
Rules of
Department of Economic
Development
Division 200—State Board of Nursing
Chapter 2—Minimum Standards for Accredited Programs
of Professional Nursing

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**Title 4—DEPARTMENT OF
ECONOMIC DEVELOPMENT
Division 200—State Board of Nursing
Chapter 2—Minimum Standards for
Accredited Programs of
Professional Nursing**

4 CSR 200-2.001 Definitions

PURPOSE: This rule defines terms used in 4 CSR 200.

(1) When used in 4 CSR 200, the following terms mean:

(A) Accredited—Recognized by the board as meeting or maintaining minimum standards for educational preparation of professional nurses;

(B) Administrator—Registered professional nurse with authority and responsibility for administration of program;

(C) Annual report—Report submitted annually by the administrator of the program that updates information on file with the board and validates continuing compliance with minimum standards;

(D) Associate degree program—Program leading to associate degree in nursing conducted by degree granting institution;

(E) Baccalaureate program—Program leading to baccalaureate degree in nursing conducted by degree granting institution;

(F) Board—Missouri State Board of Nursing;

(G) Campus—A separate geographic location with a separate student body and coordinator;

(H) Certificate of accreditation—Document issued by the board to schools of nursing which have met minimum standards;

(I) Clinical experience—Faculty planned and guided learning activities designed to meet course objectives or outcomes and to provide a nursing student with the opportunity to practice cognitive, psychomotor, and affective skills in the delivery of nursing care to an individual, group or community;

(J) Clinical skills laboratory—Designated area where skills and procedures can be demonstrated and practiced;

(K) Conditional accreditation—status of a school or program that has failed to meet or maintain the regulations or requirements, or both, set by the board. This status is subject to the school or program conforming to the requirements and recommendations and within a time period set by the board;

(L) Coordinator—Registered professional nurse with authority and responsibility for administration of the campus nursing program as delegated by the administrator of the nursing program;

(M) Curriculum—Planned studies and learning activities designed to lead students to graduation and eligibility for application of licensure;

(N) Diploma program—Program leading to diploma in nursing sponsored by a health care institution;

(O) Direct care—A clinical experience in which patient care is given by the student under the direction of the faculty member or preceptor;

(P) Distance learning site—An offering of studies primarily from a campus location to a separate location;

(Q) Endorsement—Process of acquiring licensure as a nurse based on original licensure by examination in another state, territory or country;

(R) Faculty—Individuals designated by sponsoring institution with responsibilities for development, implementation and evaluation of philosophy, objectives and curriculum of nursing program;

(S) Full-time faculty—Those individuals deemed by sponsoring institution to meet definition for full-time employment;

(T) Generic—Initial educational program in nursing leading to entry-level licensure;

(U) Governing body—Body authorized to establish, monitor policies and assume responsibility for the educational programs;

(V) Graduate competency—Individual graduate behaviors;

(W) Initial accreditation—status of a newly established school or program that has not graduated its first class and has not received other approval status;

(X) Minimum standards—Criteria which nursing programs shall meet in order to be approved by the board;

(Y) NCLEX-RN® examination—National Council Licensure Examination for Registered Nurses;

(Z) Observational experiences—Faculty planned learning experiences designed to assist students to meet course objectives by the observation of patients/clients;

(AA) Participatory observation—A planned clinical experience in which students under the direction of a faculty member, may participate in basic care activities, such as, assessment of vital signs, collection of data and assistance with activities of daily living where a registered nurse may or may not be present. Students shall have the skills appropriate to the experiences planned. Students may not participate in invasive or complex nursing activities beyond documented competencies without direct supervision of faculty member or preceptor;

(BB) Part-time faculty—Individuals deemed by the sponsoring institution to meet the definition for part-time employment;

(CC) Philosophy—A composite of the beliefs that the faculty accept as valid and is directly related to curriculum practices which may be noted as mission or goals of program;

(DD) Pilot program/project—Educational activity which has board approval for a limited time;

(EE) Preceptor—Registered professional nurse assigned to assist nursing students in an educational experience which is designed and directed by a faculty member;

(FF) Program—Course of study leading to a degree or diploma;

(GG) Requirement—a mandatory condition that a school or program meets in order to comply with minimum standards;

(HH) Sponsoring institution—The institution that is financially and legally responsible for the nursing program;

(II) Statement of need—Current evidence of need for professional and practical nurses and of community support;

(JJ) Systematic evaluation plan—Written plan developed by faculty for comprehensive evaluation of all aspects of the program; and

(KK) Written agreement—Formal memorandum of understanding or contract between a nursing education program and a clinical site which designates each party's responsibilities for the education of nursing students.

AUTHORITY: section 335.036, *RSMo Supp. 1997.* Original rule filed Sept. 25, 1991, effective March 9, 1992. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999.*

**Original authority 1975, amended 1981, 1985, 1993, 1995.*

4 CSR 200-2.010 Accreditation

PURPOSE: This rule defines accreditation in the minimum standards for accredited programs of professional nursing and registration of professional nurses in Missouri.

(1) Generic programs granting diploma, associate degree or baccalaureate degree with a major in nursing shall obtain accreditation from the Missouri State Board of Nursing.

(A) Purposes of Accreditation.

1. To promote the safe practice of professional nursing by setting minimum standards for schools preparing entry-level professional nurses.

2. To assure that educational requirements for admission to the licensure examination have been met and to facilitate

endorsement in other states, territories, countries, or a combination of these.

3. To encourage continuing program improvement through self-study, evaluation and consultation.

4. To assist programs of professional nursing in developing and maintaining academic standards (didactic and clinical) that are congruent with current educational and nursing practice standards.

(B) Classification of Accreditation.

1. Initial accreditation is the status granted a program of professional nursing until full accreditation is granted.

2. Full accreditation is the status granted a program of professional nursing after the program has graduated one (1) class and has met minimum standards.

3. Conditional accreditation is the status of a program that has failed to meet or maintain the regulations or requirements, or both, set by the board. This status is subject to the school or program conforming to the requirements set by the board.

(C) Accreditation Process.

1. Requirements for initial accreditation.

A. An institution desiring to establish a program of professional nursing should send a letter of intent to the board at least three (3) months prior to the submission of a proposal. The letter of intent must include: the mission statement of the educational institution; accreditation status of the educational institution; type and length of the nursing program proposed; and tentative budget plans including evidence of financial resources adequate for planning, implementing, and continuing the nursing program.

B. A program proposal shall be written and presented to the board by the administrator of the proposed program with or without faculty assistance. The proposal shall bear the signature of the administrator who shall meet the criteria in 4 CSR 200-2.060(2)(A) and shall be active in the position on a full-time basis at least nine (9) months and preferably one (1) year prior to the entry of the first class. Fourteen (14) copies of the proposal must be accompanied by the required application fee. THE proposal must be prepared following the reporting format and include each component as indicated in 4 CSR 200-2.010(1)(C). Board approval of the proposal with or without contingencies must be obtained no later than six (6) months prior to the anticipated opening date.

C. A proposal submitted shall contain the following information:

(I) Statement of need and feasibility study which includes:

(a) Documentation of the need for the nursing program with rationale for why the program should be established;

(b) Number of professional nursing and practical nursing programs in the area and potential effect on those nursing programs;

(c) Number and source of anticipated student population;

(d) Number and type (practical nurse, associate, diploma, and baccalaureate) of nurses available in service area;

(e) Number and type of employers in the service area including documentation that these employers need graduates of the proposed program, including projections of nursing staff needs;

(f) Documentation of community and economic development need and support for the proposed nursing program;

(g) Letters of support for the proposed nursing program; and

(h) Source of potential qualified administrator and faculty;

(II) Curriculum.

(a) Philosophy.

(b) Organizing framework.

(c) Graduate competencies.

(d) Curriculum sequence.

(e) Course objectives and descriptions including credit hours for all courses;

(III) Students.

(a) Number of students per class.

(b) Number of classes admitted per year.

(c) Admission criteria.

(d) Plans for progression and retention of students.

(e) Grievance procedure.

(f) Plan for emergency health care of nursing students;

(IV) Faculty.

(a) Number of full-time and part-time faculty.

(b) Qualifications of faculty.

(c) Position descriptions;

(V) Ancillary personnel.

(a) Position description.

(b) Number of full-time and part-time ancillary personnel;

(VI) Sponsoring institution.

(a) Evidence of authorization to conduct the program of professional nursing.

(b) Accreditation status of the sponsoring institution.

(c) Description of the governing body and copies of the organizational charts of the sponsoring institution and of the program of professional nursing.

(d) Evidence of the financial stability and resources of the sponsoring institution and the program of nursing; and

(VII) Facilities.

(a) Description of education facilities (classrooms, library, offices, clinical skills laboratory, and other facilities).

(b) Description of available equipment and supplies for clinical development, list of library and learning resources and number of computers available for student use.

(c) Description of clinical sites that will provide educationally sound experience.

(d) A letter of intent from each proposed clinical site indicating that they are able to offer/provide the educational experiences necessary for student learning.

(D) Site Survey.

1. Prior to initial accreditation a representative from the board shall make an on-site survey to verify implementation of the proposal and compliance with 4 CSR 200-2.050-4 CSR 200-2.130.

(E) Board Decision.

1. Initial Accreditation will be granted if the site survey indicates the proposal has been implemented and the program is in compliance with 4 CSR 200-2.050-4 CSR 200-2.130 as determined by the board or its representative(s). Throughout the period of initial accreditation, the program will be evaluated annually. Upon graduation of the first class of students which has completed the entire program and receipt of results of the National Council Licensure Examination for Registered Nurses (NCLEX-RN® examination), the board will review—

A. The program's compliance with minimum standards during initial accreditation—including the program's adherence to the approved proposed and changes authorized by the board;

B. Report of the on-site survey (if conducted);

C. Report of National Council Licensure Examination NCLEX® results (see 4 CSR 200-2.180(1)); and

D. Identification and analysis of student attrition rate.

2. After its review, the board will decide to continue initial accreditation for a period of not more than one (1) year, deny accreditation or grant full accreditation.

(2) Full Accreditation.

(A) Annual Report. Each program and each campus of each program shall complete and submit an annual report to the board. A copy of a current operational budget and audited fiscal report showing income and

expenditures shall be submitted with the annual report. Annual reports shall be completed with current information except where otherwise noted in the Annual Report form and sent to the board prior to the deadline established per board policy. Annual reports shall be submitted in a format provided by the board. Following review by the board, each program shall be notified of the board's action(s).

(B) Five (5)-Year Survey. Each accredited program and each campus of each accredited program shall be surveyed every five (5) years from the first year of full accreditation. An on-site survey or a paper survey may be conducted. If a nursing program is accredited by a national recognized nursing accrediting body AND accredited by North Central Association for Schools and Colleges or the Coordinating Board for Higher Education, or the Accrediting Council for Independent Colleges and Schools, a five (5)-year on-site survey may be deferred. A paper review may be completed to include a self-study, recommendations of accrediting body, and attrition information as required by the board. Copies of correspondence regarding changes in accreditation status shall be submitted to the Board of Nursing immediately.

(C) Additional Visits/Surveys. A representative of the board shall make additional visits/surveys as deemed necessary by the board. A program may request additional visits.

(3) Annual Registration.

(A) An application for annual registration shall be sent to each accredited program and each campus of each accredited program from the board. Failure to receive the application will not relieve the program of its obligation to register.

(B) A separate annual registration form and designated fee shall be submitted to the board for each accredited program and each campus of each accredited program prior to June 1.

(C) Programs shall not operate without current registration. Failure to submit the required registration fee prior to June 1 will result in a lapsed status and the disciplinary process shall be initiated.

(4) Removal of Accreditation. A program's accreditation may be removed pursuant to section 335.071.3, RSMo, for noncompliance with minimum standards.

(A) Should circumstances warrant, the board will notify the program administrator of concerns regarding the program, and the administrator will be requested to respond to those concerns.

(B) A program which fails to correct identified deficiencies to the satisfaction of the board within a reasonable time shall, after notice and hearing, be removed from the board's listing of accredited programs.

AUTHORITY: section 335.036, RSMo Supp. 1997. This version of rule filed April 20, 1973, effective May 1, 1973. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Readopted: Filed March 12, 1981, effective June 11, 1981. Amended: Filed Oct. 14, 1981, effective Jan. 14, 1982. Amended: Filed Dec. 10, 1981, effective March 11, 1982. Emergency rescission filed Oct. 22, 1981, effective Nov. 1, 1981, expired Feb. 19, 1982 (Original Rule). Rescinded: Filed Oct. 22, 1981, effective Feb. 11, 1982 (Original rule). Amended: Filed Oct. 14, 1987, effective Jan. 29, 1988. Rescinded and readopted: Filed Sept. 25, 1991, effective March 9, 1992. Amended: Filed Dec. 14, 1994, effective May 28, 1995. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999.*

**Original authority 1975, amended 1981, 1985, 1993, 1995.*

STATE OF MISSOURI
DEPARTMENT OF ECONOMIC DEVELOPMENT
DIVISION OF PROFESSIONAL REGISTRATION

MISSOURI STATE BOARD OF NURSING
P.O. Box 7006, Jefferson City, MO 65102
(314) 751-0681

APPLICATION TO RENEW LICENSE
LICENSED PRACTICAL NURSE

June 1, 1991 - May 31, 1992

FEE: \$17.00

License Number: PN

SIGNATURE (name change only)

INSTRUCTIONS

1. YOUR CURRENT LICENSE EXPIRES MAY 31, 1991. This is the application notice to renew your Licensed Practical Nurse License. You may apply for your license renewal upon receipt of this notice.
2. **IN ORDER TO PROVIDE SUFFICIENT TIME FOR PROCESSING, PLEASE RETURN THIS RENEWAL APPLICATION WITH THE CORRECT RENEWAL FEE BY APRIL 1, 1991.**
3. Use the enclosed envelope to return this renewal notice and renewal fee of \$17.00, payable to MISSOURI STATE BOARD OF NURSING. Do not enclose any other item in the envelope.
4. If your name and/or address has changed from that printed on this notice, mark out and clearly print the new information. If requesting a name change, you must sign your new name in the space indicated above.
5. All fees are non-refundable.
6. **You may not practice after May 30, 1991 unless you renew by the expiration date.**

INCREASE IN FEES REFLECTS THE AMOUNT REQUIRED BY LAW THAT IS TO BE PLACED IN THE NURSING STUDENT LOAN AND LOAN REPAYMENT FUND ADMINISTERED BY THE DEPARTMENT OF HEALTH.

**A LICENSE WILL NOT BE ISSUED WITHOUT THE CORRECT FEE STATED ABOVE AND
SUBMISSION OF THIS PROPERLY COMPLETED FORM
PLEASE ALLOW 60 DAYS FOR THE PROCESSING OF YOUR RENEWAL LICENSE**

---REQUEST FOR INACTIVE STATUS---

Any nurse possessing a current license to practice nursing in Missouri can place that license on inactive register by signing this form and returning it in the envelope provided, **WITHOUT A FEE**, prior to April 1, 1991.

Signature of nurse requesting inactive status _____

You will not receive notice for the years your license is on the inactive status. There is no annual fee required for the years the license is on the inactive status. To re-activate your license, you will need to contact the Board of Nursing office for the proper form.



STATE OF MISSOURI
MISSOURI STATE BOARD OF NURSING

P.O. BOX 656
JEFFERSON CITY, MO 65102

APPLICATION FOR ANNUAL ACCREDITATION FOR PROGRAMS OF PROFESSIONAL NURSING

I. GENERAL INFORMATION - DATA INCLUDED IS TO BE BASED ON JULY 1, 1990 TO JUNE 30, 1991		
A. NAME OF SCHOOL		
B. ADDRESS		
C. SPONSORING INSTITUTION ADDRESS		
D. INCLUDE A COPY OF THE ORGANIZATIONAL CHART SHOWING THE RELATIONSHIP OF THE PROGRAM TO THE SPONSORING INSTITUTION, THE FACULTY STRUCTURE AND THE COOPERATING AGENCIES.		
E. TYPE OF PROGRAM <input type="checkbox"/> BACCALAUREATE <input type="checkbox"/> ASSOCIATE DEGREE <input type="checkbox"/> DIPLOMA		
F. DIRECTOR OF NURSING PROGRAM		
1. DIRECTOR NAME		TITLE
2. OFFICE ADDRESS		
3. PHONE ()	4. MISSOURI RN LICENSE NO.	EXPIRATION DATE
5. MASTERS DEGREE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IN WHAT AREA?	YEARS EXPERIENCE IN NURSING CLINICAL PRACTICE
6. YEARS EXPERIENCE IN NURSING EDUCATION (INCLUDE EDUCATION ADMINISTRATION)	7. DOES DIRECTOR HAVE A PRIVATE OFFICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
8. CREDIT HOURS TAUGHT PER SEMESTER	9. IS DIRECTOR'S MAJOR RESPONSIBILITY THE MANAGEMENT OF THE NURSING PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO	
G. DATE FIRST CLASS ENROLLED		
H. TYPE OF CHALLENGES OFFERED FOR ADVANCED PLACEMENT		
I. ACCREDITATION BY MISSOURI STATE BOARD OF NURSING AND NLN		
1. DATE OF INITIAL MSBN ACCREDITATION	2. DATE OF FULL MSBN ACCREDITATION	3. DATE OF MOST RECENT MSBN ACCREDITATION VISIT
4. PRESENT MSBN ACCREDITATION STATUS		5. NLN ACCREDITATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
J. LENGTH OF PROGRAM <input type="checkbox"/> SEMESTERS <input type="checkbox"/> MONTHS <input type="checkbox"/> WEEKS		
K. ATTACH A BLANK COPY OF YOUR PROGRAMS CUMULATIVE STUDENT RECORD. (SUMMARY OF CLINICAL PERFORMANCE, NOT A TRANSCRIPT)		
II. FINANCES		
A. ESTIMATE THE TOTAL YEARLY COST OF THE NURSING PROGRAM TO THE STUDENT		\$
LIST WHAT IS INCLUDED		
B. ARE LOANS AND SCHOLARSHIPS AVAILABLE FOR NURSING STUDENTS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
C. IS THERE AN ANNUAL DEPARTMENTAL BUDGET FOR THE PROGRAM OF NURSING?	<input type="checkbox"/>	<input type="checkbox"/>
D. IS THE DIRECTOR OF THE PROGRAM RESPONSIBLE FOR RECOMMENDATIONS AND FOR THE ADMINISTRATION OF THE BUDGET?	<input type="checkbox"/>	<input type="checkbox"/>
IS THE ASSISTANCE OF THE FACULTY AND APPROPRIATE INSTITUTIONAL PERSONNEL SOUGHT?	<input type="checkbox"/>	<input type="checkbox"/>
E. IS THERE ADEQUATE SECRETARIAL ASSISTANCE AVAILABLE TO YOUR PROGRAM?	<input type="checkbox"/>	<input type="checkbox"/>
F. INCLUDE A COPY OF THE AUDITED FISCAL REPORT (IF NO, PLEASE ATTACH EXPLANATION)	<input type="checkbox"/>	<input type="checkbox"/>

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III. FACULTY

<p>A. COMPLETE APPENDIX A DUPLICATE IF MORE SPACE IS NEEDED</p>	<p>B. NUMBER OF FULL-TIME FACULTY</p>	<p>C. NUMBER OF PART-TIME FACULTY</p>
<p>D. ARE JOB DESCRIPTIONS IN WRITING? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>E. ARE PERSONNEL POLICIES IN WRITING AND IN COMPLIANCE WITH THE SPONSORING INSTITUTION? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>F. IS THERE PLANNED FACULTY ORIENTATION IN WRITING? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>G. IS THERE SUITABLE OFFICE SPACE AVAILABLE? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>H. ARE PRIVATE CONFERENCE AREAS AVAILABLE? YES <input type="checkbox"/> NO <input type="checkbox"/></p>		
<p>I. ARE RESPONSIBLE FOR:</p> <p><input type="checkbox"/> 1. DEVELOPMENT, IMPLEMENTATION AND EVALUATION OF THE PHILOSOPHY AND OBJECTIVES OF THE PROGRAM OF PROFESSIONAL NURSING.</p> <p><input type="checkbox"/> 2. INSTRUCTION OF STUDENTS</p> <p><input type="checkbox"/> 3. RECRUITMENT, ADMISSION, PROMOTION AND GRADUATION OF STUDENTS</p> <p><input type="checkbox"/> 4. COUNSELING AND GUIDANCE OF STUDENTS</p> <p><input type="checkbox"/> 5. ONGOING, SYSTEMATIC EVALUATION AND IMPROVEMENT OF OVERALL EDUCATIONAL PROGRAM</p> <p><input type="checkbox"/> 6. ATTENDANCE AND PARTICIPATION IN PROFESSIONAL MEETINGS, CONFERENCES, WORKSHOPS, COURSES AND ONGOING DEVELOPMENT OF CLINICAL EXPERTISE</p> <p><input type="checkbox"/> 7. DEVELOPMENT OF FACULTY PERSONNEL POLICIES</p> <p><input type="checkbox"/> 8. PARTICIPATION IN COMMUNITY AND STUDENT ACTIVITIES</p> <p><input type="checkbox"/> 9. OTHER (DESCRIBE) ► _____</p>		

IV. STUDENTS

<p>A. ARE STUDENT SELECTION POLICIES IN WRITING AND IN COMPLIANCE WITH FEDERAL AND STATE LAWS REGARDING DISCRIMINATION? YES <input type="checkbox"/> NO <input type="checkbox"/></p>						
<p>B. ARE THERE WRITTEN POLICIES FOR RETENTION AND PROMOTION? YES <input type="checkbox"/> NO <input type="checkbox"/></p>						
<p>C. ARE POLICIES AND PROCEDURES AVAILABLE FOR MANAGING GRIEVANCES? YES <input type="checkbox"/> NO <input type="checkbox"/></p>						
<p>D. ARE COUNSELING AND GUIDANCE SERVICES ACCESSIBLE TO ALL STUDENTS? YES <input type="checkbox"/> NO <input type="checkbox"/></p>						
<p>E. MAXIMUM STUDENT ENROLLMENT PER CLASS AS ESTABLISHED BY THE MISSOURI STATE BOARD OF NURSING ► _____</p>						
<p>F. ADDITIONAL ENROLLMENT INFORMATION</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">1. TOTAL ENROLLMENT ON OCT. 15, 1989</td> <td style="width:66%; padding: 2px;">2. TOTAL ENROLLMENT FOR EACH CLASS IF YOU ADMIT STUDENTS MORE THAN ONCE A YEAR</td> </tr> <tr> <td style="width:33%; padding: 2px;">3. NO. GRADUATED 7/1/89 TO 6/30/90</td> <td style="width:33%; padding: 2px;">4. NO. ADMITTED 7/1/89 TO 6/30/90</td> <td style="width:33%; padding: 2px;">5. NO. OF TIMES A YEAR YOU ADMIT STUDENTS</td> </tr> </table>		1. TOTAL ENROLLMENT ON OCT. 15, 1989	2. TOTAL ENROLLMENT FOR EACH CLASS IF YOU ADMIT STUDENTS MORE THAN ONCE A YEAR	3. NO. GRADUATED 7/1/89 TO 6/30/90	4. NO. ADMITTED 7/1/89 TO 6/30/90	5. NO. OF TIMES A YEAR YOU ADMIT STUDENTS
1. TOTAL ENROLLMENT ON OCT. 15, 1989	2. TOTAL ENROLLMENT FOR EACH CLASS IF YOU ADMIT STUDENTS MORE THAN ONCE A YEAR					
3. NO. GRADUATED 7/1/89 TO 6/30/90	4. NO. ADMITTED 7/1/89 TO 6/30/90	5. NO. OF TIMES A YEAR YOU ADMIT STUDENTS				
<p>G. ARE THERE WRITTEN POLICIES FOLLOWED TO SAFEGUARD THE HEALTH AND WELL-BEING OF STUDENTS? YES <input type="checkbox"/> NO <input type="checkbox"/></p>						

V. PHYSICAL FACILITIES

<p>A. WHERE ARE SCHOOL AND STUDENT RECORDS STORED? ► _____</p>	
<p>B. IS THIS AREA THEFT AND FIRE RESISTANT? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
<p>C. IS CONFIDENTIALITY MAINTAINED? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
<p>D. ARE LIBRARY HOLDINGS ADEQUATE FOR THE NEEDS OF STUDENTS AND FACULTY? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
<p>E. IS THERE A PROCESS FOR THE ACQUISITION, CATALOGUING, AND DELETION OF MULTI-MEDIA MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
<p>F. IS THERE A FULL-TIME QUALIFIED LIBRARIAN IN CHARGE OF THE LIBRARY? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
<p>G. ARE REGULATIONS GOVERNING THE ADMINISTRATION AND USE OF THE LIBRARY IN WRITING? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
<p>H. ARE CLASSROOMS AND LABORATORIES ADEQUATE IN SIZE, NUMBER, AND TYPE FOR THE NUMBER OF STUDENTS AND EDUCATIONAL PURPOSES FOR WHICH THEY ARE TO BE USED? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	

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VI. CLINICAL FACILITIES

A. COMPLETE APPENDIX B - CLINICAL FACILITIES (DUPLICATE IF MORE SPACE IS NEEDED)

- | | | |
|--|--|--------------------------|
| | YES | NO |
| B. ARE CLINICAL CONFERENCE ROOMS LOCATED IN OR NEAR THE CLINICAL AREA? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. ARE CLINICAL CONFERENCE ROOMS ADEQUATE IN SIZE? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. FACULTY-STUDENT CLINICAL RATIO (EXCLUDING DIRECTOR) | <div style="border: 1px solid black; width: 200px; height: 20px; margin: 0 auto;"></div> FACULTY / STUDENT | |
| E. ARE COOPERATIVE AGREEMENTS WITH EACH CLINICAL FACILITY ON FILE AT YOUR SCHOOL? | <input type="checkbox"/> | <input type="checkbox"/> |
| F. ARE COOPERATIVE AGREEMENTS WITH EACH SCHOOL USING THE SAME FACILITY ON FILE AT YOUR SCHOOL? | <input type="checkbox"/> | <input type="checkbox"/> |

VII. EDUCATION PROGRAM

A. COMPLETE APPENDIX C - PUBLICATION. INCLUDE A COPY OF THE BULLETIN, CATALOGUE AND/OR STUDENT HANDBOOK AND INDICATE WHERE REQUIRED COMPONENTS OF PUBLICATION MAY BE FOUND.

B. INCLUDE A COPY OF THE PHILOSOPHY AND OBJECTIVES OF THE PROFESSIONAL NURSING PROGRAM. TERMINAL OBJECTIVES SHALL IDENTIFY BEHAVIORS EXPECTED OF THE GRADUATES AT THE COMPLETION OF THE PROGRAM.

VIII. GRADUATION

- | | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| A. DO STUDENTS HAVE THE OPPORTUNITY TO EVALUATE EACH COURSE?
CLINICAL ROTATION? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. HOW OFTEN IS A SURVEY CONDUCTED OF THE GRADUATES OF THE PROGRAM? _____ | <input type="checkbox"/> | <input type="checkbox"/> |

IX. PLEASE ATTACH A COPY OF THE OBJECTIVES OF THE NURSING PROGRAM OR DEPARTMENT OF NURSING AND PROVIDE A BRIEF SYNOPSIS OF THE PROGRESS WHICH HAS BEEN MADE TOWARD THE ACHIEVEMENT OF THE STATED OBJECTIVES OF THE EDUCATIONAL PROGRAM.

SCHOOL SEAL	SIGNATURE OF PROGRAM DIRECTOR	DATE
COMPLETE REPORT MUST BE RECEIVED IN THE STATE BOARD OF NURSING OFFICE PRIOR TO OCTOBER 15, 1990. A COPY OF THE ORIGINAL REPORT SHOULD BE KEPT FOR YOUR SCHOOL RECORDS. RETURN COMPLETED REPORT TO: MISSOURI STATE BOARD OF NURSING P.O. BOX 656 JEFFERSON CITY, MO 65102		

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APPENDIX C - PUBLICATION			
4 CSR 200-2.120 PUBLICATION (BULLETIN, CATALOGUE AND/OR STUDENT HANDBOOK)			
REQUIRED ITEM	CRITERIA MET		
	YES	PAGE NO	NO
A. PHILOSOPHY AND OBJECTIVES OF THE PROGRAM			
B. ACCREDITATION STATUS AS GRANTED BY THE MISSOURI STATE BOARD OF NURSING			
C. CURRICULUM			
D. COST TO STUDENTS			
E. REFUND POLICY			
F. FINANCIAL ASSISTANCE			
G. ADMISSION REQUIREMENTS			
H. GRADING, PROMOTION AND GRADUATION POLICIES			
I. FACULTY ROSTER WITH QUALIFICATIONS			
J. NON-DISCRIMINATION POLICY			
K. REFERENCE TO THE NURSING PRACTICE ACT 335.066, 1.2. (1) THROUGH (14), AS AMENDED 1981			
L. STUDENT CONDUCT POLICY			
M. GRADUATION FROM HIGH SCHOOL OR GED EQUIVALENT			
N. VACATION AND HOLIDAYS			
O. STUDENT SERVICES			
P. DUE PROCESS AND APPEALS POLICY			
Q. ADVANCED PLACEMENT POLICIES			
IF NO, PLEASE EXPLAIN			

MO 419-0740 (7-90)