 160 hours of clinical practice in the specialty area(s) of interest as listed in subsection (2) of this section.

(a) Eighty hours of clinical practice may be obtained through lab simulation if the program has adequate lab space and equipment to accommodate student learning and is approved by the ((~~commission~~)) board.

(b) Exceptions shall be ((~~justified to~~)) requested and approved by the ((~~commission~~)) board.

AMENDATORY SECTION (Amending WSR 16-17-082, filed 8/17/16, effective 9/17/16)

WAC 246-840-567 Refresher course ((~~program~~)) for ((~~advanced registered nurse practice nurses~~)) ARNPs. (1) A ((~~college or university approved by the commission and located in the state of Washington to offer~~)) board-approved nursing program in Washington state that offers a graduate level nursing ((~~education~~)) program preparing students for advanced registered nurse practitioner (ARNP) licensure may apply to offer an ARNP refresher course ((~~program~~)) on a ((~~commission~~)) board-approved form.

(2) The nurse administrator or qualified designee of an approved ARNP nursing program shall be responsible for the ARNP refresher course ((~~program~~)). The designee shall meet the same qualification requirements as identified in WAC 246-840-517(3).

(3) The faculty teaching in the ARNP refresher ((~~program~~)) course shall meet the requirements of WAC 246-840-523 and 246-840-527.

(4) The ARNP refresher course will provide didactic and clinical instruction in the full scope of practice of ARNP role and population foci as allowed in chapter 18.79 RCW and this chapter.

(5) At a minimum, the ARNP refresher ((~~program~~)) course will include instruction and ((~~two hundred fifty~~)) 250 hours of associated clinical practice and may offer more hours if required for licensure in:

(a) Advanced physiology/pathophysiology;

(b) Advanced health assessment;

(c) Pharmacotherapeutics;

(d) Diagnosis and management of diseases or conditions consistent with current standards of care;

(e) Ordering and interpreting diagnostic and laboratory tests;

(f) Safe and competent performance of procedures;

(g) ARNP scope of practice as defined in chapters 18.79 RCW and 246-840 WAC;

(h) Accepted standards of practice for ARNP.

AMENDATORY SECTION (Amending WSR 16-17-082, filed 8/17/16, effective 9/17/16)

WAC 246-840-568 Criteria for approval of refresher course ((~~program~~)) located outside Washington state. (1) ((~~Refresher courses located outside the state of Washington shall be reviewed individually for approval by the commission and~~)) A refresher course located outside the state of Washington must be individually reviewed and approved by the board. The refresher course must meet curriculum and clinical practice standards identified in WAC 246-840-563 and 246-840-564, or 246-840-566.

(2) The nurse administrator shall ((~~hold an active, unencumbered RN license in the state of the program's domicile location and have a bachelor's degree in nursing with a graduate degree in nursing from a nursing accredited nursing education program, or bachelor's degree in nursing from a nursing education accredited program and a graduate degree from a health-related field from an accredited university.~~

~~(3) The commission may:~~

~~(a) Approve a refresher program for no longer than five years;~~

~~(b) Deny approval of a refresher program;~~

~~(c) Withdraw approval of a refresher program;~~

~~(d) Place a program on warning or conditional approval status;~~

~~(e) Make on-site visits to determine compliance with commission requirements for initial or ongoing approval, or to investigate a complaint;~~

~~(f) Require a program to submit a plan of correction; or~~

~~(g) Issue a directed plan of correction.~~

~~(4) A refresher program wishing to contest a decision of the commission affecting its approval status shall have the right to appeal the commission's decision in accordance with the provisions of chapter 18.79 RCW, chapter 34.05 RCW, the Administrative Procedure Act, and chapter 246-11 WAC~~)):

(a) Hold an active, unencumbered registered nurse (RN) license in the state where the program is located; and

(b) Have a baccalaureate degree in nursing and a graduate degree in nursing from an accredited nursing program, or baccalaureate degree in nursing from an accredited nursing program and a graduate degree in a health-related field from an accredited university.

AMENDATORY SECTION (Amending WSR 16-17-082, filed 8/17/16, effective 9/17/16)

WAC 246-840-569 ((~~Commission~~)) Board action regarding refresher courses ((~~programs~~)). (1) The ((~~commission~~)) board may:

(a) Approve a refresher ((~~program~~)) course for no longer than five years;

(b) Deny approval of a refresher ((~~program~~)) course;

(c) Withdraw approval of a refresher ((~~program~~)) course;

(d) Place a program on warning or conditional approval status;

(e) Make on-site visits as needed to determine compliance with ((~~commission~~)) board requirements for initial or ongoing approval, or to investigate a complaint;

(f) Require a program to submit a plan of correction; or

(g) Issue a directed plan of correction.

(2) A refresher course ((~~program wishing to contest a decision of the commission~~)) may appeal a board decision affecting its approval status ((~~shall have the right to appeal the commission's decision~~)) in accordance with ((~~the provisions of chapter 18.79 RCW and the Administrative Procedure Act, chapter~~)) chapters 18.79 and 34.05 RCW.

AMENDATORY SECTION (Amending WSR 16-17-082, filed 8/17/16, effective 9/17/16)

WAC 246-840-571 Out-of-state distance learning nursing program approval for practice experiences in Washington state. (1) For the purpose of this section, "out-of-state distance learning nursing program" means a nursing education program whose primary campus or administrative headquarters is located outside Washington state and that delivers theory instruction through distance education to students located in Washington state. The ((~~commission~~)) board may approve out-of-state distance learning nursing ((~~education~~)) programs for the purpose of placing students in clinical or practice experiences in the state of Washington. The out-of-state distance learning nursing ((~~education~~)) program shall:

(a) Complete and submit a ((~~commission~~)) board-approved application and demonstrate equivalency to requirements for in-state Washington nursing programs;

(b) ((~~Provide clinical and practice supervision and evaluation of students in Washington state;~~

~~(c)~~)) Plan, develop, oversee, and evaluate clinical and practice experiences of students in Washington state;

(c) The nursing program retains sole responsibility for securing, coordinating, and overseeing clinical placements, including procuring clinical sites and preceptors.

(d) Ensure the faculty, preceptors and others who teach, supervise, or evaluate clinical or practice experiences in the state of Washington hold an active, unencumbered nursing license, at the appropriate ((~~to the~~)) level of student teaching. Faculty must be licensed in the state of Washington as an ((~~ARNP~~)) advanced registered nurse practitioner (ARNP) if teaching ((~~advanced registered nurse practitioner~~)) ARNP practice;

((~~(d)~~)) (e) Preceptors for students in a nursing ((~~education~~)) program preparing nurses for ((~~advanced registered nurse practitioner~~)) ARNP licensure shall not be related to the student ((~~or personal friends~~)), and shall have an active, unencumbered license as an ARNP under chapter 18.79 RCW, a physician under chapter 18.71 RCW, an osteopathic physician under chapter 18.57 RCW, or equivalent in other states or jurisdictions;

((~~(e)~~)) (f) Ensure the faculty who teach didactic distance learning nursing courses hold a current and active, unencumbered nursing license in the state where the nursing program ((~~has legal domicile~~)) is located;

((~~(f) Be accredited~~)) (g) Maintain national accreditation by a nursing education accrediting body approved by the United States Department of Education;

((~~(g) Maintain accreditation status by the nursing education accrediting body;~~))

(h) Report to the ((~~commission~~)) board within ((~~thirty~~)) 30 days of notice from the nursing education accrediting body if the accreditation status has changed; and

(i) ((~~Submit an annual report to the commission as identified in commission approved survey~~)) Complete and submit an annual education survey to the board.

(2) The ((~~commission~~)) board may conduct site visits or complaint investigations ((~~to~~)) at clinical or practice locations to ensure compliance with ((~~commission~~)) board requirements beyond accreditation standards.

(3) The ((~~commission~~)) board may withdraw clinical placement approval if it determines a nursing education distance learning program fails to meet the standards for nursing education as contained in WAC 246-840-511 through 246-840-556.

(4) The ((~~commission~~)) board may refer complaints regarding the distance learning nursing ((~~education~~)) program to the home state board of nursing and appropriate nursing education accreditation body.

(5) A distance learning nursing ((~~education~~)) program wishing to contest a decision of the ((~~commission~~)) board affecting its approval status for clinical or practice experiences shall have the right to a brief adjudicative proceeding under the Administrative Procedure Act, chapter 34.05 RCW.

REPEALER

The following sections of the Washington Administrative Code are repealed:

WAC 246-840-529	Exceptions to nursing faculty degree requirements in prelicensure registered nurse nursing education programs.
WAC 246-840-5341	Use of simulation for clinical experiences at a 1:2 ratio in LPN, RN, or RN to BSN nursing education programs located in Washington state.
WAC 246-840-536	Dedicated education units for practical nurse or registered nurse nursing education programs.
WAC 246-840-549	Internationally educated nurse program approval criteria for nursing education programs approved in Washington state.
WAC 246-840-551	Internationally educated practical nurse program in an approved nursing education program.
WAC 246-840-552	Internationally educated registered nurse program in an approved nursing education program.