

ALVIN COMMUNITY  
COLLEGE  
ASSOCIATE DEGREE  
NURSING

STUDENT HANDBOOK  
Associate Degree Nursing

2023

(revised November 22, 2023)



ALVIN COMMUNITY COLLEGE 3110 Mustang Road Alvin, Texas 77511-4898

**Associate Degree Nursing**  
281-756-5630 Office  
281-756-5606 Fax  
nursing@alvincollege.edu

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,

A handwritten signature in cursive script that reads "Elizabeth Saucedo". The ink is dark and the signature is fluid and legible.

Elizabeth Saucedo, MSN RN  
Director- Associate Degree Nursing

## ACC ADN MISSION

The Alvin Community College Associate Degree Nursing Program serves its students and community by providing innovative and inclusive nursing education and by preparing quality registered nurse candidates that demonstrate clinical reasoning, ethical discernment, and professional accountability to diverse populations.

### PHILOSOPHY

Our philosophy and mission link to our parent institution. We provide an excellent 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 lifelong learning. We believe in providing innovative quality educational facilities that are conducive to the learning process. We are responsive, caring, inclusive, welcoming, and student-centered. 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 and qualified faculty are integral to accomplish the mission and philosophy. Faculty are expected to remain current with emerging trends in healthcare and professional standards. The nursing faculty are committed to preparing competent nurses for the global nursing workforce.

#### **10/2011 Mission Statement**

Reviewed: 1/18, 4/20, 9/22

Revised: 1/18, 9/22

#### **3/1980 Philosophy**

Reviewed: 11/82, 10/83, 9/87, 9/91, 9/01, 8/13, 2/15, 01/18, 4/20

Revised: 10/81, 10/82, 11/85, 11/87, 2/94, 3/97, 4/03, 03/11, 10/11, 01/18, 4/20

### 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. Directed by the end-of-program student learning outcomes, 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, diversity, 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 05/2017

### STUDENT LEARNING OUTCOMES

Students will:

1. Utilize clinical reasoning skills in the application of the nursing process when providing and managing safe, quality care.
2. Adhere to the standards of practice to maximize the self-care potential of culturally and socially diverse patients and families.
3. Collaborate with members of the interdisciplinary healthcare team to promote and maintain optimal health status of patients and their families.
4. Demonstrate skill in using patient care technologies and information systems that support safe nursing practice.
5. Apply knowledge of delegation, management and leadership skills.

Contact information:

Nursing Department  
Michel Evans, Admin Assistant  
[Nursing@alvincollege.edu](mailto:Nursing@alvincollege.edu)  
281-756-5630

Faculty:  
MeKonnen Birru, PhD, MSN, MA, RN  
[MBirru@alvincollege.edu](mailto:MBirru@alvincollege.edu)

Amy Childs, MSN, RN  
[AChilds@alvincollege.edu](mailto:AChilds@alvincollege.edu)

Samantha Harrison, MSN, RN  
[SHarrison@alvincollege.edu](mailto:SHarrison@alvincollege.edu)

Lori Kauffman, MSN, RN  
[LKauffman@alvincollege.edu](mailto:LKauffman@alvincollege.edu)

Azalia Kettler, MSN, RN  
[AKettler@alvincollege.edu](mailto:AKettler@alvincollege.edu)

Director:  
Elizabeth Saucedo, MSN, RN  
[ESaucedo@alvincollege.edu](mailto:ESaucedo@alvincollege.edu)

Justin Morgan, MSN, RN, FNP-C  
[JMorgan@alvincollege.edu](mailto:JMorgan@alvincollege.edu)

Ashley White, MSN, RN, CNE  
[AWhite@alvincollege.edu](mailto:AWhite@alvincollege.edu)

Jocelyn Wiltz, MSN, RN, CPN  
[JWiltz@alvincollege.edu](mailto:JWiltz@alvincollege.edu)

Courtney Wolfe, MSN, RN, CDP  
[CWolfe@alvincollege.edu](mailto:CWolfe@alvincollege.edu)

## **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:

[https://www.bon.texas.gov/education\\_documents.asp](https://www.bon.texas.gov/education_documents.asp)

### **I. Member of the Profession**

- A. Function within the nurse's legal scope of practice and in accordance with regulation and the policies and procedures of the employing health care 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<sup>7</sup> 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 influenced by culture, spirituality, ethnicity, identity, and social diversity of patients and their families, and the 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 comprehensive 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 health care team.
- D. Provide safe, compassionate, comprehensive nursing care to patients and their families through a broad array of health care 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 physical 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 Health Care Team**

- A. Coordinate, collaborate, and communicate in a timely manner with patients, their families, and the interdisciplinary health care team to plan, deliver, and evaluate patient-centered care.
- B. Serve as a health care advocate in monitoring and promoting quality and access to health care 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 manage information using technology to support decision-making to improve patient care.
- E. Assign and/or delegate nursing activities to other members of the health care team based upon an analysis of patient or work place need.

- F. Supervise nursing care by others for whom the nurse is responsible by using evidence-based nursing practice.
- G. Participate with health care teams during local or global health emergencies or pandemics to promote health and safety, and prevent disease.

January 2021: [https://www.bon.texas.gov/education\\_documents.asp](https://www.bon.texas.gov/education_documents.asp)

## 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

- Two-year ADN students must submit a Hep-B titer report before starting their second semester. Transition students must submit a Hep-B titer report upon starting their first semester. This is required by clinical sites.
  - MAKE SURE YOU GET THE CORRECT HEP-B TITER DONE. It should be a "Hepatitis-B surface antibody" test (abbreviated as "anti-HBs" or "HBsAb"). Do not get "surface antigen" test or any other hepatitis test.
  - You must submit the titer report whether it is positive or negative (whether it says you are immune or not)
  - Clinical sites set a 5-year time limit on the Hep-B titer, and they require that it remain current throughout the entire semester. If your titer expires before the end of a semester, you must repeat the titer and submit the report before that semester starts.
  - If you recently finished taking Hep-B shots, you must wait at least 2 months after the last shot before getting the titer done, otherwise it may incorrectly say you are not immune when you really are.
  - If your Hep-B titer is negative (meaning you are not immune to Hep-B), you must repeat the entire Hep-B immunization series. After that you are done, you will not have to repeat the Hep-B titer. We recommend that you get the new "hepislav" type of Hep-B immunization - two shots one month apart and you are done.

### VARICELLA (chicken pox):

- EITHER submit report of blood test that states whether you are immune to varicella (called "varicella IgG titer");
- OR submit proof of two varicella immunizations spaced at least 28 days apart.
- Childhood varicella immunizations are acceptable.
- Documentation of varicella illness (of having had the chicken pox as a child) is not acceptable.
- If you get a varicella titer instead of shots:
  - MAKE SURE YOU GET THE RIGHT VARICELLA TITER DONE. It should be a varicella immunity test (abbreviated "IgG"). Do not get the IgM test which only checks if you are currently infected with it.
  - You must submit the titer report whether it is positive or negative (whether it says you are immune or not)
  - If your varicella titer is negative (meaning you are not immune to varicella), submit proof of 2 varicella immunizations spaced at least 28 days apart that were done after the titer. After that you are done, you will not have to repeat the varicella titer.
  - There is a 5-year time limit on the varicella titer - it 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.

### MMR (measles, mumps, rubella)

- EITHER submit report of blood test that states EITHER you are immune to measles (rubeola) / mumps / rubella (called "MMR IgG titer");
- OR submit proof of two MMR immunizations spaced at least 28 days apart.
- Childhood MMR immunizations are acceptable.
- If you get an MMR titer instead of shots:
  - MAKE SURE YOU GET THE RIGHT MMR TITER DONE. It should be an MMR immunity test (abbreviated "IgG"). Do not get the IgM test which only checks if you are currently infected with it.
  - You must submit the titer report whether it is positive or negative (whether it says you are immune or not)
  - If any components of the MMR titer are negative (meaning you are not immune to one or more components of MMR), submit proof of 2 MMR immunizations spaced at least 28 days apart that were done after the titer. After that you are done, you will not have to repeat the MMR titer.
  - There is a 5-year time limit on the MMR titer - it 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, acellular pertussis)

- Submit proof of one Tdap immunization administered when you were an adult (on or after your 18th birthday).
- Childhood Tdap or Dtap immunizations (before you were 18) are not acceptable. You **MUST** have proof of a shot that includes pertussis as an adult.
- If your adult Tdap is more than 10 years old, submit proof a Td booster in addition to proof of the adult Tdap.
- 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.

## **FLU**

- Students starting ADN program in August: you will get a seasonal flu immunization in late September. You **DO NOT** have to turn in flu shot proof before you start in August.
- Students starting ADN program in January: you must turn in proof of a current seasonal flu immunization before you start in January.
- All students will repeat their flu immunization in late September of their second year in the program.
- Flu documentation must show the name of the facility or healthcare provider where you got it. This is required by some of the hospitals you will attend.

## **TUBERCULOSIS SCREEN:**

- Submit a two-step TB skin test (details here: <https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm>)
- Or submit a QuantiFERON Gold TB test performed in the past three months stating negative results;
- If your TB test is positive, also submit a report of chest x-ray showing no evidence of active lung disease.
- TB screen 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.

## **COVID VACCINE** (Is required by clinical affiliates.)

- Submit documentation of receiving the COVID vaccine series. All brands accepted. Boosters may be required.

## **MENINGITIS**

- DO NOT turn in meningitis proof to nursing - turn that in to the Admissions office because it is a college requirement, not a nursing requirement.
- Ask Admissions if you have any questions about the meningitis immunization 281-756-3531.

## **KEEP THE ORIGINALS OF YOUR IMMUNIZATIONS & TESTS !!**

- You need to keep your originals in order to submit copies:
- To your employer when you are hired.
- To another nursing school if you decide to pursue your BSN degree
- All documents are to be uploaded to your account in ViewPoint. Follow the directions in the handout provided.



## **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 of academic courses and nursing courses. Nursing content and clinical/laboratory experiences are sequenced and taught over a period of four (4) long semesters for the traditional students and three (3) long semesters for the transition students. The nursing courses are planned and taught by the Associate Degree Nursing Faculty.

### **NURSING COURSE COMPONENTS**

During severe emergencies, such as the COVID pandemic, nursing courses may be changed to hybrid instruction. Classroom content may be taught remotely, either synchronous or asynchronous. Some labs, skills, and clinical will be face-to-face. This will be discussed in detail with course syllabus review.

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 may 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 student's 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-124, S-128, and S-160 in the Health Science Building. These are designed to provide the practice setting and experience needed for clinical competency. Students are required to enroll in two skills courses as well as attend assigned skills sessions while enrolled in nursing courses.

### **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 and a student computer lab in the A building.

### **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, in the course syllabus, and within the BlackBoard course shell.

### **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. A grade of an "R" will be assigned to the co-requisite course where the D or F was earned. 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**

90 – 100 = A  
80 – 89 = B  
75 – 79 = C  
60 – 74 = D  
Below 60 = F

### **TEST POLICY**

During severe emergencies such as the COVID pandemic, testing may occur with remote proctoring. A reliable internet connection and computer with webcam and microphone capabilities will be required.

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.
10. ExamSoft software will be used to administer unit and final exams. Students may use their personal device or an ACC computer. Specific details are available in each course syllabi.
11. NOTE: In the event the total exam points are a fractional number, standard rounding will occur. Any fractional value equal to or greater than XX.50 will be rounded to the next higher whole number. Any fractional value equal to or less than XX.49 will be rounded to the lower whole number. For example, 374.50 will be rounded to 375. A score of 374.49 will be rounded to 374.
12. Exam Taking Environment: unit and final exams are computer based. Students will use an ACC provided computer or personal laptop. Power cords should be brought with the personal lap top. Student ID and pen and/or pencil are required; other personal items (Kleenex, ear plugs, etc.) must be approved by the instructor. Students are required to leave hats, scarves, gloves, hoodies and coats outside the testing room. Provisions are made for religious/cultural dress. Car keys must be placed at the front of the room. Cell phones and all watches are absolutely prohibited in the testing area and if found will be considered an act of cheating resulting in consequences for academic dishonesty and could affect both the individual and tiered group grades. A calculator will be available on the computer and instructors will provide scratch paper.

### **ACADEMIC CONFERENCE/REMEDIATION EXAMPLE**

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: \_\_\_\_\_

### **CALCULATION EXAMS**

Calculation exams are administered throughout the first semester and at the beginning of each subsequent semester. A score of 90% is required for passing first-year exams (RNSG 1260, RNSG 1441, RNSG 1262) and 100% for second-year exams (RNSG 2462, RNSG 2463). The student may take the exam a total of four (4) times in each course to achieve the required grade. The dates of each exam are listed in the course calendar. A grade of zero (0) will be recorded if a student is absent for a scheduled exam. **Failure to pass the dosage calculation exam after four attempts will result in the student being required to withdraw from both theory and clinical courses with a “W” being recorded. Should the student not withdraw from the courses an “F” will be recorded in both courses.**

## **ATI EXAMINATIONS**

Throughout and at the completion of each semester, comprehensive specialty standardized exams are administered. Students scoring certain proficiency levels 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) twice. The results of the exit exam are utilized for remediation and during academic advising for all graduates.

## **ACADEMIC POLICIES**

### **ATTENDANCE**

Students are expected to arrive on time and 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. Arriving tardy is unprofessional and distracting. Students will be penalized for tardy arrivals as documented in each course SIP. 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.

### **ATTENDANCE IN ONLINE & HYBRID COURSES**

Online and hybrid course attendance will be determined in terms of participation. According to the U.S. Department of Education definitions simply logging into the course in Blackboard does not constitute attendance in the online class. Examples of online attendance, as defined by the U.S. Department of Education, includes direct interaction between instructor and student; submission of an academic assignment; examination, interactive tutorial or computer assisted instruction; participation in online discussion about academic matters; video assignments, etc. Any of the previously listed activities above can be used for certifying attendance for Distance Education students. Students are responsible for all material presented or assigned for a course and will be held accountable for such materials in the determination of course grades. Each individual course syllabus will provide further details on attendance taking methods for that course.

Faculty will review student participation for the week and enter attendance accordingly. Hybrid sections will utilize online participation and take attendance on their assigned face-to-face meeting dates.

### **STUDENT WITHDRAWAL**

The Associate Degree Nursing Department 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](mailto: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 grade point average (GPA) of 3.0. See the ‘Paying for College area’ on the POD for more information:

<https://portal.alvincollege.edu/payingforcollege/Pages/default.aspx>

Announcements of other scholarships are made in class, posted in the BlackBoard Nursing Lounge, 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 and get clearance from the Texas Board of Nursing. 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/Client 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 Chromatography / 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. A petition for declaratory order must be filed with the Texas Board of Nursing and the student must receive a positive outcome letter to continue in the program.

### **HEALTH AND ILLNESS**

Students are responsible for their own health and the expenses of healthcare. **Personal health insurance is now required.** Prior to entering the second semester of the Program, traditional/generic students must provide proof of health insurance coverage. LVN/ADN Transition students must provide proof of health insurance upon admission. 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 blood test), and 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. Students who become pregnant during the course of the nursing program, should discuss plans for completion of the program with the Director. The student must also present a statement from her physician indicating her ability to perform the physical activities required in the nursing program. The estimated date of delivery should be included.

Due to the physical nature of the profession, technical standards, and job requirements, there is no "light duty" in this program. If a student cannot perform the required duties for any reason the student will be allowed to withdraw in good standing and return as soon as the student receives clearance from his/her physician. A plan for completion will be established that meets the needs of the student and the college timeline.

Should emergency care be necessary when the student is in the clinical setting, the student will be provided with emergency care at the clinical affiliate to which they are assigned. This care is provided in accordance with the Agreement between Alvin Community College and the clinical affiliate. The **student will be charged for this care** and for any follow-up care that may be required.

### **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). There must be a skills component to the course (i.e. not solely online). 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 14<sup>th</sup> 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 worn in the clinical area and on campus as required, including simulation days and skills check-offs. Only the ACC lab coat may be worn with the uniform (i.e. hoodies or other

sweaters/sweatshirts are not allowed). 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 with uniform.** The ID badge must be plainly visible. The ACC patch is worn 2” down from the shoulder seam on the left arm. The uniform company provides this patch.

## UNIFORM ITEMS

### Women’s Uniform

WW620 V NECK 2 POCKET TOP (CHEROKEE REVOLUTION)—Navy  
WW105 ELASTIC UTILITY PANT (CHEROKEE REVOLUTION)—Navy  
4005 DRAWSTRING CARGO PANT (CHEROKEE CORE STRETCH)—Navy

### Men’s Uniform

WW670 V-NECK TOP (CHEROKEE REVOLUTION)—Navy  
WW140 MEN’S BUTTON PANT WITH DRAW—Navy

### Jacket

WW310 WOMEN’S SNAP JACKET—White  
WW360 MEN’S ROUND NECK JACKET—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. Specific information is required on the school ID. Inform the clerk creating the ID that you are a nursing student.

### All students must have the following items:

1. Analog watch with second hand; modest style without ornamentation
2. Black pen
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 business casual attire 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.

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. Facial hair must be neatly trimmed and should be short enough to be covered by a surgical mask. False eyelashes are not permitted in any clinical facility.

Jewelry worn with the uniform is limited to a ring, a 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 be worn. This includes tongue studs. No chains, bracelets, or necklaces are permitted. **ALL** tattoos must be covered. Long-sleeved under shirts in navy or white must be worn to cover arm tattoos. A concealer such as *Dermablend* must be used to cover other visible tattoos such as those on hands and neck. Adhesive bandages (e.g. Band-Aid) may be used to cover small tattoos on head, but not hands as this would pose an infection control risk regarding hand washing.

Heavy makeup is inappropriate while in uniform. Artificial nails and nail polish are not to be worn. Some of the specialty units, such as mental health facilities and neonatal units, may have different dress code requirements. These requirements will be addressed by the clinical instructor.

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



### **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 the student 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, e.g., 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](http://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;

Notify the instructor (outside of class) regarding problems with any of the above regulations, or notify the instructor about situations that interfere with learning.

### **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, clients, 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**

Clinical agencies require proof of student's personal health insurance coverage as a requirement for clinical training. **Personal health insurance is now required.** Prior to entering the second semester of the Program, each traditional student must provide proof of health insurance coverage. LVN-ADN Transition students must provide proof of insurance upon admission to the program. 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 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. The College provides all students with a student email ([ACCessID@student.alvincollege.edu](mailto:ACCessID@student.alvincollege.edu)). This email will be the only form of electronic communication between ACC and the student. It is the student's responsibility to regularly check this email.

## 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 caregiver, 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 through the portal via The POD or in the Admissions Department. 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.

**Alvin Community College  
Associate Degree Nursing  
Policy for Criminal Background Screening**

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](http://www.bon.state.tx.us), contains eligibility questions and the petition for declaratory order. Individuals with felonies are ineligible for admission to the ACC nursing programs.

#### 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 2-5 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/licensure\\_eligibility.asp](http://www.bon.state.tx.us/licensure_eligibility.asp)

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

1. Have you ever had any disciplinary action on a nursing license or a privilege to practice in any state, country, or province?
2. Do you have an investigation or complaint pending on a nursing license or a privilege to practice in any state, country, or province?
3. Have you, in the last 5 years\*, been addicted to and/or treated for the use of alcohol or any other drug?
4. For any criminal offense\*, including those pending appeal, have you:  
(*You may only exclude Class C misdemeanor traffic violations or offenses previously disclosed to the Texas Board of Nursing on an initial or renewal application.*)
  - A. been arrested and have a pending criminal charge?
  - B. been convicted of a misdemeanor?
  - C. been convicted of a felony?
  - D. pled nolo contendere, no contest, or guilty?
  - E. received deferred adjudication?
  - F. been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
  - G. been sentenced to serve jail, prison time, or court-ordered confinement?
  - H. been granted pre-trial diversion?
  - I. been cited or charged with any violation of the law?
  - J. been subject of a court-martial; Article 15 violation; or received any form of military judgment/punishment/action?

**NOTE: Expunged and Sealed Offenses:** While expunged or sealed offense, arrests, tickets, or citations need not 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. Non-disclosure of relevant offenses raises questions related to truthfulness and character. (See 22 TAC §213.27)

**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. However, a criminal matter that is the subject of an order of non-disclosure may become a character and fitness issue. Pursuant to 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 any conduct that raises issues of character and fitness.

5. Have you ever had any licensing (other than a nursing license) or regulatory authority in any state, jurisdiction, country, or province revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew or otherwise discipline any other professional or occupational license, certificate, nurse aide registration or multistate privilege to practice that you held?
6. Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice nursing in a competent, ethical, and professional manner?
7. \*Are you currently the target or subject of a grand jury or governmental agency investigation?
8. \*Are you currently a participant in an alternative to discipline, diversion, or a peer assistance program? (This includes all confidential programs)

**NOTE:** Any positive response will remain confidential and not subject to public disclosure unless required by law.

9. Have you ever been granted the authority to practice nursing in any country, state, province, or territory?

**NOTE:** This does not apply to any nursing license(s) issued by another US state or territory, excluding Puerto Rico. If you were licensed in Puerto Rico, you should be answering yes.

\*Pursuant to the Texas Occupations Code §301.207, information, including diagnosis and treatment, regarding an individual's physical or mental condition, intemperate use of drugs or alcohol, or chemical dependency and information regarding an individual's criminal history is confidential to the same extent that information collected as part of an investigation is confidential under the Texas Occupations Code §301.466.

## CRIMINAL ACTIVITY DURING NURSING PROGRAM ENROLLMENT

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) and Viewpoint.

When reviewing any information concerning a student's legal infractions, the ACC Nursing Programs utilize the same considerations that the BON considers 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 the 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 the Director within the required time frame, one of two things will occur:
  1. The Director will review the charges and confer with the student. The 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 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. All ADN reentry policies will apply.
    - 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. All VN reentry policies will apply.
    - 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.

Note: If the legal infraction incurred is a felony, the student cannot continue in the program until the legal matter is resolved. If resolution results in a felony record, the student may not reenter the program. This applies even if the BON has stated that the BON will allow the student to take the NCLEX after graduation from a BON approved program.

### **REENTERING STUDENTS MUST MEET ALL CURRENT ADMISSION REQUIREMENTS. READMISSION IS NOT GUARANTEED**

The decision as to whether to retain, suspend, or dismiss a student lies with the Director. The 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.

Additionally, enrolled students should understand that upon graduation and successfully passing the NCLEX exam, future criminal behavior may result in loss of licensure.

**Policy approved 04/29/14, Reviewed 3/16, 4/17, Revised 5/18, 6/21**

## APPENDIX A – Approximate Cost

### ALVIN COMMUNITY COLLEGE ASSOCIATE DEGREE NURSING

APPROXIMATE COST for 2-YEAR ADN PROGRAM											
Semester	RNSG Credit Hours	ACC Tuition			ACC Fees	Course Fees	Required Texts	Additional Expenses <i>see below</i>	TOTALS		
		In-district	Out-of-district	Out-of-state					In-district	Out-of-district	Out-of-state
FIRST	9	423	846	1287	691	435	713	730	2,992	3,415	3,856
SECOND	10	470	940	1430	745	400	569	50	2,234	2,704	3,194
THIRD	9	423	846	1287	691	378			1,492	1,915	2,356
FOURTH	8	376	752	1144	637	370	69	805	2,257	2,633	3,025
<b>TOTAL</b>	<b>36</b>	<b>\$1,692</b>	<b>\$3,384</b>	<b>\$5,148</b>	<b>\$2,764</b>	<b>\$1,583</b>	<b>\$1,351</b>	<b>\$1,585</b>	<b>\$8,975</b>	<b>\$10,667</b>	<b>\$12,431</b>

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

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

*Approximate costs for required nursing texts only; optional nursing texts are extra*

### ADDITIONAL EXPENSES

1st Semester		Cost	2nd Semester		Cost
Uniform+shoes (varies by size and gender)		150	Health Insurance		varies
Nurse Pack		183	Mandatory Hepatitis-B titer		50
Supplies-(Stethoscope, Scissors, etc)		90	Subtotal		<b>\$50</b>
ANSA dues		10			
Criminal Background Check/Drug Screen and Health Portal - View Point		90	Last Semester		Cost
Criminal Background Check - BON DPS/FBI		38	Licensure Application fee - Texas BON		100
CPR certification		95	NCLEX-RN Registration		200
HESI-A2 test fee		74	NCLEX-RN Review Course (recommended)		400
Apple iPad, Kindle, or Tablet		varies	Pictures for Licensure		25
Physical exam, TB test, immunizations		varies	Associate Degree Nursing Pin		40
Health Insurance		varies	Lamp for Pinning Ceremony		10
Subtotal		<b>\$730</b>	Graduation Cap and Gown		30
			Subtotal		<b>\$805</b>

*Alvin Community College may change tuition rates and other fees without notice or when so directed by the Board of Regents.*

*Please contact the college business office if you need an exact cost listing for financial aid purposes.*

Check with your health care provider regarding costs of physical exam, TB screen & immunizations



**ALVIN COMMUNITY COLLEGE  
ASSOCIATE DEGREE NURSING**

APPROXIMATE COST for LVN-to-ADN TRANSITION PROGRAM											
Semester	RNSG Credit Hours	ACC Tuition			ACC Fees	Course Fees	Required Texts	Additional Expenses <i>see below</i>	TOTALS		
		In-district	Out-of-district	Out-of-state					In-district	Out-of-district	Out-of-state
FIRST	7	329	658	1001	583	383	932	730	2,957	3,286	3,629
SECOND	9	423	846	1287	691	378		50	1,542	1,965	2,406
THIRD	8	376	752	1144	637	370	69	805	2,257	2,633	3,025
<b>TOTAL</b>	<b>24</b>	<b>\$1,128</b>	<b>\$2,256</b>	<b>\$3,432</b>	<b>\$1,911</b>	<b>\$1,131</b>	<b>\$1,001</b>	<b>\$1,585</b>	<b>\$6,756</b>	<b>\$7,884</b>	<b>\$9,060</b>

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

*Costs for nursing courses only (courses starting with "RNSG"); non-nursing courses are extra*

*Approximate costs for required nursing texts only; optional nursing texts are extra*

**ADDITIONAL EXPENSES**

1st Semester	
Uniform+shoes (varies by size and gender)	150
Nurse Pack	183
Supplies-(Stethoscope, Scissors, etc)	90
ANSA dues	10
Criminal Background Check/Drug Screen and Health Portal - View Point	90
Criminal Background Check - BON DPS/FBI	38
CPR certification	95
HESI-A2 test fee	74
Apple iPad, Kindle, or Tablet	varies
Physical exam, TB test, immunizations	varies
Health Insurance	varies
<b>Subtotal</b>	<b>\$730</b>

2nd Semester	
Mandatory Hepatitis-B titer	50
<b>Subtotal</b>	<b>\$50</b>

Last Semester	
Licensure Application fee - Texas BON	100
NCLEX-RN Registration	200
NCLEX-RN Review Course (recommended)	400
Pictures for Licensure	25
Associate Degree Nursing Pin	40
Lamp for Pinning Ceremony	10
Graduation Cap and Gown	30
<b>Subtotal</b>	<b>\$805</b>

*Alvin Community College may change tuition rates and other fees without notice or when so directed by the Board of Regents.*

*Please contact the college business office if you need an exact cost listing for financial aid purposes.*

Check with your health care provider regarding costs of physical exam, TB screen & immunizations

## **APPENDIX B - DECS**

### **Differentiated Essential Competencies Of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgments, and Behaviors 2021**

#### **Background**

The Differentiated Essential Competencies (DECs) is the fourth generation of the Texas Board of Nursing (BON or Board) competencies with differentiation based upon the education outcomes of the three levels of prelicensure nursing education programs. The current revision was developed through a comprehensive review of current literature and research, nursing standards, state and national regulations, changes in the health care environment, and advances in nursing practice. Board Staff and a Board-appointed DECs Work Group provided guidance and expertise to the process.

#### **Purpose**

The DECs were designed to provide guidance to prelicensure nursing education programs to prepare graduates to enter nursing practice as safe, competent nurses, as well as to provide a baseline for the health care setting of the nursing knowledge, skills, abilities, and judgment among graduates from Texas nursing programs. It is acknowledged that not all competencies can be evaluated upon graduation from a nursing program, but the graduate will have received the educational preparation to demonstrate each competency. As the novice nurse gains practice experience, the entry-level competencies from education will continue to grow as the nurse demonstrates an expanding expertise.

#### **Outline of the DECs**

Twenty-five core competencies in the DECs are categorized under four main nursing roles:

- Member of the Profession
- Provider of Patient-Centered Care
- Patient Safety Advocate
- Member of the Health Care 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 the section under each role can stand alone. Competencies for each level of educational preparation are presented in a table format. The competencies are differentiated and progressive by educational preparation. The scope of practice and competency level may be compared across the table.

#### **Implications**

For Nursing Education:

- Guideline for curriculum development and revision
- Benchmark for measuring program outcomes
- Statewide standard to ensure that graduates are prepared to enter practice as safe, competent nurses

For Employers of Nurses:

- Guide for development of employee orientation and internship programs
- Baseline for job descriptions and career ladders
- Description of entry-level competencies for new nurses
- Information helpful for reviewing and revising policies and procedures for nursing care

## Texas Board of Nursing Diploma and Associate Degree Nursing Education

Although the programs for Diploma Nursing and Associate Degree Nursing (ADN) education vary in missions and philosophies of the governing institutions, competencies have been determined as common for graduates of both programs. These competencies describe the expectations for entry-level into registered nursing practice.

Diploma programs are hospital-based, single purpose schools of nursing usually consisting of two years of general education and nursing courses. These programs follow the missions, values, and purposes of the governing institutions, and prepare graduates to provide and coordinate health care of individuals and their families throughout the life span across the health continuum. General education courses from an accredited college or university may be required as prerequisites courses offered prior to or concurrently with nursing courses. The general education courses may provide a foundation in communication, psychology, human growth and development, and related sciences to support the nursing courses. A Diploma program of study completed after December 31, 2014, must entitle a student to receive a degree [Texas Occupation Code 301.157(a-1)].

ADN programs, located in community colleges, senior colleges, and career schools, are completed within a time frame equivalent to two academic years but not more than four calendar years. The curriculum includes courses in the liberal arts; natural, social, and behavioral sciences; and nursing science. Degree requirements in public colleges and universities must not be greater than 60 semester credit hours, with approximately half the program requirements in nursing courses. General education courses provide a foundation for nursing content in ADN education and enable graduates to apply theoretical content and evidence-based findings in the provision of nursing care. The BON requires didactic instruction and clinical learning experiences in five content areas: medical-surgical, maternal/child health, pediatrics, geriatrics, and mental health nursing.

Nursing courses in Diploma and ADN nursing programs must provide opportunities for students to demonstrate competence in the application of nursing knowledge and clinical judgments and behaviors in health care settings. The entry-level graduate from a Diploma or ADN program integrates knowledge from general education and sciences for the delivery of safe and compassionate care for patients and their families. The nursing content prepares students to establish therapeutic relationships with patients and their families in the promotion, prevention, rehabilitation, maintenance, and restoration of health for individuals of all ages. The curriculum also promotes skills in nursing care supervision and management, and in providing care within legal and ethical parameters.

All levels of prelicensure nursing education prepare graduates to demonstrate the DEC's and the competencies for each educational level are based upon the preparation in the program of study. Graduates of Diploma and Associate Degree nursing education programs who have qualified and completed all aspects of the application to take the NCLEX-RN® will receive authorization to practice under direct supervision of a registered professional nurse for **up to 75 days** while awaiting testing and licensure.

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 health care 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 health care 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 regulation and the policies and procedures of the employing health care 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 influenced by culture, spirituality, ethnicity, identity, and social diversity of patients and their families, and the 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 comprehensive 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 health care team.
- D. Provide safe, compassionate, comprehensive nursing care to patients and their families through a broad array of health care 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 physical 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 in a timely manner with patients, their families, and the interdisciplinary health care team to plan, deliver, and evaluate patient-centered care.
- B. Serve as a health care advocate in monitoring and promoting quality and access to health care 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 manage information using technology to support decision-making to improve patient care.
- E. Assign and/or delegate nursing activities to other members of the health care team based upon an analysis of patient or workplace need.
- F. Supervise nursing care by others for whom the nurse is responsible by using evidence-based nursing practice.
- G. Participate with health care teams during local or global health emergencies or pandemics to promote health and safety and prevent disease.

### **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.
  - 1b. National standards of nursing practice and care.
  - 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 Nursing Peer Review.
- 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 that conform to generally accepted standards of nursing care and of regulation.
- 7b. Aspects of professional behavior and in providing service excellence.
- 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. Practice according to the Texas laws and regulations.

- 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 implementing Nursing Peer Review.
7. Demonstrate professional characteristics that display a commitment to nursing care and to recognizing and meeting patient needs.
8. Use communication techniques and management skills to maintain professional boundaries between patients and individual healthcare team members.
9. Uphold professional behavior in nursing compartment and in following organizational standards and policies.
10. 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, and pathways for academic progression).
4. Changing roles and competencies in professional nursing.
5. Research in self-care practices of nurses.

***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.
6. Engage in self-care practices that promote work-life balance.

## **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.
- 2b. Characteristics of vulnerable patients.
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.
- 2c. Apply principles of assisting vulnerable patients.
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 influenced by culture, spirituality, ethnicity, identity, and social diversity 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. Social determinants of health.

### ***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.
- 9a. Recognize that political, economic, and societal forces affect the health of patients and their families.  
9b. Identify health risks related to social determinants of health.

**C. Analyze comprehensive 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***

1. a. Principles of establishing nurse-patient/family relationship including cultural aspects of care.  
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.
3. Principles of disease prevention, health promotion, education, and rehabilitation for patients.
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.

4b. 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. Aspects of professional behavior that conform to generally accepted standards of nursing care and of regulation.
- 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 aspects of professional character.

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

7. Principles and strategies of stress management, crisis intervention, and conflict management.

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.

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.



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.

5a. Report and document patient's responses to nursing interventions.

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.

2a. Principles, methods, strategies, and outcomes of learning and teaching.

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. Prevention of workplace violence.

3c. Promoting a safe environment and a culture of safety.

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.

2a. Report the need for corrective action within the organization for safe patient care.

2b. Report threatening or violent behavior in the workplace.

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 and maintain nursing 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.
- 1c. Promoting a culture of safety implementing principles of just culture.
  
2. Methods for promoting safety in the patient care environment consistent with current standards and guidelines.
  
- 3a. Role in safety and risk management for patients and others.
- 3b. De-escalation of potential or actual violent behavior.
- 3c. Civility vs. incivility.
  
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, nursing peer review, and "Whistleblower" protection.

**Clinical Judgments and Behaviors**

1. Promote a safe, effective environment conducive to the optimal health, safety and dignity of the patients and their families, the healthcare team, and others consistent with the principles of just culture.
  
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**

- 1a. Principles of disaster preparedness and communicable disease prevention and control for patients and their families.
- 1b. Elements of health care setting and community readiness for disrupting events such as disasters and major interferences with the health and well-being of the many.
  
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 nursing peer review 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 interdisciplinary/ 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 in a timely manner 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. Change theory and managing change.
  - 3b. Principles of conflict management, decision-making, assertiveness, motivation, delegation, supervision and time management.
- 4a. Patient advocacy and consumer rights and responsibilities.
  - 4b. Legal and ethical processes related to healthcare.
- 5a. Principles of evidence-based practice and application of evidence-based outcomes 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, nursing 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.

6. Issues and trends in healthcare delivery.

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 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.

**\*E. 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 team members

**\*F. 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.

**G. Participate with health care teams during local or global health emergencies or pandemics to promote health and safety, and prevent disease.**

### **Knowledge**

1. Impact of global health on local communities.
  - 2a. Global health organizations.
  - 2b. Sources of global health information and data.
3. Nursing roles during global or local emergencies and pandemics.
4. Factors that impact global and local health: social justice and equity; holistic care; advocacy for global health; sustainability of nurses in global health (including environmental conditions and self-care); and interprofessional collaboration.

***Clinical Judgments and Behaviors***

1. Recognize the impact and prepare to respond to an emergent global or local health issue in a supportive role.
2. Provide information to patients, staff, and others in understanding the extent of emergency and their response.

3. Fulfill an assigned role with the health care team to promote safety and health for the staff and public during an emergency or pandemic.
4. Include public health strategies in the care of individuals and communities that address resolution of global or local crisis and promotion of health among the population.

## **APPENDIX C - TEXAS ADMINISTRATIVE CODE**

### **TEXAS OCCUPATIONS CODE SECTIONS 301.252, 301.257, and 301.452 – 301.469**

#### **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 related to the practice of nursing; (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. (a-2) An applicant who provides satisfactory evidence that the applicant has not committed a violation of this chapter or a rule adopted under this chapter is considered to have good professional character related to the practice of nursing. A determination by the board that an applicant does not have good professional character related to the practice of nursing must be based on a showing by the board of a clear and rational connection between a violation of this chapter or a rule adopted under this chapter and the applicant's ability to effectively practice nursing. (b) The board may waive the requirement of Subsection (a)(2) for a vocational nurse applicant if the applicant provides satisfactory 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 nurse education located in another state or a foreign country. (c) The board by rule shall determine acceptable levels of education under Subsection (b). [Amended by Acts 2007 (H.B. 2426), 80th Leg., eff. Sept. 1, 2007. The requirement to pass a jurisprudence examination, as amended by this Act, applies only to an individual who applies for a license as a nurse on or after September 1, 2008. Amended by Acts 2017 (H.B. 2950), 85th Leg., eff. Sept. 1, 2017.]

#### **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. 39 (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. (j) The board may file a petition under this section based on the results of a criminal history record information check conducted under Section 301.2511. The board by rule shall adopt requirements for the petition and determination under this subsection. The rules must: (1) identify the criminal offenses that constitute grounds for the board to file the petition; and (2) describe the documents required by the board to make a determination of license eligibility. (k) The board shall make a determination of license eligibility under Subsection (j) not later than the 120th day after the date the person submits the required documents to the board under that subsection. (l) The board may require in a declaratory order under this section that a person begin participation in a peer assistance program at the time of receipt of an initial license under this chapter. The board shall notify the person that, on issuance of the person's initial license, the person may request reevaluation of the person's required participation in the peer assistance program. (m) The board by rule shall develop a process to determine whether a person should continue to be required to participate in a peer assistance program. In making the determination, the board shall: (1) review the person's criminal history record information and, if applicable, determine whether participation in the program is warranted based on the time that has elapsed since the conviction or end of community supervision; (2) reevaluate or require a contractor administering a peer assistance program to reevaluate the treatment plan or the time the person is required to participate in the peer assistance program based on the person's individualized needs; and (3) authorize, as appropriate, a waiver of peer assistance program completion if the board is satisfied the person has achieved a satisfactory period of treatment or documented sobriety, as defined by board rules, and continued participation is not necessary. [Amended by Acts 2009 (H.B. 3961), 80th Leg., eff. June 1, 2009. Subsections (j) and (k) added by Acts 2013 (S.B. 1058), 83rd Leg., eff. Sept. 1, 2013. Subsections (l) and (m) added by Acts 2017 (H.B. 2950), 85th Leg., eff. Sept. 1, 2017.]

#### **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 or abetting 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 or under federal law; (9) intemperate use of alcohol or drugs that the board determines endangers or could endanger a patient; (10) unprofessional conduct in the practice of nursing that 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). 62 (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 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. (e) The board shall adopt rules to ensure that license denials and disciplinary action under Subsection (b)(10) are based on the application of objective criteria that are clearly and rationally connected to the applicant's or license holder's conduct and that any negative outcome resulting from that conduct is determined to affect the person's ability to effectively practice nursing. [Amended by Acts 2013 (S.B. 1058), 83rd Leg., eff. Sept. 1, 2013. Amended by Acts 2017 (H.B. 2950), 85th Leg., eff. Sept. 1, 2017.]

### **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. 35 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 (H.B. 3961), 81st Leg., eff. June 19, 2009. Subsection (j) amended by Acts 2011 (S.B. 193), 82nd Leg., eff. Sept. 1, 2011.]

### **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: 36 (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; (4) perform public service the Board considers appropriate; or (5) abstain from the consumption of alcohol or the use of drugs and submit to random periodic screening for alcohol or drug use. (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 (H.B. 3961), 81st Leg., eff. June 19, 2009. Amended by Acts 2013 (S.B. 1058), 83rd Leg., eff. Sept. 1, 2013.]

### **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: (A) is being disciplined for multiple violations of either this chapter or a rule or order adopted under this chapter; or (B) has previously been the subject of disciplinary action by the Board and has previously complied with board rules and this chapter; (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 young child or children 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 involving a violation of certain court orders or conditions of bond under Section 25.07, 25.071, or 25.072, Penal Code, punished as a felony; (11) an agreement to abduct a child from custody under Section 25.031, Penal Code; (12) the sale or purchase of a child under Section 25.08, Penal Code; (13) robbery under Section 29.02, Penal Code; (14) aggravated robbery under Section 29.03, Penal Code; (15) an offense for which a defendant is required to register as a sex offender under Chapter 62, Code of Criminal Procedure; or (16) 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. (b) On final conviction or a plea of guilty or nolo contendere for an offense listed in Subsection (a), the board, as appropriate, may not issue a license to an applicant, shall refuse to renew a license, or shall revoke a license. (c) A person is not eligible for an initial license or for reinstatement or endorsement of a license to practice nursing in this state before the fifth anniversary of the date the person successfully completed and was dismissed from community supervision or parole for an offense described by Subsection (a). [NOTE: Section 301.4535, Occupations Code, applies only to a person who is initially convicted of an offense or placed on deferred adjudication after a plea of guilty or nolo contendere for an offense on or after September 1, 2005. A person initially convicted of an offense or placed on deferred adjudication before that date is governed by the law in effect on the date the conviction or plea occurred, and the former law is continued in effect for that purpose. Amended by Acts 2009 (H.B. 3961), 81st Leg., eff. June 19, 2009. Subsection (a) amended by Acts 2013 (S.B. 743), 83rd Leg., eff. Sept. 1, 2013.]

**Sec. 301.454. Notice And Hearing.**

(a) Except in the case of a temporary suspension authorized under Section 301.455 or 301.4551 or an action taken in accordance with an agreement between the board and a license holder, the board may not take any 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. 38 (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: (A) is incomplete; (B) shows on its face that the person does not meet the renewal requirements; or (C) is not accompanied by the correct fee. [Subsection (a) amended by Acts 2013 (S.B. 1058), 83rd Leg., eff. Sept. 1, 2013.]

**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: (1) institution of proceedings for a hearing before the State Office of Administrative Hearings is initiated simultaneously with the temporary suspension or determination to restrict; and (2) a hearing is held as soon as possible under this chapter and Chapter 2001, Government Code. (c) The State Office of Administrative Hearings shall hold a preliminary hearing not later than the 17th day after the date of the temporary suspension or restriction to determine whether probable cause exists that a continuing and imminent threat to the public welfare exists. The probable cause hearing shall be conducted as a de novo hearing. (d) A final hearing on the matter shall be held not later than the 61st day after the date of the temporary suspension or restriction. [Subsection (c) amended by Acts 2011 (S.B. 193), 82nd Leg., eff. Sept. 1, 2011.]

**Sec. 301.4551. 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 (H.B. 3961), 81st Leg., eff. June 19, 2009. Amended by Acts 2011 (S.B. 193), 82nd Leg., eff. Sept. 1, 2011.]

**Sec. 301.456. Evidence.**

A certified copy of the order of the denial, suspension, or revocation or other action under Section 301.452(b)(8) 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: (1) whether the nurse's continued practice of nursing poses a risk of harm to clients 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. (f) 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 is 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. 301.458. Initiation Of Formal Charges; Discovery.**

(a) Unless there is an agreed disposition of the complaint under Section 301.463, if probable cause is found under Section 301.457(e)(2), the Board or the Board's authorized representative shall file formal charges against the nurse. (b) A formal charge must: (1) be written; (2) be specific enough to enable a person of common understanding to know what is meant by the formal charge; and (3) contain a degree of certainty that gives the person who is the subject of the formal charge notice of each particular act alleged to violate a specific statute, board rule, or board order. (c) A copy of the formal charge shall be served on the nurse or the nurse's counsel of record. 40 (d) The Board shall adopt reasonable rules to promote discovery by each party to a contested case. [Subsection (a) amended by Acts 2013 (S.B. 1058), 83rd Leg., eff. Sept. 1, 2013.]

**Sec. 301.459. Formal Hearing.**

(a) The board by rule shall adopt procedures under Chapter 2001, Government Code, governing formal disposition of a contested case. An administrative law judge employed by the State Office of Administrative Hearings shall conduct a formal hearing. After receiving the administrative law judge's findings of fact and conclusions of law for a contested case, the board shall dispose of the case by issuing a final order based on the administrative law judge's findings of fact and conclusions of law. 70 (a-1) Notwithstanding Section 2001.058(e), Government Code, the board in a contested case may not change a finding of fact or conclusion of law or vacate or modify an order of the administrative law judge. The board may obtain judicial review of any finding of fact or conclusion of law issued by the administrative law judge as provided by Section 2001.058(f)(5), Government Code. For each case, the administrative law judge may make a recommendation regarding an appropriate action or sanction. The board has the sole authority and discretion to determine the appropriate action or sanction. (b) In any hearing under this section, a nurse is entitled to appear in person or by counsel. [Amended by Acts 2017 (H.B. 2950), 85th Leg., eff. Sept. 1, 2017.]

**Sec. 301.460. Access To Information.**

(a) Except for good cause shown for delay and subject to any other privilege or restriction set forth by statute, rule, or legal precedent, the Board shall, not later than the 30th day after the date the board receives a written request from a license holder who is the subject of a formal charge filed under Section 301.458 or from the license holder's counsel of record, provide the license holder with access to: (1) all known exculpatory information in the Board's possession; and (2) information in the Board's possession that the board intends to offer into evidence in presenting its case in chief at the contested hearing on the complaint. (b) The Board is not required to provide: (1) Board investigative reports or investigative memoranda; (2) the identity of non-testifying complainants; (3) attorney-client communications; (4) attorney work product; or (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.

**Sec. 301.461. Assessment Of Costs.**

The Board may not assess a person who is found to have violated this chapter the administrative costs of conducting a hearing to determine the violation. [Amended by Acts 2017 (H.B. 2950), 85th Leg., eff. Sept. 1, 2017.]

**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.

**Sec. 301.465. Subpoenas; Request For Information.**

(a) Notwithstanding Section 2001.089, Government Code, the Board may request issuance of a subpoena to be served in any manner authorized by law, including personal service by a board investigator or 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-client privilege. No other privilege applies to a board proceeding. (c) The Board may pay a reasonable fee for photocopies 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. [Subsection (a) amended by Acts 2013 (S.B. 1058), 83rd Leg., eff. Sept. 1, 2013.]

**Sec. 301.466. Confidentiality.**

(a) A complaint and investigation concerning a nurse under this subchapter, all information and material compiled by the board in connection with the complaint and investigation, and the information described by Subsection (d) 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. (d) Notwithstanding Subsection (c), if the board orders a nurse to participate in a peer assistance program approved by the board under Section 467.003, Health and Safety Code, the complaint, filing of formal charges, nature of those charges, final board order, and disciplinary proceedings are subject to disclosure: (1) only to the same extent as information regarding a complaint is subject to disclosure under Subsection (b); or (2) in a subsequent matter relating to the board order or a subsequent violation of this chapter or a board rule. [Subsection (a) amended and Subsection (d) added by Acts 2013 (S.B. 1058), 83rd Leg., eff. Sept. 1, 2013.]

**Sec. 301.467. Reinstatement.**

(a) On application, the Board may reinstate a license to practice 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. (c) If the Board denies an application for reinstatement, it may set a reasonable waiting period before the applicant may reapply for reinstatement.

**Sec. 301.468. 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) At any time while the person remains subject to the probation order, the Board may hold a hearing and rescind the probation and enforce the Board's original action in denying or suspending the license. The hearing shall be called by the presiding officer of the Board, who shall issue a notice to be served on the person or the person's counsel not later than the 20th day before the date scheduled for the hearing that: (1) sets the time and place for the hearing; and (2) contains the charges or complaints against the probationer. (d) Notice under Subsection (c) is sufficient if sent by registered or certified mail to the affected person at the person's most recent address as shown in the Board's records. (e) A hearing under this section is limited to a determination of whether the person violated the terms of the probation order under Subsection (a) and whether the board should: (1) continue, rescind, or modify the terms of probation, including imposing an administrative penalty; or (2) enter an order denying, suspending, or revoking the person's license. (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. [Amended by Acts 2009 (H.B. 3961), 81st Leg., eff. June 19, 2009.]

**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.

**BOARD OF NURSING LICENSURE INSTRUCTIONS**  
**Sections 213.27 - 213.30 of Texas Administrative Code Title 22**

**§213.27. Good Professional Character.**

(a) Every individual who seeks to practice nursing in Texas must have good professional character related to the practice of nursing. This requirement includes all individuals seeking to obtain or retain a license or privilege to practice nursing in Texas. (b) The Board defines good professional character as the integrated pattern of personal, academic, and occupational behaviors that indicate that an individual is able to consistently conform his/her conduct to the requirements of the Nursing Practice Act, the Board's rules, and generally accepted standards of nursing practice. An individual who provides satisfactory evidence that he/she has not committed a violation of the Nursing Practice Act or a rule adopted by the Board is considered to have good professional character related to the practice of nursing. (c) A determination that an individual does not have good professional character related to the practice of nursing must be based on a showing by the Board of a clear and rational connection between a violation of the Nursing Practice Act or a rule adopted by the Board and the individual's ability to effectively practice nursing. When evaluating the rationale connection between the relevant conduct and the ability to effectively practice nursing, the Board will consider the following factors: (1) whether the individual will be able to practice nursing in an autonomous role with patients/clients, their families, significant others, healthcare professionals, and members of the public who are or who may become physically, emotionally, or financially vulnerable; (2) whether the individual will be able to recognize and honor the interpersonal boundaries appropriate to any therapeutic relationship or health care setting; (3) whether the individual will be able to make appropriate judgments and decisions that could affect patients/clients and/or the public; (4) whether the individual has exhibited an inability to conform his/her behavior to the requirements of the Nursing Practice Act, Board rules and regulations, including §217.11 (relating to Standards of Nursing 21 Practice) and §217.12 (relating to Unprofessional Conduct) of this title, and generally accepted standards of nursing practice; and (5) whether the individual will be able to promptly and fully self-disclose facts, circumstances, events, errors, and omissions, when such disclosure could enhance the health status of patients/clients or the public and/or could protect patients/clients or the public from an unnecessary risk of harm. (d) Actions from Other Jurisdictions. A certified copy of the order of the denial, suspension, or revocation or other action relating to an individual's license or privilege to practice nursing in another jurisdiction or under federal law is conclusive evidence of that action. The provisions of this §213.27 adopted to be effective October 29, 2015, 40 TexReg 7403; amended to be effective February 25, 2018, 43 TexReg 863

**§213.28. Licensure of Persons with Criminal History.**

(a) Purpose and Applicability. This section establishes the criteria utilized by the Board in determining the effect of criminal history on nursing licensure and eligibility for nursing licensure and implements the requirements of Texas Occupations Code §53.025. This section applies to all individuals seeking to obtain or retain a license or multistate licensure privilege to practice nursing in Texas. (b) An individual is subject to denial of licensure or to disciplinary action for a conviction for, or placement on deferred adjudication community supervision or deferred disposition for, a felony that is directly related to the practice of nursing or for a misdemeanor involving moral turpitude that is directly related to the practice of nursing (collectively referred to as crimes hereafter). This section applies to crimes that have been adjudicated through agreement or judicial order by a state or federal criminal justice system, without relitigation of the underlying factual basis for the agreement or judicial order. (c) The Board considers the crimes listed in the attached Criminal Guidelines (Guidelines) to be directly related to the practice of nursing. The Guidelines reflect the most common or well known crimes. The vast majority of an individual's criminal history that is reviewed by the Board will fall within the Guidelines. However,

the Guidelines are not intended to be an exhaustive listing, and they do not prohibit the Board from considering an offense not specifically listed in the Guidelines. In matters involving an offense that is not specifically listed in the Guidelines, such as a violation of another state's law, federal law, or the Uniform Code of Military Justice, a determination shall be made by comparing that offense to the crime listed in the Guidelines that contains substantially similar elements. The offense must meet the requirements of subsection (b) of this section to be actionable.

(d) The Board has determined that the crimes listed in the Guidelines in subsection (c) of this section are directly related to the practice of nursing for the following reasons. (1) Nursing is a unique profession. Nurses practice autonomously in a wide variety of settings and provide care to individuals who are, by virtue of their illness or injury, physically, emotionally, and financially vulnerable. These individuals include the elderly; children; individuals with mental disorders; sedated and anesthetized patients; individuals with mental or cognitive disorders; and disabled and immobilized individuals. Nurses that engage in criminal conduct potentially place patients, healthcare employers, and the public at future risk of harm. (2) Crimes involving fraud or theft. Nurses often have unfettered access to individuals' privileged information, financial information, and valuables, including medications, money, jewelry, credit cards/check book, and sentimental items. Nurses also provide around the clock care, working night and week end shifts at hospitals, long term care facilities, nursing homes, assisted living facilities, and in home health and home-like settings, where there is often no direct supervision of the nurse. Patients in these settings are particularly vulnerable to the unethical, deceitful, and illegal conduct of a nurse. When a nurse has engaged in criminal behavior involving fraud or theft in the past, the Board is mindful that similar misconduct may be repeated in these nursing settings, thereby placing patients, healthcare employers, and the public at risk. (3) Crimes involving sexual misconduct. Nurses also frequently provide care to partially clothed or fully undressed individuals, who are particularly vulnerable to exploitation. Due to the intimate nature of nursing care, professional boundaries in the nurse-patient relationship are extremely important. When a nurse has engaged in criminal behavior involving any type of sexual misconduct in the past, the Board is mindful that similar misconduct may be repeated in nursing settings. Such conduct may involve touching intimate body parts when the touch is not necessary for care, voyeurism, exposure of body parts when not necessary, and surreptitious touching. As such, the Board considers crimes involving any type of sexual misconduct to be highly relevant to an individual's ability to provide safe nursing care. (4) Crimes involving lying, falsification, and deception. Nurses are expected to accurately and honestly report and record information in a variety of sources, such as medical records, pharmacy records, billing records, nursing notes, and plans of care, as well as report errors in their own nursing practice. When a nurse has engaged in criminal behavior involving lying, falsification, or deceptive conduct, the Board is mindful that similar misconduct may be repeated in nursing settings, thereby placing patients, healthcare employers, and the public at risk. (5) Crimes involving drugs and alcohol. Nurses have a duty to their patients to provide safe, effective nursing care and to be fit to practice. Nurses who have a substance use disorder may exhibit impairment in both cognitive and motor functioning. A nurse affected by a substance use disorder may be unable to accurately assess patients, make appropriate judgments, or intervene in a timely and appropriate manner. This danger may be heightened when the nurse works in an autonomous setting where other healthcare providers are not present to provide interventions for the patient. As such, the Board considers crimes related to the use or possession of drugs or alcohol to be highly relevant to a nurse's fitness to practice. (6) Crimes involving violence or threatening behavior. Nurses provide care to the most vulnerable of populations, including individuals who often have no voice of their own and cannot advocate for themselves. Further, patients are dependent on the nurse-patient relationship for their daily care. When a nurse has engaged in violent or threatening criminal behavior in the past, the Board is mindful that patients may be at risk for similar behavior in a healthcare setting. As such, the Board considers crimes involving violence and threatening behavior to be highly relevant to a nurse's fitness to practice. (e) The Board has considered the nature and seriousness of each of the crimes listed in the Guidelines in subsection (c) of this section, the relationship of the crime to the purposes for requiring a license to engage in nursing; the extent to which a license to practice nursing might

offer an opportunity to engage in further criminal activity of the same type as that in which the individual previously was involved; and the relationship of the crime to the ability, capacity, or fitness required to perform the duties and discharge the responsibilities associated with the practice of nursing. The Board has determined that each crime listed in the Guidelines in subsection (c) of this section raises concerns about the propensity of the individual to repeat similar misconduct in the workplace, if provided the opportunity. The Board has also determined that similar misconduct in the workplace would place vulnerable individuals at risk of exploitation or victimization. As a result, if an individual has committed a crime listed in the Guidelines in subsection (c) of this section, the Board will evaluate that conduct to determine if disciplinary action is warranted. (f) Additionally, a crime will be considered to be directly related to the practice of nursing if the act: (1) arose out of the practice of vocational, professional, or advanced practice nursing, as those terms are defined by the Nursing Practice Act (NPA); 33 (2) involves a current or former patient; (3) arose out of the practice location of the nurse; (4) involves a healthcare professional with whom the nurse has had a professional relationship; or (5) constitutes a criminal violation of the NPA or another statute regulating another profession in the healing arts that also applies to the individual. (g) Sanction. Not all criminal conduct will result in a sanction. The Board recognizes that an individual may make a mistake, learn from it, and not repeat it in the nursing practice setting. As such, each case will be evaluated on its own merits to determine if a sanction is warranted. If multiple crimes are present in a single case, a more severe sanction may be considered by the Board pursuant to Texas Occupations Code §301.4531. If a sanction is warranted, the Board will utilize the schedule of sanctions set forth in §213.33(e) (relating to Factors Considered for Imposition of Penalties/Sanctions) of this chapter. At a minimum, an individual will be required to successfully complete the terms of his/her criminal probation and provide evidence of successful completion to the Board. If an individual's criminal behavior is due to, or associated with, a substance use disorder or a mental health condition, evidence of ongoing sobriety, effective clinical management, and/or appropriate ongoing treatment may be required. Further, if an individual's criminal history implicates his/her current fitness to practice, the individual may also be required to meet the requirements of §213.29 to ensure he/she is safe to practice nursing. (h) Factors. The following factors will be considered when determining the appropriate sanction, if any, in eligibility and disciplinary matters involving criminal conduct: (1) the nature, seriousness, and extent of the individual's past criminal activity; (2) the age of the individual when the crime was committed; (3) the amount of time that has elapsed since the individual's last criminal activity; (4) the conduct and work activity of the individual before and after the criminal activity; (5) evidence of the individual's rehabilitation or rehabilitative effort while incarcerated or after release; (6) other evidence of the individual's fitness, including letters of recommendation from prosecutors and law enforcement and correctional officers who prosecuted, arrested, or had custodial responsibility for the individual; the sheriff or chief of police in the community where the individual resides; and any other individual in contact with the convicted individual; (7) a record of steady employment; (8) support of the individual's dependents; (9) a record of good conduct; (10) successful completion of probation/community supervision or early release from probation/community supervision; (11) payment of all outstanding court costs, supervision fees, fines, and restitution ordered; (12) the actual damages, physical or otherwise, resulting from the criminal activity; (13) the results of an evaluation performed pursuant to Texas Occupations Code §301.4521 and §213.33(k) and (l) of this chapter; (14) evidence of remorse and having learned from past mistakes; (15) evidence of current support structures that will prevent future criminal activity; (16) evidence of current ability to practice nursing in accordance with the NPA, Board rules, generally accepted standards of nursing; and other laws that affect nursing practice; and (17) any other matter that justice requires. (i) Evaluations. Pursuant to Texas Occupations Code §301.4521 and §213.33(k) and (l) of this chapter, the Board may request or require an individual to undergo an evaluation with a Board-approved evaluator to better determine whether the individual is safe to practice nursing and is able to comply with the NPA, Board rules, and generally accepted standards of nursing. If an individual's criminal behavior is due to, or associated with, a substance use disorder or a mental health condition, evidence of ongoing sobriety, effective clinical management, and/or

appropriate ongoing treatment may also be required. (j) Youthful Indiscretions. Some criminal behavior may be deemed a youthful indiscretion under this paragraph. In that event, a sanction will not be imposed. The following criteria will be considered in making such a determination: (1) the offense was not classified as a felony; (2) absence of criminal plan or premeditation; (3) presence of peer pressure or other contributing influences; (4) absence of adult supervision or guidance; (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 criminal conduct; 34 §213.29. Fitness to Practice. (a) Each individual who seeks to practice nursing in Texas must possess current fitness to practice. This requirement includes all individuals seeking to obtain or retain a license or privilege to practice nursing in Texas and applies in all eligibility and disciplinary matters. Each individual has a duty to self-evaluate to ensure that he/she is fit to practice before providing nursing care. (b) An individual's fitness to practice will be determined by evaluating the individual's ability to consistently comply with the requirements of the Nursing Practice Act, the Board's rules and regulations, and generally accepted standards of nursing practice. An individual's fitness to practice may be subject to Board review due to an individual's substance use disorder; possession, abuse, or misuse of alcohol or drugs, prescribed or otherwise; or physical or mental health condition. This is not an exhaustive list. If an individual exhibits any conduct that may prevent him/her from practicing nursing with reasonable skill and safety, the Board will review the individual's conduct to determine if he/she possesses current fitness to practice. (c) Evaluations. If an individual exhibits conduct that raises questions about his/her fitness to practice, the Board may require the individual to undergo a physical and/or psychological evaluation that meets the criteria of the Occupations Code §301.4521 and §213.33 of this chapter (relating to Factors Considered for Imposition of Penalties/Sanctions). Pursuant to §301.4521, an individual subject to this rule is responsible for paying the costs of the evaluation. Utilizing the results of the evaluation and the individualized facts of the case, the Board may deny licensure (including renewal, reinstatement/reactivation, or the return to direct patient care from a limited license); suspend or revoke the individual's license or privilege to practice nursing in this state; or impose probationary conditions or restrictions on the individual's ability to practice nursing in this state. (d) Substance Use Disorders and Abuse/Misuse of Alcohol or Drugs. (1) Individuals who have been diagnosed, treated, or hospitalized for a substance use disorder that may impair their ability to practice nursing safely, will, at a minimum, be required to demonstrate sobriety and abstinence from drugs and alcohol for a minimum of twelve consecutive months, through verifiable and (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 NPA, Board rules, generally accepted standards of nursing, and other laws that affect nursing practice. (k) Bars to Licensure. (1) Texas Occupations Code §301.4535. The Board is required under Texas Occupations Code §301.4535(b) to deny an individual initial licensure or licensure renewal and to revoke an individual's nursing license or privilege to practice nursing in Texas upon a final conviction or a plea of guilty or nolo contendere for a criminal offense specified in §301.4535(a). Further, an individual is not eligible for initial licensure or licensure endorsement in Texas or for licensure reinstatement before the fifth anniversary of the date the individual successfully completed and was dismissed from community supervision or parole for an offense specified in §301.4535(a). (2) Imprisonment. Pursuant to Texas Occupations Code §53.021(b), an individual's license or multistate licensure privilege to practice nursing in Texas will be revoked by operation of law upon the individual's imprisonment following a felony conviction, felony community supervision revocation, revocation of parole, or revocation of mandatory supervision. (l) Arrests. The fact that an individual has been arrested will not be used as grounds for sanction. If, however, evidence ascertained through the Board's own investigation from information contained in the arrest record regarding the underlying conduct suggests actions violating the NPA or Board rules, the Board may consider such evidence. (m) The Executive Director is authorized to close an eligibility file when the individual seeking licensure has failed to respond to a request for information, a proposed eligibility order, or denial of licensure within 60

days of the request for information, proposed eligibility order, or denial. (n) Pursuant to the Nurse Licensure Compact, Texas Occupations Code §304.0015, Article III, (c)(7), an individual will not be eligible to hold a multistate licensure privilege if the individual has been convicted or found guilty, or has entered into an agreed disposition, of a felony offense under applicable state or federal criminal law. Further, pursuant to the Nurse Licensure Compact, Texas Occupations Code §304.0015, Article III, (c)(8), an individual will not be eligible to hold a multistate licensure privilege if the individual has been convicted or found guilty, or has entered into an agreed disposition, of a misdemeanor offense related to the practice of nursing, as determined on a case-by-case basis by the Board. The provisions of this §213.28 adopted to be effective February 25, 2018, 43 TexReg 867.

**§213.29. Fitness to Practice.**

(a) Each individual who seeks to practice nursing in Texas must possess current fitness to practice. This requirement includes all individuals seeking to obtain or retain a license or privilege to practice nursing in Texas and applies in all eligibility and disciplinary matters. Each individual has a duty to self-evaluate to ensure that he/ she is fit to practice before providing nursing care.

(b) An individual's fitness to practice will be determined by evaluating the individual's ability to consistently comply with the requirements of the Nursing Practice Act, the Board's rules and regulations, and generally accepted standards of nursing practice. An individual's fitness to practice may be subject to Board review due to an individual's substance use disorder; possession, abuse, or misuse of alcohol or drugs, prescribed or otherwise; or physical or mental health condition. This is not an exhaustive list. If an individual exhibits any conduct that may prevent him/her from practicing nursing with reasonable skill and safety, the Board will review the individual's conduct to determine if he/she possesses current fitness to practice.

(c) Evaluations. If an individual exhibits conduct that raises questions about his/her fitness to practice, the Board may require the individual to undergo a physical and/or psychological evaluation that meets the criteria of the Occupations Code §301.4521 and §213.33 of this chapter (relating to Factors Considered for Imposition of Penalties/Sanctions). Pursuant to §301.4521, an individual subject to this rule is responsible for paying the costs of the evaluation. Utilizing the results of the evaluation and the individualized facts of the case, the Board may deny licensure (including renewal, reinstatement/reactivation, or the return to direct patient care from a limited license); suspend or revoke the individual's license or privilege to practice nursing in this state; or impose probationary conditions or restrictions on the individual's ability to practice nursing in this state.

(d) Substance Use Disorders and Abuse/Misuse of Alcohol or Drugs. (1) Individuals who have been diagnosed, treated, or hospitalized for a substance use disorder that may impair their ability to practice nursing safely, will, at a minimum, be required to demonstrate sobriety and abstinence from drugs and alcohol for a minimum of twelve consecutive months, through verifiable and reliable evidence, in order to obtain or retain licensure. Verifiable and reliable evidence of sobriety and abstinence from drugs and alcohol may include evidence of the completion of inpatient, outpatient, or aftercare treatment, random drug screens, individual or group therapy, and/or support group attendance. Depending upon the individualized facts of each case, an individual may be required to establish this period of sobriety and abstinence prior to being permitted to practice nursing in this state. If appropriate, based upon the individualized facts of the case, an individual may also be eligible to obtain or retain licensure and practice nursing under an encumbered license with conditions/restrictions determined by the Board or through participation in a Board-approved peer assistance program created pursuant to the Texas Health and Safety Code Chapter 467 or other lawfully authorized peer assistance program. Licensure conditions/restrictions may include the completion of inpatient, outpatient, or after care treatment, random drug screens, individual or group therapy, and/or support group attendance. The outcome of any particular case will be based upon an evaluation of the individualized factors of the case and the potential risk of harm the individual's practice may pose to patients/clients and/or the public. (2) Individuals who have not been diagnosed, treated,

or hospitalized for a substance use disorder, but have nonetheless exhibited behaviors raising concerns about the individual's ability to practice nursing with reasonable skill and safety due to the possession, misuse, or abuse of alcohol or drugs, prescribed or otherwise, including related criminal conduct, may be required to demonstrate sobriety and abstinence from drugs and alcohol for a minimum of twelve consecutive months, through verifiable and reliable evidence, in order to obtain or retain licensure. Verifiable and reliable evidence of sobriety and abstinence from drugs and alcohol may include evidence of the completion of inpatient, outpatient, or aftercare treatment, random drug screens, individual or group therapy, and/or support group attendance. If appropriate, and depending upon the individualized facts of each case, an individual may be eligible to obtain or retain licensure and practice nursing under an encumbered license with conditions/ restrictions determined by the Board, which may include the completion of inpatient, outpatient, or after care treatment, random drug screens, individual or group therapy, and/or support group attendance. The outcome of any particular case will be based upon an evaluation of the individualized factors of the case and the potential risk of harm the individual's practice may pose to patients/clients and/or the public. (3) An individual's prior substance use disorder diagnosis or history of prior criminal conduct involving drugs or alcohol, prescribed or otherwise; or misuse or abuse of alcohol or drugs, prescribed or otherwise; will be considered by the Board only to the extent that it may be indicative of the individual's current lack of fitness to practice nursing.

(e) Mental Health Conditions and Diminished Capacity. (1) Individuals who have been diagnosed, treated, or hospitalized for a mental health condition that may impair their ability to practice nursing safely, will, at a minimum, be required to demonstrate controlled behavior and consistent compliance with recommended treatment, including compliance with a prescribed medication regime, for a reasonable amount of time, through verifiable and reliable evidence, in order to obtain or retain licensure. Depending upon the individualized facts of each case, an individual may be required to establish controlled behavior and compliance with recommended treatment, including compliance with a prescribed medication regime, prior to being permitted to practice nursing in this state. If appropriate, and depending upon the individualized facts of the case, an individual may also be eligible to obtain or retain licensure and practice nursing under an encumbered license with conditions/restrictions determined by the Board or through participation in a Board-approved peer assistance program created pursuant to the Texas Health and Safety Code Chapter 467. The outcome of any particular case will be based upon an evaluation of the individualized factors of the case and the potential risk of harm the individual's practice may pose to patients/clients and/or the public. (2) Individuals who have not been diagnosed, treated, or hospitalized for a mental health condition, but have nonetheless exhibited behaviors raising concerns about the individual's fitness to practice due to a mental health condition or diminished capacity may be required to demonstrate controlled behavior and compliance with recommended treatment, including compliance with a prescribed medication regime, for a reasonable amount of time, through verifiable and reliable evidence, in order to obtain or retain licensure. If appropriate, and depending upon the individualized facts of each case, an individual may also be eligible to obtain or retain licensure and practice nursing under an encumbered license with conditions/restrictions determined by the Board. The outcome of any particular case will be based upon an evaluation of the individualized factors of the case and the potential risk of harm the individual's practice may pose to patients/clients and/or the public. (3) An individual's prior mental health diagnosis or behavioral history will be considered by the Board only to the extent that it may be indicative of the individual's current lack of fitness to practice nursing.

(f) Other Medical Conditions. (1) The Board recognizes that individuals may have a variety of medical conditions that require medical treatment and/or a medication regime that includes prescription drugs. Although authorized by law and medically necessary, prescription drugs may affect an individual's fitness to practice. An individual must be able to function safely while under the effects of prescription drugs. An individual who abuses his/her prescription drugs or who has been unable to stabilize the synergistic effect of his/her medications may not possess current fitness to practice. Further, some prescription medications may cause side effects that affect an

individual's fitness to practice, even when taken properly. In some cases, an individual's physical condition may prevent the individual from practicing nursing safely. In addition to an individual's medication regime, the Board will review an individual's behavior, diagnosis/condition, and treatment plan to determine if he/she possesses current fitness to practice. Based upon the individualized facts of the case, including the results of a required evaluation, if any, the Board may deny licensure (including renewal, reinstatement/reactivation, or the return to direct patient care from a limited license); suspend or revoke the individual's license or privilege to practice nursing in this state; or impose probationary conditions or restrictions on the individual's ability to practice nursing in this state, including limiting the practice setting to one in which the individual is safe to practice nursing. (2) An individual's prior medical condition and/or diagnosis will be considered by the Board only to the extent that it may be indicative of the individual's current lack of fitness to practice nursing.

(g) Authority of Executive Director. In eligibility and disciplinary matters involving an individual's fitness to practice, the Executive Director may: (1) review information submitted by the individual and materials and information gathered or prepared by Board Staff; including evidence of the individual's safe practice, compliance with the Nursing Practice Act, Board rules and regulations, and generally accepted standards of nursing practice; verification of compliance with treatment; and evidence of sobriety; (2) identify any deficiencies in the information necessary for a determination regarding the individual's current fitness to practice; (3) close any eligibility file in which the individual seeking licensure has failed to respond to a request for information from the Board or to a proposal for denial of licensure within 60 days of the request or proposed denial, as applicable; (4) approve an individual's eligibility for licensure, enter eligibility orders as authorized in §211.7 (relating to Executive Director) of this title, and approve renewals, without Board ratification, when the evidence is clearly insufficient to support denial of licensure; and (5) propose eligibility and disciplinary orders in eligibility, disciplinary, and renewal matters consistent with the Board's rules and regulations and the interests of public safety and enter disciplinary orders as authorized in §211.7 of this title.

(h) The following eligibility and disciplinary sanction policies, as applicable, shall be used by the Executive Director, SOAH, and the Board in evaluating the impact of criminal conduct on nurse licensure in eligibility and disciplinary matters: (1) Sanctions for Behavior Involving Fraud, Theft, and Deception, approved by the Board and published on August 28, 2015, in the Texas Register and available on the Board's website at <http://www.bon.state.tx.us/disciplinaryaction/dsp.html>; (2) Sanctions for Behavior Involving Lying and Falsification, approved by the Board and published on August 28, 2015, in the Texas Register and available on the Board's website at <http://www.bon.state.tx.us/disciplinaryaction/dsp.html>; (3) 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>; and (4) Sanctions for Substance Use Disorders and Other Alcohol and Drug Related Conduct, approved by the Board and published on August 28, 2015, in the Texas Register and available on the Board's website at <http://www.bon.state.tx.us/disciplinaryaction/dsp.html>. The provisions of this §213.29 adopted to be effective October 29, 2015, 40 TexReg 7416.

### **§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 Graduates of Nursing Education Programs Within the United States, its Territories, or Possessions) 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 due to issues discussed in this rule 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, and the following information: (1) a statement by the petitioner indicating the reason(s) and basis of his/her potential ineligibility; (2) if the potential ineligibility is due to the petitioner's criminal history, all court documents, including, but not limited to: indictments, agreements for pre-trial diversion or deferred prosecution, orders of deferred adjudication, judgments, probation records, and evidence of completion of probation, as applicable; (3) if the potential ineligibility is due to the petitioner's mental health condition or diminished capacity, verifiable and reliable evidence of controlled behavior and consistent compliance with recommended treatment, including compliance with a prescribed medication regime, for a reasonable amount of time, as applicable; (4) if the potential ineligibility is due to the petitioner's substance use disorder and/or the abuse/misuse of alcohol or drugs, verifiable and reliable evidence of sobriety and abstinence from drugs and alcohol, which may include evidence of the completion of inpatient, outpatient, or aftercare treatment, random drug screens, individual or group therapy, and/or support group attendance; (5) the required fee, which is not refundable; and (6) an evaluation that meets the criteria of the Occupations Code §301.4521 and §213.33 of this chapter (relating to Factors Considered for Imposition of Penalties/Sanctions), as applicable.

(d) Once the Board has received all necessary information, including the information required by subsection (c) of this section, an investigation of the petition and the petitioner's eligibility shall be conducted. The investigation will be based upon an evaluation of the individualized factors of the case, the potential risk of harm the individual's practice may pose to patients/clients and/or the public, and the petitioner's ability to meet the requirements of §213.27 (relating to Good Professional Character), §213.28 (relating to Licensure of Individuals with Criminal History), and §213.29 (relating to Fitness to Practice) of this chapter, as applicable. Based upon the individualized facts of the case, the Board may approve licensure without encumbrance, impose probationary conditions or restrictions on the individual's ability to practice nursing in this state, or deny licensure.

(e) 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.

(f) If an individual is seeking licensure by endorsement pursuant to §217.5 of this title and has been licensed to practice nursing in any jurisdiction and has been disciplined in that jurisdiction or allowed to surrender in lieu of discipline in that jurisdiction, the provisions of §213.27(e) of this chapter will apply to the eligibility of the petitioner.

(g) If a petitioner's potential ineligibility is due to his/her criminal history, the provisions of §213.28 of this chapter will apply to the eligibility of the petitioner.

(h) If a petitioner's potential ineligibility is due to a substance use disorder and/or the abuse/misuse of alcohol or drugs, a mental health condition or diminished capacity, or another issue relating to the individual's fitness to practice, the provisions of §213.29 of this chapter will apply to the eligibility of the petitioner.

(i) 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). 96 97

(j) 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 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.

(k) The following eligibility and disciplinary sanction policies, as applicable, shall be used by the Executive Director, SOAH, and the Board in evaluating an eligibility matter under this section: (1) Sanctions for Behavior Involving Fraud, Theft, and Deception, approved by the Board and published on August 28, 2015, in the Texas Register and available on the Board's website at <http://www.bon.state.tx.us/disciplinaryaction/dsp.html>; (2) Sanctions for Behavior Involving Lying and Falsification, approved by the Board and published on August 28, 2015, in the Texas Register and available on the Board's website at <http://www.bon.state.tx.us/disciplinaryaction/dsp.html>; (3) 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>; and (4) Sanctions for Substance Use Disorders and Other Alcohol and Drug Related Conduct, approved by the Board and published on August 28, 2015, in the Texas Register and available on the Board's website at <http://www.bon.state.tx.us/disciplinaryaction/dsp.html>.

(l) If an individual seeking licensure by endorsement under §217.5 of this title or licensure by examination under §217.2 or §217.4 of this title should have had an eligibility issue addressed pursuant to the Occupations Code §301.257, the filed application will be treated and processed as a petition for declaratory order under this section, and the individual will be treated as a petitioner under this section and will be required to pay the non-refundable fee required by this section and §223.1 of this title (relating to Fees).

(m) This section implements the requirements of the Occupations Code Chapter 53 Subchapter D and the Occupations Code §301.257. The provisions of this §213.30 adopted to be effective August 15, 2002, 27 TexReg 7107; amended to be effective May 17, 2004, 29 TexReg 4884; amended to be effective February 19, 2006, 31 TexReg 847; 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 12, 2010, 35 TexReg 6074; amended to be effective July 10, 2013, 38 TexReg 4342; amended to be effective October 29, 2015, 40 TexReg 7422.



ALVIN COMMUNITY COLLEGE

**ASSOCIATE DEGREE NURSING  
FERPA Release Form**

\_\_\_\_\_  
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-MARK 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. If I do NOT checkmark one of the above options, the nursing department will assume I DO NOT give permission.

**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 \_\_\_\_\_

ACC Student ID \_\_\_\_\_

Date of Birth \_\_\_\_\_

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