Dear ADN Student:

Welcome! The faculty and I congratulate you on your acceptance to the Alvin Community College Associate Degree Nursing Program. We are proud of our tradition of graduating well-prepared, highly skilled nurses and look forward to including you among our many alumni.

We recognize the hard work and effort that it has taken for you to reach this point; however, your work has just begun. During the program you will be challenged both physically and intellectually. You will find that attaining a nursing education demands both time and energy.

Hopefully this handbook will make your life a bit easier by providing a source of information on policies, procedures, and other areas that apply specifically to the nursing program. Please read it carefully. After reading, sign the Student Agreement/Release of Information Form and return it to the ADN office.

Good luck to you as you begin the journey to your career in nursing!

Sincerely,

Debra L. Fontenot

Debra L. Fontenot, DNP, RN, CPNP, CNE
Director- Associate Degree Nursing
ACC ADN MISSION

The Alvin Community College Associate Degree Nursing program serves the Texas Gulf Coast community providing innovative nursing education and preparing quality registered nurse candidates. The program prepares graduates to use clinical reasoning, ethical discernment, and professional accountability.

PHILOSOPHY

Our philosophy and mission link to our parent institution. We provide quality education and a vital resource to our growing community. Nursing graduates will function within the roles of: coordinator of care, provider of care, patient safety advocate, and member of the profession compliant with the essential competencies.

We believe that nursing promotes wellness, facilitates restoration of health, and assists the individual or family in coping with disability or death. We believe that patients and their families are those seeking healthcare services or health information throughout the lifespan.

We believe nursing utilizes the applied science and principles of the humanities, biological, and social sciences to provide caring relationships to patients. Nurses work autonomously as well as collaboratively. Nurses focus on patient safety and the quality of care provided.

We believe that teaching is a system of directed and deliberate activities intended to induce learning. We believe in providing quality facilities conducive to the learning process. The role of the teacher is to facilitate the learning process in partnership with the student. Nurse educators are committed to guiding students and participating closely with students as mentors and role models. Learning occurs when a person’s behavior or knowledge changes. Competent faculty are integral to accomplish the mission and philosophy. Faculty are expected to remain current with emerging trends in healthcare and professional standards.

10/2011 Mission Statement
Reviewed: 1/15
Revised: 1/15

3/1980 Philosophy
Reviewed: 11/82, 10/83, 9/87, 9/91, 9/01, 8/13, 2/15
Revised: 10/81, 10/82, 11/85, 11/87, 2/94, 3/97, 4/03, 03/11, 10/11

ORGANIZING FRAMEWORK

The foundation for nursing knowledge originates from content based on the four concepts of society, patient/family, health and nursing roles. These concepts provide the foundation for the selection and sequence of courses and learning experiences as well as an understanding of the organization of the program. Content in the nursing courses integrates current knowledge of health concepts and commonly occurring acute and chronic health problems.

General education courses provide a foundation for nursing content in the ADN program and enable graduates to apply theoretical content and evidence-based findings in the provision of nursing care. The nursing courses follow a logical progression to encourage assimilation of knowledge and provide a progressive program of learning. Evaluation of the program is ongoing to ensure that the curriculum is consistent with current nursing practice and knowledge.

Learning is an individualized, active, and lifelong process. Faculty serve as facilitators providing opportunities for students to acquire the knowledge, clinical judgments and behaviors necessary for nursing practice. The faculty plans, implements, and evaluates the student’s learning experiences.
The nursing curriculum provides opportunities to demonstrate competence in the application of nursing knowledge, clinical judgments, and behaviors in healthcare settings. With an integrated nursing curriculum, classroom, laboratory, and clinical content are organized around a series of concepts that progress from simple to complex. The curriculum provides the framework for establishing partnerships with patients and their families for the promotion, prevention, rehabilitation, maintenance, and restoration of health of individuals across the lifespan.

The curriculum emphasizes nursing care within the following roles: member of the profession; provider of patient-centered care; patient safety advocate; and member of the healthcare team. Within these roles, the nurse integrates knowledge from general education and the sciences for the delivery of safe, compassionate care for patients and their families. Nursing care, nursing management, safety, quality, and legal/ethical content are evident throughout the curriculum.

Graduates are expected to practice within the limits of their nursing knowledge, scope of practice, and individual experience. They serve as positive role models for other members of the healthcare team. It is their responsibility to participate in educational and professional endeavors to continually advance knowledge and skills and promote the development of nursing and nursing practice.

Revised 04/2015

STUDENT LEARNING OUTCOMES

1. Utilizes clinical reasoning skills in the application of the nursing process to provide safe, quality care.
2. Competently delivers safe, effective, nursing care to maximize the self-care potential of culturally and socially diverse individuals and their families with psychosocial and physiological health needs across the life span.
3. Communicates and collaborates with members of the interdisciplinary healthcare team to promote and maintain optimal health status of patients and their families.
4. Adheres to standards of practice within legal, ethical, and regulatory frameworks of the professional nurse.
5. Serves as an advocate to promote and provide quality, patient-centered healthcare to patients and their families.
6. Demonstrates skills in using patient care technologies and information systems that support safe nursing practice.
7. Promotes safety and quality improvement when managing nursing care.
8. Demonstrates knowledge of basic delegation, management, and leadership skills.
ESSENTIAL COMPETENCIES OF GRADUATES OF TEXAS
DIPLOMA AND ASSOCIATE DEGREE NURSING EDUCATION PROGRAMS

The competencies are written for nursing programs to meet the approval criteria established by the Texas Board of Nursing. These are essential competencies for the graduate of Alvin Community College Associate Degree Nursing Program. The complete list of competencies is in Appendix A and at the Texas Board of Nursing website: http://www.bon.texas.gov/about/pdfs/delc-2010.pdf

I. Member of the Profession:

A. Function within the nurse’s legal scope of practice and in accordance with the policies and procedures of the employing healthcare institution or practice setting.
B. Assume responsibility and accountability for the quality of nursing care provided to patients and their families.
C. Participate in activities that promote the development and practice of professional nursing.
D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.

II. Provider of Patient-Centered Care:

A. Use clinical reasoning and knowledge based on the diploma or associate degree nursing program of study and evidence-based practice outcomes as a basis for decision making in nursing practice.
B. Determine the physical and mental health status, needs, and preferences of culturally, ethnically, and socially diverse patients and their families based upon interpretation of comprehensive health assessment findings compared with evidence-based health data derived from the diploma or associate degree nursing program of study.
C. Analyze assessment data to identify problems, formulate goals/outcomes, and develop plans of care for patients and their families using information from evidence-based practice in collaboration with patients, their families, and the interdisciplinary healthcare team.
D. Provide safe, compassionate, comprehensive nursing care to patients and their families through a broad array of healthcare services.
E. Implement the plan of care for patients and their families within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles.
F. Evaluate and report patient outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice, and plan follow-up nursing care.
G. Develop, implement, and evaluate teaching plans for patients and their families to address health promotion, maintenance, and restoration.
H. Coordinate human, information, and materiel resources in providing care for patients and their families.

III. Patient Safety Advocate:

A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.
B. Implement measures to promote quality and a safe environment for patients, self, and others.
C. Formulate goals and outcomes using evidence-based data to reduce patient risks.
D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.
E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.
F. Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy.

IV. Member of the Healthcare Team:

A. Coordinate, collaborate, and communicate with patients, their families, and the interdisciplinary healthcare team to plan, deliver, and evaluate patient-centered care.
B. Serve as a healthcare advocate in monitoring and promoting quality and access to healthcare for patients and their families.
C. Refer patients and their families to resources that facilitate continuity of care; health promotion,
maintenance, and restoration; and ensure confidentiality.

D. Communicate and collaborate in a timely manner with members of the interdisciplinary healthcare team to promote and maintain optimal health status of patients and their families.

E. Communicate and manage information using technology to support decision making to improve patient care.

F. Assign and/ or delegate nursing care to other members of the healthcare team based upon an analysis of patient or unit need.

G. Supervise nursing care provided by others for whom the nurse is responsible by using evidence-based nursing practice.

Oct 2010: [http://www.bon.texas.gov/about/pdfs/delc-2010.pdf](http://www.bon.texas.gov/about/pdfs/delc-2010.pdf)
Nursing  281-756-5630
Associate of Applied Science Degree Program (A.A.S.)

Purpose: The program seeks to prepare graduates who are critical thinkers and competent practitioners. As Associate Degree Nursing (ADN) graduates, they will practice within the defined roles and competencies of the Associate Degree nurse. In response to community and societal needs, they will be prepared to care for individuals and families in structured settings. Courses are presented according to their content and effectiveness toward successful fulfillment of state board competencies.

At the successful completion of a minimum of two (2) academic years and all program requirements, the graduate is qualified to make application to write the National Council Licensure Exam for Registered Nurses (NCLEX-RN).

The program is approved by the Texas Board of Nursing (BON) and accredited by the Accreditation Commission for Education in Nursing, Inc. (ACEN). The mission of the BON is to protect and promote the welfare of the people of Texas by ensuring that each person holding a license as a nurse in the State of Texas is competent to practice safely. The ACEN is recognized by the U.S. Department of Education as the national accrediting body for all types of nursing education programs.

Texas Board of Nursing (BON)  ACEN
333 Guadalupe #3-460 3343 Peachtree Road NE, Suite 850
Austin, TX 78701 Atlanta, GA 30326
512-305-7400 404-975-5000
www.bon.state.tx.us  www.acenursing.org

A person who has been convicted of or received deferred adjudication for anything other than a minor traffic violation, has been diagnosed with mental illness, or has a history of substance abuse, should contact the Texas Board of Nursing for licensure eligibility criteria. Individuals with felonies are ineligible for admission to the ADN Program.

Admission Requirements:
A new class begins each fall and spring semester. Applications are available at www.alvincollege.edu/adn during the application period. Application periods are typically in March and September. Refer to the website for the specific dates of each application period. Qualified applicants are admitted according to space available. To be considered for admission to the Associate Degree Nursing (ADN) Program, the applicant must:
1. Be fully admitted to Alvin Community College.
2. Submit an ADN application to the ADN department during the application period.
3. Submit, by the application deadline, proof to the ADN department of having met the following minimum admission standards:
   a. HESI A2 test score of 75 or higher on the cumulative and a 75 or higher on the Reading section. The following HESI A2 sections must be taken: Math, Reading Comprehension, Vocabulary and General Knowledge, Grammar, and Anatomy and Physiology. Section scores may be combined from more than one HESI A2 test. All HESI A2 section scores must be less than or equal to 5 years old as of the ADN application deadline. ADN applicants may repeat individual HESI A2 sections. For any two HESI sections repeated less than 30 days apart, the earlier section score is counted and the latter section score is not used, regardless of which section score is the highest. For any two HESI A2 sections repeated 30 or more days apart, the highest section score is counted.
   (The ADN department does not accept HESI A2 score reports from students. HESI A2 score reports are automatically available to the ADN department if the HESI A2 is taken at Alvin Community College. If the HESI A2 is taken elsewhere, the applicant must pay a fee to Elsevier to have the official score report sent to the ADN department.)
   b. TSI (Texas Success Initiative) requirement satisfied as determined by ACC’s testing and placement policies. Transfer students must meet the transfer institution’s TSI requirements if not enrolled at ACC.
   c. Cumulative GPA of 2.5 or better in nursing and nursing curriculum courses.
   d. Receipt of at least two (2) of the three (3) immuncations for Hepatitis B or proof of Hepatitis B immunity by application deadline. The series of three (3) immunizations must be completed by the start date of the program.
4. Attend one of the mandatory ADN Applicant meetings discussing specific program policies and requirements held during the application period.
5. Submit to the ACC Registrar’s office official transcripts from all colleges/universities attended. No academic course with a grade below C is accepted for transfer credit in the ADN program. Academic courses include composition/written communication, social/behavioral/biological sciences, humanities, and visual/performing arts. Do not submit college transcripts to the nursing office.
6. Have completed or be in progress in the prerequisite courses of BIOL 2401, BIOL 2402, PSYC 2301, and ENGL 1301.
7. Students are ineligible for admission if at the time of application transcripts reflect more than one (1) D or F in a nursing or nursing curriculum science course (BIOL 2401, 2402, and 2403) taken within five years of the application deadline. The student is ineligible even if the course is repeated and the student earns an A, B, or C in the subsequent attempt.
8. A student is ineligible for admission to the ACC nursing program if he/she has been dismissed for unprofessional or unethical conduct while previously enrolled in a health occupation program.

Selection for Admission
Admission to the ADN program is competitive. After the application deadline, applicants are ranked primarily according to the number of completed courses in the ADN curriculum, the GPA of those courses, and HESI A2 test scores. Priority admission is given to applicants who: 1) achieved high standardized test scores (HESI A2); 2) earned a high GPA in the ADN curriculum academic coursework; 3) completed, or are in progress in, BIOL 2420. Additional consideration is given to applicants who: 1) complete ADN curriculum courses without repeating or withdrawing from courses in the last five years from
the application deadline; 2) complete ADN curriculum courses at ACC; 3) hold a Bachelor's or higher degree from an accredited college or university; and, 4) reside in the ACC tax district.

Program Information:
1. BIOL 2401, 2402, and 2420 must be taken within five years of application deadline. BIOL courses completed more than five years prior to the application deadline must be repeated or the student may demonstrate competency through a written examination. Contact the Testing Center for information about the examination.

2. Requirements to be completed after initial acceptance and before the start of the program include:
   a. Complete the prerequisite courses of BIOL 2401, BIOL 2402, PSYC 2301, and ENGL 1301.
   b. Complete two criminal background checks. A social security number is required and will be verified during the background checks. The first is a DPS/FBI background check that the Texas Board of Nursing requires on all accepted nursing students. The second background check is done by a private firm and is required by clinical affiliates. A satisfactory criminal background check as determined by the requirements of the Texas BON and clinical affiliates is required for final admission into the ADN program. See ADN Application packet for further information about BON background check procedures. Individuals with felonies are ineligible for admission. A person with a criminal history other than a felony may be eligible to be considered for admission if:
      i. The Texas Board of Nursing indicates in a letter that a petition for "Declaratory Order" (D.O.) was received and the individual is eligible to apply to take the licensure examination. The BON website, www.bon.state.tx.us, contains eligibility questions and the petition for the declaratory order. And,
      ii. The ADN clinical affiliates permit the person to practice in their agency.
   c. CPR Certification from American Heart Association: Basic Life Support (BLS) for Health Care Providers.
   d. Physical examination. Form provided by the department.
   e. Up-to-date immunizations as required by the Texas Department of Health and Clinical Affiliate. (measles, mumps, rubella, tetanus, diphtheria, pertussis, varicella, hepatitis B series of 3 immunizations, seasonal flu, positive tuberculin skin test yearly.
   f. Negative tuberculin screen. (yearly)
   g. Negative drug test.
   h. Purchase of a school uniform and lab supplies.
   i. Purchase of an I-Pad, Kindle Fire, or tablet if the student does not have one already. The device enables access to medical and nursing information and use of electronic health record documentation when the student is at clinical sites.

3. Each student is required to pay for standardized, computerized tests that are administered throughout the program.
4. Students attend various clinical sites in the Houston/Galveston region throughout the program. Clinical times/days vary each semester and include weekend and evening hours.
5. Applicants with credits from institutions outside the United States must have their foreign transcripts evaluated by one of the approved companies listed in the Evaluation of Credit from Foreign Institutions section of the College Catalog. The ADN department will use the evaluation company's report when assessing the applicant’s foreign credits and grades. The applicant must submit the original evaluation report to either the ADN department or the Admissions Office by the nursing application deadline.

Transfer of Nursing Credits:
1. Courses accepted for transfer must be similar in content and credit to the ACC course(s).
2. No grade below a "B" in any nursing course is accepted for transfer.
3. Students must demonstrate competency through an examination in nursing content for courses without a clinical component that were completed more than three (3) years prior to the time of application.
4. Transfer applicants who, in the last three years, were enrolled in a professional nursing program and attempted/completed nursing course(s) with clinical component(s), are considered for admission on a space available basis. Applicants must:
   a. Apply and meet the criteria for admission to the ADN program at ACC during an application period.
   b. Have a written recommendation from the Dean/Director of their previous nursing program.
   c. Demonstrate competency in previously completed nursing courses prior to admission through a written examination and a clinical and skills competency demonstration. The tests will be administered once per semester and evaluated by a faculty review committee. Contact the department for test dates.

Progression/Dismissal Policies:
1. Students will abide by the current ADN admission, curriculum and program requirements at the time they are admitted to the Associate Degree Nursing Program.
2. Once a student has enrolled in the ADN Program, all nursing courses and related courses must be completed in proper sequence as shown in the catalog and degree plan. The program must be completed within five (5) years of the initial acceptance.
3. No grade below a C in nursing curriculum science and nursing courses will be acceptable for progression.
4. In order to receive a grade of C, a minimum grade of 75% must be attained in each nursing course.
5. Once enrolled in the ADN program, it is expected that enrollment is continuous. Students with a break in enrollment must apply for readmission. A break in enrollment includes: 1) Receipt of a grade of D, F, or W in a nursing course requiring a repeat of the course, 2) Withdrawal from a nursing course with a clinical component, and/or 3) Non-enrollment in a nursing course for one (1) or more semesters (excluding summer).

6. A student who withdraws from a nursing course with a related clinical component must withdraw from the corresponding course.

7. A student who receives a grade of D or F in a nursing course with a related clinical component will be assigned the grade of “R” in the corresponding course. The student must, if eligible, re-enroll in both the theory and clinical sections of that course. Each semester’s co-requisite RNSG courses must be completed with a minimum grade of C in order to progress.

8. A student must achieve an overall GPA of 2.0 in all courses in the nursing curriculum in order to progress to the next nursing course.

9. A student will be terminated from the ADN Program if he/she has received more than one (1) D or F in a nursing course. This includes courses which have been repeated and a passing grade (A, B or C) received in a subsequent attempt, regardless of the college or university where the initial grade (D or F) was received. The student is ineligible even if the course is repeated and the student earns an A, B, or C in the subsequent attempt. A student currently enrolled in the second year of the program who receives more than one D, F, or W in a single semester is eligible to be considered for readmission if he/she has not posted a previous D, F, or W.

10. Co-Requisite courses must be completed for a student to progress to the next semester.

11. A student may be dismissed from the program for demonstration of unprofessional and unsafe behaviors as described in the Texas Administrative Code 215.8. When dismissed, an “F” will be assigned to the RNSG course where the behavior occurred. A “W” will be assigned to any other RNSG courses taken concurrently.

12. A student may be dismissed from the program for academic dishonesty. When dismissed, an “F” will be assigned to the RNSG course where the behavior occurred. A “W” will be assigned to any other RNSG courses taken concurrently.

13. Notification by the BON that a student has been involved in criminal activity may result in temporary withdrawal or termination from the ADN program.

Readmission: Students may be readmitted to the ADN Program ONCE after withdrawal or failure of a course.

1. Once enrolled in the ADN program, a students who receives a D, F, or W in a nursing course or drops a nursing course, must, if eligible apply for readmission.

2. Students are readmitted on a space available basis, and on the student's compliance with conditions established by the Director. These requirements may include remediation in academic course work, repeat of nursing course(s) previously taken, or documentation of recovery from illness. Inability to meet the readmission stipulations may be grounds for denial or permanent dismissal from the program.

3. Students applying for readmission must apply in writing to the Director at least 14 days prior to the semester in which readmission is desired. Include the following information: Date of withdrawal from the Program; primary reason(s) for withdrawal from the Program; understanding of the requirements for readmission; the time of withdrawal, ways in which recommendations of the time of withdrawal have been considered or completed; and what has been done to improve chances of successful completion.

4. A student who has withdrawn from the ADN program during the first semester must reapply during the program application period and be ranked with that applicant pool.

5. Evidence of competency in previously completed nursing courses will be required prior to readmission. This will be accomplished through an examination and a clinical skills competency demonstration. Tests will be administered once per semester and evaluated by a faculty review committee. Contact the Director for test dates.

6. Re-entering students must abide by the current admission, curriculum and program requirements of the department.

7. Following a second (2nd) withdrawal from the program, a student will not be readmitted. Students may petition for re-admission when a withdrawal occurs because of a catastrophic event. The student must have had a passing grade in the RNSG course at the time of withdrawal. Petition will be considered by a faculty review committee.

8. The department reserves the right to deny readmission to a student who discontinued the program due to academic dishonesty or exhibited unsafe and/or unprofessional behavior. The decision to deny or accept readmission will be made by a faculty review committee.

9. Students who are unsuccessful in a professional nursing program and subsequently complete a vocational nursing program are eligible to apply to the LVN-ADN Transition track. Eligibility penalties for the “D’s, F’s or W’s” earned in nursing courses while previously enrolled in the professional nursing program are eliminated for these students.

10. All courses must be completed within five (5) years of original enrollment date into the ADN program.

11. Students re-entering the program following the curriculum change that was implemented Fall 2015 will be required to follow the new curriculum.
Nursing (ADN) (CIP 51.3801)  
Associate of Applied Science Degree Program (A.A.S.)  
with a Field of Study Curriculum in Nursing

The following courses have been adopted by the THECB as a Field of Study Curriculum in Nursing: BIOL 2401, BIOL 2402, BIOL 2420, PSYC 2301, and PSYC 2314.

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>Credits</th>
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<tbody>
<tr>
<td>^ * BIOL 2401</td>
<td>Anatomy &amp; Physiology I</td>
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<tr>
<td>^ * BIOL 2402</td>
<td>Anatomy &amp; Physiology II</td>
<td>4</td>
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<tr>
<td>^ ENGL 1301</td>
<td>Composition I</td>
<td>3</td>
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<tr>
<td>^ * PSYC 2301</td>
<td>General Psychology</td>
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<td>** First Semester</td>
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<td>^ * PSYC 2314</td>
<td>Life-Span Growth &amp; Development</td>
<td>3</td>
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<tr>
<td>RNSG 1219</td>
<td>Integrated Nursing Skills I</td>
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<td>RNSG 1250</td>
<td>Clinical I RN</td>
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<tr>
<td>RNSG 1523</td>
<td>Introduction to Professional Nursing for Integrated Programs</td>
<td>5</td>
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<tr>
<td>** Second Semester</td>
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<tr>
<td>^ * BIOL 2420</td>
<td>Microbiology for Non-Science Majors</td>
<td>4</td>
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<td>RNSG 2504</td>
<td>Integrated Care of the Patient with Common Health Care Needs</td>
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<tr>
<td>RNSG 1129</td>
<td>Integrated Nursing Skills II</td>
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<tr>
<td>RNSG 1461</td>
<td>Clinical II RN</td>
<td>4</td>
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<td>** Third Semester</td>
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<tr>
<td>RNSG 2514</td>
<td>Integrated Care of the Patient with Complex Health Care Needs</td>
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<td>RNSG 2462</td>
<td>Clinical III RN</td>
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<td>^ Language, Philosophy &amp; Culture</td>
<td>Select from Language, Philosophy &amp; Culture Core Curriculum</td>
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<tr>
<td>** * Creative Arts or</td>
<td>Select from Creative Arts Core Curriculum</td>
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<td>** Fourth Semester</td>
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<tr>
<td>RNSG 2405</td>
<td>Integrated Patient Care Management</td>
<td>4</td>
</tr>
<tr>
<td>RNSG 2463</td>
<td>Clinical IV RN</td>
<td>4</td>
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</table>

Total Credits Required for A.A.S. Nursing .......................................................... 60

+ Denotes core requirement.  Speak with Department Chair or Academic Advisor for proper course selection.
* Capstone Course
^ Field of Study Curriculum course.
** May be taken prior to admission to the ADN program.

Priority admission for applicants who:
1) achieved high standardized test scores,
2) earned a high grade point average in the ADN curriculum academic coursework; and
3) completed or are in progress in BIOL 2420.

REQUIRED ELECTIVE COURSE: Take ONE course from the following list:

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<th>Language, Philosophy &amp; Culture</th>
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Nursing Transition (LVN-to-ADN) (CIP 51.3801) 281-756-5630

Purpose: The transition program is to provide a pathway from Licensed Vocational Nurse (LVN) to Associate Degree Nursing (ADN). The program seeks to prepare graduates who are critical thinkers and competent practitioners. As Associate Degree Nursing graduates, they will practice within the defined roles and competencies of the Associate Degree nurse. In response to community and societal needs, they will be prepared to care for individuals and families in structured settings. Courses are presented according to their content and effectiveness toward successful fulfillment of state board competencies.

Upon successful completion of the program, the graduate is eligible to make application to write the National Council Licensure Examination for Registered Nurses (NCLEX-RN).

Program Requirements: A new class will begin in June each year. Qualified applicants will be admitted according to space available. To be considered for admission to the Transition pathway of the Associate Degree Nursing Program, the applicant must:
1. Apply to Alvin Community College and fulfill the admission requirements of the college.
2. Apply to the ADN Program during an application period and meet admission and program requirements for that program.
3. Hold a license to practice vocational nursing in the State of Texas by the nursing application deadline, or be scheduled to graduate from the ACCVNV program.
4. Have recent work experience, preferably in an acute care setting, as a licensed vocational nurse, or:
   a. scheduled to graduate from the ACCVNV program.
   b. graduated within one year from a state approved vocational nursing program.
5. Complete prerequisite courses before the start of the nursing program.
6. Have a cumulative GPA of 2.5 or better in nursing and nursing curriculum courses.

Selection for Admission: Admission to the LVN-to-ADN program is competitive. After the application deadline, applicants are ranked primarily according to the number of completed courses in the ADN curriculum, the GPA of those courses, and HESI A2 test scores. Priority admission is given to applicants who: 1) achieved high standardized test scores (HESI A2); 2) earned a high grade point average in the ADN curriculum academic coursework; 3) complete ADN curriculum courses without repeating or withdrawing from courses in the last five years from the application deadline; 4) complete ADN curriculum courses at ACC; 5) hold a Bachelor's or higher degree from an accredited college or university; 6) reside in the ACC tax district; and, 7) have acute-care work experience.

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prerequisites</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* ENGL 1301</td>
<td>Composition I</td>
<td>3</td>
</tr>
<tr>
<td>* PSYC 2301</td>
<td>General Psychology</td>
<td>3</td>
</tr>
<tr>
<td>* PSYC 2314</td>
<td>Life-Span Growth &amp; Development</td>
<td>3</td>
</tr>
<tr>
<td>* BIOL 2401</td>
<td>Anatomy &amp; Physiology I</td>
<td>4</td>
</tr>
<tr>
<td>* BIOL 2402</td>
<td>Anatomy &amp; Physiology II</td>
<td>4</td>
</tr>
<tr>
<td>BIOL 2420</td>
<td>Microbiology for Non-Science Majors</td>
<td>4</td>
</tr>
<tr>
<td>First Semester</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RNSG 1240</td>
<td>Professional Nursing Skills for Articulating Students</td>
<td>2</td>
</tr>
<tr>
<td>RNSG 1262</td>
<td>Clinical I - RN Transition</td>
<td>2</td>
</tr>
<tr>
<td>RNSG 1527</td>
<td>Transition to Professional Nursing</td>
<td>3</td>
</tr>
<tr>
<td>Credit for Prior Learning</td>
<td>RNSG 1219, RNSG 1523, RNSG 2504</td>
<td>12</td>
</tr>
<tr>
<td>Second Semester</td>
<td></td>
<td></td>
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<tr>
<td>RNSG 2514</td>
<td>Integrated Care of the Patient with Complex Health Care Needs</td>
<td>5</td>
</tr>
<tr>
<td>RNSG 2462</td>
<td>Clinical III - RN</td>
<td>4</td>
</tr>
<tr>
<td>* Creative Arts or</td>
<td>Select from Creative Arts Core Curriculum</td>
<td>3</td>
</tr>
<tr>
<td>* Language, Philosophy &amp; Culture</td>
<td>Select from Language, Philosophy &amp; Culture Core Curriculum</td>
<td></td>
</tr>
<tr>
<td>Third Semester</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RNSG 2463</td>
<td>Clinical IV RN</td>
<td>4</td>
</tr>
<tr>
<td>RNSG 2435</td>
<td>Integrated Patient Care Management</td>
<td>4</td>
</tr>
</tbody>
</table>

Total Credits Required for A.A.S. Nursing Transition: ................................................. 60

+ Denotes core requirement. Speak with Department Chair or Academic Advisor for proper course selection.
* May be taken prior to admission to the ADN program.
### APPROXIMATE COST for 2-YEAR ADN PROGRAM

<table>
<thead>
<tr>
<th>Semester</th>
<th>RNSG Credit Hours</th>
<th>ACC Tuition</th>
<th>ACC Fees</th>
<th>Course Fees</th>
<th>Required Texts</th>
<th>Additional Expenses see below</th>
<th>In/Out of District Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>In-district</td>
<td>Out-of-district</td>
<td>In-district</td>
<td>Out-of-district</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FIRST</td>
<td>9</td>
<td>405</td>
<td>810</td>
<td>220</td>
<td>348</td>
<td>482</td>
<td>622</td>
</tr>
<tr>
<td>SECOND</td>
<td>10</td>
<td>450</td>
<td>900</td>
<td>227</td>
<td>254</td>
<td>185</td>
<td>1,116</td>
</tr>
<tr>
<td>THIRD</td>
<td>9</td>
<td>405</td>
<td>810</td>
<td>220</td>
<td>219</td>
<td>438</td>
<td>1,282</td>
</tr>
<tr>
<td>FOURTH</td>
<td>8</td>
<td>360</td>
<td>720</td>
<td>213</td>
<td>219</td>
<td>55</td>
<td>805</td>
</tr>
<tr>
<td>TOTAL</td>
<td>36</td>
<td>$1,620</td>
<td>$3,240</td>
<td>$880</td>
<td>$1,040</td>
<td>$1,160</td>
<td>$1,427</td>
</tr>
</tbody>
</table>

**Costs are approximate and subject to change without notice**

*Credit hours for nursing courses only (courses starting with “RNSG”); non-nursing courses are extra

**Approximate costs for required nursing texts only; recommended nursing texts and non-nursing texts are extra

### ADDITIONAL EXPENSES - $1,427

<table>
<thead>
<tr>
<th></th>
<th>First Semester</th>
<th>Last Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uniform (varies by size and gender)</td>
<td>70</td>
<td>100</td>
</tr>
<tr>
<td>Nurse Pack</td>
<td>143</td>
<td>Pictures for Licensure</td>
</tr>
<tr>
<td>Supplies-(Stethoscope, Scissors, etc)</td>
<td>90</td>
<td>Alvin ADN. Pin</td>
</tr>
<tr>
<td>ANSA dues</td>
<td>10</td>
<td>NCLEX-RN Registration</td>
</tr>
<tr>
<td>Criminal Background Check - PreCheck</td>
<td>50</td>
<td>Lamp for Pinning Ceremony</td>
</tr>
<tr>
<td>Criminal Background Check - BON DPS/FBI</td>
<td>50</td>
<td>Graduation Cap and Gown</td>
</tr>
<tr>
<td>Drug Screen</td>
<td>40</td>
<td>NCLEX-RN Review Course (recommended)</td>
</tr>
<tr>
<td>Apple iPad, Kindle, or Tablet</td>
<td>varies</td>
<td>Subtotal</td>
</tr>
<tr>
<td>Physical exam, TB test, immunizations</td>
<td>varies</td>
<td></td>
</tr>
<tr>
<td>Health Insurance</td>
<td>varies</td>
<td></td>
</tr>
<tr>
<td>CPR card</td>
<td>95</td>
<td></td>
</tr>
<tr>
<td>HESI-A2 test fee</td>
<td>74</td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>$622</strong></td>
<td></td>
</tr>
</tbody>
</table>

**COSTS ARE APPROXIMATE AND SUBJECT TO CHANGE WITHOUT NOTICE**

*Please contact Enrollment Services Center 281-756-3531 if you need an exact cost listing

*Current tuition & fees chart is always in the College Catalog on the ACC web site.

(1) check with your healthcare provider regarding costs of physical exam, TB test & immunizations

(2) some clinical sites require students to have health insurance; cost depends on provider and extent of coverage
**ALVIN COMMUNITY COLLEGE**  
**ASSOCIATE DEGREE NURSING**

**APPROXIMATE COST for LVN-to-ADN TRANSITION PROGRAM**

<table>
<thead>
<tr>
<th>Semester</th>
<th>RNSG Credit Hours</th>
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<td>7</td>
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<td>630</td>
<td>185</td>
<td>523</td>
<td>906</td>
<td>622</td>
</tr>
<tr>
<td>SECOND</td>
<td>9</td>
<td>405</td>
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<td>220</td>
<td>219</td>
<td>438</td>
<td>1,282 1,687</td>
</tr>
<tr>
<td>THIRD</td>
<td>8</td>
<td>360</td>
<td>720</td>
<td>213</td>
<td>219</td>
<td>55</td>
<td>805</td>
</tr>
<tr>
<td>TOTAL</td>
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<td>$1,080</td>
<td>$2,160</td>
<td>$618</td>
<td>$961</td>
<td>$1,399</td>
<td>$1,427</td>
</tr>
</tbody>
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(1) check with your healthcare provider regarding costs of physical exam, TB test & immunizations
(2) some clinical sites require students to have health insurance; cost depends on provider and extent of coverage
IMMUNIZATIONS & TESTS

To enter and continue in an Alvin Community College nursing program, the following immunizations and tests are required by clinical affiliates and recommended by the Center for Disease Control (CDC).

HEPATITIS-B

- **Either** submit report of blood test stating you have immunity to Hepatitis-B (called “Hepatitis-B titer”);
- **OR** submit proof of 3 Hep-B immunizations. If you get the accelerated Hep-B immunization series, you must submit proof of a Hep-B booster one year after your 3rd Hep-B shot.
- A Hep-B titer (less than 5 years old) is required by the start of your 2nd semester of the nursing program.
- There is a 5-year time limit on the Hep-B titer. Your titer must be current throughout the entire semester; if your titer expires before the end of a semester, you must repeat the titer and turn in the report before that semester starts.

TDAP (tetanus, diphtheria, pertussis)

- Submit proof of one Tdap immunization administered when you were an adult (on or after your 18th birthday).
- Juvenile Tdap or Dtap immunizations (before you were 18) are NOT acceptable. You MUST have proof of a shot that includes pertussis as an adult.
- A Td immunization is not acceptable unless it is a booster for a Tdap that you had as an adult, and you have turned in the adult Tdap proof.
- There is a 10-year time limit on Tdap or Td booster. It must be current throughout the entire semester; if it expires before the end of a semester, you must turn in proof of Td booster before that semester starts.

VARICELLA TITER (chicken pox):

- Submit report of blood test that states whether you are immune to Varicella (called a “Varicella titer”).
- **Plus**, submit proof of one Varicella booster immunization done after the titer, if the titer says you are not immune to Varicella. (You do not have to repeat the Varicella titer after you get a Varicella booster)
- Proof of Varicella illness or shots is not acceptable. You must submit a Varicella titer regardless of shots or illness.
- There is a 5-year time limit on the Varicella titer. Your titer must be current throughout the entire semester; if your titer expires before the end of a semester, you must repeat the titer and turn in the proof before that semester starts.

RUBELLA TITER

- Submit report of blood test that states whether you are immune to Rubella (called a “Rubella titer”).
- **Plus**, submit proof of one Rubella booster immunization done after the titer, if the titer says you are not immune to Rubella. (You do not have to repeat the Rubella titer after you get a Rubella booster)
- Proof of Rubella illness or shots is not acceptable. You must submit a Rubella titer regardless of shots or illness.
- Please do not confuse Rubella with Rubeola. Some students turn in Rubeola titer by mistake. We need RUBELLA titer.
- There is a 5-year time limit on the Rubella titer. Your titer must be current throughout the entire semester; if your titer expires before the end of a semester, you must repeat the titer and turn in the proof before that semester starts.
MMR (measles, mumps, Rubella)
- EITHER submit report of blood test stating you have immunity to measles / mumps / Rubella (called "MMR titer");
- OR submit proof of two MMR immunizations spaced at least 28 days apart.
- It is more cost effective to have the MMR titer versus a Rubella titer and subsequent MMR vaccine.
- If you get the MMR titer done, there is a 5-year time limit on it. Your titer must be current throughout the entire semester; if your titer expires before the end of a semester, you must repeat the titer and turn in the proof before that semester starts.

FLU
- Students starting ADN program in August: you will get a seasonal flu immunization in September. You DO NOT have to turn in flu shot proof before you start in August.
- Students starting ADN program in January: you WILL need to turn in proof of a current seasonal flu immunization before you start in January.
- All students will repeat their flu immunization in September of their second year in the program.

TUBERCULOSIS SCREEN:
- EITHER submit report of a PPD test stating negative results;
- OR if you have a history of positive PPD tests, submit report of chest x-ray showing no evidence of active lung disease, or submit report of serum quantiferon test stating negative results.
- TB screen (either PPD or quantiferon) is good for one year. Chest x-ray is good for 2 years.
- TB screen or chest x-ray must be current throughout the entire semester; if yours expires before the end of a semester, you must repeat the TB screen or x-ray and turn in the report before that semester starts.
- NOTE - Chest x-rays are ONLY for those with a history of positive PPD tests; you CANNOT substitute chest x-ray for PPD test.

MENINGITIS
- DO NOT turn in meningitis proof to nursing.
- Meningitis proof goes to the Admissions Office – the college wants this, NOT the nursing office.

KEEP THE ORIGINALS OF YOUR IMMUNIZATIONS & TESTS!!
- Only turn in COPIES to the nursing office!
- You need to keep your originals, because you will have to turn in copies to one of your instructors for a grade.
- You can either turn in photocopies to the nursing office, or email them to nursing@alvincollege.edu or fax them to 281-756-5606 attention: ADN.
CURRICULUM DESCRIPTION

The aim of the Associate Degree Nursing Program is to prepare the graduate to give direct patient care as a member of the healthcare team in hospitals and other structured healthcare facilities. The program includes a background in general education and competencies related to patient care. The graduate is prepared to function in structured patient care settings.

With an integrated nursing curriculum, classroom, laboratory, and clinical content are organized around a series of concepts that progress from simple to complex. The curriculum requirements for the ADN Program consists academic courses and nursing courses. Nursing content and clinical/laboratory experiences are sequenced and taught over a period of four (4) long semesters. The nursing courses are planned and taught by the Associate Degree Nursing Faculty.

NURSING COURSE COMPONENTS

Nursing courses have a theoretical component (classroom) and may have a laboratory component. The major nursing courses each have a clinical co-requisite course. Theoretical content focuses on information essential for the safe, effective delivery of nursing care. The clinical component provides the student the opportunity to apply theoretical content in patient care settings. In order to be successful in the program students are expected to spend 2-3 hours preparation time for each hour spent in class or clinical.

Each course has unique aspects as well as common concepts. These unique aspects will vary depending upon the objectives of each course, the focus upon specific categories of patients and their needs and the clinical settings utilized. For each course, a Syllabus and a Student Information Plan (SIP) will be available. The faculty will facilitate the learning experiences via lecture/discussion, audiovisual materials, selected clinical/laboratory experiences, computer-based content, simulations, etc. Each student is expected to read the syllabus and the SIP, complete the assignments, and request clarification when necessary. It is the student’s responsibility to learn the required competencies and to seek help when needed.

THEORY

The theory portion of each course will generally require a minimum of four (4) classroom hours/week. Each course has a coordinator who has overall responsibility for the course. Courses may be taught by either a single instructor or by a team of two or more instructors. The student is responsible for being present and on time and for preparing adequately for each class by reading all assigned materials prior to class.

CLINICAL

Students attend various clinical sites in the Houston/Galveston region throughout the program. Clinical times/days vary each semester and include evening and weekend hours. Clinical courses provide the opportunity to apply knowledge and skills. Each course generally requires one (1) to two (2) clinical laboratory sessions per week or the equivalent. The number of clinical laboratory hours per week will vary from course to course (6 – 16 hours/week.) The clinical instructor is responsible for making patient assignments, supervising students, conducting pre and post-conferences, being available for assistance, and evaluating student’s performance. The clinical instructor serves as a professional role model, and as the liaison between the college and the hospital. The student is responsible for being present, punctual, and properly attired. The student is to carry out the assigned responsibilities to the best of his/her ability and to seek assistance when needed. Each student is expected to be familiar with hospital policy in the assigned agency. Orientation to each hospital is provided. Students are to be in the clinical agency only during their designated clinical hours, or by permission of the instructor/agency. During the final semester, a portion of the students’ clinical time may be coordinated with a preceptor. The student will be assigned to work the preceptor’s schedule regardless of day/shift. The clinical instructor will be responsible for evaluation of student’s performance.

SKILLS LABORATORY

Skills laboratories are located in Rooms S-128 and S-160 in the Health Science Building. These are designed to provide the practice setting and experience needed for clinical competency. Selected units of study in the curriculum may have a skills component as a part of the clinical evaluation. Students are required to enroll in two skills courses as well attend assigned skills sessions while enrolled in nursing courses. Absence from an assigned skills lab session will be considered a clinical absence.
COMPUTER LAB

Two computer labs are located in the Health Science Building. Each is equipped with student workstations. PC applications and the Internet are available on the campus network. These labs are to be used solely for computer applications and not as a study room. Food and beverages in the lab are prohibited. The hours during which the lab is open are posted. There are additional study rooms available in the college library.

FACULTY OFFICE HOURS

Each faculty member is available to the student for conference, counseling, etc., during specified hours. Office hours are posted by each instructor’s door.

GRADING SYSTEM

Nursing courses in the ADN Program are planned to include both classroom and clinical participation. Each of these courses has an evaluation component. The grade for the theory portion of the course will be determined primarily by scores on tests and written work. In most nursing courses, a test grade average of 75 or above (based on points, not percent) must be achieved to pass a course. Evaluation methods will be described in the SIP for each nursing course. Clinical courses may include practice in the hospital, community agencies, skills lab, and in the simulation lab on campus.

Clinical performance is evaluated by the student’s individual clinical instructor. A letter grade will be given for the clinical component. Clinical evaluation methods will be described in the SIP for each nursing course. At the discretion of the clinical instructor, a student may be dropped from a course if the student cannot demonstrate ability to consistently deliver safe care at the level required in that course. This action may be taken at any time during the semester.

An ADN student is required to satisfactorily complete both theory and clinical courses in order to progress. In the event that either the final grade of theory or clinical is below the established passing criteria, the student will receive a course grade of D or F and not be allowed to progress to the next nursing course. If eligible, the student may make application to reenter the program. If accepted, the student will be required to repeat both theory and clinical portions of the course.

GRADING SCALE

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>90 – 100</td>
</tr>
<tr>
<td>B</td>
<td>80 – 89</td>
</tr>
<tr>
<td>C</td>
<td>75 – 79</td>
</tr>
<tr>
<td>D</td>
<td>60 – 74</td>
</tr>
<tr>
<td>F</td>
<td>Below 60</td>
</tr>
</tbody>
</table>

Grades will not be rounded up, i.e., a 74.7 is not a 75!

TEST POLICY

1. The ACC Academic Integrity Policy is enforced and is to be included on each exam.
2. Unit objectives found in the course syllabi serve as a blueprint for the exam.
3. Student’s personal items must be placed in a designated area or left outside the classroom based on instructor preference. No electronic device is allowed in the testing area.
4. Students must bring their ACC ID badge to the exam. This allows clear identification of who is taking the exam by the test proctor.
5. If a student must be absent from an exam, the student must notify the instructor prior to the exam. The student is responsible for scheduling a makeup exam to be taken on or before the next scheduled class day. The makeup exam may be an alternative format exam.
6. Grades will be posted within 2-4 business days after the exam.
7. Students scoring below a 75% on any exam are to schedule an appointment with an instructor to review the exam and create a plan of remediation. Instructors may utilize any combination of forms during this meeting. See the Academic Conference Sheet, Counsel/Remediation Form, and Item Analysis Worksheet.
8. If used, the scantron is the official scoring tool and students are responsible for bringing this to the testing site.
9. Test length will be based on 1.5 minutes per test item and, if used, tier testing will be 30 minutes.
ACADEMIC CONFERENCE

NAME: _____________________________
DATE: ________________________
TEST GRADE: ________________

Hours work per week: __________________________
Hours study per week: __________________________
Interruptions to study: __________________________________________________
Methods used prepare for the test: _________________________________________
____________________________________________________________________
Attitude toward testing__________________________________________________
Reasons you think you did poorly_________________________________________
Recommendations: _________________________________________________________
_______________________________________________________________________
Faculty Signature: __________________________________
Student Signature: __________________________________

ATI EXAMINATIONS

At the completion of each semester, comprehensive specialty standardized exams are administered. Students scoring minimum scores on the exams are awarded additional course points added to their examination grade as designated in course SIPs/Syllabi. In addition to the specialty exams, during the final semester of the Program, each student will take an exit exam (ATI Comprehensive Predictor). The results of the exit exam are utilized during academic advising for all graduates.

ATTENDANCE

Students are expected to attend all scheduled theory classes, clinicals and assigned skills labs. The student is responsible for all material presented during an absence. Since clinical assignments may be made prior to the student’s arrival in the hospital, it is essential that the clinical instructor be notified of a student’s expected absence before the scheduled starting time of the clinical experience. Specific instructions regarding the procedure for notifying the instructor will be outlined in the Student Information Plan (SIP) for each course or by the individual clinical instructor. Policies regarding clinical absences are outlined in the SIP for each course. If a student misses more than 10% of total clinical time, successful completion of the course and the course objectives is unlikely. Employed students must schedule work around their classroom, lab and clinical schedule so that they are able to attend scheduled classes. The nursing courses are very demanding. Students should expect to spend a minimum of 40 hours a week in classes and studying.

STUDENT WITHDRAWAL

Associate Degree Nursing adheres to the withdrawal policy of the college in the ACC College Schedule and Catalog. Withdrawals may affect financial aid, veteran’s benefits, athletic eligibility and even insurance benefits. Students are encouraged to discuss the withdrawal decision with the course instructor and the academic and financial aid advisors. Students are not automatically withdrawn for nonattendance. WebACCess does not process course withdrawals once registration has ended. Withdrawal options: 1) In person at the Admission’s Office  2) By written request mailed to the Admissions Office 3110 Mustang Road, Alvin, TX 77511  3) By email - Withdrawal@alvincollege.edu Email withdrawals will only be accepted if sent from the official email address on file with the college. Include the course rubric (ENGL), number (1301), and section (01), your student ID number, and date of birth. The student must take
the form to the Financial Aid and Registrar’s Office by the published deadline. Failure to withdraw in writing will result in a failing grade.

**GRADES FOR WITHDRAWALS**

Courses dropped on or before the census date each semester are not recorded on the student’s transcript. Course withdrawals received in the Registrar’s Office after the census date and before the withdrawal deadline for each semester are recorded on the student’s transcript with a grade of W.

**FINANCIAL AID**

Several departmental scholarships are available to qualified associate degree nursing students each fall and spring. To be eligible, the student must have completed twelve (12) college-level credit-hours at Alvin Community College, be enrolled in a minimum of eight (8) credit-hours and have a cumulative minimum GPA (grade point average) of 3.0. Application is made through the ADN office. A list of available scholarships and applications are on the website at [http://www.alvincollege.edu/adn/pdfs/scholarships.pdf](http://www.alvincollege.edu/adn/pdfs/scholarships.pdf)

Announcements of other scholarships are announced in class, posted on bulletin boards or distributed to students electronically. Financial aid from other sources is available to qualified students. Information may be obtained through the Financial Aid Office. Individuals who receive loans are responsible for repayment. **A default may result in loss of the professional license.**

**ALCOHOL AND DRUG ABUSE**

Alvin Community College specifically forbids the on-campus use of or possession of alcoholic beverages, intoxicants, hallucinogenics, or materials which might produce effects which alter the mental processes or normal physical functions. Violation of this regulation leaves the student liable to disciplinary action by college authorities. Alvin Community College has established a Code of Conduct for all its students. Each student should review this Code which may be found in the Student Handbook located on the ACC Website at [www.alvincollege.edu](http://www.alvincollege.edu). At no time shall the student consume alcohol while wearing the ACC ADN uniform.

**CHEMICAL DEPENDENCY POLICY FOR CLINICAL AREAS**

The Alvin Community College Associate Degree Nursing Program enforces a “drug free” policy. A negative toxicology screen is required as a final step in the admission process and before the student is allowed to participate in the clinical component of the program. A student with a positive screen is not allowed in the clinical setting and will be unable to fulfill the required clinical competencies of the nursing program. Any student exhibiting behavior which suggests impairment related to drugs and/or alcohol will be subject to mandatory chemical dependence assessment. The student will be escorted to the nearest emergency room or drug testing agency by the faculty member for drug screen testing. All testing costs are the responsibility of the student. A student who tests positive for drugs or alcohol must participate in a recognized chemical dependence program in order to continue in the program. Each student will be evaluated on an individual basis for continuance and/or readmission to the program.

**POLICY FOR DRUG SCREENING**

**PURPOSE**
- Promote And Protect Patient/Patient Safety
- Comply With Clinical Affiliates Drug Screen Requirements
- Detect Illegal Drug Use

**DEFINITIONS**
- **Positive Drug Test**: A positive drug test means a medically acceptable drug test, approved by Alvin Community College, the results of which indicate the use of illegal drugs.
- **Illegal Drugs**: Illegal drugs include those drugs made illegal to possess, consume, or sell by Texas and Federal statutes. An illegal drug also includes those drugs taken by an individual which exceed the prescribed limits of a lawful prescription or the taking of a prescription drug without a valid prescription.
DRUG SCREENING PROCEDURE
Drug screening is conducted on all student applicants prior to acceptance into the program and a Positive Drug Test will bar admission to the program for a minimum of 12 months. The results of the drug test are generally accepted for the duration of the student’s uninterrupted enrollment in the program unless allegations are made to support reasonable cause that the student is not free of illegal drug use; with reasonable cause the student may be required to submit to further drug screening at his/her own expense. Alvin Community College is responsible for designating and approving the drug testing procedures. The student must complete drug screening at the scheduled time. An unscheduled drug screen will result in an additional expense to the student and conducted at a time and place designated by the college. The student must pre-pay for the drug screen as directed by the Program. The student is required to complete a release directing the company/agency conducting the drug screen test to send the results directly to the Program Director.

When the drug test results are reported by the Medical Review Officer, the results are final. Within 10 days of learning of a positive result, a student can request to have their original specimen retested. The request must be stated in writing to Alvin Community College. There will be an additional cost for this process. If the final results change, the student will receive a refund for the requested second testing. Once the drug screen and the GC/MS (Gas Chromotography / Mass Spectrometry) confirmation are completed, and the Medical Review Officer has reported the results of the second set of testing, those results are final and cannot be appealed.

POLICY
When the college determines that a student has a positive drug test, the student is not allowed to attend any clinical agency/rotation for a minimum of twelve months and may affect his/her re-admission to the program. The student with the positive drug test is required to withdraw from the clinical course and all concurrent health, nursing or allied health programs. Prior to returning to the program, the student must re-apply and be accepted to the program (including re-testing), have a negative drug test, and provide satisfactory documentation to the college of successful drug counseling and treatment, all at the expense of the student. When a student with a previously positive drug test is accepted back into the program he/she will be subjected to unannounced random drug screening at their expense.

HEALTH
Students are responsible for their own health and the expenses of healthcare. It is recommended that health and accident insurance be carried by the student. Injuries incurred while on campus or in the clinical area are not covered by the College’s or hospital’s insurance.

A physical examination is required prior to the start of the program. A TB screen (either skin test or chest x-ray), up-to-date immunizations, including the complete series of Hepatitis B, are required. Students must be in good health or they may be denied entrance into the clinical agency. Forms will be provided for the physicals, and the student must use these forms. A student will be denied admittance to a clinical agency if the completed physical examination form, required vaccinations, and TB screening are not presented to the nursing office by the dates announced. This will result in a clinical absence. In addition to the immunizations, serologic titers are required for Hepatitis B, varicella, and rubella. These titers must be less than five (5) years old.

In the event of a major illness or orthopedic problems, a physician’s release indicating that the student can safely continue to give patient care is required. The release must indicate the student’s ability to perform the physical activities listed in the “Performance Requirements.” The student will be denied entrance into the clinical agency if the physician’s release slip is not submitted.

PREGNANCY
Within two weeks of pregnancy confirmation the student must notify the ADN director and her instructors of the pregnancy. The student must provide a physician statement including estimated date of delivery and release for clinical performance. Students are still expected to meet the performance requirements listed below. Ongoing medical statements are required after each monthly/weekly physician’s visit during the pregnancy and after delivery.
CPR CERTIFICATION

All students are required to be CPR certified by the American Heart Association. A copy of current certification must be on file in the nursing office in order to attend clinical practice. Certification must be CPR/Basic Life Support for Healthcare Providers (AHA). No other course will be accepted. The certification must be good for the entire semester.

ADA and PERFORMANCE REQUIREMENTS

The Associate Degree Nursing Program complies with College policies regarding Civil Rights and the Rights of Individuals with Disabilities. Purpose of the ADA: to provide a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities; to provide clear, strong, consistent enforceable standards addressing discrimination against individuals with disabilities; to ensure that the Federal government plays a central role in enforcing the standards established in this act on behalf of individuals with disabilities and to invoke the sweep of congressional authority, including the power to enforce the fourteenth amendment and to regulate commerce, in order to address the major areas of discrimination faced day-to-day by people with disabilities. (Americans with Disabilities Act, 1991)

An individual with a disability is a person who has a physical or mental impairment that substantially limits a “major life activity,” or has a record of such impairment, or is regarded as having such impairment. A qualified individual with a disability is one who meets the essential eligibility requirements for the program or activity offered by a public entity with or without reasonable accommodation. (ADA 1630.20) Essential functions are: those functions that the individual who holds the position must be able to perform unaided or with the assistance of a reasonable accommodation. (ADA 1630.2m) Reasonable accommodation: “Change in the way things are customarily done that will enable an individual with a disability to enjoy equal opportunities.” (ADA 1620.20)

- equal opportunity in the application process
- enable the disabled to perform essential functions of the position held or desired
- accommodations that enable the disabled to enjoy equal benefits and privileges of persons without disabilities.

Performance requirements are the basic activities a student must be able to complete in a reasonably independent manner. A student who poses a direct threat to the health or safety of others or to themselves will not meet the clinical/skills competencies required in the Associate Degree Nursing Program. A “direct threat” is defined as a significant risk to the health or safety of others that cannot be eliminated or reduced to an acceptable level by modification of policies, practices or procedures, by the provision of auxiliary aids or services. Determination will be made on an individual basis.

The following is a list of performance requirements for all students enrolled in the Associate Degree Nursing Program:

A. Visual acuity, depth perception and peripheral vision adequate with corrective lenses to see objects more than 20 feet away, see objects less than 20 inches away, read small print on containers and withdraw medications from small containers.
B. Hearing ability with auditory aids to distinguish faint sounds with variations, understand the normal speaking voice without viewing the speaker’s face, hear auditory alarms, emergency signals, and communicate via the telephone.
C. Gross motor skills and physical endurance to be able to stand and maintain balance for prolonged periods of time, lift objects of 35 lbs. or more, reach above shoulders and below waist, move from room-to-room, maneuver in limited spaces, and squeeze with hands.
D. Communicate effectively in verbal and written form by speaking clearly and succinctly when explaining treatment procedures, describing patient conditions, implement health teaching, and write legibly.
E. Fine motor skills with manual dexterity to write with a pen or pencil, type on a computer keyboard, pick up and manipulate small objects with hands, screw on caps, perform actions using two hands simultaneously, and pinch small objects with fingers
F. Function safely under stressful conditions with the ability to adapt to ever-changing environments.

ALVIN NURSING STUDENT ASSOCIATION (ANSA)

Alvin Nursing Students Association ANSA is the organization for nursing students at Alvin Community College. All current nursing students and entering nursing students are invited to join. ANSA members are involved in both campus and community activities. Monies accumulated from various fund raising activities are used primarily to provide scholarships for ANSA members.
UNIFORM REGULATIONS

Uniform regulations establish the expected level of professionalism by students in the ACC ADN Nursing Program. Students will maintain the highest uniform standards as required by ACC, the ADN program or the clinical affiliates. The uniform, sold at Adaptive Medical Equipment, is only worn in the clinical area and on campus as required. Only the ACC lab coat may be worn with the uniform. Students may wear a white or navy body shirt tucked into the pants and under the uniform shirt. Pants must fit properly and should be hemmed so the pants do not touch the floor. Sweaters or other coats are not permitted. The ID badge must be plainly visible. The ACC patch is worn 2” down from the shoulder seam on the left arm.

UNIFORM ITEMS

**Women’s Tops:**
- 4700 V NECK 2 POCKET TOP (CHEROKEE WORKWEAR)—Navy
- 24703 V NECK TOP (CHEROKEE CORE STRETCH)—Navy

**Women’s Pants:**
- 4200 ELASTIC UTILITY PANT (CHEROKEE WORKWEAR) —Navy
- 4100 DRAWSTRING UNISEX PANT (CHEROKEE WORKWEAR) —Navy
- 4005 DRAWSTRING CARGO PANT (CHEROKEE CORE STRETCH)—Navy

**Men’s Uniform**
- 4076 VNECK 3 POCKET TOP (CHEROKEE WORKWEAR) —Navy
- 4100 DRAWSTRING UNISEX PANT (CHEROKEE WORKWEAR) —Navy

**Jackets**
- 4350 JACKET ROUND NECK (CHEROKEE WORKWEAR)—White

**SHOES:** must be white, professional style leather shoes, no open toes or heels.

**PICTURE ID BADGE:** Students will obtain the photo ID during the first week of class while wearing the uniform. The ID must be worn with the ACC/ADN uniform. A new ID is required each semester.

**All students must have the following items:**

1. Analog watch with second hand; modest style without ornamentation
2. Red and black ballpoint pens
3. Stethoscope
4. Bandage scissors
5. Penlight
6. Hemostat

Students going to the clinical facility during non-clinical hours (i.e., to select patients or obtain patient data) must wear appropriate street clothes with the ACC lab coat and picture ID badge. Shorts, blue jeans, T-shirts, tank tops, etc. are not to be worn.

The uniform should be clean, in good repair and unwrinkled. No open toe or heel shoes are to be worn. Socks must be solid white or navy. Shoes, primarily white leather, should be polished and laces clean. Appropriate grooming is expected. Personal grooming will include attention to cleanliness, neatness, use of deodorant, nails cut short, hands and nails well cared for, and good oral hygiene. Scents, such as perfumed soaps and colognes, aftershave lotions, and cigarette smoke are not permitted.

Jewelry worn with the uniform is limited to a wedding set, watch, and a single pair of earrings. Earrings must be a simple post-style worn in the ear lobes. Visible body piercing jewelry may not to be worn. This includes tongue studs. No chains, bracelets or necklaces are permitted. Any tattoo that, by a reasonable standard, might invite negative feedback must be covered. Some of the specialty units, such as mental health facilities and neonatal units may require different dress code requirements. These requirements will be addressed by the clinical instructor.

The clinical instructor has final authority regarding uniform regulations and compliance.
WOMEN STUDENTS

Any uniform skirt should touch the bottom of the kneecap or lower. Hair must be a natural color. It must remain away from the face and be secured in a manner that appears professional and prevents it from falling forward. Ornamental ribbons, barrettes, and combs should not be worn with the uniform. If bobby pins, combs, or barrettes are necessary to restrain the hair, it should be plain and inconspicuous. Heavy makeup is inappropriate while in uniform. Artificial nails and nail polish are not to be worn.

MALE STUDENTS

Moustaches and beards must be neatly trimmed. Hairs should be short enough to be covered by a surgical mask. Hair must be a natural color. It must remain away from the face and be secured in a manner that appears professional and prevents it from falling forward.

SMOKING REGULATIONS

The use of tobacco products is not permitted in any building on campus or in any college vehicle. The sale of tobacco products on campus is prohibited. Students must adhere to the no smoking policies of the clinical facilities to which they are assigned.

EATING/DRINKING REGULATIONS

Eating and drinking in classrooms, labs, and other college meeting places is prohibited. Please help keep these areas free of litter and insects by observing the no eating/drinking signs.

CELLULAR PHONES

Students who carry cellular phones must turn any audible signal off while in the classroom and labs. Students must obtain permission from the clinical site to bring cell phones and smart devices to clinical. Not all clinical sites permit students to have electronic devices. Students should advise their families, childcare providers, etc., of their schedules so that they can be contacted during non-class or non-clinical times. Students will be provided contact numbers for emergency use only.

USE OF TELEPHONE

Telephone messages will be given to students only in the case of emergency, i.e., illness/accident of family member. Personal phone calls are not allowed in clinical.

CONFIDENTIALITY

Students are responsible for maintaining strict confidentiality of patient information. A breach will result in disciplinary action and possible dismissal from the nursing program. Patient confidentiality includes oral and written communication about the patient. It also includes electronic documentation systems utilized by the hospitals. The Health Insurance Portability and Accountability Act (HIPAA) is a Federal Law that prohibits unauthorized disclosure of private patient information. HIPAA provides both civil and criminal penalties for violations that can range up to fines of $250,000 and 10 years in prison.

PROFESSIONAL RELATIONSHIPS

Students are expected to remain within the limits of professional boundaries in their relationships with patients, hospital staff, and nursing faculty. This permits a professional relationship that allows for a safe and effective association. In the clinical setting, a therapeutic nurse-patient environment is established; in the educational setting an appropriate learning atmosphere is maintained. To this end, students should not accept gifts or tips from patients or their families, nor are faculty permitted to accept gifts from students. Avoid giving personal information about yourself to patients.
STUDENT CONDUCT

Whenever the student is in the classroom, a clinical agency, on a college-sponsored field trip, off-campus activity, or meeting, he/she is a representative of the Associate Degree Nursing Program at Alvin Community College and is expected to behave in an appropriate manner. The Code of Student Conduct from the ACC Student Handbook will be in effect for all nursing related activities. Disciplinary action will be taken against any student(s) who violates this code. The Student Handbook is available on the ACC website at www.alvincollege.edu.

Classroom Contract

I agree to:
Read, understand, and adhere to all course policies and schedules;
Adhere to the ACC code of academic integrity and honesty;
Follow the course attendance policy;
Complete all required coursework;
Arrive on time and prepared for class, and remain in class for the entire period;
Give my full attention and participation to the class activities;
Avoid any behavior that may disrupt other students’ learning:
- Electronic devices will be turned off or on silent mode and will not be used in the classroom except under the direction of the faculty;
- No devices shall be on or accessible during tests or quizzes;
- Refrain from talking with other students unless instructed;
- Demonstrate respect in expressing opinions and listening to others;

As required by the Board of Nursing for the State of Texas and Texas Administrative Code Rule 215.8, students may be dismissed for demonstration of the following, including, but not limited to:

a. evidence of actual or potential harm to patients, patients, or the public;
b. criminal behavior whether violent or non-violent, directed against persons, property or public order and decency;
c. intemperate use, abuse of drugs or alcohol, or diagnosis of or treatment for chemical dependency, mental illness, or diminished mental capacity; and
d. the lack of good professional character as evidenced by a single incident or an integrated pattern of personal, academic and/or occupational behaviors which, in the judgment of the Board, indicates that an individual is unable to consistently conform his or her conduct to the requirements of the Nursing Practice Act, the Board's rules and regulations, and generally accepted standards of nursing practice including, but not limited to, behaviors indicating honesty, accountability, trustworthiness, reliability, and integrity.

TRANSPORTATION

Transportation to and from the hospital or other assigned agencies, field trips, and off-campus meetings is the responsibility of the student. The student is also responsible for parking fees charged by the hospital/agency. Students must adhere to parking regulations of the clinical facility to which the student is assigned.

LIABILITY INSURANCE

All students are required to carry liability (malpractice) insurance. Arrangements for the purchase of insurance have been made by the college. The fee is collected as a part of the registration fee when the student registers for nursing courses. This policy will cover students only while they are in assigned clinics.

PERSONAL HEALTH INSURANCE

Some clinical agencies require proof of student’s personal health insurance coverage as a requirement for clinical training. Should a student be assigned to an agency with this requirement, the student shall then be expected to provide adequate proof of coverage. Clinical placement will not assigned based on insurance coverage. Affordable insurance is available for students. Additional information is available upon request.
STUDENT RECORDS
Records for each student are kept in the nursing office. Records include the application, physical exam and vaccination records, official transcripts, clinical evaluations, photo, correspondence, and counseling records. The student is responsible for providing the nursing department, as well as the ACC Registrar’s Office, with official transcripts of work completed at all other colleges and universities attended. Failure to provide up-to-date transcripts will result in a “hold” being placed on the student’s records and blocking of future registrations until transcripts are received.

CHANGE OF IDENTIFYING INFORMATION
Report any change of name, address, email or phone number to the ADN Office and the Registrar immediately. It is imperative that we have accurate, up-to-date contact information in your file.

EMPLOYMENT
Students are often employed during the time they are enrolled in the nursing program at Alvin Community College. The work schedule must be adjusted so that the student may attend the full time of both academic classes and clinical assignments. The scheduling of the nursing courses must take precedence over that of the employment. If work interferes with academic or clinical performance, the student will be counseled and requested to limit the number of work hours. Each student retains the responsibility for maintaining satisfactory academic status. Students must not wear the school uniform or picture ID badge while working for wages in any institution.

SOCIAL NETWORKING SITES
The Nursing Department at Alvin Community College recognizes that social networking websites are used as a means of communication. Future employers often review these network sites when considering potential candidates for employment. No privatization measure is perfect. Information can "live on" beyond its removal from the original website and continue to circulate in other venues. In your professional role as a care-giver, do not:

- Present the personal health information of other individuals. Removing the individual's name does not constitute proper de-identification of protected health information. Including data such as age, gender, race, diagnosis, date of evaluation, or type of treatment or using a highly specific medical photograph may still allow the reader to recognize the identity of a specific individual.
- Present yourself as an official representative or spokesperson for the Alvin Community College Nursing Department.
- Utilize websites and/or applications in a manner that interferes with your clinical commitments.

Individuals should make every effort to present themselves in a mature, responsible, and professional manner. Discourse should always be civil and respectful. The actions listed below are strongly discouraged.

- Display of language or photographs that imply disrespect for any individual or group because of age, race, gender, ethnicity, or sexual orientation.
- Presenting information that may be interpreted as condoning irresponsible use of alcohol, substance abuse, or sexual promiscuity.

Therefore, think carefully before you post any information on a website or application.

ASSOCIATE DEGREE NURSING COMMITTEES
Students have the opportunity to provide input to the ADN program by participating on the ADN committees. The Committee shall meet at least once during the fall and spring semesters. Meetings are scheduled by the Chairperson of the Committee. Students wishing to participate in committees should notify an instructor or the ADN Director. Two students are selected for each committee. The following are committee functions.

- **Curriculum Committee**
  1. Systematically review and revise the Associate Degree Nursing Program's mission, philosophy, and objectives, then make recommendations to the Faculty Organization.
  2. Review current literature which reflects trends in nursing education.
  3. Evaluate all aspects of the Committee's function according to the Systematic Evaluation Plan.
  4. Act on requests submitted by the Program Director or College Administration.
• Research and Resources Committee
  1. Define, collect, and analyze data for annual graduate follow-up.
  2. Make recommendations regarding the acquisition and deletion of resource materials for the nursing collection in the college library, skills/simulation lab, and computer lab.
  3. Review the Systematic Evaluation Plan and propose revisions to the Faculty Organization.
  4. Evaluate all aspects of the Committee's function according to the Systematic Evaluation Plan.
  5. Act on requests submitted by the program Director or College Administration.

• Student Affairs Committee
  1. Annually review Program entrance requirements, readmission, and progression policies, and make recommendations as necessary to the Faculty Organization.
  2. Review and make recommendations for revisions of the ADN Student Handbook and College Catalog.
  3. Review data related to admission and retention of students;
  4. Evaluate all aspects of the Committee's function according to the Systematic Evaluation Plan.
  5. Maintain the evaluation and selection process for various scholarships distributed by the ACC ADN program.
  6. Act on requests submitted by the Program Director or College Administration.

In addition to the above committees, students are welcome to attend any of the monthly Nursing Faculty Organization Meetings. Dates for meetings are emailed to students.

GRIEVANCE PROCEDURE

Any student wishing to present a dispute for possible action should first bring the matter before his/her instructor. If a satisfactory solution is not reached, the grievance should then be presented sequentially to the Course Coordinator, then the ADN Program Director. If the student should feel that the matter is still unresolved, the student should then file a formal grievance by following the college grievance procedure outlined in the ACC Catalog and ACC Student Handbook.

DEGREE AUDIT

Students are responsible to ensure that course degree requirements are met. A degree audit is a review of courses which apply toward the student’s major. The student should obtain audit information from the college website using WebACCESS.

GRADUATION REQUIREMENTS

The college may award a degree or certificate when a student has completed the requirements. To receive a diploma for the degree or certificate, a student must apply for graduation in the Admission’s Office. Deadlines for graduation are published in the semester class schedule. To graduate from the Associate Degree Nursing Program at Alvin Community College, a student must fulfill the requirements of Alvin Community College and the course requirements of the Associate Degree Nursing Curriculum. Refer to “Graduation Requirements” outlined in the Alvin Community College Catalog.

LICENSURE APPLICATION/NCLEX-RN EXAMINATION

Candidates for graduation make application for initial licensure to the Board of Nursing (BON) for the State of Texas in the final semester of the program. Instructions for licensure application are provided by the ADN director or designate during the final semester of the program. Two (2) separate fees are required by the BON: one to a designated testing service company for the testing fee, and one to the Board of Nursing for the State of Texas for the licensure application fee.
The purpose of this policy is to:

1. Comply with clinical affiliates who may require a student background check as a condition of their contract
2. Provide early identification of students who may have difficulty meeting Texas Board of Nurse Examiners (BON) eligibility for licensure requirements
3. Promote early submission by students of petition for a declaratory order by the BON
4. Promote and protect patient/patient safety

Criminal Background Check

Background checks will be conducted as a condition of full acceptance into the Associate Degree Nursing program. Alvin Community College designates the agency selected to do the criminal background screening. Results of the background check are sent directly to the nursing program director. The student pays the cost of the background directly to the agency. The student indicates knowledge of this policy and their belief that they do not have any criminal history that would disqualify them from clinical rotations on their ADN application for admission.

Satisfactory criminal background check is determined by the licensure eligibility criteria established by the BON and standards mandated by clinical affiliates. A person with a criminal history may be considered for admission if the BON indicates in a letter that a “Declaratory Order” was received and the individual is eligible to apply to take the licensure examination. The BON website, www.bon.state.tx.us, contains eligibility questions and the petition for declaratory order. Individuals with felonies are ineligible.

Student Rights

If the student believes his or her background information is incorrect, the student is responsible for providing the evidence of the inaccuracy of the information to the investigating agency. The student will not be able to enroll in the nursing program until the question is resolved.

Background checks are conducted as a condition of full acceptance into the Associate Degree Nursing Program.

Two clear background checks are required as a condition of full acceptance after your initial acceptance into the ACC ADN program and before you may enroll in an RNSG course with a clinical component: (1) a DPS/FBI background check conducted by the Texas Board of Nursing (BON); and (2) an additional background check through the PreCheck company which is required by clinical affiliates.

A student who has any criminal offense (other than a felony as mentioned above) other than a minor traffic violation, has been diagnosed with mental illness, or has a history of substance abuse (i.e. the answer is “yes” to any of questions 1-5 below), is eligible for admission into the ADN program only if the student has: 1) Submitted a “Petition for Declaratory Order” to the Texas Board of Nursing (BON), 2) Received BON verification of eligibility for future licensure by the ADN application deadline, and 3) Meets the minimum standards set by clinical affiliates.

Depending on the complexity of the student’s background and the BON's workload, it may take a minimum of 6 months to 2 years for the BON to process the student’s Petition for Declaratory Order. The BON determines eligibility for future licensure on a case-by-case basis. For criminal incidents, the BON considers severity of the offense, how long ago the offense was committed, and the behavior of the individual since the incident.

Students with felonies are not eligible for admission to the ACC ADN Program.

If it is found that a student has a felony, the student will be immediately dismissed from the nursing program.

The Petition for Declaratory Order form and other information regarding eligibility for licensure is available from the Texas BON website at http://www.bon.state.tx.us/olv/pdfs/DOapp.pdf

If you answer "NO" to all questions below, you are not required to submit a Petition for Declaratory Order to the BON.
**Texas Board of Nursing (BON) Licensure Eligibility Questions:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Details</th>
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<tbody>
<tr>
<td>1) For any criminal offense (adult or juvenile), including those pending appeal, have you:</td>
<td>A. been convicted of a misdemeanor? (You may only exclude Class C misdemeanor traffic violations.)</td>
</tr>
<tr>
<td>B. been convicted of a felony?</td>
<td>C. pled nolo contendere, no contest, or guilty?</td>
</tr>
<tr>
<td>D. received deferred adjudication?</td>
<td>E. been placed on community supervisor or court-ordered probation, whether or not adjudicated guilty?</td>
</tr>
<tr>
<td>F. been sentenced to serve jail or prison time? Court-ordered confinement?</td>
<td>G. been granted pre-trial diversion?</td>
</tr>
<tr>
<td>H. been arrested or any pending criminal charges?</td>
<td>I. been cited or charged with any violation of the law?</td>
</tr>
<tr>
<td>J. been subject of a court-martial; Article 15 violation; or received any form of military judgment/punishment/action?</td>
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**NOTE: Expunged and Sealed Offenses:** While expunged or sealed offenses, arrests, tickets, or citations need to be disclosed, it is your responsibility to ensure the offense, arrest, ticket or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Failure to reveal an offense, arrest, ticket, or citation that is not in fact expunged or sealed, will at a minimum, subject your license to a disciplinary fine. Non-disclosure of relevant offenses raises questions related to truthfulness and character.

**NOTE: Orders of Non-disclosure:** Pursuant to Tex. Gov't Code § 552.142(b), if you have criminal matters that are the subject of an order of non-disclosure you are not required to reveal those criminal matters on this form. However, a criminal matter that is the subject of an order of non-disclosure may become a character and fitness issue. Pursuant to other sections of the Gov't Code chapter 411, the Texas Nursing Board is entitled to access criminal history record information that is the subject of an order of non-disclosure. If the Board discovers a criminal matter that is the subject of an order of non-disclosure, even if you properly did not reveal that matter, the Board may require you to provide information about that criminal matter.

2) Are you currently the target or subject of a grand jury or governmental agency investigation?

3) Has any licensing authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license, certificate or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?

4) Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug?

5) Within the past five (5) years have you been diagnosed with, treated, or hospitalized for any of the following: schizophrenia and/or psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder?

*If you are licensed as an LVN in the State of Texas and are currently participating in the Texas Peer Assistance Program for Nurses you may answer "NO" to questions #4 and #5.*
Criminal activity during enrollment
(Rap Back policy)

All students who have been fully accepted into the Alvin Community College Associate Degree Nursing Program (ACC ADN) or the Alvin Community College Vocational Nursing Program (ACC VN) program have successfully completed the Texas Board of Nurses (BON) mandated DPS/FBI criminal background check (CBC) procedures. Once this process is completed, the BON continuously monitors students for criminal conduct and notifies the school of any legal charges incurred by a student during the enrollment period. This notification process is known as the “rap back” process.

When reviewing any information concerning a student’s legal infractions, the ACC Nursing Programs utilize the same considerations that the BON takes into account when determining a person’s fitness to practice nursing. These considerations are, in part:

Nurses have access to persons who are physically, emotionally, and financially vulnerable and who are easily exploited by virtue of illness, injury, age, and/or cognitive ability. Nurses are also in a position to have access to privileged/confidential information concerning their patients. Therefore, criminal behavior, whether violent or non-violent, directed against persons, property, and/or public order and decency is considered by the BON to be highly relevant to an individual’s fitness to practice nursing. Nurses who commit crimes outside the workplace raise concerns about the nurse’s propensity to repeat the same conduct in the patient care setting which raises further concerns about the nurse’s ability to provide safe, competent care to patients.

Because of this, the following policies will be strictly enforced by the ACC Nursing Programs:

- A student has two school business days to inform their respective Program Director of any legal infractions committed while enrolled in the program. If the student fails to do so, the student will be dismissed from the program and not be allowed to reapply.
- If a student reveals legal charges to their respective Program Director within the required time frame, one of two things will occur:
  1. The Program Director will review the charges and confer with the student. The Program Director will allow the student to remain in the program. The student will be required to file a “Petition for Declaratory Order” with the Texas BON. The student will have five school business days to file the petition.
  2. The Program Director will review the charges and confer with the student. The student will be required to file a “Petition for Declaratory Order” with the Texas BON. The student will have five school business days to file the petition. The student will be suspended from the program until a positive “Outcome Letter” from the BON is received by the student stating that the student will be allowed to sit for the appropriate NCLEX exam.
    a. A student who has been suspended from the ACC ADN program has one year to reenter the program, if space is available, at the beginning of the course from which the suspension occurred.
    b. A student who has been suspended from the ACC VN program has one year to reenter the program, if space is available, at the beginning of the semester from which the suspension occurred.
    c. A student who has been suspended from the ACC ADN or VN program for more than one year must reapply to begin the program from the first semester of the curriculum.

All students must meet all current admission requirements.

Readmission is not guaranteed.

If it is found that a student has a felony, the student will be immediately dismissed from the nursing program.

The decision as to whether to retain, suspend, or dismiss a student lies with the respective Program Director. The Program Director shall use the BON disciplinary matrix and the Texas Nurse Practice Act as guidelines for reaching retention decisions when a student commits legal infractions while enrolled in the nursing program.

Policy approved 04/29/14
APPENDIX A - DECS

Differentiated Essential Competencies of Graduates of Texas Nursing Programs
Evidenced by Knowledge, Clinical Judgments, and Behaviors
2010

Background:

The Differentiated Essential Competencies (DECs) is the third generation of Texas Board of Nursing (BON or Board) education competencies with differentiation based upon the education outcomes of the three levels of prelicensure nursing education programs. Previous documents were approved in 2002 (Differentiated Entry Level Competencies) and 1993 (Essential Competencies). All revisions were developed within the BON Advisory Committee for Education (ACE) with input from nursing programs, nursing organizations, affiliating agencies, employers, and other stakeholders. The 2010 revision incorporates concepts from current literature, national standards, and research.

Purpose:

The DECs were designed to provide guidance to nursing education programs for curriculum development and revision and for effective preparation of graduates who will provide safe, competent, compassionate care. The DECs outline knowledge, clinical behaviors, and judgments necessary to meet the essential competencies, but it is acknowledged that not all competencies can be evaluated upon graduation. It is intended that the graduate will have received the educational preparation to demonstrate each competency, but it will not be reasonable to evaluate some advanced competencies (italicized and identified by an asterisk) until the nurse has transitioned into nursing practice.

Definition of Competency:

The American Nurses Association (2008) defined a competency as "an expected level or performance that integrates knowledge, skills, abilities, and judgment" (p. 3).

Outline of the DECs:

Twenty-five core competencies are categorized under four main nursing roles:
- Member of the Profession
- Provider of Patient-Centered Care
- Patient Safety Advocate
- Member of the Healthcare Team

Each core competency is further developed into specific knowledge areas and clinical judgments and behaviors based upon the knowledge areas. Redundancy is intentional so that all sections of the document are complete even as stand-alone documents. Competencies for each level of educational preparation are presented in a table format. The competencies are differentiated and progressive across the levels, and the scope of practice and expectations may be compared across the table.

Implications of the DECs:

Nursing Education:
- Guideline and tool for curriculum development and revision
- Tool for benchmarking and evaluation of the program
- Statewide standard to ensure graduates will enter practice as safe and competent nurses

Employers:
- Guide for development of employee orientation and internship programs
- Guide for job descriptions and career ladders
- Information for determining entry-level competencies
- Information for reviewing and revising policies and procedures for nursing care
The primary role of the entry-level graduate of a Diploma or ADN program is to provide direct nursing care to or coordinate care for a limited number of patients in various healthcare settings. Such patients may have complex multiple needs with predictable or unpredictable outcomes.

With additional experience and continuing education, the Diploma or ADN graduate can increase the numbers of assigned patients, provide independent direct care, supervise healthcare of patients and their families, and receive certification in various specialty areas. Through articulation, graduates may continue their education to prepare for expanded roles.

The entry-level competencies of the Diploma and ADN graduate build upon the entry-level competencies of the Vocational Nursing graduate and are listed on the following pages.

**Essential Competencies of Graduates of Texas Diploma and Associate Degree Nursing Education Programs**

**I. Member of the Profession:**

A. Function within the nurse’s legal scope of practice and in accordance with the policies and procedures of the employing healthcare institution or practice setting.

B. Assume responsibility and accountability for the quality of nursing care provided to patients and their families.

C. Participate in activities that promote the development and practice of professional nursing.

D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.

**II. Provider of Patient-Centered Care:**

A. Use clinical reasoning and knowledge based on the diploma or associate degree nursing program of study and evidence-based practice outcomes as a basis for decision making in nursing practice.

B. Determine the physical and mental health status, needs, and preferences of culturally, ethnically, and socially diverse patients and their families based upon interpretation of comprehensive health assessment findings compared with evidence-based health data derived from the diploma or associate degree nursing program of study.

C. Analyze assessment data to identify problems, formulate goals/outcomes, and develop plans of care for patients and their families using information from evidence-based practice in collaboration with patients, their families, and the interdisciplinary healthcare team.

D. Provide safe, compassionate, comprehensive nursing care to patients and their families through a broad array of healthcare services.
E. Implement the plan of care for patients and their families within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles.
F. Evaluate and report patient outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice, and plan follow-up nursing care.
G. Develop, implement, and evaluate teaching plans for patients and their families to address health promotion, maintenance, and restoration.
H. Coordinate human, information, and material resources in providing care for patients and their families.

III. Patient Safety Advocate:
A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.
B. Implement measures to promote quality and a safe environment for patients, self, and others.
C. Formulate goals and outcomes using evidence-based data to reduce patient risks.
D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.
E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.
F. Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy.

IV. Member of the Healthcare Team:
A. Coordinate, collaborate, and communicate with patients, their families, and the interdisciplinary healthcare team to plan, deliver, and evaluate patient-centered care.
B. Serve as a healthcare advocate in monitoring and promoting quality and access to healthcare for patients and their families.
C. Refer patients and their families to resources that facilitate continuity of care; health promotion, maintenance, and restoration; and ensure confidentiality.
D. Communicate and collaborate in a timely manner with members of the interdisciplinary healthcare team to promote and maintain optimal health status of patients and their families.
E. Communicate and manage information using technology to support decision making to improve patient care.
F. Assign and/or delegate nursing care to other members of the healthcare team based upon an analysis of patient or unit need.
G. Supervise nursing care provided by others for whom the nurse is responsible by using evidence-based nursing practice.

I. Member of the Profession
A licensed nurse (LVN or RN) who exhibits behaviors that reflect commitment to the growth and development of the role and function of nursing consistent with state and national regulations and with ethical and professional standards; aspires to improve the discipline of nursing and its contribution to society; and values self-assessment and the need for lifelong learning.

A. Function within the nurse’s legal scope of practice and in accordance with the policies and procedures of the employing healthcare institution or practice setting.

Knowledge
1a. Texas Nursing Practice Act.
1b. Texas Board of Nursing Rules, Position Statements, and Guidelines.
1c. Federal, state, or local laws, rules, and regulations affecting nursing practice.
2. Nursing scope of practice in relation to delegated medical acts and facility policies.
3. Standards and guidelines from professional organizations.
4. Facility policies and procedures.

Clinical Judgments and Behaviors
1. Function within the scope of practice of the registered nurse.
2. Use a systematic approach to provide individualized, goal-directed nursing care to meet healthcare needs of patients and their families.
3a. Practice according to facility policies and procedures and participate in the development of facility policies and procedures.
3b. Question orders, policies, and procedures that may not be in the patient’s best interest.

B. Assume responsibility and accountability for the quality of nursing care provided to patients and their families.

Knowledge
1a. Texas Board of Nursing Standards of Practice.
1c. American Nurses Association Code of Ethics.
1d. Models of ethical decision making.
1e. Advocacy process.
2a. Legal parameters of nursing practice and the Texas Nursing Practice Act, including Safe Harbor.
2b. Legal principles relative to healthcare.
3. Issues affecting the registered nurse role and the delivery of culturally-sensitive care to patients and their families.
4. Continuing competency and professional development.
5. Self-evaluation, staff evaluation, and peer evaluation processes.
6a. Employment setting policies and procedures.
6b. Methods for the development of policies and procedures.
7a. Professional characteristics and values such as altruism, human dignity, truth, justice, freedom, equality, and esthetics.  
7b. Aspects of professionalism including attention to appearance and demeanor.  
7c. Communication techniques and management skills to maintain professional boundaries.

8. Principles of quality improvement and basic outcome measurement in healthcare organizations.

**Clinical Judgments and Behaviors**

1. Pass the Nursing Jurisprudence Examination before licensure.

2a. Provide nursing care within the parameters of professional nursing knowledge, scope of practice, education, experience, and ethical/ legal standards of care.  
2b. Evaluate care administered by the interdisciplinary healthcare team.  
2c. Advocate for standards of practice through professional memberships.

3a. Practice nursing in a caring, nonjudgmental, nondiscriminatory manner.  
3b. Provide culturally sensitive healthcare to patients and their families.  
3c. Provide holistic care that addresses the needs of diverse individuals across the lifespan.

4a. Use performance and self-evaluation processes to improve individual nursing practice and professional growth.  
4b. Evaluate the learning needs of self, peers, and others and intervene to assure quality of care.  
4c. Apply management skills in collaboration with the interdisciplinary healthcare team to implement quality patient care.

5a. Assume accountability for individual nursing practice.  
5b. Promote accountability for quality nursing practice through participation on policy and procedure committees.  
5c. Implement established evidence-based clinical practice guidelines.

6a. Follow established policies and procedures.  
6b. Question orders, policies, and procedures that may not be in the patient’s best interest.  
6c. Use nursing judgment to anticipate and prevent patient harm, including invoking Safe Harbor.

7. Use communication techniques and management skills to maintain professional boundaries between patients and individual healthcare team members.

8. Comply with professional appearance requirements according to organizational standards and policies.

9. Collaborate with interdisciplinary team on basic principles of quality improvement and outcome measurement.

C. Participate in activities that promote the development and practice of professional nursing.

**Knowledge**

1. Historical evolution of professional nursing.  
2. Issues and trends affecting nursing practice, the nursing profession, and healthcare delivery.  
3. The role of professional nursing organizations, regulatory agencies, and healthcare organizations.

4. Strategies to influence the public perception of nursing.

5a. The evolving practice roles of professional nurses and their contributions to the profession.  
5b. Types of leadership.  
5c. Political processes to promote professional nursing practice.

**Clinical Judgments and Behaviors**

1. Analyze the historical evolution of professional nursing and the application to current issues and trends.

2. Promote collegiality among interdisciplinary healthcare team members.

3a. Participate in activities individually or in groups through organizations that promote a positive image of the profession of nursing.  
3b. Collaborate with nursing colleagues and healthcare organizations to promote the profession of nursing.  
3c. Articulate the values and roles of nursing to the public.

4. Recognize roles of professional nursing organizations, regulatory agencies, and organizational committees.

5. Practice within the professional nursing role and Scope of Practice.

6a. Serve as a positive role model for students, peers, and members of the interdisciplinary healthcare team.  
6b. Participate in activities that promote consumer awareness of nursing’s contribution to society.

D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.

**Knowledge**

1. Texas Board of Nursing rules for continuing competence.  
2. Resources, tools, and processes to assess professional learning needs.

3. Lifelong learning opportunities to facilitate continuing competence (e.g., certifications and educational articulation/mobility).

**Clinical Judgments and Behaviors**

1. Participate in educational activities to maintain/improve competence, knowledge, and skills.

2. Participate in nursing continuing competency activities to maintain licensure.

3. Use self-evaluation, reflection, peer evaluation, and feedback to modify and improve practice.

4. Demonstrate accountability to reassess and establish new competency when changing practice areas.

5. Demonstrate commitment to the value of lifelong learning.

**II. Provider of Patient-Centered Care**

A licensed nurse (LVN or RN) who, based on educational preparation and scope of practice, accepts responsibility for the quality of nursing care and provides safe, compassionate nursing care using a systematic process of assessment, analysis, planning, intervention, and evaluation that focuses on the needs and preferences of patients and their families. The nurse incorporates professional values and ethical principles into nursing practice. The patients for LVNs and for Diploma and ADN educated RNs include individual patients and their families; the BSN-educated RN is also prepared to provide care to populations and communities.

**A. Use clinical reasoning and knowledge based on the diploma or associate degree nursing program of study and evidence-based practice outcomes as a basis for decision making in nursing practice.**

**Knowledge**

1a. A systematic problem-solving process in the care of patients and their families based on selected liberal arts and sciences, and evidence-based practice outcomes.

1b. Conceptual frameworks of nursing practice as a means of planning care and solving clinical problems in care of patients and families.

2a. Priority setting based on patient health status and individual characteristics.


3. Application of current literature and/or research findings and evidence-based practice in improving patient care.

4. Resources for accurate and scientifically valid current information.

**Clinical Judgments and Behaviors**

1. Use clinical reasoning and nursing science as a basis for decision making in nursing practice.

2a. Organize care based upon problem-solving and identified priorities.

2b. Proactively manage priorities in patient care and follow-up on clinical problems that warrant investigation with consideration of anticipated risks.

3. Use knowledge of societal and health trends and evidence-based outcomes to identify and communicate patient physical and mental healthcare problems.

4. Apply relevant, current nursing practice journal articles and evidence-based outcomes from research findings to practice and clinical decisions.

B. **Determine the physical and mental health status, needs, and preferences of culturally, ethnically, and socially diverse patients and their families based upon interpretation of comprehensive health assessment findings compared with evidence-based health data derived from the diploma or associate degree nursing program of study.**

**Knowledge**

1. Steps of a systematic approach, which includes assessment, analysis, planning, implementation, and evaluation.

2. Comprehensive nursing assessment of patients and their families.

3. Structured and unstructured data collection tools and techniques of assessment of patients and their families including interviewing.

4. Characteristics, concepts, and processes related to patients, including: anatomy and physiology; physical and psychosocial growth and development; pathophysiology and psychopathology; ethical reasoning; and cultural and spiritual beliefs and practices related to health, illness, birth, death and dying.

5. Cultural differences of patients across the lifespan and major needs of vulnerable patients.

6. Characteristics, concepts, and processes related to disease transmission, risk factors, preventive health practices and their implications for selected populations and community resources.

7. Disease processes, pharmacotherapeutics, and other therapies and treatments.

8. Introduction to established theories, models and approaches that guide nursing practice.

9. Characteristics, concepts and processes related to families, including family development, risk factors, family communication patterns, and decision making structures. Functional and dysfunctional characteristics of families that impact health.

10. Application of clinical technology and use of nursing informatics in the delivery of safe patient care.

11. Introduction to complex and multiple healthcare problems and issues, including evidence-based complementary healthcare practices.

12. Political, economic, and societal forces affecting the health of individuals and their families.
Clinical Judgments and Behaviors

1. Use structured and unstructured data collection tools to obtain patient and family history in areas of physical, psychiatric/mental health, spiritual, cultural, familial, occupational, and environmental information, risk factors, and patient resources.

2. Perform comprehensive assessment to identify health needs and monitor changes in health status of patients and families.

3. a. Validate, report, and document comprehensive assessment data for patients and families, including physical and mental health status and needs for patients and their families.
   b. Evaluate the use of safe complementary healthcare practices.

4. Identify complex multiple health needs of patients, with consideration of signs and symptoms of decompensation of patients and families.

5. Use clinical reasoning to identify patient needs based upon analysis of health data and evidence-based practice outcomes and communicate observations.

6. Perform health screening and identify anticipated physical and mental health risks related to lifestyle and activities for prevention.

7. Interpret and analyze health data for underlying pathophysiological changes in the patient's status.

8. Incorporate multiple determinants of health when providing nursing care for patients and families.

9. Recognize that political, economic, and societal forces affect the health of patients and their families.

C. Analyze assessment data to identify problems, formulate goals/outcomes, and develop plans of care for patients and their families using information from evidence-based practice in collaboration with patients, their families, and the interdisciplinary healthcare team.

Knowledge

   b. Principles for recognizing functional and dysfunctional relationships.

2. a. Techniques of written, verbal, and nonverbal communication including electronic information technologies.
   b. Principles of effective communication and the impact on nursing practice.


4. a. Evidence-based clinical practice guidelines as a basis of interventions to support patients and their families throughout the lifespan, including end-of-life care.

b. Interdisciplinary collaboration.

5. Congruence of the relationships among the nursing plan of care, the therapeutic regimen, the plan of care of other interdisciplinary healthcare team members, and basic cost factors.

6. A systematic approach for problem-solving and decision-making for prioritizing and evaluating the plan of care.

7. Strategies for collaborative discharge planning.

8. Concepts from humanities and natural, social, and behavioral sciences applied to care planning for patients and their families.

Clinical Judgments and Behaviors

1. Integrate knowledge from general education and sciences for the direct and indirect delivery of safe and compassionate care for patients and their families.

2. Establish short- and long-term goals and outcomes, select interventions considering cultural aspects, and establish priorities for care in collaboration with patients, their families, and the interdisciplinary team.

3. a. Use current technology and evidence-based information to formulate and modify the nursing plan of care across the lifespan, including end-of-life care.
   b. Assist with collection of data from direct patient care to redefine practice guidelines.

4. Collaborate with interdisciplinary team members to plan for comprehensive services for patients and their families.

5. Plan, implement, and evaluate discharge planning using evidence-based guidelines in collaboration with the interdisciplinary healthcare team.

6. Demonstrate fiscal accountability in providing care for patients and their families.

7. Demonstrate knowledge of disease prevention and health promotion in delivery of care to patients and their families.

D. Provide safe, compassionate, comprehensive nursing care to patients and their families through a broad array of healthcare services.

Knowledge

1a. Components of compassionate, patient-centered care.
1b. Standards of Care; Standards of Practice; institutional policies and procedures for delivery of nursing care.
1c. Professional ethics.
1d. Professional characteristics and values such as altruism, human dignity, truth, justice, freedom, equality, and esthetics.
1e. Nursing unit and staffing management.
2. Characteristics, trends, and issues of healthcare delivery.

3a. Basis for determining nursing care priorities in patient care.
3b. Principles for determining priorities and organization of nursing care.

4a. Scope of responsibilities and accountability for supervision and collaboration.
4b. Principles of delegation, supervision, and collaboration including Texas Board of Nursing delegation rules.
4c. Models and patterns of nursing care delivery.

5a. Channels of communication for decision making processes within work settings.
5b. Principles of decision making.

Clinical Judgments and Behaviors

1. Assume accountability and responsibility for nursing care provided within the professional scope of practice, standards of care, and professional values.

2a. Identify priorities and make judgments concerning the needs of multiple patients in order to organize care.
2b. Anticipate and interpret changes in patient status and related outcomes.
2c. Communicate changes in patient status to other providers.
2d. Manage priorities and multiple responsibilities to provide care for multiple patients.

3a. Implement plans of care for multiple patients.
3b. Collaborate within and across healthcare settings to ensure that healthcare needs are met, including primary and preventive healthcare.
3c. Manage care for multiple patients and their families.

4. Apply management skills to assign and/or delegate nursing care to other members of the nursing team.

E. Implement the plan of care for patients and their families within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles.

Knowledge

1a. Health practices and behaviors and early manifestations of disease in patients and their families related to their developmental level, gender, culture, belief system, and the environment.
1b. Healthy lifestyles and early manifestations of disease in patients and their families.

2. Patterns and modes of therapeutic and non-therapeutic communication, delegation, and collaboration.

3a. Rights and responsibilities of patients related to healthcare and advocacy.
3b. Advocacy for health promotion for patients and their families.

4a. Physiological, psychiatric, and mental health aspects of nursing interventions.

4b. Approaches to comprehensive healthcare, including health promotion and preventive practices for patients and families.

5. Principles and factors that contribute to the maintenance or restoration of health and prevention of illness.

6a. Principles and rationale underlying the use, administration, and interaction of pharmacotherapeutic and psychopharmacotherapeutic agents using evidence-based outcomes which impact patients’ responses.
6b. Effects of misuse of prescription and nonprescription medications and other substances


8. Code of ethics, ethical practices, and patient’s rights and framework for ethical decision making.

9. Legal parameters of professional nursing practice and healthcare.

10. Interdisciplinary and interdisciplinary resources and organizational relationships including structure, function, and utilization of resources.
11a. Key federal and state statutes and institutional policies regarding patient confidentiality.
11b. Issues and factors impacting confidentiality.
11c. Management of nursing informatics using principles of confidentiality.

12. Nursing interventions to implement plan of care, reduce risks, and promote health for patients and their families.

13. Clinical reasoning for patients and their families with complex healthcare needs using framework of knowledge derived from the diploma or associate degree nursing program of study.

Clinical Judgments and Behaviors

1. Implement individualized plan of care to assist patients and their families to meet physical and mental health needs.

2a. Implement nursing interventions to promote health and rehabilitation.
2b. Implement nursing care to promote health and manage acute and chronic physical and mental health problems and disabilities.
2c. Assist patients and their families to learn skills and strategies to protect and promote health.

3a. Adjust priorities and implement nursing interventions in rapidly-changing and emergency patient situations.
3b. Participate with the interdisciplinary team to manage healthcare needs for patients and their families.

3c. Implement the plan of care for patients and their families within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles.

4. Communicate accurately and completely and document responses of patients to prescription and nonprescription medications, treatments, and procedures to other healthcare professionals clearly and in a timely manner.

34
5a. Facilitate coping mechanisms of patients and their families during alterations in health status and end of life.
5b. Apply evidence-based practice outcomes to support patient and family adaptation during health crises.

6a. Collaborate with other healthcare providers with treatments and procedures.
6b. Promote interdisciplinary team collaboration in carrying out the plan of care.
6c. Seek clarification as needed.
6d. Provide accurate and pertinent communication when transferring patient care to another provider.

7a. Inform patient of Patient Bill of Rights.
7b. Evaluate and clarify patient’s understanding of healthcare rights.
7c. Encourage active engagement of patients and their families in care.

8. Use interdisciplinary resources within the institution to address ethical and legal concerns.

9. Use therapeutic communication skills when interacting with and maintaining relationships with patients and their families, and other professionals.

10. Apply current technology and informatics to enhance patient care while maintaining confidentiality and promoting safety.

11. Facilitate maintenance of patient confidentiality.

12a. Demonstrate accountability by using independent clinical judgment and established clinical guidelines to reduce risks and promote health.
12b. Provide nursing interventions safely and effectively using evidence-based outcomes.

13. Provide direct and indirect patient and family care in disease prevention and health promotion and/or restoration.

F. Evaluate and report patient outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice, and plan follow-up nursing care.

Knowledge
1. Methods to evaluate healthcare processes and patient outcomes.
2. Factors indicating changes that have potential for life-threatening consequences based on knowledge including physiology, pathophysiology, and pharmacology.
3. Introduction to performance improvement concepts in patient care delivery.

Clinical Judgments and Behaviors
1a. Report changes in assessment data.
1b. Evaluate need to intervene to stabilize and prevent negative patient outcomes and/or to support end-of-life care.

1c. Evaluate patterns of behavior and changes that warrant immediate intervention.
2a. Use standard references to compare expected and achieved outcomes of nursing care.
2b. Analyze patient data to compare expected and achieved outcomes for patient using evidence-based practice guidelines.

3a. Communicate reasons and rationale for deviation from plan of care to interdisciplinary healthcare team.
3b. Use nursing knowledge to recommend revisions of plan of care with interdisciplinary team.

4. Modify plan of care based on overt or subtle shifts in patient status and outcomes.

5b. Evaluate and communicate quality and effectiveness of therapeutic interventions.
5c. Collaborate with interdisciplinary healthcare team to evaluate plan of care and to promote quality and effectiveness of care.

6. Evaluate the effectiveness of nursing interventions based on expected patient outcomes; modify interventions to meet the changing needs of patients; and revise plan of care as a result of evaluation.

G. Develop, implement, and evaluate teaching plans for patients and their families to address health promotion, maintenance, and restoration.

Knowledge
1a. Lifespan development and sociocultural variables affecting the teaching/learning process.
1b. Techniques for assessment of learning needs and factors affecting learning.

2b. Methods and strategies to evaluate learning and teaching.

3a. Resources that support patient healthcare knowledge, decision making, and self-advocacy.
3b. Methods for advocating for patient and family health.

Clinical Judgments and Behaviors
1. Assess learning needs of patients and their families related to risk reduction and health promotion, maintenance, and restoration.
2a. Collaborate with the patient and interdisciplinary healthcare team to develop individualized teaching plans based upon developmental and healthcare learning needs.
2b. Use best practice standards and other evidence-based findings in developing and modifying teaching plans for patients and their families.

3. Develop and implement comprehensive teaching plans for health promotion, maintenance, and restoration and risk reduction for patients and their families with consideration of their support systems.

4. Evaluate learning outcomes of the patients and their families receiving instruction.
5a. Modify teaching plans for health promotion and maintenance and self-care to accommodate patient and family differences.
5b. Teach health promotion and maintenance and self-care to individuals and their families based upon teaching goals.

6. Provide patients and their families with the information needed to make choices regarding health.

7. Serve as an advocate and resource for health education and information for patients and their families.

H. Coordinate human, information, and materiel resources in providing care for patients and their families.

**Knowledge**

1. Organizational mission, vision, and values as a framework for care and management.
2. Types of organizational frameworks of various healthcare settings.
3a. Workplace safety consistent with current federal, state, and local regulations and guidelines.
3b. Promoting a safe environment.
4a. Key issues related to budgetary constraints impacting the use of resources.
4b. Basic models of reimbursement.
5. Basic principles of management and communication within an organization.
6. Roles and responsibilities of members of the interdisciplinary healthcare team.
7. Change process and strategies for initiating and evaluating effectiveness of change.

**Clinical Judgments and Behaviors**

1. Identify and participate in activities to improve healthcare delivery within the work setting.
2. Report the need for corrective action within the organization for safe patient care.
3. Collaborate with interdisciplinary healthcare team to select human and materiel resources that are optimal, legal, and cost effective to achieve patient-centered outcomes and meet organizational goals.
4. Use basic management and leadership skills, act as a team leader, supervise and delegate care, and contribute to shared goals.
5a. Use management skills to delegate to licensed and unlicensed personnel.
5b. Demonstrate leadership role in achieving patient goals.
6. Implement established standards of care.

III. Patient Safety Advocate

A licensed nurse (LVN or RN) who promotes safety in the patient and family environment by: following scope and standards of nursing practice; practicing within the parameters of individual knowledge, skills, and abilities; identifying and reporting actual and potential unsafe practices; and implementing measures to prevent harm. The BSN-educated RN is also prepared to be a patient safety advocate for populations and communities.

A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.

**Knowledge**

1. Texas Nursing Practice Act and Texas Board of Nursing rules.
2. National Standards of Nursing Practice.
3. Federal, state, and local government and accreditation organizations' safety requirements and standards.
4. Facility policies and procedures.
5. Facility licensing agency or authority standards.
6. Principles of quality improvement and outcome measurement in healthcare organizations.

**Clinical Judgments and Behaviors**

1. Attain licensure.
2. Practice according to Texas Nursing Practice Act and Texas Board of Nursing rules.
3. Seek assistance if practice requires behaviors or judgments outside of individual knowledge and expertise.
4. Use standards of nursing practice to provide and evaluate patient care.
5a. Recognize and report unsafe practices.
5b. Manage personnel to maintain safe practice including participation in quality improvement processes for safe patient care.
6. Participate in peer review.

B. Implement measures to promote quality and a safe environment for patients, self, and others.

**Knowledge**

1a. Principles of patient safety including safe patient handling.
1b. Management of the patient environment for safety.

3. Role in safety and risk management for patients and others.

4. Principles of a culture of safety including safe disposal of medications and hazardous materials.

5. Texas Board of Nursing rules related to mandatory reporting, Safe Harbor, and “Whistleblower” protection.

Clinical Judgments and Behaviors

1. Promote a safe, effective environment conducive to the optimal health and dignity of the patients and their families.

2. Accurately identify patients.

3a. Safely perform preventive and therapeutic procedures and nursing measures including safe patient handling.

3b. Safely administer medications and treatments.

3c. Reduce patient risk related to medication administration and treatment based on evidenced-based data.

4. Clarify any order or treatment regimen believed to be inaccurate, non-efficacious, contraindicated, or otherwise harmful to the patient.

5. Document and report reactions and untoward effects to medications, treatments, and procedures and clearly and accurately communicate the same to other healthcare professionals.

6. Report environmental and systems incidents and issues that affect quality and safety, promote a culture of safety, and participate in organizational initiatives that enhance a culture of safety.

7. Use evidence-based information to participate in development of interdisciplinary policies and procedures related to a safe environment including safe disposal of medications and hazardous materials.

8. Assess potential risk for patient harm related to accidents and implement measures to prevent risk of patient harm resulting from errors and preventable occurrences.

9. Inform patients regarding their plans of care and encourage participation to ensure consistency and accuracy in their care.

C. Formulate goals and outcomes using evidence-based data to reduce patient risks.

Knowledge

1. Principles of disaster preparedness and communicable disease prevention and control for patients and their families.

2. Current national and state standards and guidelines and local procedures for infection control.

Clinical Judgments and Behaviors

1. Formulate goals and outcomes using evidence-based data to reduce the risk of healthcare-associated infections.

2a. Implement measures to prevent exposure to infectious pathogens and communicable conditions.

2b. Anticipate risk for the patient.

3. Participate in development of policies to prevent exposure to infectious pathogens, communicable conditions, and occupational hazards.

D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.

Knowledge

1a. Standards of Practice.

1b. Texas Board of Nursing rules (including Scope of Practice), Texas Board of Nursing Position Statements and Guidelines.

1c. Facility policies and procedures.

Clinical Judgments and Behaviors

1. Evaluate individual scope of practice and competency related to assigned task.

2. Seek orientation/training for competency when encountering unfamiliar patient care situations.

3. Seek orientation/training for competency when encountering new equipment and technology.

E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.

Knowledge

1a. Standards of Practice.

1b. Texas Board of Nursing rules, Position Statements and Guidelines.

1c. Scope of Practice.

2. Facility policies and procedures.
Clinical Judgments and Behaviors

1. Report unsafe practices of healthcare providers using appropriate channels of communication.

2. Understand Safe Harbor rules and implement when appropriate.

3. Report safety incidents and issues to the appropriate internal or external individual or committee.

4. Participate in committees that promote safety and risk management.

* F. Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy.

Knowledge

1a. Standards of Practice.
1b. Texas Board of Nursing Rules (including RN Delegation Rules), Position Statements, and Guidelines.
1c. Scope of Practice.

2. Facility policies and procedures.

Clinical Judgments and Behaviors

1. Accept only those assignments that fall within individual scope of practice based on experience and educational preparation.

2. When making assignments and delegating tasks, ensure clear communication regarding other caregivers’ levels of knowledge, skills, and abilities.

3a. When assigning and delegating nursing care, retain accountability and supervise personnel according to Texas Board of Nursing rules based on the setting to ensure patient safety.
3b. Implement and participate in development of organizational policies and procedures regarding assignments and delegated tasks.

IV. Member of the Healthcare Team:

A licensed nurse (LVN or RN) who provides patient-centered care by collaborating, coordinating, and/or facilitating comprehensive care with an interdisciplin ary/ multidisciplinary healthcare team to determine and implement best practices for the patients and their families. The BSN-educated RN is also prepared to become a leader of the healthcare team as well as to provide care to populations and communities.

A. Coordinate, collaborate, and communicate with patients, their families, and the interdisciplinary healthcare team to plan, deliver, and evaluate patient-centered care.

Knowledge

1a. Structure, function, and interdisciplinary relationships within the healthcare delivery system.
1b. Models of care delivery and roles of inter-disciplinary healthcare team members.

2. Patterns and processes of effective communication and collaboration including assertiveness, negotiation, conflict resolution, and delegation.

3a. Principles of change, team management, and leadership.
3b. Roles of all levels of nursing and other healthcare professionals.

4a. Patient advocacy and consumer rights and responsibilities.
4b. Legal and ethical processes related to healthcare.

5b. Methods of evaluation for continuous quality improvement.

Clinical Judgments and Behaviors

1. Involve patients and their families in collaboration with other interdisciplinary healthcare team members for planning healthcare delivery to improve the quality of care across the lifespan.

2a. Use strategies of cooperation, collaboration, and communication to plan, deliver, and evaluate interdisciplinary healthcare.
2b. Promote the effective coordination of services to patients and their families in patient-centered healthcare.

3. Apply principles of evidence-based practice and methods of evaluation with the interdisciplinary team to provide quality care to patients and their families.

B. Serve as a healthcare advocate in monitoring and promoting quality and access to healthcare for patients and their families.

Knowledge

1a. Rights and responsibilities of patients regarding healthcare, including self-determination and right of refusal.
1b. Current legal and societal factors that influence access to healthcare for patients and their families relating to safeguarding patient rights.

2a. Individual responsibility for quality of nursing care.
2b. Role of the nurse as advocate for patients and their families.

3a. Role of organizational committees, peer review committees, nursing organizations, and community groups involved with improving the quality of healthcare for patients and families.
3b. Knowledge of reliable online sites and other resources that provide quality healthcare data.

4. Role and responsibility for public safety and welfare, which may involve mandatory reporting.
Clinical Judgments and Behaviors

1a. Support the patient’s right of self-determination and choice even when these choices conflict with values of the individual professional.
1b. Apply legal and ethical principles to advocate for patient well-being and preference

2. Identify unmet needs of patients and their families from a holistic perspective.

3a. Act as an advocate for patient’s basic needs, including following established procedures for reporting and solving institutional care problems and chain of command.
3b. Advocate on behalf of patients and their families with other members of the interdisciplinary healthcare team.
3c. Teach patients and families about access to reliable and valid sources of information and resources including health information

4a. Participate in quality improvement activities.
4b. Participate in professional organizations and community groups to improve the quality of healthcare.

5a. Refer patients and their families to community resources.
5b. Serve as a member of healthcare and community teams to provide services to individuals and their families who experience unmet needs.

C. Refer patients and their families to resources that facilitate continuity of care; health promotion, maintenance, and restoration; and ensure confidentiality.

Knowledge

1. Institutional and community resources including agencies/services and healthcare providers.
2. Principles of case management.
3. Roles of family and significant others in providing support to the patient.
4a. Roles and functions of members of the interdisciplinary healthcare team.
4b. Confidentiality regulations (e.g., HIPAA).
5. Referral processes for patients and their families to promote continuity of care.
7. Major current issues affecting public/government/private healthcare services, programs, and costs.
8. Organizational, local, and state resources for risk reduction, and health promotion, maintenance, and restoration.

Clinical Judgments and Behaviors

1a. Assess the adequacy of the support systems of patients and their families.

1b. Work with families to use resources to strengthen support systems.
1c. Identify providers and national and community resources to meet the needs of patients and their families.

2a. Facilitate communication among patients, their families, and members of the healthcare team to use institutional or community resources to meet healthcare needs.
2b. Maintain confidentiality according to HIPAA guidelines.
2c. Promote system-wide verbal, written, and electronic confidentiality.

3a. Advocate with other members of the interdisciplinary healthcare team on behalf of patients and families to procure resources for care.
3b. Assist patients and their families to communicate needs to their support systems and to other healthcare professionals.

4. Collaborate with interdisciplinary team concerning issues and trends in healthcare delivery affecting public/government/private healthcare services, programs, and cost to patients and families.

D. Communicate and collaborate in a timely manner with members of the interdisciplinary healthcare team to promote and maintain optimal health status of patients and their families.

Knowledge

1. Principles of communication theory with patients, families, and the interdisciplinary healthcare team.
2. Principles of management, decision making, assertiveness, conflict management, communication, motivation, time management, delegation, and principles of change.
3a. Functions of interdisciplinary healthcare team members.
3b. Group process as a means of achieving and evaluating goals.
4. Principles of change and conflict resolution and strategies for effective management and improvement of patient care.

Clinical Judgments and Behaviors

1a. Communicate changes in patient status and/or negative outcomes in patient responses to care with members of the interdisciplinary healthcare team.
1b. Follow legal guidelines in communicating changes in patient status, including chain of command and Texas Nursing Practice Act.
1c. Facilitate joint decision making with the interdisciplinary healthcare team.

2. Refer to community agencies and healthcare resources to provide continuity of care for patients and their families.

3. Assist the interdisciplinary healthcare team to implement quality, goal-directed patient care.
   b. Facilitate positive professional working relationships.
4. Use evidence-based clinical practice guidelines to guide critical team communications during transitions in care between providers.

5. Recognize and manage conflict through the chain of command.

6. Initiate and participate in nursing or interdisciplinary team meetings.

6b. Provide evidence-based information during interdisciplinary meetings

7. Use change strategies in the work environment to achieve stated patient outcomes to facilitate optimum patient care.

E. Communicate and manage information using technology to support decision making to improve patient care.

Knowledge

1a. Current information and communication systems for managing patient care, data, and the medical record.

1b. Current technology-based information and communication systems.

2. Regulatory and ethical considerations protecting confidentiality when using technology.

3. Technology skills including word-processing, email, accessing databases, bibliographic retrieval, and accessing multiple online resources.

Clinical Judgments and Behaviors

1a. Identify, collect, process, and manage data in the delivery of patient care and in support of nursing practice and education.

1b. Evaluate credibility of sources of information, including internet sites.

1c. Access, review, and use electronic data to support decision making.

1d. Participate in quality improvement studies.

2a. Apply knowledge of facility regulations when accessing patient records.

2b. Protect confidentiality when using technology.

2c. Intervene to protect patient confidentiality when violations occur

3a. Use current technology and informatics to enhance communication, support decision making, and promote improvement of patient care.

3b. Advocate for availability of current technology.

3c. Use informatics to promote healthcare delivery and reduce risk in patients and their families.

4. Document electronic information accurately, completely, and in a timely manner.

*F. Assign and/ or delegate nursing care to other members of the healthcare team based upon an analysis of patient or unit need.

Knowledge

1. Texas Board of Nursing RN Delegation Rules.

2. Principles of supervision and management, team work/group dynamics, and nursing care delivery systems.

b. Competencies of assistive personnel and other licensed team members.

c. Structure and function of the interdisciplinary team.

d. Patient care requirements and assessment techniques.

e. Evaluation processes and methods to assess competencies.

3. Time management.

4a. Principles of communication.

4b. Regulatory laws and facility policies.

Clinical Judgments and Behaviors

*1a. Compare needs of patient with knowledge, skills, and abilities of assistive and licensed personnel prior to making assignments or delegating tasks.

1b. Assess competency level and special needs of nursing team members.

1c. Participate in decision making related to delegation and assigned tasks.

*2a. Assign, delegate, and monitor performance of unlicensed and licensed personnel in compliance with Texas Board of Nursing rules.

2b. Assign patient care based on analysis of patient or organizational need

2c. Reassess competency and learning needs of team members.

*3a. Evaluate responses to delegated and assigned tasks and make revisions based on assessment.

3b. Plan activities to develop competency levels of teams members

*G. Supervise nursing care provided by others for whom the nurse is responsible by using evidence-based nursing practice.

Knowledge

1. Principles of management and organizational behavior.

2. Principles of communication and group process.

3a. Assessment of learning needs.

3b. Instructional methods.

3c. Evaluation of teaching effectiveness.

4a. Facility policies and procedures.

4b. Organizational structure including chain of command.
Clinical Judgments and Behaviors

1. Provide staff education to members of the healthcare team to promote safe care.

2. Provide direction and clarification to healthcare team members or seek additional direction and clarification to promote safe care by healthcare team.

3a. Oversee and follow through on patient care provided by health team members.

3b. Base assignments and delegation on team member competencies.

4a. Ensure timely documentation by assigned health team members.

4b. Ensure documentation of patient care follow-up.
APPENDIX B - SCANS

The Secretary’s commission on Achieving Necessary Skills (SCANS) was developed by the U.S. Department of Labor. These are the foundation skills and workplace competencies required in today’s workplace. Within the Associate Degree Nursing Program, these skills will be incorporated throughout the curriculum.

COMPETENCIES

Resources
1. Allocates Time – Selects relevant goal-related activities, ranks them in order of importance, allocates time to activities; understands, prepares, and follows schedules.
2. Allocates Money – Uses or prepares budgets, including cost and revenue forecasts, keeps detailed records to track budget performance, and makes appropriate adjustments.
3. Allocates Material and Facility Resources – Acquires, stores, and distributes materials, supplies, parts, equipment, space, or final products to make the best use of them.
4. Allocates Human Resources – Assesses knowledge and skills and distributes work accordingly, evaluates performance and provides feedback.

Information
5. Acquires and Evaluates Information – Identifies need for data, obtains them from existing sources or creates them, and evaluates their relevance and accuracy.
6. Organizes and Maintains Information – Organizes, processes, and maintains written or computerized records and other forms of information in a systemic fashion.
7. Interprets and Communicates Information – Selects and analyzes information; communicates results using oral, written, graphic, pictorial, or multi-media methods.
8. Uses Computers to Process Information – Employs computers to acquire, organize, analyze, and communicate information.

Interpersonal
9. Participates as a Member of a Team – Works cooperatively with others and contributes to group with ideas, suggestions, and effort.
10. Teaches Others – Helps others learn.
11. Serves Patients/Customers – Works and communicates with patients and customers to satisfy their expectations.
12. Exercises Leadership – Communicates thoughts, feelings, and ideas to justify a position; and encourages persuades, convinces, or otherwise motivates an individual or group, including responsibly challenging existing procedures, policies, or authority.
13. Negotiates – Works toward an agreement that may involve exchanging specific resources or resolving divergent interests.
14. Works with Cultural Diversity – Works well with men and women, and with a variety of ethnic, social or educational backgrounds.

Systems
15. Understand Systems – Knows how social, organizational, and technological systems work and operates effectively within them.
17. Improves and Designs Systems – Makes suggestions to modify existing systems to improve products or services, and develops new or alternative systems.

Technology
18. Selects Technology – Judges which set of procedures, tools, or machines, including computers and their programs, will produce the desired results.
19. Applies Technology to Tasks – Understands overall intent and proper procedures for setting up and operating machines, including computers and programming systems.
20. Maintains and Troubleshoots Technology – Prevents, identifies, or solves problems in machines, computers, and other technologies.
Sec. 301.252. License Application.
(a) Each applicant for a registered nurse license or a vocational nurse license must submit to the board a sworn application that demonstrates the applicant's qualifications under this chapter, accompanied by evidence that the applicant:
(1) has good professional character;
(2) has successfully completed a program of professional or vocational nursing education approved under Section 301.157(d); and
(3) has passed the jurisprudence examination approved by the board as provided by Subsection (a-1).
(a-1) The jurisprudence examination shall be conducted on the licensing requirements under this chapter and board rules and other laws, rules, or regulations applicable to the nursing profession in this state. The board shall adopt rules for the jurisprudence examination under Subsection (a)(3) regarding:
(1) the development of the examination;
(2) applicable fees;
(3) administration of the examination;
(4) reexamination procedures;
(5) grading procedures; and
(6) notice of results.
(b) The board may waive the requirement of Subsection (a)(2) for a vocational nurse applicant if the applicant provides satisfactory sworn evidence that the applicant has completed an acceptable level of education in:
(1) a professional nursing school approved under Section 301.157(d); or
(2) a school of professional nursing education located in another state or a foreign country.
(c) The board by rule shall determine acceptable levels of education under Subsection (b).

Sec. 301.257. Declaratory Order of License Eligibility.
(a) A person may petition the board for a declaratory order as to the person's eligibility for a license under this chapter if the person has reason to believe that the person is ineligible for the license and:
(1) is enrolled or planning to enroll in an educational program that prepares a person for an initial license as a registered nurse or vocational nurse; or
(2) is an applicant for a license.
(b) The petition must state the basis for the person's potential ineligibility.
(c) The board has the same powers to investigate the petition and the person's eligibility that it has to investigate a person applying for a license.
(d) The petitioner or the board may amend the petition to include additional grounds for potential ineligibility at any time before a final determination is made.
(e) If the board determines that a ground for ineligibility does not exist, instead of issuing an order, the board shall notify the petitioner in writing of the board's determination on each ground of potential ineligibility. If the board proposes to find that the petitioner is ineligible for a license, the petitioner is entitled to a hearing before the State Office of Administrative Hearings.
(f) The board's order must set out each basis for potential ineligibility and the board's determination as to eligibility. In the absence of new evidence known to but not disclosed by the petitioner or not reasonably available to the board at the time the order is issued, the board's ruling on the petition determines the person's eligibility with respect to the grounds for potential ineligibility set out in the written notice or order.

(g) The board may require an individual accepted for enrollment or enrolled in an educational program preparing a student for initial licensure as a registered nurse or vocational nurse to submit information to the board to permit the board to determine whether the person is aware of the conditions that may disqualify the person from licensure as a registered nurse or vocational nurse on graduation and of the person's right to petition the board for a declaratory order under this section. Instead of requiring the person to submit the information, the board may require the educational program to collect and submit the information on each person accepted for enrollment or enrolled in the program.
(h) The information required under Subsection (g) must be submitted in a form approved by the board.
(i) If, as a result of information provided under Subsection (g), the board determines that a person may not be eligible for a license on graduation, the board shall notify the educational program of its determination.

Sec. 301.452. Grounds For Disciplinary Action.
(a) In this section, "intemperate use" includes practicing nursing or being on duty or on call while under the influence of alcohol or drugs.
(b) A person is subject to denial of a license or to disciplinary action under this subchapter for:
(1) a violation of this chapter, a rule or regulation not inconsistent with this chapter, or an order issued under this chapter;
(2) fraud or deceit in procuring or attempting to procure a license to practice professional nursing or vocational nursing;
(3) a conviction for, or placement on deferred adjudication community supervision or deferred disposition for, a felony or for a misdemeanor involving moral turpitude;
(4) conduct that results in the revocation of probation imposed because of conviction for a felony or for a misdemeanor involving moral turpitude;
(5) use of a nursing license, diploma, or permit, or the transcript of such a document, that has been fraudulently purchased, issued, counterfeited, or materially altered;
(6) impersonating or acting as a proxy for another person in the licensing examination required under Section 301.253 or 301.255;
(7) directly or indirectly aiding orabetting an unlicensed person in connection with the unauthorized practice of nursing;
(8) revocation, suspension, or denial of, or any other action relating to, the person's license or privilege to practice nursing in another jurisdiction;
(9) intemperate use of alcohol or drugs that the board determines endangers or could endanger a patient;
(10) unprofessional or dishonorable conduct that, in the board's opinion, is likely to deceive, defraud, or injure a patient or the public;
(11) adjudication of mental incompetency;
(12) lack of fitness to practice because of a mental or physical health condition that could result in injury to a patient or the public; or
(13) failure to care adequately for a patient or to conform to the minimum standards of acceptable nursing practice in a manner that, in the board's opinion, exposes a patient or other person unnecessarily to risk of harm.
(c) The board may refuse to admit a person to a licensing examination for a ground described under Subsection (b).
(d) The board by rule shall establish guidelines to ensure that any arrest information, in particular information on arrests in which criminal action was not proven or charges were not filed or

APPENDIX C - TEXAS ADMINISTRATIVE CODE

TEXAS OCCUPATIONS CODE SECTIONS 301.252, 301.257, and 301.452 – 301.469
adjudicated, that is received by the board under this section is used consistently, fairly, and only to the extent the underlying conduct relates to the practice of nursing.


Amended by:

Acts 2005, 79th Leg., Ch. 1058, Sec. 3, eff. September 1, 2005.
Acts 2007, 80th Leg., R.S., Ch. 889, Sec. 26, eff. September 1, 2007.

Sec. 301.4521. Physical And Psychological Evaluation.

(a) In this section:
(1) "Applicant" means:
(A) a petitioner for a declaratory order of eligibility for a license; or
(B) an applicant for an initial license or renewal of a license.
(2) "Evaluation" means a physical or psychological evaluation conducted to determine a person's fitness to practice nursing.

(b) The board may require a nurse or applicant to submit to an evaluation only if the board has probable cause to believe that the nurse or applicant is unable to practice nursing with reasonable skill and safety to patients because of:
(1) physical impairment;
(2) mental impairment; or
(3) chemical dependency or abuse of drugs or alcohol.

(c) A demand for an evaluation under Subsection (b) must be in writing and state:
(1) the reasons probable cause exists to require the evaluation; and
(2) that refusal by the nurse or applicant to submit to the evaluation will result in an administrative hearing to be held to make a final determination of whether probable cause for the evaluation exists.

(d) If the nurse or applicant refuses to submit to the evaluation, the board shall schedule a hearing on the issue of probable cause to be conducted by the State Office of Administrative Hearings. The nurse or applicant must be notified of the hearing by personal service or certified mail. The hearing is limited to the issue of whether the board had probable cause to require an evaluation. The nurse or applicant may present testimony and other evidence at the hearing to show why the nurse or applicant should not be required to submit to the evaluation. The board has the burden of proving that probable cause exists. At the conclusion of the hearing, the hearing officer shall enter an order requiring the nurse or applicant to submit to the evaluation or an order rescinding the board's demand for an evaluation. The order may not be vacated or modified under Section 2001.058, Government Code.

(e) If a nurse or applicant refuses to submit to an evaluation after an order requiring the evaluation is entered under Subsection (d), the board may:
(1) refuse to issue or renew a license;
(2) suspend a license; or
(3) issue an order limiting the license.

(f) The board may request a nurse or applicant to consent to an evaluation by a practitioner approved by the board for a reason other than a reason listed in Subsection (b). A request for an evaluation under this subsection must be in writing and state:
(1) the reasons for the request;
(2) the type of evaluation requested;
(3) how the board may use the evaluation;
(4) that the nurse or applicant may refuse to submit to an evaluation; and
(5) the procedures for submitting an evaluation as evidence in any hearing regarding the issuance or renewal of the nurse's or applicant's license.

(g) If a nurse or applicant refuses to consent to an evaluation under Subsection (f), the nurse or applicant may not introduce an evaluation into evidence at a hearing to determine the nurse's or applicant's right to be issued or retain a nursing license unless the nurse or applicant:
(1) not later than the 30th day before the date of the hearing, notifies the board that an evaluation will be introduced into evidence at the hearing;
(2) provides the board the results of that evaluation;
(3) informs the board of any other evaluations by any other practitioners; and
(4) consents to an evaluation by a practitioner that meets board standards established under Subsection (h).

(h) The board shall establish by rule the qualifications for a licensed practitioner to conduct an evaluation under this section. The board shall maintain a list of qualified practitioners. The board may solicit qualified practitioners located throughout the state to be on the list.

(i) A nurse or applicant shall pay the costs of an evaluation conducted under this section.

(j) The results of an evaluation under this section are:
(1) confidential and not subject to disclosure under Chapter 552, Government Code; and
(2) not subject to disclosure by discovery, subpoena, or other means of legal compulsion for release to anyone, except that the results may be:
(A) introduced as evidence in a proceeding before the board or a hearing conducted by the State Office of Administrative Hearings under this chapter;
(B) included in the findings of fact and conclusions of law in a final board order; and
(C) disclosed to a peer assistance program approved by the board under Chapter 467, Health and Safety Code, and to which the board has referred the nurse.

(k) If the board determines there is insufficient evidence to bring action against a person based on the results of any evaluation under this section, the evaluation must be expunged from the board's records.

(l) The board shall adopt guidelines for requiring or requesting a nurse or applicant to submit to an evaluation under this section.

(m) The authority granted to the board under this section is in addition to the board's authority to make licensing decisions under this chapter.

Added by Acts 2009, 81st Leg., R.S., Ch. 49, Sec. 10, eff. June 19, 2009.

Sec. 301.453. Disciplinary Authority Of Board; Methods Of Discipline.

(a) If the board determines that a person has committed an act listed in Section 301.452(b), the board shall enter an order imposing one or more of the following:
(1) denial of the person's application for a license, license renewal, or temporary permit;
(2) issuance of a written warning;
(3) administration of a public reprimand;
(4) limitation or restriction of the person's license, including:
(A) limiting to or excluding from the person's practice one or more specified activities of nursing; or
(B) stipulating periodic board review;
(5) suspension of the person's license;
(6) revocation of the person's license; or
(7) assessment of a fine.

(b) In addition to or instead of an action under Subsection (a), the board, by order, may require the person to:
(1) submit to care, counseling, or treatment by a health provider designated by the board as a condition for the issuance or renewal of a license;
(2) participate in a program of education or counseling prescribed by the board, including a program of remedial education;
(3) practice for a specified period under the direction of a registered nurse or vocational nurse designated by the board; or
(4) perform public service the board considers appropriate.

(c) The board may probate any penalty imposed on a nurse and may accept the voluntary surrender of a license. The board may not reinstate a surrendered license unless it determines that the person is competent to resume practice.
(d) If the board suspends, revokes, or accepts surrender of a license, the board may impose conditions for reinstatement that the person must satisfy before the board may issue an unrestricted license.


Amended by: Acts 2009, 81st Leg., R.S., Ch. 999, Sec. 11, eff. June 19, 2009.

Sec. 301.4531. Schedule Of Sanctions.

(a) The board by rule shall adopt a schedule of the disciplinary sanctions that the board may impose under this chapter. In adopting the schedule of sanctions, the board shall ensure that the severity of the sanction imposed is appropriate to the type of violation or conduct that is the basis for disciplinary action.

(b) In determining the appropriate disciplinary action, including the amount of any administrative penalty to assess, the board shall consider:

(1) whether the person;
(2) the seriousness of the violation;
(3) the threat to public safety; and
(4) any mitigating factors.

(c) In the case of a person described by:

(1) Subsection (b)(1)(A), the board shall consider taking a more severe disciplinary action, including revocation of the person’s license, than the disciplinary action that would be taken for a single violation; and
(2) Subsection (b)(1)(B), the board shall consider taking a more severe disciplinary action, including revocation of the person’s license, than the disciplinary action that would be taken for a person who has not previously been the subject of disciplinary action by the board.

Sec. 301.4535. Required Suspension, Revocation, Or Refusal Of License For Certain Offenses.

(a) The board shall suspend a nurse’s license or refuse to issue a license to an applicant on proof that the nurse or applicant has been initially convicted of:

(1) murder under Section 19.02, Penal Code, capital murder under Section 19.03, Penal Code, or manslaughter under Section 19.04, Penal Code;
(2) kidnapping or unlawful restraint under Chapter 20, Penal Code, and the offense was punished as a felony or state jail felony;
(3) sexual assault under Section 22.011, Penal Code;
(4) aggravated sexual assault under Section 22.021, Penal Code;
(5) continuous sexual abuse of a child under Section 21.02, Penal Code, or indecency with a child under Section 21.11, Penal Code;
(6) aggravated assault under Section 22.02, Penal Code;
(7) intentionally, knowingly, or recklessly injuring a child, elderly individual, or disabled individual under Section 22.04, Penal Code;
(8) intentionally, knowingly, or recklessly abandoning or endangering a child under Section 22.041, Penal Code;
(9) aiding suicide under Section 22.08, Penal Code, and the offense was punished as a state jail felony;
(10) an offense under Section 25.07, Penal Code, punished as a felony;
(11) an offense under Section 25.071, Penal Code, punished as a felony;
(12) an agreement to abduct a child from custody under Section 25.031, Penal Code;
(13) the sale or purchase of a child under Section 25.08, Penal Code;
(14) robbery under Section 29.02, Penal Code;
(15) aggravated robbery under Section 29.03, Penal Code;
(16) an offense for which a defendant is required to register as a sex offender under Chapter 62, Code of Criminal Procedure; or
(17) an offense under the law of another state, federal law, or the Uniform Code of Military Justice that contains elements that are substantially similar to the elements of an offense listed in this subsection.

(a-1) An applicant or nurse who is refused an initial license or renewal of a license or whose license is suspended under Subsection (a) is not eligible for a probationary, stipulated, or otherwise encumbered license unless the board establishes by rule criteria that would permit the issuance or renewal of the license.

Sec. 301.454. Notice And Hearing.

(a) Except in the case of a temporary suspension authorized under Section 301.455 or an action taken in accordance with an agreement between the board and a license holder, the board may not initiate a disciplinary action relating to a license unless:

(1) the board has served notice to the license holder of the facts or conduct alleged to warrant the intended action; and
(2) the license holder has been given an opportunity, in writing or through an informal meeting, to show compliance with all requirements of law for the retention of the license.

(b) If an informal meeting is held, a board member, staff member, or board representative who attends the meeting is considered to have participated in the hearing of the case for the purposes of ex parte communications under Section 2001.061, Government Code.

(c) A person is entitled to a hearing conducted by the State Office of Administrative Hearings if the board proposes to:

(1) refuse to admit the person to examination;
(2) refuse to issue a license or temporary permit;
(3) refuse to renew a license; or
(4) suspend or revoke the person’s license or permit.

(d) The State Office of Administrative Hearings shall use the schedule of sanctions adopted by the board for any sanction imposed as the result of a hearing conducted by that office.

(e) Notwithstanding Subsection (a), a person is not entitled to a hearing on a refusal to renew a license if the person:

(1) fails to submit a renewal application; or
(2) submits an application that:
(3) is incomplete;
(4) shows on its face that the person does not meet the renewal requirements; or
(5) is not accompanied by the correct fee.

Acts 1999, 76th Leg., ch. 388, Sec. 1, eff. Sept. 1, 1999.

Sec. 301.455. Temporary License Suspension Or Restriction.

(a) The license of a nurse shall be temporarily suspended or restricted on a determination by a majority of the board or a three-member committee of board members designated by the board that, from the evidence or information presented, the continued practice of the nurse would constitute a continuing and imminent threat to the public welfare.

(b) A license may be temporarily suspended or restricted under this section without notice or hearing on the complaint if:
whether the nurse’s continued practice of nursing poses a risk of harm to patients or other persons; and
(2) whether probable cause exists that a nurse committed an act listed in Section 301.452(b) or that violates other law.

(i) In making a determination under Subsection (e), the board shall review the evidence to determine the extent to which a deficiency in care by the registered nurse was the result of deficiencies in the registered nurse’s judgment, knowledge, training, or skill rather than other factors beyond the nurse’s control. A determination that a deficiency in care was attributable to a registered nurse must be based on the extent to which the registered nurse’s conduct was the result of a deficiency in the registered nurse’s judgment, knowledge, training, or skill.

(g) If the board determines after investigating a complaint under Subsection (e) that there is reason to believe that a nurse’s deficiency in care was the result of a factor beyond the nurse’s control, the board shall report that determination to the patient safety committee at the facility where the nurse’s deficiency in care occurred, or if the facility does not have a patient safety committee, to the chief nursing officer.


Sec. 301.455. Temporary License Suspension For Drug Or Alcohol Use.

(a) The board shall temporarily suspend the license of a nurse as provided by Section 301.455 if the nurse is under a board order prohibiting the use of alcohol or a drug or requiring the nurse to participate in a peer assistance program, and the nurse:

(1) tests positive for alcohol or a prohibited drug;
(2) refuses to comply with a board order to submit to a drug or alcohol test; or
(3) fails to participate in the peer assistance program and the program issues a letter of dismissal and referral to the board for noncompliance.

(b) For the purposes of Section 301.455(c), proof of the elements required for the board to suspend a license under this section is proof that probable cause of a continuing and imminent threat to the public welfare exists.

Added by Acts 2009, 81st Leg., R.S., Ch. 999, Sec. 13, eff. June 19, 2009.

Sec. 301.456. Evidence.

A certified copy of the order of the denial, suspension, or revocation or other action under Section 301.452(b) is conclusive evidence of that action.


Sec. 301.457. Complaint And Investigation.

(a) The board or any person may initiate a proceeding under this subchapter by filing with the board a complaint against a nurse. The complaint must be in writing and signed by the complainant.

(b) Except as otherwise provided by this section, the board or a person authorized by the board shall conduct each investigation. Each complaint against a nurse that requires a determination of nursing competency shall be reviewed by a board member, consultant, or employee with a nursing background the board considers sufficient.

(c) On the filing of a complaint, the board:

(1) may conduct a preliminary investigation into the identity of the nurse named or described in the complaint;
(2) shall make a timely and appropriate preliminary investigation of the complaint; and
(3) may issue a warning or reprimand to the nurse.

(d) After any preliminary investigation to determine the identity of the subject of the complaint, unless it would jeopardize an investigation, the board shall notify the nurse that a complaint has been filed and the nature of the complaint. If the investigation reveals probable cause to take further disciplinary action, the board shall either attempt an informal disposition of the complaint or file a formal charge against the nurse stating the provision of this chapter or board rule that is alleged to have been violated and a brief description of each act or omission that constitutes the violation.

(e) The board shall conduct an investigation of the complaint to determine:
(5) other materials covered by a privilege as recognized by the Texas Rules of Civil Procedure or the Texas Rules of Evidence.

(c) The provision of information under Subsection (a) does not constitute a waiver of privilege or confidentiality under this chapter or other applicable law.

Acts 1999, 76th Leg., ch. 388, Sec. 1, eff. Sept. 1, 1999.

Sec. 301.461. Assessment Of Costs.

The board may assess a person who is found to have violated this chapter the administrative costs of conducting a hearing to determine the violation.

Acts 1999, 76th Leg., ch. 388, Sec. 1, eff. Sept. 1, 1999.

Sec. 301.462. Voluntary Surrender Of License.

The board may revoke a nurse's license without formal charges, notice, or opportunity of hearing if the nurse voluntarily surrenders the nurse's license to the board and executes a sworn statement that the nurse does not desire to be licensed.


Sec. 301.463. Agreed Disposition.

(a) Unless precluded by this chapter or other law, the board may dispose of a complaint by:

(1) stipulation;
(2) agreed settlement;
(3) agreed order; or
(4) dismissal.

(b) An agreed disposition of a complaint is considered to be a disciplinary order for purposes of reporting under this chapter and an administrative hearing and proceeding by a state or federal regulatory agency regarding the practice of nursing.

(c) An agreed order is a public record.

(d) In civil or criminal litigation an agreed disposition is a settlement agreement under Rule 408, Texas Rules of Evidence.


Sec. 301.464. Informal Proceedings.

(a) The board by rule shall adopt procedures governing:

(1) informal disposition of a contested case under Section 2001.056, Government Code; and
(2) an informal proceeding held in compliance with Section 2001.054, Government Code.

(b) Rules adopted under this section must:

(1) provide the complainant and the license holder an opportunity to be heard; and
(2) require the presence of a representative of the board's legal staff or of the attorney general to advise the board or the board's employees.

Acts 1999, 76th Leg., ch. 388, Sec. 1, eff. Sept. 1, 1999.

Sec. 301.465. Subpoenas; Request For Information.

(a) The board may request issuance of a subpoena to be served in any manner authorized by law, including personal service by a board investigator and service by certified mail.

(b) Each person shall respond promptly and fully to a request for information by the board or to a subpoena issued by the board. A request or subpoena may not be refused, denied, or resisted unless the request or subpoena calls for information within the attorney-patient privilege. No other privilege applies to a board proceeding.

(c) The board may pay a reasonable fee for photocopied subpoenaed at the board's request.

The amount paid may not exceed the amount the board charges for copies of its records.

(d) The board shall protect, to the extent possible, the identity of each patient named in information received by the board.

Acts 1999, 76th Leg., ch. 388, Sec. 1, eff. Sept. 1, 1999.

Sec. 301.466. Confidentiality.

(a) A complaint and investigation concerning a nurse under this subchapter and all information and material compiled by the board in connection with the complaint and investigation are:

(1) confidential and not subject to disclosure under Chapter 552, Government Code; and
(2) not subject to disclosure, discovery, subpoena, or other means of legal compulsion for release to anyone other than the board or a board employee or agent involved in license holder discipline.

(b) Notwithstanding Subsection (a), information regarding a complaint and an investigation may be disclosed to:

(1) a person involved with the board in a disciplinary action against the nurse;
(2) a nursing licensing or disciplinary board in another jurisdiction;
(3) a peer assistance program approved by the board under Chapter 467, Health and Safety Code;
(4) a law enforcement agency; or
(5) a person engaged in bona fide research, if all information identifying a specific individual has been deleted.

(c) The filing of formal charges against a nurse by the board, the nature of those charges, disciplinary proceedings of the board, and final disciplinary actions, including warnings and reprimands, by the board are not confidential and are subject to disclosure in accordance with Chapter 552, Government Code.


Sec. 301.467. Reinstatement.

(a) On application, the board may reinstate a license to practice professional nursing or vocational nursing to a person whose license has been revoked, suspended, or surrendered.

(b) An application to reinstate a revoked license:

(1) may not be made before the first anniversary of the date of the revocation; and
(2) must be made in the manner and form the board requires.

Sec. 301.468. Probation.

(a) The board may determine that an order denying a license application or suspending a license be probated. A person subject to a probation order shall conform to each condition the board sets as the terms of probation, including a condition:

(1) limiting the practice of the person to, or excluding, one or more specified activities of professional nursing or vocational nursing;
(2) requiring the person to submit to supervision, care, counseling, or treatment by a practitioner designated by the board; or
(3) requiring the person to submit to random drug or alcohol tests in the manner prescribed by the board.

(b) At the time the probation is granted, the board shall establish the term of the probationary period.

(c) If the board denies an application for reinstatement, it may set a reasonable waiting period before the applicant may reapply for reinstatement.


Sec. 301.469. Records.
(f) If one of the conditions of probation is the prohibition of using alcohol or a drug or participation in a peer assistance program, violation of that condition is established by:

(1) a positive drug or alcohol test result;
(2) refusal to submit to a drug or alcohol test as required by the board; or
(3) a letter of noncompliance from the peer assistance program.


Sec. 301.469. Notice Of Final Action.
If the board takes a final disciplinary action, including a warning or reprimand, against a nurse under this subchapter, the board shall immediately send a copy of the board's final order to the nurse and to the last known employer of the nurse.
§213.27. Good Professional Character.

(a) Good professional character is the integrated pattern of personal, academic and occupational behaviors which, in the judgment of the Board, indicates that an individual is able to consistently conform his or her conduct to the requirements of the Nursing Practice Act, the Board's rules and regulations, and generally accepted standards of nursing practice including, but not limited to, behaviors indicating honesty, accountability, trustworthiness, reliability, and integrity.

(b) Factors to be used in evaluating good professional character in eligibility and disciplinary matters are:

1. Good professional character is determined through the evaluation of behaviors demonstrated by an individual in his or her personal, academic and occupational history. An individual's age, education, and experience necessarily affect the nature and extent of behavioral history and, therefore, shall be considered in each evaluation.

2. A person who seeks to obtain or retain a license to practice professional or vocational nursing shall provide evidence of good professional character which, in the judgment of the Board, is sufficient to insure that the individual can consistently act in the best interest of patients/patients and the public in any practice setting. Such evidence shall establish that the person:

   (A) is able to distinguish right from wrong;
   (B) is able to think and act rationally;
   (C) is able to keep promises and honor obligations;
   (D) is accountable for his or her own behavior;
   (E) is able to practice nursing in an autonomous role with patients/patients, their families, significant others, and members of the public who are or who may become physically, emotionally, or financially vulnerable;
   (F) is able to recognize and honor the interpersonal boundaries appropriate to any therapeutic relationship or healthcare setting; and
   (G) is able to promptly and fully self-disclose facts, circumstances, events, errors, and omissions when such disclosure could enhance the health status of patients/patients or the public or could protect patients/patients or the public from unnecessary risk of harm.

3. Any conviction for a felony or for a misdemeanor involving moral turpitude or order of probation with or without an adjudication of guilt for an offense that would be a felony or misdemeanor involving moral turpitude if guilt were adjudicated.

4. Any revocation, suspension, or denial of, or any other adverse action relating to, the person's license or privilege to practice nursing in another jurisdiction.

(c) The following provisions shall govern the determination of present good professional character and fitness of a Petitioner, Applicant, or Licensee who has been convicted of a felony in Texas or placed on probation for a felony with or without an adjudication of guilt in Texas, or who has been convicted or placed on probation with or without an adjudication of guilt in another jurisdiction for a crime which would be a felony in Texas. A Petitioner, Applicant, or Licensee may be found lacking in present good professional character and fitness under this rule based on the underlying facts of a felony conviction or deferred adjudication, as well as based on the conviction or probation through deferred adjudication itself.

1. The record of conviction or order of deferred adjudication is conclusive evidence of guilt.

2. In addition to the disciplinary remedies available to the Board pursuant to Tex. Code Ann. §301.452(b)(3) and (4), Texas Occupations Code chapter 53, and §213.28, a licensee guilty of a felony under this rule is conclusively deemed to have violated Tex. Code Ann. §301.452(b)(10) and is subject to appropriate discipline, up to and including revocation.

(d) The following provisions shall govern the determination of present good professional character and fitness of a Petitioner, Applicant, or Licensee who has been licensed to practice nursing in any jurisdiction and has been disciplined, or allowed to voluntarily surrender in lieu of discipline, in that jurisdiction.

1. A certified copy of the order, judgment of discipline, or order of adverse licensure action from the jurisdiction is prima facie evidence of the matters contained in such order, judgment, or adverse action and is conclusive evidence that the individual in question has committed professional misconduct as alleged in such order of judgment.

2. An individual disciplined for professional misconduct in the course of practicing nursing in any jurisdiction or an individual who resigned in lieu of disciplinary action (disciplined individual) is deemed not to have present good professional character and fitness and is, therefore, ineligible to file an Application for Endorsement to the Texas Board of Nursing during the period of such discipline imposed by such jurisdiction, and in the case of revocation or surrender in lieu of disciplinary action, until the disciplined individual has filed an application for reinstatement in the disciplining jurisdiction and obtained a final determination on that application.

3. The only defenses available to a Petitioner, Applicant, or Licensee under section (d) are outlined below and must be proved by clear and convincing evidence:

   (A) The procedure followed in the disciplining jurisdiction was so lacking in notice or opportunity to be heard as to constitute a deprivation of due process.
   (B) There was such an infirmity of proof establishing the misconduct in the other jurisdiction as to give rise to the clear conviction that the Board, consistent with its duty, should not accept as final the conclusion on the evidence reached in the disciplining jurisdiction.
   (C) The deeming of lack of present good professional character and fitness by the Board during the period required under the provisions of section (d) would result in grave injustice.
   (D) The misconduct for which the individual was disciplined does not constitute professional misconduct in Texas.
   (E) If the Board determines that one or more of the foregoing defenses has been established, it shall render such orders as it deems necessary and appropriate.
   (F) An individual who applies for initial licensure, reinstatement, renewal, or endorsement to practice professional or vocational nursing in Texas after the expiration of the three-year period in subsection (f) of this section, or after the completion of the disciplinary period assessed or
(a) This section sets out the considerations and criteria in determining the effect of criminal offenses on the eligibility of a person to obtain a license and the consequences that criminal offenses may have on a person's ability to retain or renew a license as a registered nurse or licensed vocational nurse. The Board may refuse to approve persons to take the licensure examination, may refuse to issue or renew a license or certificate of registration, or may refuse to issue a temporary permit to any individual that has been convicted of or received a deferred disposition for a felony, a misdemeanor involving moral turpitude, or engaged in conduct resulting in the revocation of probation.

(b) The practice of nursing involves patients, their families, significant others and the public in diverse settings. The registered and vocational nurse practices in an autonomous role with individuals who are physically, emotionally and financially vulnerable. The nurse has access to personal information about all aspects of a person's life, resources and relationships. Therefore, criminal behavior whether violent or non-violent, directed against persons, property or public order and decency is considered by the Board as highly relevant to an individual's fitness to practice nursing. The Board considers the following categories of criminal conduct to relate to and affect the practice of nursing:

(1) offenses against the person similar to those outlined in Title 5 of the Texas Penal Code.

(A) These offenses include, but are not limited to, the following crimes, as well as any crime that contains substantially similar or equivalent elements under another state or federal law:

(i) Abandonment/Endangerment of a Child (TPC §22.041)

(ii) Agree to Abduct Child for Remuneration: Younger than Eighteen (TPC §25.031)

(iii) Aiding Suicide: Serious Bodily Injury/Death (TPC §22.08)

(iv) Assault, Aggravated (TPC §22.02)

(v) Capital Murder (TPC §19.03)

(vi) Child Pornography, Possession or Promotion (TPC §43.26(a), (e) (Texas Rules of Criminal Procedure Ch. 62))

(vii) Indecency with a Child, Elderly, Disabled (TPC §22.04)

(viii) Indecent exposure (2 or more counts and/or required to register as sex offender) (TPC §21.08 (TRCP Ch. 62))

(ix) Injury to Child, Elderly, Disabled (TPC §22.04)

(x) Kidnapping (TPC §20.03, §20.04 (TRCP Ch. 62))

(xi) Manslaughter (TPC §19.04)

(xii) Murder (TPC §19.02)

(xiii) Online Solicitation of a Minor (TPC §33.021(b), (c), (f); (TRCP Ch. 62))

(xiv) Prostitution, Compelling (TPC §43.05 (TRCP Ch. 62))

(xv) Protective Order, Violation (TPC §25.07, §25.071)

(xvi) Sale or Purchase of a Child (TPC §25.08)

(xvii) Sexual Assault (TPC §22.011 (TRCP Ch. 62))
(xviii) Sexual Conduct, Prohibited {TPC §25.02 (TRCP Ch. 62)}

(xix) Sexual Assault, Aggravated {TPC §22.021 (TRCP Ch. 62)}

(xx) Sexual Performance by Child {TPC §43.24 (d), §43.25(b) (TRCP Ch. 62)}

(xxi) Unlawful Restraint {TPC §0.02}

(xxii) Assault {TPC §22.01(a)(1), (b), (c)}

(xxiii) Criminally negligent homicide {TPC §19.05}

(xxiv) Improper Relationship between Educator and Student {TPC §21.12}

(xxv) Improper photography {TPC §21.15}

(xxvi) Obscenity, Wholesale promotion {TPC §43.23(a), (h)}

(xxvii) Prostitution (3 or more counts) or Aggravated Promotion {TPC §43.02, §43.04}

(xxviii) Resisting Arrest, Use of Deadly Weapon {TPC §38.03(d)}

(xxix) Stalking {TPC §42.072(b)}

(xxxx) Harassment {TPC §42.07}

(xxxi) Prostitution or Promotion of {TPC §43.02}

(xxxii) Protective Order, Violation {TPC §25.05, §38.112}

(xxxiii) Resisting Arrest {TPC §38.03(a)}

(xxxiv) Deadly conduct {TPC §22.05(a)}

(xxxv) Obscenity, Participates {TPC §43.23(c), (h)}

(xxxvi) Terroristic Threat {TPC §22.07}

(xxxvii) Criminal Attempt or Conspiracy {TPC §15.01, §15.02}

(B) These types of crimes relate to the practice of nursing because:

(i) nurses have access to persons who are vulnerable by virtue of illness or injury and are frequently in a position to be exploited;

(ii) nurses have access to persons who are especially vulnerable including the elderly, children, the mentally ill, sedated and anesthetized patients, those whose mental or cognitive ability is compromised and patients who are disabled or immobilized and may be subject to harm by similar criminal behavior;

(iii) nurses are frequently in situations where they provide intimate care to patients or have contact with partially clothed or fully undressed patients who are vulnerable to exploitation both physically and emotionally;

(iv) nurses are in the position to have access to privileged information and opportunity to exploit patient vulnerability; and

(v) nurses who commit these crimes outside the workplace raise concern about the nurse's propensity to repeat that same misconduct in the workplace and raises concerns regarding the individual's ability to provide safe, competent care to patients.

(2) offenses against property, e.g., robbery, burglary and theft, etc.

(A) These offenses include, but are not limited to, the following crimes, as well as any crime that contains substantially similar or equivalent elements under another state or federal law:

(i) Burglary (if punishable under Penal Code §30.02(d)) (TRCP Ch. 62 (§62.001(5)(D)))

(ii) Robbery {TPC §29.02}

(iii) Robbery, Aggravated {TPC §29.03}

(iv) Arson {TPC §29.02(d)}

(v) Burglary {TPC §30.02}

(vi) Criminal Mischief {TPC §28.03}

(vii) Money Laundering >= $1500 (TPC §34.02(e)(1) - (4))

(viii) Theft >= $1500 (TPC §31.03(e)(4) - (7))

(ix) Theft < 9 (TPC §31.03(e)(1) - (3))

(x) Vehicle, Unauthorized Use (TPC §31.07)

(xi) Criminal Trespass (TPC §30.05(a),(d))

(xii) Cruelty to Animals (TPC §42.091)

(xiii) Criminal Attempt or Conspiracy (TPC §15.01, §15.02)

(B) These types of crimes relate to the practice of nursing because:

(i) nurses have access to persons who are vulnerable by virtue of illness or injury and are frequently in a position to be exploited;

(ii) nurses have access to persons who are especially vulnerable including the elderly, children, the mentally ill, sedated and anesthetized patients, those whose mental or cognitive ability is compromised and patients who are disabled or immobilized and may provide easy opportunity to be victimized;

(iii) nurses frequently provide care in private homes and home-like settings where all of the patient's property and valuables are accessible to the nurse;
(v) nurses frequently provide care autonomously without direct supervision and may have access to and opportunity to misappropriate property; and

(vi) nurses who commit these crimes outside the workplace raise concern about the nurse’s propensity to repeat that same misconduct in the workplace and, therefore, place patients’ property at risk.

(vii) certain crimes involving property, such as cruelty to animals and criminal trespass, may also concern the safety of persons and, as such, raise concerns about the propensity of the nurse to repeat similar conduct in the workplace, placing patients at risk.

(3) offenses involving fraud or deception.

(A) These offenses include, but are not limited to, the following crimes, as well as any crime that contains substantially similar or equivalent elements under another state or federal law:

(i) Attempt, Conspiracy, or Solicitation of Ch. 62 offense (TRCP Ch. 62)

(ii) Tampering with a Government Record (TPC §37.10)

(iii) Insurance Fraud: Intent to Defraud (TPC §35.02(a-1), (d))

(iv) Insurance Fraud: Claim > $500 (TPC §35.02(c))

(v) Insurance Fraud: Claim < 0 (TPC §35.02 (c)(1) - (3))

(vi) Medicaid Fraud > $1500 (TPC §35A.02(b)(4) - (7))

(vii) Medicaid Fraud < $1500 (TPC §35A.02(b)(2) - (3))

(viii) Criminal Attempt or Conspiracy (TPC §15.01, §15.02)

(B) These types of crime relate to the practice of nursing because:

(i) nurses have access to persons who are vulnerable by virtue of illness or injury;

(ii) nurses have access to persons who are especially vulnerable including the elderly, children, the mentally ill, sedated and anesthetized patients, those whose mental or cognitive ability is compromised and patients who are disabled or immobilized;

(iii) nurses are frequently in situations where they must report patient condition, record objective/subjective information, provide patients with information, and report errors in the nurse's own practice or conduct;

(iv) honesty, accuracy and integrity are personal traits valued by the nursing profession, and considered imperative for the provision of safe and effective nursing care;

(v) falsification of documents regarding patient care, incomplete or inaccurate documentation of patient care, failure to provide the care documented, or other acts of deception raise serious concerns whether the nurse will continue such behavior and jeopardize the effectiveness of patient care in the future;

(vi) falsification of employment applications and failing to answer specific questions that would have affected the decision to employ, certify, or otherwise utilize a nurse raises concerns about a nurse's propensity to lie and whether the nurse possesses the qualities of honesty and integrity;

(vii) falsification of documents or deception/lying outside of the workplace, including falsification of an application for licensure to the Board, raises concerns about the person's propensity to lie, and the likelihood that such conduct will continue in the practice of nursing; and

(viii) a crime of lying or falsification raises concerns about the nurse’s propensity to engage in similar conduct while practicing nursing and place patients at risk.

(4) offenses involving lying and falsification.

(A) These offenses include, but are not limited to, the following crimes, as well as any crime that contains substantially similar or equivalent elements under another state or federal law:

(i) False Report or Statement (TPC §32.32, §42.06)

(ii) Forgery (TPC §32.21(c), (d), (e))

(iii) Tampering with a Governmental Record (TPC §37.10)

(B) These crimes are related to nursing because:

(i) nurses have access to persons who are vulnerable by virtue of illness or injury;

(ii) nurses have access to persons who are especially vulnerable including the elderly, children, the mentally ill, sedated and anesthetized patients, those whose mental or cognitive ability is compromised and patients who are disabled or immobilized;

(iii) nurses are frequently in situations where they must report patient condition, record objective/subjective information, provide patients with information, and report errors in the nurse's own practice or conduct;

(iv) honesty, accuracy and integrity are personal traits valued by the nursing profession, and considered imperative for the provision of safe and effective nursing care;

(v) falsification of documents regarding patient care, incomplete or inaccurate documentation of patient care, failure to provide the care documented, or other acts of deception raise serious concerns whether the nurse will continue such behavior and jeopardize the effectiveness of patient care in the future;

(vi) falsification of employment applications and failing to answer specific questions that would have affected the decision to employ, certify, or otherwise utilize a nurse raises concerns about a nurse's propensity to lie and whether the nurse possesses the qualities of honesty and integrity;

(vii) falsification of documents or deception/lying outside of the workplace, including falsification of an application for licensure to the Board, raises concerns about the person's propensity to lie, and the likelihood that such conduct will continue in the practice of nursing; and

(viii) a crime of lying or falsification raises concerns about the nurse’s propensity to engage in similar conduct while practicing nursing and place patients at risk.

(5) offenses involving the delivery, possession, manufacture, or use of, or dispensing or prescribing a controlled substance, dangerous drug, or mood-altering substance.

(A) These offenses include, but are not limited to, the following crimes, as well as any crime that contains substantially similar or equivalent elements under another state or federal law:

(i) Drug Violations under Health and Safety Code Chs. 481, 482, 483; or

(ii) Driving While Intoxicated (2 or more counts) (TPC §49.09)

(B) These crimes relate to the practice of nursing because:
In addition to the factors that may be considered under subsection (c) of this section, the Board, in determining the present fitness of a person who has been convicted of or received a deferred order for a crime, shall consider:

1. the extent and nature of the person's past criminal activity;
2. the age of the person when the crime was committed;
3. the amount of time that has elapsed since the person's last criminal activity;
4. the conduct and work activity of the person before and after the criminal activity;
5. evidence of the person's rehabilitation or rehabilitative effort while incarcerated or after release; and
6. other evidence of the person's present fitness, including letters of recommendation from: prosecutors and law enforcement and correctional officers who prosecuted, arrested, or had custodial responsibility for the person; the sheriff or chief of police in the community where the person resides; and any other persons in contact with the convicted person.

In considering whether a criminal offense renders the individual ineligible for licensure or renewal of licensure as a registered or vocational nurse, the Board shall consider:

1. the knowing or intentional practice of nursing without a license issued under the NPA;
2. any felony or misdemeanor involving moral turpitude;
3. the nature and seriousness of the crime;
4. the relationship of the crime to the purposes for requiring a license to engage in nursing practice;
5. the extent to which a license might offer an opportunity to engage in further criminal activity of the same type as that in which the person previously had been involved; and
6. the relationship of the crime to the ability, capacity, or fitness required to perform the duties and discharge the responsibilities of nursing practice;
7. whether imprisonment followed a felony conviction, felony community supervision revocation, revocation of parole or revocation of mandatory supervision; and
8. conduct that results in the revocation of probation imposed because of conviction for a felony or for a misdemeanor involving moral turpitude.

Crimes listed under subsections (b)(1)(A)(i) - (xxi), (b)(2)(A)(i) - (iii), and (b)(3)(A)(i) of this section are offenses identified under §301.4535 of the NPA. As such, these offenses require the board to suspend a nurse's license, revoke a license, or deny issuing a license to an applicant upon proof of initial conviction.

(i) nurses have access to persons who are vulnerable by virtue of illness or injury;
(ii) nurses have access to persons who are especially vulnerable including the elderly, children, the mentally ill, sedated and anesthetized patients, those whose mental or cognitive ability is compromised and patients who are disabled or immobilized;
(iii) nurses provide care to critical care, geriatric, and pediatric patients who are particularly vulnerable given the level of vigilance demanded under the circumstances of their health condition;
(iv) nurses are able to provide care in private homes and home-like setting without supervision;
(v) nurses who are chemically dependent or who abuse drugs or alcohol may have impaired judgment while caring for patients and are at risk for harming patients; and
(vi) an offense regarding delivery, possession, manufacture, or use of, or dispensing, or prescribing a controlled substance, dangerous drug or mood altering drug raises concern about the nurse's propensity to repeat that same misconduct in the workplace.

DUI offenses involve the use and/or abuse of mood altering drugs while performing a state licensed activity affecting public safety; repeated violations suggest a willingness to continue in reckless and dangerous conduct, or an unwillingness to take appropriate corrective measures, despite previous disciplinary action by the state.

In considering whether a criminal offense renders the individual ineligible for licensure or renewal of licensure as a registered or vocational nurse, the Board shall consider:

1. the knowing or intentional practice of nursing without a license issued under the NPA;
2. any felony or misdemeanor involving moral turpitude;
3. the nature and seriousness of the crime;
4. the relationship of the crime to the purposes for requiring a license to engage in nursing practice;
5. the extent to which a license might offer an opportunity to engage in further criminal activity of the same type as that in which the person previously had been involved; and
6. the relationship of the crime to the ability, capacity, or fitness required to perform the duties and discharge the responsibilities of nursing practice;
7. whether imprisonment followed a felony conviction, felony community supervision revocation, revocation of parole or revocation of mandatory supervision; and
8. conduct that results in the revocation of probation imposed because of conviction for a felony or for a misdemeanor involving moral turpitude.

Crimes listed under subsections (b)(1)(A)(i) - (xxi), (b)(2)(A)(i) - (iii), and (b)(3)(A)(i) of this section are offenses identified under §301.4535 of the NPA. As such, these offenses require the board to suspend a nurse's license, revoke a license, or deny issuing a license to an applicant upon proof of initial conviction.
(5) evidence of immature thought process/judgment at the time of the activity;

(6) evidence of remorse;

(7) evidence of restitution to both victim and community;

(8) evidence of current maturity and personal accountability;

(9) absence of subsequent undesirable conduct;

(10) evidence of having learned from past mistakes;

(11) evidence of current support structures that will prevent future criminal activity; and

(12) evidence of current ability to practice nursing in accordance with the Nursing Practice Act, Board rules and generally accepted standards of nursing.

(j) With respect to a request to obtain a license from a person who has a criminal history, the executive director is authorized to close an eligibility file when the applicant has failed to respond to a request for information or to a proposal for denial of eligibility within 60 days thereof.

(k) The board shall revoke a license or authorization to practice as an advanced practice nurse upon the imprisonment of the licensee following a felony conviction or deferred adjudication, or revocation of felony community supervision, parole, or mandatory supervision.

(l) The board shall revoke or deny a license or authorization to practice as an advanced practice nurse for the crimes listed in Texas Occupations Code §301.4535.

(m) The following disciplinary and eligibility sanction policies and guidelines shall be used by the Executive Director, the State Office of Administrative Hearings (SOAH), and the Board in evaluating the impact of criminal conduct on nurse licensure in eligibility and disciplinary matters:

(1) Disciplinary Sanctions for Fraud, Theft and Deception approved by the Board and published on February 22, 2008 in the Texas Register (33 TexReg 1646) and available on the Board’s website at http://www.bon.state.tx.us/disciplinaryaction/dsp.html.

(2) Disciplinary Sanctions for Lying and Falsification approved by the Board and published on February 22, 2008 in the Texas Register (33 TexReg 1647) and available on the Board’s website at http://www.bon.state.tx.us/disciplinaryaction/dsp.html.

(3) Disciplinary Sanctions for Sexual Misconduct approved by the Board and published on February 22, 2008 in the Texas Register (33 TexReg 1649) and available on the Board’s website at http://www.bon.state.tx.us/disciplinaryaction/dsp.html.

(4) Eligibility and Disciplinary Sanctions for Nurses with Substance Abuse, Misuse, Substance Dependency, or other Substance Use Disorder and published on February 22, 2008 in the Texas Register (33 TexReg 1651) and available on the Board’s website at http://www.bon.state.tx.us/disciplinaryaction/dsp.html.

(5) Disciplinary Guidelines for Criminal Conduct approved by the Board and published on May 17, 2013 in the Texas Register (38 TexReg 3152) and available on the Board’s website at http://www.bon.texas.gov/disciplinaryaction/discp-guide.html.

Source Note: The provisions of this §213.28 adopted to be effective September 1, 1998, 23 TexReg 6444; amended to be effective July 20, 1999, 24 TexReg 5473; amended to be effective November 14, 2002, 27 TexReg 10594; amended to be effective May 17, 2004, 29 TexReg 4884; amended to be effective March 14, 2007, 32 TexReg 1304; amended to be effective October 10, 2007, 32 TexReg 7058; amended to be effective July 2, 2008, 33 TexReg 5007; amended to be effective July 10, 2013, 38 TexReg 4327.

§213.29. Criteria and Procedure Regarding Intemperate Use and Lack of Fitness in Eligibility and Disciplinary Matters.

(a) A person desiring to obtain or retain a license to practice professional or vocational nursing shall provide evidence of current sobriety and fitness consistent with this rule.

(b) Such person shall provide a sworn certificate to the Board stating that he/she has read and understands the requirements for licensure as a registered or vocational nurse and that he/she has not:

(1) within the past five years, become addicted to or treated for the use of alcohol or any other drug;

(2) within the past five years, been diagnosed with, treated or hospitalized for schizophrenia and/or other psychotic disorders, bi-polar disorder, paranoid personality disorder, antisocial personality disorder or borderline personality disorder.

(c) If a registered or vocational nurse is reported to the Board for intemperate use, abuse of drugs or alcohol, or diagnosis of or treatment for chemical dependency; or if a person is unable to sign the certification in subsection (b) of this section, the following restrictions and requirements apply:

(1) Any matter before the Board that involves an allegation of chemical dependency, or misuse or abuse of drugs or alcohol, will require at a minimum that such person obtain for Board review an evaluation that meets the criteria of §213.33 of this chapter (relating to Factors Considered for Imposition of Penalties/Sanctions and/or Fines);

(2) Those persons who have become addicted to or treated for alcohol or chemical dependency will not be eligible to obtain or retain a license to practice as a nurse unless such person can demonstrate sobriety and abstinence for the preceding twelve consecutive months through verifiable and reliable evidence, or can establish eligibility to participate in a peer assistance program created pursuant to Chapter 467 of the Health and Safety Code;

(3) Those persons who have become addicted to or treated for alcohol or chemical dependency will not be eligible to obtain or retain an unencumbered license to practice nursing until the individual has attained a five-year term of sobriety and abstinence or until such person has successfully completed participation in a board-approved peer assistance program created pursuant to Chapter 467 of the Health and Safety Code.

(4) Those persons who have been diagnosed with, treated, or hospitalized for the disorders mentioned in subsection (b) of this section shall execute an authorization for release of medical, psychiatric, and treatment records.

(d) It shall be the responsibility of those persons subject to this rule to submit to and pay for an evaluation that meets the criteria of §213.33 of this chapter.
(e) Prior intemperate use, mental illness, or diminished mental capacity is relevant only so far as it may indicate current intemperate use or lack of fitness.

(f) With respect to chemical dependency in eligibility and disciplinary matters, the executive director is authorized to:

(1) review submissions from a movant, materials and information gathered or prepared by staff, and identify any deficiencies in file information necessary to determine the movant's request;

(2) close any eligibility file in which the movant has failed to respond to a request for information or to a proposal for denial of eligibility within 60 days thereof;

(3) approve eligibility, enter eligibility orders and approve renewals, without Board ratification, when the evidence is clearly insufficient to prove a ground for denial of licensure; and

(4) propose conditional orders in eligibility, disciplinary and renewal matters for individuals who have experienced chemical/alcohol dependency within the past five years provided:

(A) the individual presents reliable and verifiable evidence of having functioned in a sober/abstinent manner for the previous twelve consecutive months; and

(B) licensure limitations/stipulations and/or peer assistance program participation can be implemented which will ensure that patients and the public are protected until the individual has attained a five-year term of sobriety/abstinence.

(g) With respect to mental illness or diminished mental capacity in eligibility, disciplinary, and renewal matters, the executive director is authorized to propose conditional orders for individuals who have experienced mental illness or diminished mental capacity within the past five years provided:

(1) the individual presents reliable and verifiable evidence of having functioned in a manner consistent with the behaviors required of nurses under the Nursing Practice Act and Board rules for at least the previous twelve consecutive months; and

(2) licensure limitations/stipulations and/or peer assistance program participation can be implemented which will ensure that patients and the public are protected until the individual has attained a five-year term of controlled behavior and consistent compliance with the requirements of the Nursing Practice Act and Board rules.

(h) In renewal matters involving chemical dependency use, mental illness, or diminished mental capacity, the executive director shall consider the following information from the preceding renewal period:

(1) evidence of the licensee's safe practice;

(2) compliance with the NPA and Board rules; and

(3) written verification of compliance with any treatment.

(i) Upon receipt of items (h)(1) - (3) of this section, the executive director may renew the license.

(j) The following disciplinary and eligibility sanction policies and guidelines shall be used by the Executive Director, the State Office of Administrative Hearings (SOAH), and the Board in evaluating the appropriate licensure determination or sanction in eligibility and disciplinary matters:

(1) Eligibility and Disciplinary Sanctions for Nurses with Substance Abuse, Misuse, Substance Dependency, or other Substance Use Disorder and published on February 22, 2008 in the Texas Register (33 TexReg 1651) and available on the Board’s web site at http://www.bon.state.tx.us/disciplinaryaction/dsp.html.

(2) Disciplinary Guidelines for Criminal Conduct approved by the Board and published on May 17, 2013 in the Texas Register (38 TexReg 3152) and available on the Board’s website at http://www.bon.texas.gov/disciplinaryaction/discp-guide.html.

Source Note: The provisions of this §213.29 adopted to be effective September 1, 1998, 23 TexReg 6444; amended to be effective July 20, 1999, 24 TexReg 5473; amended to be effective November 14, 2002, 27 TexReg 10594; amended to be effective May 17, 2004, 29 TexReg 4884; amended to be effective October 10, 2007, 32 TexReg 7058; amended to be effective July 2, 2008, 33 TexReg 5007; amended to be effective November 15, 2009, 34 TexReg 7812; amended to be effective July 10, 2013, 37 TexReg 4335.

§213.30 Declaratory Order of Eligibility for Licensure

(a) For purposes of this section only, "petitioner" means an individual who:

(1) is enrolled or planning to enroll in an educational nursing program that prepares individuals for initial licensure as a registered or vocational nurse;

(2) seeks licensure by endorsement pursuant to §217.5 of this title (relating to Temporary License and Endorsement); or

(3) seeks licensure by examination pursuant to §217.2 (relating to Licensure by Examination for Nurses Who Graduate From Nursing Education Programs Outside of United States’ Jurisdiction) or §217.4 (relating to Requirements for Initial Licensure by Examination for Nurses Who Graduate From Nursing Education Programs Outside of United States’ Jurisdiction) of this title.

(b) An individual who has reason to believe that he or she may be ineligible for initial licensure or licensure by endorsement may petition the Board for a declaratory order as to his or her eligibility.

(c) A petitioner must submit a petition on forms provided by the Board, which includes:

(1) a statement by the petitioner indicating the reason(s) and basis of potential ineligibility;

(2) if the potential ineligibility is due to criminal conduct and/or conviction, any court documents including, but not limited to: indictments, orders of deferred adjudication, judgments, probation records, and evidence of completion of probation, if applicable;

(3) if the potential ineligibility is due to mental illness, evidence of an evaluation that meets the criteria of §213.33 of this chapter (relating to Factors Considered for Imposition of Penalties/Sanctions) and evidence of treatment;

(4) if the potential ineligibility is due to chemical dependency, including alcohol, evidence of an evaluation that meets the criteria of §213.33 of this chapter and treatment, after care, and support group attendance; and
out in the order. An individual whose petition is denied by final order of the Board may not file another petition or seek licensure by endorsement or examination until after the expiration of three years from the date of the Board's order denying the petition. If the petitioner does not appeal or request a formal hearing at SOAH after a letter proposal to deny eligibility made by the Eligibility and Disciplinary Committee of the Board or the Executive Director, the petitioner may re-petition or seek licensure by endorsement or examination after the expiration of one year from the date of the proposal to deny eligibility, in accordance with this section and the Occupations Code §301.257.

(i) The Disciplinary Matrix and factors set forth in §213.33(b) and (c) of this chapter and the following disciplinary and eligibility sanction policies and guidelines shall be used by the Executive Director and SOAH when recommending a declaratory order of eligibility, and the Board in determining the appropriate declaratory order in eligibility matters:

1. Disciplinary Sanctions for Fraud, Theft and Deception approved by the Board and published on February 22, 2008 in the Texas Register (33 TexReg 1646) and available on the Board's website at http://www.bon.state.tx.us/disciplinaryaction/dsp.html.


4. Eligibility and Disciplinary Sanctions for Nurses with Substance Abuse, Misuse, Substance Dependancy, or other Substance Use Disorder and published on February 22, 2008 in the Texas Register (33 TexReg 1651) and available on the Board's website at http://www.bon.state.tx.us/disciplinaryaction/dsp.html.


(k) If an individual seeking licensure by endorsement under §217.5 of this title has been disciplined in that jurisdiction or allowed to surrender in lieu of discipline in that jurisdiction, the following provisions shall govern the eligibility of the petitioner with regard to §213.27 of this title (relating to Good Professional Character).

1. A certified copy of the order or judgment of discipline from the jurisdiction is prima facie evidence of the matters contained in such order or judgment, and a final adjudication in the jurisdiction that the individual has committed professional misconduct is conclusive of the professional misconduct alleged in such order or judgment.

2. An individual who is disciplined for professional misconduct in the course of nursing in any jurisdiction or who resigned in lieu of disciplinary action is deemed to not have present good professional character under §213.27 of this title, and is therefore ineligible to seek licensure by endorsement under §217.5 of this title during the period of discipline imposed by such jurisdiction, in the case of revocation or surrender in lieu of disciplinary action, until the individual has filed a petition for reinstatement in the disciplining jurisdiction and obtained a final determination on that petition.

(g) If a petitioner's potential ineligibility is due to criminal conduct and/or conviction, including deferred adjudication, the following provisions shall govern the eligibility of the petitioner with regard to §213.28 of this title (relating to Licensure of Persons with Criminal Convictions).

1. The record of conviction, guilty plea, or order of deferred adjudication is conclusive evidence of guilt.

2. Upon proof that a felony conviction or felony order of probation, with or without adjudication of guilt, has been set aside or reversed, the petitioner shall be entitled to a new hearing before the Board for the purpose of determining whether, absent the record of conclusive evidence of guilt, the petitioner possesses present good professional character and fitness.

(h) If the Executive Director proposes to find the petitioner ineligible for licensure, the petitioner may obtain a hearing before the State Office of Administrative Hearings (SOAH). The Executive Director shall have discretion to set a hearing and give notice of the hearing to the petitioner. The hearing shall be conducted in accordance with §213.22 of this chapter (relating to Formal Proceedings) and the rules of SOAH. When in conflict, SOAH's rules of procedure will prevail. The decision of the Board shall be rendered in accordance with §213.23 of this chapter (relating to Decision of the Board).

5. If the Executive Director proposes to find the petitioner ineligible for licensure, the petitioner may obtain a hearing before the State Office of Administrative Hearings (SOAH). The Executive Director shall have discretion to set a hearing and give notice of the hearing to the petitioner. The hearing shall be conducted in accordance with §213.22 of this chapter (relating to Formal Proceedings) and the rules of SOAH. When in conflict, SOAH's rules of procedure will prevail. The decision of the Board shall be rendered in accordance with §213.23 of this chapter (relating to Decision of the Board).

(i) A final Board order is issued after an appeal results in a Proposal for Decision from SOAH. The Board's final order must set out each basis for potential ineligibility and the Board's determination as to eligibility. In the absence of new evidence not disclosed by the petitioner or not reasonably available to the Board at the time the order is issued, the Board's ruling determines the petitioner's eligibility with respect to the grounds for potential ineligibility as set forth in the order. An individual whose petition is denied by final order of the Board may not file another petition or seek licensure by endorsement or examination until after the expiration of three years from the date of the Board's order denying the petition. If the petitioner does not appeal or request a formal hearing at SOAH after a letter proposal to deny eligibility made by the Eligibility and Disciplinary Committee of the Board or the Executive Director, the petitioner may re-petition or seek licensure by endorsement or examination after the expiration of one year from the date of the proposal to deny eligibility, in accordance with this section and the Occupations Code §301.257.
Print LAST NAME

Print FIRST NAME

Alvin Community College is required to follow the guidelines set forth in the Family Educational Rights and Privacy Act (FERPA). This act mandates that we safeguard and maintain the privacy and confidentiality of all student records.

By signing below, you give us permission to send information from your student records to clinical affiliates.

Released information may include, but is not limited to:

- Driver’s license information;
- Health information including documentation of vaccinations, TB screen and negative drug screen;
- Results of background investigation;
- Verification of CPR certification

In the event you wish to cancel this release, you must do so in writing with the Associate Degree Nursing Office. Alvin Community College will not be responsible for disclosure of information made before written cancellation is received by the Associate Degree Nursing office.

I hereby authorize the college to send student information to my assigned clinical agency as required for my participation in the clinical rotation.

Student’s Signature_________________________ Date_____________
STUDENT AGREEMENT

My signature below certifies that I have received a copy of the Associate Degree Nursing Student Handbook. I have read the handbook. I understand the procedures and policies set forth in the Handbook and accept them as a condition of my enrollment in the Associate Degree Nursing Program.

RELEASE OF INFORMATION

My signature below certifies that (CHECK ONE OF THE FOLLOWING)

_____ I GIVE permission

_____ I DO NOT GIVE permission

to the Associate Degree Nursing Department to give my name and address to hospitals and other health-related agencies for the purpose of recruiting and sending information. I understand that I am in no way obliged to the contacting agency. In the event that I withdraw from the nursing program, I understand that my name will no longer be made available.

LICENSURE ELIGIBILITY NOTIFICATION FORM

My signature below certifies that I have received and have had the following documents explained to me regarding licensure eligibility for Registered Professional Nursing in Texas: Texas Occupation Code 302.252, 301.257 and 301.542-302.469 and Sections 213.27 -213.30 of Texas Administrative Code (relating to Good Professional Character, Licensure of Persons with Criminal Offenses, Criteria and Procedure Regarding Intemperate Use and Lack of Fitness in Eligibility and Disciplinary Matters, Declaratory Order of Eligibility for Licensure.)

Signature ____________________________________________

Date Signed __________________________________________

Social Security last 4 ____________________________________

Date of Birth __________________________________________

Turn in this form to the ADN office.
This form will be placed in your ADN student file.