

**ARIZONA STATE  
BOARD OF NURSING**



**PROFESSIONAL AND PRACTICAL  
NURSING PROGRAM  
PROVISIONAL APPLICATION**



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Governor

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Executive Director

*Arizona State Board of Nursing*

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**NURSING PROGRAM PROVISIONAL APPLICATION AND  
INFORMATION**

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### **Introduction**

## **Provisional Application for RN and PN Nursing Programs**

Application for provisional approval is the next step following proposal approval for starting a new nursing program. If the program has not already received proposal approval, please go to the Proposal Approval Application and follow those instructions.

This application packet contains the provisional application form, checklist, curriculum guidelines and links to the site visit self-study worksheet. Please review the material and then contact Ronda Doolen to arrange for an appointment to discuss the application process if you have not already done so or if you have additional questions. Ms. Doolen may be reached as follows:

Ronda Doolen, RN, BSN, MSN  
Education Program Administrator  
Arizona State Board of Nursing  
4747 North 7<sup>th</sup> Street, Suite 200  
Phoenix, Arizona 85014  
(602) 771-7877  
(602) 771-7888 fax  
[rdoolen@azbn.gov](mailto:rdoolen@azbn.gov)

As part of your preparation to submit an application for provisional approval, please review the Arizona State Board of Nursing's Policy on Submission of Materials to Education Committee which establishes guidelines and timeframes for submitting applications to the Education Advisory Committee.

Best wishes,

A handwritten signature in cursive script that reads "Pamela K. Randolph".

Pamela K. Randolph, RN, MS Associate  
Director of Education and Evidence Based  
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## **APPLICATION FOR PROVISIONAL APPROVAL**

This application and the accompanying information are intended to assist your program in the PROVISIONAL approval process. This application is a *preliminary* step in the process and should be provided to the Board along with all accompanying materials no later than 30 days BEFORE THE REQUESTED DATE OF THE SITE VISIT. The site visit will not be scheduled until Board staff has reviewed the entire application including the self-study.

Program Name: _____	Parent Institution: _____
Address: _____	Phone: _____
_____	Nursing Admin: _____
Other Sites: _____	Fax: _____
_____	Email: _____
Date of Proposal Approval: _____	Is complete self-study included? <input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred dates for site visit _____	If not, when will you submit? _____
	Enter Date

\_\_\_\_\_  
*Director of Program (Signature)* *Date*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
*Administrator of Parent Institution (Signature)* *Date*

\_\_\_\_\_  
Print Name

## INSTRUCTIONS FOR PROVISIONAL APPROVAL APPLICATION

In order to help you prepare the self-study, the following documents are available on the Board website:  
<http://www.azbn.gov/education/programs/rn-lpn-programs/>

[Nurse Practice Act](#) contains the Statutes & Rules  
Policy on Submission of Materials to Education Committee  
Provisional Application Worksheet

Please call Ronda Doolen at for concerns or questions during application process at (602) 771- 7877.

### **GUIDELINES FOR THE SELF-STUDY:**

The nursing program administrator shall submit **one bound paper** copy all materials to the Board of Nursing Education Consultant not less than 30 days before the requested visit. **Site visit dates will not be confirmed until the application and self-study have been reviewed and determined to be substantially complete. Review can take up to 30 days. Programs submitting incomplete documents will receive a “Notice of Application Deficiency” as described in A.A.C. R4-19-102. Courtesy reviews of documents prior to official submission will not be provided as programs have the opportunity to revise documents based on staff feedback after the site visit.** The program may schedule a consultation visit with staff prior to the submission of documents to review requirements.

The self-study materials should be single-sided, on letter size white paper, consecutively numbered and bound with a spiral or other similar type binding. Please do not include folders, notebooks, or bulky materials, as they are difficult to file. You must include the following items:

- I. Self-study
  - A. Title page with program name, address of program site, phone of parent institution/administrator, e- mail address, fax number, classification of nursing program by both educational degree (diploma, ADN, BSN) and licensure (RN/PN/Multiple exit).
  - B. A description and short history of the program and parent institution.
  - C. The “Provisional Application Worksheet” that contains each and every rule to be addressed: R4-19- 207 (D) and R4-19-201 to R4-19-206 with an accompanying narrative analyzing the extent to which the program complies with the rule. When writing the narrative, do not just affirm that the rule is met. The evidence demonstrating compliance with the full rule needs to be disclosed. For example there are criteria for faculty evaluation. The fact that full-time faculty are evaluated does not address the rule until all criteria as applied to all faculty are discussed.
  - D. An appendix to include supporting documents such as charts, comparison graphs, and the evaluation plan (as described in the self-study guidelines). This is a list of documents to include in the self-study is detailed below. Other materials may be requested during the visit.
    - Signed facility availability forms to cover all admitted cohorts until the first cohort graduates
    - Regional or national and state accreditation documents
    - A comparison chart of the mission and goals statements of both the program and the parent institution showing consistency of mission and goals
    - Organizational chart(s) indicating the position of the program within the overall structure of the parent organization and the organization within the program
    - Job description for nursing program administrator
    - Program Systematic Evaluation Plan
    - Faculty evaluation tools/forms
    - Job descriptions for faculty
    - Faculty handbook/bylaws/policies that pertain to rule compliance (just include specific pages or paste policies)
    - Nursing student policies that pertain to rule compliance (just include specific pages or paste policies)
    - Curriculum as specified in “Curriculum Guidelines for Provisional Approval”
    - If known, faculty name(s), AZ or multi-state compact license #, educational background

(including whether master's degree is with a major in nursing), teaching responsibilities, and years of patient care experience—if not known, this needs to be submitted 60 days before the start of nursing classes.

- II. Other Items: these items should be submitted to Board staff only; they do not need to be bound into the self-study
- A. One copy of the college catalogue
  - B. One copy of the nursing student handbook
  - C. One copy of nursing program faculty handbook

Following submission and review of these materials, a determination of completeness will be made. If substantially complete, a site visit will be scheduled.

### **APPLICABLE RULES**

Rules R4-19-201 through R4-19-207 are provided on the Site Visit Self Study Worksheet or on the web at <http://www.azbn.gov/education/programs/rn-lpn-programs/>

### **PREPARING FOR THE SITE VISIT:**

The purpose of the site visit is to clarify, amplify and verify the contents of the self-study submitted to the Board. The rules (A.A.C. R4-19-201 to R4-19-207) will be used as the criteria that must be met in order for Board approval to continue.

Some effort and planning will be needed to ensure a successful and efficient site visit. Contact key persons well in advance to ensure that they are available and apprised of the importance of the visit. The interviews are formal and participants will be informed that any responses may be used in a report to the Board. There is no “talking off the record”. There should be no interruptions during the interview times. Provisional site visits take an average of 7-8 hours but may extend over 2 days.

#### **Interview guidelines**

The following meetings will need to be arranged. Suggested time frames for each meeting are indicated. The site visitor will also need approximately 2-3 hours on site to examine documents and access to syllabi and other documents to take off site. All original documents will be returned. Please send a copy of the schedule to the Board office 2 weeks prior to the site visit.

#### **Meetings and Suggested Times:**

Director/dean/coordinator/chair of program - 2 hours initially and 1 hour prior to the exit report  
Immediate supervisor of the director of the program - 30-60 minutes  
Director/Administrator of the parent institution - 30 minutes  
Assistant Directors (if appropriate) - 15 minutes  
Library or Resource Director - 15-30 minutes  
Faculty if available - 1 hour  
Facility Representatives who agreed to place students at their clinical facility (10-15 minutes each)  
Advisors/counselors and admissions officer for the program (optional) - 30 minutes  
Document review and preparation of exit report – 60-90 minutes  
Exit report - 15minutes

#### **Tours:**

Tour of parent institution  
Library  
Resource Center  
Nursing Department including classrooms, offices, skills lab.  
If there are multiple sites, each site needs to be toured

#### **Documents to be examined on site**

Signed clinical contracts.  
Mock student and faculty files  
Copy of clinical/course/program evaluation tools  
Additional curriculum materials

### **EXIT REPORT:**

Programs may request a preliminary oral exit report as part of the visit. Preliminary reports are not binding and are subject to change. All personnel involved may be invited to the reading of the preliminary oral report. The reading of the oral report is not an opportunity to debate the report but the consultant may request assistance in the drafting of some aspects of the report and correction of errors of fact. Programs are requested not to publish the contents of the oral report. A written draft report will be provided to the program nurse administrator within 30 days of the site visit. The program is requested to assist with correction of facts and may comment and address any issues in the report.

### **NOTE:**

Programs frequently show their hospitality to site visitors by providing small mementos/snacks or a gift basket. While this gesture is appreciated, the State of Arizona has strict guidelines regarding gifts to state employees. We kindly ask that you do not offer such items to AZBN site visitors. (Adapted from Oklahoma Board of Nursing *Guidelines for Survey Visits of Nursing Education Programs*).

### **AFTER THE SITE VISIT:**

Based on feedback at the visit, the program may submit corrections to the self-study.

The consultant will make final revisions to her reports after the program administrator has provided comment/correction to the draft reports and provide copies of her findings along with the self-study to all members of the Education Committee. All communication about the program will be directed to the nurse administrator of the program. Courtesy copies may be provided to other individuals. Program approval is a 2- step process.

1. The self-study and consultant report is reviewed by the Education Committee in their regular meeting for a recommendation to the Board. Programs should send a representative to this meeting to present any additional information and answer questions. The Education Committee will either make a recommendation to the Board regarding approval or ask the program for additional information to be considered at a future committee meeting.
2. The Board will then take action on your provisional approval application at their next regularly scheduled meeting in compliance with open meeting law and submission deadlines for Board materials. The Board will consider the recommendation of the Education Committee, but the Board is not obligated to adopt any recommendations. Decisions made by the Board may be different than the Education Committee or Board Staff recommendation. Programs are invited to attend the Board meeting.

You will be notified of the dates of the Education Committee and Board meetings and offered a scheduled time that the Board will consider the application. Education Committee items are not timed. The Board may delay the time for any reason, but will not consider the item before the scheduled time. Following the Board meeting you will be given a letter apprising you of the board action. The most likely options the Board may consider are:

1. Grant provisional approval,
2. Grant provisional approval upon receipt of additional documents or upon the satisfying of certain conditions,
3. Denial of approval, or
4. Comprehensive request for additional information.

**SUBMISSION GUIDELINES:**

For the purposes of provisional approval it is the recommendation of the Education Committee that the following documentation be included in the application:

1. Overall program goals
2. Curriculum plan/schedule of courses
3. Catalogue descriptions of each nursing course including clinical setting, if applicable (e.g pediatrics, maternity, medical-surgical, mental health, special care).
4. Level/Course objectives—please provide in chart format as demonstrated below—if the level contains 2 courses the objectives can be listed separately or combined as one level objective. This document must demonstrate a relationship of the objectives to the program goal and progression throughout the program.
5. General content outline for each nursing course. Content must have a logical relationship to the objectives.
7. Unit objectives and detailed content outline for each unit or class session for first nursing course of the curriculum. Didactic objectives must relate, but not be the same as didactic content. See example below.
8. Credits total
9. Didactic and clinical hours for each course and totals; Clinical setting for each course.

Materials will be evaluated according to the criteria in R4-19-206 (B and C).

## EXAMPLE—CURRICULUM

PROGRAM GOAL	LEVEL I	LEVEL II	LEVEL III	LEVEL IV
The graduate will utilize the nursing process to provide effective care across the life span with diverse populations.	Develop a plan of care for an individual client with wellness needs.	Develop and implement plans of care for adult clients experiencing chronic illness.	Develop and implement a plans of care for a maternity client and family and a pediatric client and family	Develop, implement and evaluate plans of care for clients with serious life threatening illnesses and for clients with chronic and acute mental health needs.

## EXAMPLE OF CURRICULUM WORKSHEET—Unit plan

Course outcomes	Unit Objectives	Content	Activities
The student will formulate and implement a plan of care for an individual client in stable condition	<p>The student will explicate the components of the nursing process.</p> <p>The student will utilize the nursing process in caring for a single stable client</p>	<p>I. Components of the Nursing process</p> <p>A. Assessment</p> <p>B. Physical assessment</p> <p>C. Nursing Assessment</p> <p>D. Analysis etc</p>	<p>Group care plan</p> <p>Care plan assignment</p> <p>Demonstration of physical and nursing assessment</p> <p>Return demo-check-off</p>
	<p>The student will apply the nursing process in caring for a patient with respiratory disorders.</p> <p>Compare and contrast nursing interventions for clients with common respiratory diagnoses.</p>	<p>I. Assessment of the patient with common respiratory disorders</p> <p>A. Physical findings; lab tests</p> <p>B. Functional abilities</p> <p>II. Care of the patient with common respiratory disorders: pneumonia, COPD, asthma, emphysema</p> <p>III. Evaluation of care/progress</p>	<p>Incentive spirometer demo.</p> <p>Suctioning/Trach care</p> <p>Oxygen administration</p> <p>Cough and deep breathe</p>



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## Arizona State Board of Nursing

### CLINICAL COMMITMENT FORM

Programs seeking provisional approval or to expand capacity need to complete one form for each clinical health care facility where new or additional students will be placed for 2 years. The information contained in this form will provide evidence for the Board to determine if the program meets the requirements of R4- 19-207(D)(2) for provisional approval applicants and R4-19-209 (B)(1) for existing program applicants.

PROGRAM INFORMATION			
Name of Program		Website	
Institutional and Program Accreditation		Degree Awarded	
Name of Program Director		Email Address	
Address	City	State	Zip
Telephone Number	Fax Number	Email Address	
Anticipated Date of First Clinical Placement			
<b>Fully describe your clinical needs for this facility for the first 2 years of placement including 1) the anticipated number of student needing placement in this facility, 2) type of clinical units(s) for placement(s), 3) time and day of placement; and 4) frequency of placements including dates.</b>			
Signature of Program Director/Designee			Date
Contact Number	Email Address		

**CLINICAL AGENCY INFORMATION**

Name of Agency

Address	City	State	Zip
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License Type	Total Number of Beds (if applicable)
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Maternity Beds	Medical Surgical Beds	Pediatric Beds	Critical Care Beds	Psych Mental Health Beds	Others
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Average Daily Census	Winter	Summer
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**NURSING STUDENT PLACEMENT COORDINATOR OF THE FACILITY**

I have reviewed the full statement of clinical needs by the above-referenced program and agree to meet the clinical placement needs as described. By signing this document I believe that the clinical placements described by the program will be available when needed and that the agency is committed to placement of students as planned.

Signature of Nursing Student Placement Coordinator	Title	Date
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Signature of Chief Nursing Officer of Designee	Date
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Telephone Number:	E-mail Address:
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Copies Provided to:      Nursing Program  
                                     Clinical Agency  
                                     Arizona State Board of Nursing