Kentucky Board of Nursing

Request for a New APRN PROGRAM

Name and Address of College or University	
Chief Executive Officer or President of Institution ***(include title and credentials)***	
Chief Academic Officer for the Nursing Unit ***(include title and credentials)***	
APRN Coordinator Name Title Phone Number & Email Address	**Name:**
	Title:
	Phone Number: ( )
	Email Address:
Mailing Address ***(to include city/state/zip)***	
Web Site Address ***(institution & nursing program)***	
University/College Accreditation	
Name of the Accrediting Body for the College/University	
Date of College/University Initial Accreditation and Most Recent Re-Accreditation* ***Attach a*** *copy of the current Governing Organization accreditation status document.*	**Initial**
	Most Recent
	Next Visit
Nursing Accreditation	
Name of the Accrediting Body for the Nursing Program	
Programs that hold accreditation within nursing	
Date of Initial Program Accreditation and Most Recent Re-Accreditation	**Initial**
	Most Recent Visit
	Expiration Date

Administrative Structure of the Program

1. <u>Chief Nursing Academic Officer</u>: ***Self Study page(s)*** **_____ ☐ NA**

Qualifications include: ☐ Attach a copy of the current CV

(a) A current, active, unencumbered registered nurse license or privilege to practice in Kentucky; (b) A doctoral degree earned from a university accredited by the United States Department of Education; (c) Educational preparation or experience in teaching and learning principles for adult education, including curriculum development and administration, and at least two (2) years of clinical experience; and (d) Current knowledge of APRN practice.

Provide Narrative as to how the Chief Nursing Academic Officer maintains current knowledge of APRN practice: _____

2. APRN Program Coordinator: *Self Study page(s)* _____ ☐ NA

Qualifications: ☐ Attach a copy of the current CV

(a) A current, active, unencumbered APRN license or privilege to practice in Kentucky; (b) A minimum of a masters degree in nursing or health-related field in the clinical specialty from an accredited college or university which accreditation is recognized by the U.S. Department of Education; and (c) Educational preparation or experience in teaching and learning principles for adult education, including curriculum development and administration, and at least two (2) years of clinical experience.

3. Faculty, Clinical Instructors, and Preceptors: (add additional lines as needed in each section)

All OF THIS INFORMATION CAN BE PROVIDED IN A SPREADSHEET

a. Faculty Members *Self Study page(s)* _____ ☐ NA

(This includes full-time, part-time, or Adjuncts that provide didactic instruction)

Qualifications include:

(a) A current, active, unencumbered APRN license to practice in Kentucky;
(b) A minimum of a master's degree in nursing or health related field in the clinical specialty;
(c) Two (2) years of APRN clinical experience; and
(d) Current knowledge, competence and certification as an APRN in the role and population foci consistent with teaching responsibilities.

Provide a list of all faculty members for academic period of 2011-2012

By my signature at the end of the application, I (we) attest that all faculty members meet the above listed qualifications and the program has validated current active nursing license with privilege to practice in Kentucky.

Name	Licensed as a	Population Foci
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

b. Clinical Faculty *Self Study page(s)* _____ ☐ NA

(This includes full time, part time, or adjuncts employed solely to supervise clinical nursing experiences of students)

Qualifications include:

(a) A current, active, unencumbered APRN license to practice in Kentucky;
(b) A minimum of a master's degree in nursing or health related field in the clinical specialty;
(c) Two (2) years of APRN clinical experience; and
(d) Current knowledge, competence and certification as an APRN in the role and population foci consistent with teaching responsibilities

Provide a list of all Current Clinical faculty members for academic period of 2011-2012

By my signature at the end of the application, I (we) attest that all faculty members meet the above listed qualifications and the program has validated current active nursing license with privilege to practice in Kentucky.

Name	Licensed as a	Population Foci
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

c. Non-APRN Faculty Members: ***Self Study page(s)*** _____ ☐ **NA**

(This includes other qualified individuals who teach a non-clinical course or assist in teaching a clinical course in an advanced practice registered nursing program within their area of expertise.)

Provide a list of all current Non-APRN Faculty members for the program and their respective courses/expertise

By our signature(s) at the end of the application, I am attesting that qualifications have been met and validated for all preceptors listed and this information would be available if requested by the Board..

Name	Degree/Discipline	Course(s) Taught
_____	_____	_____

Expertise: _____

Name	Degree/Discipline	Course(s) Taught
_____	_____	_____

Expertise: _____

d. Preceptors ***Self Study page(s)*** _____ ☐ **NA**

(This includes APRN's or MD's who assist in the faculty-directed clinical learning experiences)

Qualifications Include:

Clinical preceptors shall have demonstrated competencies related to the area of assigned clinical teaching responsibilities and will serve as a role model and educator to the student. Clinical preceptors shall be approved by faculty and meet the following requirements:

(a) Holds an unencumbered active license or multistate privilege to practice as a **registered nurse** and **advanced practice registered nurse** or a **physician** in the state in which the preceptor practices or, if employed by the federal government, holds an unencumbered active registered nurse and advanced practice registered nurse or physician license in the United States; and
(b) Has a minimum of one (1) year full time clinical experience in current practice as a physician or as an APRN within the role and population focus. The preceptor may be a practicing physician or other licensed, graduate-prepared health care provider with comparable practice focus though they cannot consist of a majority of the preceptors

Additional qualifications for APRN Preceptors:
(a) National certification in the advanced practice category in which the student is enrolled; or
(b) Current board licensure in the advanced practice category in which the student is enrolled.
(c) If a preceptor cannot be found who meets the requirements, educational and experiential qualifications as determined by the nursing program, the Board of Nursing shall be notified and a waiver requested.

Provide a list of Preceptors Utilized by the program for the academic year of 2009-2010

By your signature at the end of the application, I am attesting that qualifications have been met and validated for all preceptors listed and this information would be available if requested by the Board..

Name	Licensed as a	Specialty	Population Foci
_____	_____	_____	_____
_____	_____	_____	_____

Curriculum

An education program offered by an accredited college or university that offers a graduate degree or post-masters certificate with a concentration in the APRN role and at least one population foci shall include the following components:

- Clinical supervision congruent with current national professional organizations and the national nursing accrediting body standards applicable to the APRN role and population focus;

- Curriculum that is congruent with national standards for graduate level and APRN education, is consistent with nationally recognized APRN roles and population foci, and includes, but is not limited to graduate APRN program core courses;
- Preparation in the core competencies for the identified APRN role;
- Coursework focusing on the APRN role and population foci. The curriculum shall be consistent with competencies of the specific areas of practice.
- Each instructional track shall have a minimum of 500 supervised clinical hours directly related to the role and population foci, including pharmacotherapeutic management of patients.
- The curriculum shall include:
  (a) diagnosis and management of diseases across practice settings including diseases representative of all systems and caused by major morbidities;
  (b) preparation that provides a basic understanding of the principles for decision making in the identified role; and
  (c) role preparation in one of the six population foci of practice identified in 201 KAR 20:056.
- The curriculum shall contain the following three (3) separate graduate level courses in addition to APRN core courses:
  (a) Advanced physiology/pathophysiology, including general principles that apply across the lifespan;
  (b) Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and
  (c) Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents.

APRN Program Offerings			
Include all tracks that currently prepare graduates for licensure (i.e. APRN)			
Advanced Practice Options **NP:** Practitioner **NM:** Midwife **CNS:** Clinical Nurse Specialist **NA:** Nurse anesthetist	**Population Foci**	**Date when track was initiated**	**Indicate the Certification Examination(s) graduates are eligible to take**
Generic Masters ***(specify all clinical tracks i.e. Population foci)***	**Degree Awarded:**		
Post-Masters Options ***(specify all tracks)***	**Terminology on Transcript Indicating completion:**		

Additional Material to Include:

- ☐ Most Recent Program Self-Study for the Program (even if not used for the application)
- ☐ All communication between the Nursing Accrediting Body and the program of nursing since the time of the last site visit
- ☐ Application Fee Enclosed ($ 250* made payable to the "Kentucky Board of Nursing")

  * ***Submission of the $250 can be delayed for up to 6 months post submission of application***

By the signatures below, I/We attest that all information provided is complete as of this date. (Electronic Signatures are acceptable)

_____ _____

SIGNATURE & TITLE OF APRN PROGRAM COORDINATOR DATE

_____ _____

SIGNATURE & TITLE OF CHIEF NURSING ACADEMIC OFFICER DATE

Document should be sent electronically to Myra Goldman @ MyraK.Goldman@ky.gov OR contained on a CD-ROM (marked with the name of the college and type of program) or Flash drive. CD-ROM should be burned standard format.

Mailing address: Kentucky Board of Nursing, 312 Whittington Parkway, Suite 300, Louisville, KY 40222