

Minnesota Attorney General: Administrative Rules Proceedings

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MINNESOTA STATE REGULATIONS

Notice of filing by the Commissioner of Administration

We have received on this date, stamped and filed 2 copies of Rules and Regulations pertaining to the Minnesota Board of Nursing
(Agency or Board)

Regulation No. NSG RN 1, 2, 4, 5, 10-19, 20-29, 30-39, 40-49, 110-119, 50-59, 60-69, 70-79, 80-89, 90-99

Subject: Licensure, Qualifications, Application, Renewals, Scholarships, Graduation, Programs, Closing of nursing Program Preparing Program, Education. Evaluation

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Rev. 9-72

MINNESOTA BOARD OF NURSING

AMENDMENTS TO THE REGISTERED NURSE RULES

AUGUST 5, 1975

Changes or additions indicated by underlining, deletion by ~~strikeout~~.

CHAPTER ONE: NSG. RN 1-9 LICENSURE ~~BY-EXAMINATION~~: INDIVIDUAL NOT PREVIOUSLY LICENSED

NSG. RN 1 APPLICATION QUALIFICATIONS

~~The application forms and instructions for filing are provided by the Minnesota Board of Nursing.~~

~~(a) The completed application, accompanied by the statutory fee, shall be submitted to the Minnesota Board of Nursing in advance of the published deadline for the desired examination date.~~

~~(b) Only a person who has filed the required application and been notified of acceptance by the Minnesota Board of Nursing will be permitted to write the examination.~~

(a) A student from a nursing program approved by the Minnesota Board of Nursing as provided in Minnesota Statute 148.251 may be admitted to the licensure examination providing all the following criteria are met:

(1) The student is enrolled in the last school term;

(2) The student is in good standing and there is reasonable expectation graduation requirements will be completed;

(3) Requirements for graduation will be completed no later than six weeks after the date of the examination for which the student is applying;

(4) Remaining course work will not include any basic content in the five areas covered by the examination (medical nursing, surgical nursing, nursing of children, obstetric nursing, psychiatric nursing.)

NSG. RN 1 APPLICATION QUALIFICATIONS (CON'T)

(b) An applicant from a nursing program approved by a Board of Nursing in another U.S. jurisdiction shall have had substantially the same course of study as stated in the minimum curriculum requirements for Minnesota approved nursing programs at the time of his/her application. The applicant who cannot demonstrate having had the same course of study shall remove deficiencies before the examination as directed by the Minnesota Board of Nursing. The applicant from a program approved by another jurisdiction must hold a diploma from an approved nursing program before he/she can be admitted to the licensure examination.

(Nsg. RN 1965; 67; 75)

NSG. RN 2 ~~QUALIFICATION~~ APPLICATION

~~Completion of a course of study in an accredited school of nursing shall be required before the first day of the examination.~~

~~(a) Accredited school of nursing means one approved by the Minnesota Board of Nursing or by a similar board in another jurisdiction to prepare persons for registered nurse licensure.~~

~~(b) An applicant who graduated from a school of nursing approved by a Board of Nursing in another U.S. jurisdiction shall have had substantially the same course of study as stated in the minimum curriculum requirements for Minnesota accredited schools of nursing at the time of his~~

The application forms and instructions for filing are provided by the Board. The application shall be submitted to the Board in advance of the published deadline for the desired examination date.

(a) An application for licensure by examination from a graduate of a Minnesota program shall consist of:

(1) the notarized application form,

(2) the recommendation from the nursing program director and

(3) the statutory fee.

Following graduation, whether this occurs before or after the examination, the applicant must also submit an affidavit of graduation (notarized) and an official school transcript.

(b) A completed application from an out-of-state graduate shall consist of:

(1) the notarized application,

(2) the recommendation from the nursing program director,

(3) the statutory fee,

(4) the affidavit of graduation and

(5) the official school transcript.

(c) The Board will schedule the applicant to write the first examination available after application is completed within the constraints of space, expense, personnel and time.

(Nsg. RN 1965; 67; 75)

NSG. RN 4 EXAMINATION AND RE-EXAMINATION

The licensure examination may be prepared by the Minnesota Board of Nursing or by others delegated to do so by the Minnesota Board of Nursing.

(a) The passing score for each series of the Minnesota licensure examination shall be determined by the ~~Minnesota Board of Nursing~~.

(b) Prior to the examination date each accepted applicant will be sent an admission card which shall be presented by the applicant for admission to the examination center.

(c) The statutory re-examination fee applies to each re-examination whether one or more tests are to be re-written at that time.

NSG. RN 4 EXAMINATION AND RE-EXAMINATION (CON'T)

(d) An applicant ~~who fails to pass the Minnesota licensure examination in one or more tests may re-write that test or tests until the passing score is attained. Such re-examination may be repeated at subsequent testing periods until the passing score or scores are attained.~~ must pass all five sections of the examination in not more than three writings within an 18 month period. The Board must receive evidence of remedial assistance from the applicant who fails more than three writings before such applicant will be admitted to subsequent examinations. The applicant who has not passed all five sections of the examination in 18 months must re-write the entire examination.

~~(e) An applicant for re-examination who wrote the Minnesota licensure examination prior to 1954 and failed to pass one or more tests thereof shall be required to write the current such examination; if all tests are not passed, he shall be required to write the current Minnesota examination thereafter only in the test or tests failed.~~

(Nsg. RN 1965; 67; 75)

NSG. RN 5 ~~NURSES EDUCATED IN ANOTHER COUNTRY~~ DUPLICATE ORIGINAL LICENSE

~~Such a nurse, whether or not licensed in another jurisdiction, must apply for licensure by examination unless he has written the same licensure examination as administered by the Minnesota Board of Nursing. In such a case he shall apply for licensure by interstate endorsement.~~

~~(a) An applicant shall have graduated with substantially the same general and nursing education as required by the Minnesota Board of Nursing for Minnesota school of nursing graduates at the time such applicant was accepted for licensure by examination in the original foreign jurisdiction. An applicant not licensed in another jurisdiction must meet the general education and nursing curriculum standards in effect in Minnesota at the time of application here.~~

NSG. RN 5 HURSES-EDUCATED-IN-ANOTHER-COUNTRY DUPLICATE ORIGINAL LICENSE (CON'T)

~~(b) An applicant who does not have evidence of satisfactory general or nursing education may be required to take an additional course of study or to write an examination as directed by the Minnesota Board of Nursing in order to fulfill Minnesota requirements.~~

~~(c) An exchange visitor in the United States under the U.S. Mutual Education and Cultural Exchange Act shall not be eligible for Minnesota licensure. Such an exchange visitor may only practice professional nursing in Minnesota when such experience is an integral part of an exchange visitor nurse trainee program approved by the Minnesota Board of Nursing.~~

~~(d) No license shall be issued until the qualified applicant has established that he has complied with applicable provisions of the U.S. Immigration and Naturalization Act.~~

Duplicate original licenses are not issued for any reason.

(Nsg. RN 1975)

NSG. RN 6-9 RESERVED FOR FUTURE USE

CHAPTER TWO: ~~NSG. RN 10-19 LICENSURE WITHOUT-EXAMINATION;-BY-INTERSTATE-ENDORSE-~~
~~MENT:~~ INDIVIDUAL PREVIOUSLY LICENSED IN ANOTHER U.S. JURISDICTION

NSG. RN 10 ~~APPLICATION~~ QUALIFICATIONS

~~The-application-forms-and-instructions-are-provided-by-the-Minnesota-Board-of-~~
~~Nursing.~~

~~(a)-The-required-application-accompanied-by-proof-of-licensure-elsewhere-and-the-~~
~~statutory-fee-shall-be-filed-with-the-Minnesota-Board-of-Nursing.~~

~~(b)-A-permit-or-license-shall-be-received-from-the-Minnesota-Board-of-Nursing-~~
~~prior-to-employment-in-professional-nursing-in-Minnesota.~~

An applicant for Minnesota licensure by interstate endorsement shall have been granted licensure in another jurisdiction of the United States. Minnesota Registered Nurse licensure shall not be required for a nurse licensed in another jurisdiction who is in Minnesota as a student enrolled in a program of formal education which involves nursing practice, such as a program leading to a higher degree, a program to enhance skills in a clinical field or a program leading to certification in a nursing specialty. A Minnesota license or permit shall be required if the individual receives any monetary compensation for the nursing services provided or if the individual wishes to be employed during spare hours at the same time as he/she is enrolled in an educational program.

(a) The applicant shall have graduated from a program preparing for registered nurse licensure which is approved by the Minnesota Board of Nursing or similar board in another U.S. jurisdiction. Such applicant must have had substantially the same general and nursing education as required by the Board for Minnesota program graduates at the time such applicant was accepted for licensure in the original jurisdiction.

(b) An applicant who does not present evidence of satisfactory general or nursing education may be required to take an additional course of study to insure that

NSG. RN 10 ~~APPLICATION~~ QUALIFICATIONS (CON'T)

his/her background is comparable to that of Minnesota program graduates.

(c) The registered nurse applying for licensure by interstate endorsement who has not been employed in nursing for five years or more preceding application shall be required to submit evidence of competency in nursing before receiving a license in Minnesota. Such evidence may include completion of a refresher course, continuing education courses, an apprenticeship, an orientation program or such other evidence as the Board may reasonably require.

(d) A person who is not a graduate of an approved nursing program but has been licensed as a registered nurse in another jurisdiction may be licensed in Minnesota providing the criteria for licensure which he/she met in the original jurisdiction were comparable to criteria required in Minnesota at the time of his/her licensure in the other jurisdiction.

(e) An applicant must have written the same licensure examination as that administered in Minnesota and achieved scores established as passing for that examination by the Minnesota Board of Nursing unless he/she graduated from a U.S. nursing program and was licensed by examination in a U.S. jurisdiction prior to 1954.

(f) An applicant whose licensure examination scores do not meet the Minnesota requirements for 1954 or thereafter shall be required to re-write the current Minnesota examination and achieve a passing result before a Minnesota license is issued.

(Nsg. RN 1965; 67; 75)

NSG. RN 11 ~~QUALIFICATION~~ APPLICATION

~~An applicant for Minnesota licensure by interstate endorsement shall have been granted licensure in another jurisdiction.~~

NSG. RN 11 QUALIFICATION APPLICATION (CON'T)

(a) An applicant shall have graduated from a school of nursing preparing for registered nurse licensure that is accredited by the Minnesota Board of Nursing or a similar board in another jurisdiction. Such applicant should have substantially the same general and nursing education as required by the Minnesota Board of Nursing for Minnesota school of nursing graduates at the time such applicant was accepted for licensure in the original jurisdiction.

(b) An applicant who does not have evidence of satisfactory general or nursing education may be required to take an additional course of study or write an examination as directed by the Minnesota Board of Nursing in order to fulfill Minnesota requirements.

(c) Minnesota RN licensure shall not be required for a nurse licensed in another jurisdiction who is in Minnesota as a student in an educational program involving nursing practice. However, such a person may not be employed in professional nursing in Minnesota without a permit or license from the Minnesota Board of Nursing.

(d) A person licensed as a registered nurse in another U.S. jurisdiction by waiver shall be accepted for Minnesota licensure only if the waiver was the original one following passage of the first Registered Nurse law for the jurisdiction.

(e) An applicant must have written the same licensure examination as that administered in Minnesota and achieved scores established as passing for that series by the Minnesota Board of Nursing unless he graduated from a U.S. school of nursing and was licensed by examination in a U.S. jurisdiction prior to 1954.

(f) An applicant whose licensure examination scores do not meet the Minnesota requirements for 1954 or thereafter shall re-write the current Minnesota examination in order to raise his scores to meet Minnesota standards.

The application forms and instructions for filing are provided by the Board.

NSG. RN 11 ~~QUALIFICATION~~ APPLICATION (CON'T)

(a) A completed application for licensure by interstate endorsement shall include all of the following:

(1) The completed and notarized application form;

(2) A verification of licensure from the state in which the licensure examination was written;

(3) A verification of licensure from the state in which most recently employed if this is different than the state of examination;

(4) A satisfactory employment reference from the five years preceding the application. If the applicant has not been employed during this period, a personal reference is substituted;

(5) The statutory fee.

(b) The applicant may not be employed as a registered nurse in Minnesota until a Minnesota license or permit has been issued.

(Nsg. RN 1965; 67; 75)

NSG. RN 12 ~~NURSE-EDUCATED-IN-ANOTHER-COUNTRY~~ PERMIT TO PRACTICE PROFESSIONAL NURSING

~~Such-a-nurse-is-only-eligible-for-licensure-by-interstate-endorsement-if-he-meets-qualifications-as-stated-in-Chapter-1,-RN-5,-has-written-the-same-licensure-examination-as-administered-in-Minnesota-and-achieved-scores-established-as-passing-for-that-series-by-the-Minnesota-Board-of-Nursing.~~

~~NSG.-RN-13-PERMIT-TO-PRACTICE-PROFESSIONAL-NURSING~~

A permit for the practice of professional nursing in Minnesota for a period up to 90 days shall be issued by the Minnesota Board of Nursing to an applicant who is a graduate of a U.S. school of nursing and is licensed in another U.S. jurisdiction upon submission of application, statutory fee and satisfactory evidence of current licensure in another U.S. jurisdiction.

(a) Such permit allows employment in professional nursing in Minnesota while remaining application credentials are being assembled and reviewed for action by the Minnesota Board of Nursing.

(b) A person must not begin employment in professional nursing in Minnesota until a permit or license has been granted. If the permit expires and a license has not been issued, the applicant may no longer be employed in professional nursing in Minnesota.

(Nsg. RN 1965 s12; 1967 s13; 1975)

NSG. RN ~~14~~ 13-19 RESERVED FOR FUTURE USE

CHAPTER THREE: ~~NSG. RN 20-29 ANNUAL-REGISTRATION-(RENEWAL);-PENALTY;-DELINQUENT AND-NONPRACTICING-STATUS;-CHANGE-OF-NAME~~ LICENSURE: INDIVIDUAL PREVIOUSLY LICENSED IN A FOREIGN COUNTRY

NSG. RN 20 QUALIFICATIONS

(a) A foreign educated nurse will be required to write all parts of the same licensure examination as administered in Minnesota and achieve scores established as passing for that series by the Minnesota Board of Nursing.

(b) The foreign educated nurse who has passed the same examination as administered in Minnesota and has been licensed on that basis in another U.S. jurisdiction, shall be licensed by interstate endorsement.

(c) An applicant shall have graduated with substantially the same general and nursing education as required by the Board for Minnesota nursing graduates at the time such applicant was accepted for licensure by examination in the original foreign jurisdiction.

(d) An applicant who does not have evidence of satisfactory general or nursing education may be required to take an additional course of study to insure that his/her background is comparable to that of Minnesota program graduates.

(e) The applicant shall be required to demonstrate compliance with the U.S. Immigration and Naturalization Act.

(f) An exchange visitor in the United States under the U.S. Mutual Education and Cultural Exchange Act shall not be eligible for Minnesota licensure. Such an exchange visitor may only practice professional nursing in Minnesota when such experience is an integral part of an exchange visitor nurse trainee program approved by the Minnesota Board of Nursing.

(Nsg. RN 1967; 75)

NSG. RN 21 APPLICATION

(a) The foreign educated nurse who has been licensed in another U.S. jurisdiction after passing the same examination as administered in Minnesota shall be licensed by interstate endorsement. He/she shall submit the same application as outlined in NSG. RN 11, with the addition of a form indicating compliance with the U.S. Immigration and Naturalization Act.

(b) The foreign educated nurse who has not passed the same licensure examination as administered in Minnesota shall be required to write and pass all parts of the examination. The completed application for such applicant shall include the notarized application form, certification of licensure from the foreign licensure authority, if the applicant has been licensed, certification of graduation from a nursing program, official transcript from the nursing program, reference from a United States employer, if employed in the United States, immigration form and the statutory fee. The Board will schedule the foreign educated nurse to write the first examination available after the application is complete within the constraints of space, time, expense, and personnel.

(Nsg. RN 1967; 75)

NSG. RN 22-29 RESERVED FOR FUTURE USE

CHAPTER FOUR: NSG. RN 30-39 ANNUAL REGISTRATION (RENEWAL); PENALTY, DELINQUENT AND NONPRACTICING STATUS; CHANGE OF NAME

NSG. RN 29 30 ANNUAL RENEWAL OF REGISTRATION

Each ~~nurse~~ licensee is responsible for applying for renewal registration if he/she wishes to be employed ~~in the coming year in professional nursing in Minnesota~~ as a Registered Nurse in Minnesota in the coming year. ~~The Minnesota Board of Nursing issues renewal application forms to all current licensees and will renew registration upon receipt of application and statutory renewal fee.~~ The Board issues renewal applications to all current licensees and will renew registration upon receipt of the application and the renewal fee. Beginning with the 1976 renewal period, the annual fee shall be $5.

(Nsg. RN 1965; 67; 75)

NSG. RN ~~21~~ 31 PENALTY

An applicant for renewal of registration, except if in nonpracticing status, shall pay ~~the statutory~~ a late penalty fee of $2 as well as the ~~statutory~~ renewal fee if the request for renewal is postmarked after ~~December 31.~~ the end of the renewal period.

(Nsg. RN 1965; 67; 75)

NSG. RN 22 32 DELINQUENT STATUS

An applicant for renewal of registration, except if in nonpracticing status, who failed to ~~renew~~ re-register ~~for~~ in the previous year or years shall pay ~~the statutory~~ a delinquent fee of $2 for each year for which he/she has been delinquent up to a maximum of $10 as well as the ~~statutory late~~ penalty fee of $2 and the ~~statutory~~ renewal fee for the current year period.

(Nsg. RN 1965; 67; 75)

NSG. RN 23 33 NONPRACTICING STATUS

(a) An applicant for nonpracticing status who failed to renew registration for the previous year or years shall pay ~~the statutory~~ a delinquent fee of $2 for each year which he/she has been delinquent up to a maximum of $10.

(b) ~~The licensee in the nonpracticing status must contact the Minnesota Board of Nursing when again seeking renewal of registration. Such renewal is granted upon receipt of the statutory renewal fee for the current year.~~

The registered nurse who has been in the nonpracticing status for five years or more must present evidence of competency in nursing before becoming actively re-registered. Such evidence may include completion of a refresher course, continuing education courses, an apprenticeship, orientation program or such other evidence as the Board may reasonably require.

(c) The licensee who has been in the nonpracticing status for less than five years will be granted renewal of registration upon notification to the Board of intent to renew and payment of the renewal fee for the current period.

(Nsg. RN 1965; 67; 75)

NSG. RN 24 34 CHANGE OF NAME AND ON RECORDS

~~The addition of a married name to the record of a licensee shall be made by the Minnesota Board of Nursing upon notification from the licensee of such change. All other requests for name change shall be substantiated by submission of official credentials to the Minnesota Board of Nursing.~~

The licensee who is changing names must request the change in writing and must return the current renewal certificate with the request for name change. The Board may require substantiation of the change by requiring official documentation.

(Nsg. RN 1965; 67; 75)

NSG. RN 35 DUPLICATE RENEWAL CERTIFICATES

Duplicate renewal certificates are issued only to persons who have had legal name changes. The individual who is changing names must return his/her current renewal certificate to the Board before a duplicate certificate is issued. A duplicate renewal certificate is not issued when a certificate is lost or stolen.

(Nsg. RN 1975)

NSG. RN ~~25-29~~ 36-39 RESERVED FOR FUTURE USE

CHAPTER ~~FOUR~~ FIVE: NSG. ~~RN 30-39~~ 40-49 DISCIPLINE OF LICENSEES: UNAUTHORIZED PRACTICE OF PROFESSIONAL NURSING

NSG. RN 30-39 40-49 RESERVED FOR FUTURE USE

(Nsg. RN 1965; 75)

CHAPTER ~~FIVE~~ TWELVE: NSG. RN 40-49 110-119 NURSE SCHOLARSHIPS

NSG. RN 49 110 DEFINITIONS

(a) For purposes of these scholarships "rural nursing" means a clinical nursing course at least 4 weeks in length approved by the Board of Nursing in a hospital located in a community outside Minneapolis, St. Paul, Duluth or Rochester.

(b) For purposes of these scholarships "state hospital for the mentally ill" means a clinical nursing course at University of Minnesota Hospitals, St. Cloud Veterans' Hospital or one of the state hospitals for the mentally ill under control of the State Department of Public Welfare.

(c) For purposes of these scholarships "practice the profession of nursing for at least one year immediately after graduation in the State of Minnesota" shall mean for either a practical or professional nursing graduate:

(1) Employment beginning at least one or two months following graduation shall satisfy the requirement of "immediate".

(2) Part time (half of a usual work week) employment for two years shall be considered the same as full-time employment for one year.

(Nsg. RN 1965)

NSG. RN ~~47~~ 111 APPLICATION

(a) The application form provided by the Board of Nursing shall be completed in part by the applicant who shall provide information as to his financial need; part shall consist of references as to his ability for nursing and financial need.

(b) The Nurse Scholarship Committee appointed by the Board of Nursing shall review applications and make recommendations to the Board for awards or rejections of applications in accordance with the law and Board policies, procedures and regulations.

(Nsg. RN 1965)

NSG. RN 42 112 QUALIFICATIONS

(a) Priority for awards shall be given to those applicants who appear to have the greatest financial need and scholastic ability as evidenced by references and information from applicant. An applicant of top scholastic ability but little apparent financial need, as evidenced by references and information from applicant, shall not be granted an award; similarly an applicant of considerable apparent financial need but low scholastic ability, as evidenced by references and information from the applicant, shall not be granted an award.

(b) An applicant shall be a student in an accredited professional or practical nursing school in Minnesota, or accepted by such a school for admission to the next class of students.

(c) An award to a student in a baccalaureate degree nursing program shall not be granted until the beginning of the clinical portion of the program.

(Nsg. RN 1965)

NSG. RN 43 113 WITHDRAWALS

The Board of Nursing shall request that a scholarship recipient who chooses to withdraw from the nursing program shall refund the amount of the award already paid to him. This repayment may be made periodically in amounts convenient for the recipient.

(Nsg. RN 1965)

NSG. RN 44 114 GRADUATION

When requested by the Board, the recipient shall provide information as to his place and length of employment in nursing following graduation.

(a) The Board shall request repayment from the recipient who has graduated but not fulfilled his obligation to work one year as a nurse in Minnesota immediately following graduation; the amount of the repayment would be in proportion to the amount of a year not worked.

CHAPTER SIX: ~~NSG. RN 50-59 APPROVAL OF SCHOOLS OF NURSING~~ RN PREPARING PROGRAMS: DEFINITIONS, APPROVAL PROCEDURE

NSG. RN 50 DEFINITIONS

(a) ~~"Board" means the Minnesota Board of Nursing.~~

"Approval" is synonymous with accreditation as stated in Minnesota Statutes, Section 148.171-148.285 and means the program has fulfilled requirements set forth in Board rules and regulations. Graduates from Board approved programs are eligible to apply for Registered Nurse licensure.

(b) ~~"Requirements" mean mandatory standards with which schools shall comply in order to be approved, as contained in Minnesota Statutes, Sections 148.171-148.285.~~

"Board" means the Minnesota Board of Nursing.

(c) ~~"Recommendations" mean statements of desirable standards for the development of quality schools and programs. These standards are strongly urged by the Board although not mandatory. Approved schools will endeavor to meet recommendations and will meet requirements. The word "should" designates a statement of recommendation.~~

"Clinical facility" means an institution, agency or organization whose primary purpose is to provide care or services supportive to the promotion or maintenance or restoration of health.

(d) ~~"Survey" means a scheduled visit to a school for the purpose of conferring with administrative and instructional personnel, visiting educational facilities, reviewing nursing program plans and reviewing records and reports prior to Board consideration for granting or denying interim approval, approval or renewal of approval.~~

"Controlling institution" means the larger institution that operates a nursing program.

(e) "Approval"-is-synonymous-with-accreditation-as-stated-in-Minnesota-Statutes,-Section-148.171-148.285.--This-also-applies-to-interim-and-provisional-approval.

"Course" means a distinct unit of the curriculum that has been organized for presentation within one term. In a nursing course, this word refers to all of the related learning experiences provided by the faculty, both within and without the classroom, in order to support the objectives.

(f) "School"-means-an-educational-unit-of-a-larger-controlling-institution which-prepares-persons-for-licensure-as-registered-nurses-in-Minnesota.--This-may be-a-school-of-nursing-which-is-a-department-of-a-hospital,-or-a-school,-department,-division-or-college-of-nursing-which-is-part-of-a-university,-senior-college or-junior-college.

"Curriculum" means the planned studies and learning activities designed to lead to graduation and eligibility for Registered Nurse licensure.

(g) "Program"-means-the-curriculum-and-all-activities-which-take-place-under the-direction-of-the-school-preparing-students-to-become-candidates-for-the-registered-nurse-(R.N.)-licensing-examination-and-the-practice-of-nursing.

"Faculty" means the group of persons employed for administration, teaching, guidance or research functions in the program preparing for Registered Nurse licensure.

(h) "Curriculum"-means-the-planned-program-of-studies-offered-by-a-school.

"Director" means the Registered Nurse delegated the authority and responsibility for the administration of the program and implementation of the curriculum. This title is used regardless of the person's official title in the controlling institution.

(i) "Course"-means-a-portion-of-the-curriculum-in-nursing-or-in-general-education.--In-a-nursing-course,-this-term-refers-to-the-total-planned-experiences-in

~~the-classroom-and-in-the-clinical-setting-of-the-hospital-and-other-community agencies.~~

"Program" means an educational unit of a larger controlling institution that prepares persons for Registered Nurse licensure.

Types of Programs:

(1) "The Associate Degree Program" means a program that is an integral part of a community/junior college or senior college which offers a curriculum leading to an associate degree in nursing.

(2) "The Baccalaureate Degree Program" means a program that is an integral part of a senior college or university which offers a curriculum leading to a baccalaureate degree in nursing.

(3) "The Diploma Program" means a program under the control of the hospital which offers a curriculum leading to a diploma in nursing.

(j) ~~"Director"-means-the-nurse-faculty-member-employed-primarily-for-performance of-administrative-functions-of-the-school.--This-title-is-synonymous-with-dean, chairman-or-head-of-the-department-of-an-educational-unit-of-nursing-of-an-academic institution.~~

"Recommendations" mean statements of desirable standards for the development of quality programs. These standards are strongly urged by the Board although not mandatory.

(k) ~~"Faculty"-means-the-group-of-persons-employed-by-the-school-for-administration,-teaching,-guidance-or-research-functions.~~

"Requirements" mean mandatory standards with which programs shall comply in order to be approved, as contained in Minnesota Statutes, Sections 148.171-148.285.

(l) ~~Classification-of-Programs~~

~~(1)-"The-Baccalaureate-Degree-Program"--a-program-in-nursing-leading-to-a-bac-~~

NSG. RN 50 DEFINITIONS (CONT)

~~calaureate-degree-is-conducted-by-an-educational-unit-in-nursing-(department,-division,-school-or-college)-that-is-an-integral-part-of-a-senior-college-or-university and-is-organized-and-controlled-in-the-same-manner-as-similar-units-in-the-institution.~~

~~(2)-"The-Diploma-Program"--a-program-leading-to-a-diploma-in-nursing-is-conducted-by-a-single-purpose-school-under-the-control-of-a-hospital.~~

~~(3)-"The-Associate-Degree-Program"--a-program-in-nursing-leading-to-an-associate-degree-is-conducted-by-an-educational-unit-in-nursing-(department-or-division) that-is-an-integral-part-of-a-community-or-junior-college-and-is-organized-and-controlled-in-the-same-way-as-similar-units-in-the-institution.~~

"Survey" means the Board's collection of information for review purposes in granting, renewing or denying approval. The information may be collected by such methods as on-site visits and review of reports.

(Nsg. RN 1965; ~~1968;~~ 75)

NSG. RN 51 APPLICATION FOR APPROVAL

The controlling board of an institution contemplating establishment of a ~~school of nursing~~ nursing program shall confer with the Board in early stages of planning.

(a) The Board will send copies of the Application for Approval to the controlling institution of a new ~~school~~ program at its request.

(b) An institution shall have met the following requirements before it is eligible to file such an application with the Board.

(1) The appointment of a qualified director shall become effective sufficiently in advance of admission of students to develop an organizational plan and administrative policies, to appoint a qualified faculty, to develop budgetary plans and to make preliminary investigation of educational facilities. Experience has shown that a period of not less than one calendar year is necessary to accomplish these tasks.

NSG. RN 51 APPLICATION FOR APPROVAL (CON'T)

(2) Other qualified faculty members shall be appointed sufficiently in advance of admission of students to participate in developing the ~~school's~~ program's statement of philosophy and objectives and in devising the curriculum design.

(c) The completed Application for Approval together with supplementary materials (such as faculty records) shall be submitted to the Board at least three months preceding the expected date of admission of students.

(d) Following Board review of the Application for Approval a survey will be made.

(e) The Board will review the survey report and notify the institution whether the ~~school~~ program has been granted interim approval. The institution will receive copies of the report and a letter conveying Board action.

(Nsg. RN 1965; ~~1968~~; 75)

NSG. RN 52 INTERIM APPROVAL

Interim approval shall be granted by the Board to a new ~~school~~ program which meets the Board requirements as evidenced by the Application for Approval and by the survey.

(a) Additional reports will be requested and additional surveys will be made by the Board during the period of interim approval. This period extends through the length of time required for the first student group to be in the final year of the program.

(b) Toward the end of this period, a survey will be made to determine end of interim approval and to grant approval of provisional approval.

(Nsg. RN 1965; ~~1968~~; 75)

NSG. RN 53 APPROVAL AND RENEWAL OF APPROVAL

At the end of the interim approval period, providing the ~~school~~ program has con-

NSG. RN 53 APPROVAL AND RENEWAL OF APPROVAL (CON'T)

tinued to meet Board requirements and has completed the initial plans approved earlier by the Board, approval shall be accorded.

(a) The Board publishes and revises a list of approved ~~schools~~ programs. Unless otherwise designated as "interim" or "provisional", the ~~schools~~ programs included on the list will be recognized as approved.

(b) The Board shall make surveys, review all approved ~~schools~~ programs and grant renewal of approval to those which continue to meet Board requirements.

(Nsg. RN 1965; ~~1968~~; 75)

NSG. RN 54 PROVISIONAL APPROVAL

The Board will accord provisional approval to any ~~school~~ program previously having interim approval or approval if conditions within the ~~school or~~ program and controlling institution do not meet requirements.

(a) These conditions will be brought to the attention of the authorities of the controlling institution and the ~~school~~ program. A definite length of time will be stated by the Board during which the conditions shall be corrected.

(b) If the unsatisfactory conditions are not corrected within the defined period, the Board will remove the ~~school~~ program from approval status following hearing and reasonable notice thereof.

(Nsg. RN 1965; ~~1968~~; 75)

NSG. RN 55 CLOSING OF A ~~SCHOOL-OF-NURSING~~ NURSING PROGRAM

When the authorities of a controlling institution have decided to discontinue an approved ~~school~~ program, the institution shall notify the Board to this effect.

(a) Provided the quality of the educational program is safeguarded, the Board will continue approval of the ~~school~~ program until the enrolled students have graduated.

NSG. RN 55 CLOSING OF A ~~SCHOOL-OF-NURSING~~ NURSING PROGRAM (CON'T)

(b) ~~An~~ A controlling institution closing a ~~school~~ program shall provide for safe storage of vital school records.

(Nsg. RN 1965 s56; 1968 s55; 1975)

NSG. RN 56-59 RESERVED FOR FUTURE USE

CHAPTER SEVEN: ~~NSG. RN 60-69 APPROVAL OF SCHOOLS OF NURSING PHILOSOPHY AND OBJECTIVES, ORGANIZATION AND ADMINISTRATION~~ RN PREPARING PROGRAMS: CONTROLLING INSTITUTIONS

~~NSG. RN 60 PHILOSOPHY AND OBJECTIVES OF THE SCHOOL~~

~~An institution seeking interim approval or renewal of approval of a nursing school shall have developed statements of the educational philosophy and objectives of the school, and shall make provision for periodic review and revision as necessary. Such statements are fundamental as a guide in making judgments about the program.~~

~~(a) A philosophy of the controlling institution shall be written and shall serve as the basis for the program offered.~~

~~(b) A written comprehensive philosophy of nursing and education shall be developed by the nursing faculty and shall be consistent with the educational philosophy of the institution.~~

~~(c) A statement of objectives of the school shall be written by the nursing faculty and shall identify the type of program preparing the student for licensure as a registered nurse.~~

NSG. RN 61 GO CONTROLLING INSTITUTION ~~AND ADVISORY GROUPS~~

~~(a) The controlling institution shall be a state college or state university or shall be incorporated as a non profit institution which may include a private college or private university or governmental or non governmental general hospital.~~

The controlling institution shall be an educational institution which the Board deems able to provide an effective program leading to graduation and eligibility for Registered Nurse licensure and which shall include universities, senior colleges, or community/junior colleges, both public and private. Only those general hospitals which have existing programs as of July 1, 1976 shall constitute a controlling institution within these regulations.

NSG. RN 61 60 CONTROLLING INSTITUTION AND ADVISORY GROUPS (CON'T)

(b) ~~The controlling board shall insure financial support, facilities and leadership which will provide a sound educational program and appropriate services to faculty and students.~~

A community/junior college, senior college, or university which operates a nursing program shall be accredited by the North Central Association of Colleges and Secondary Schools. Such accreditation is also required for a college or university which provides some courses for students in the nursing programs of other institutions.

(c) ~~An advisory group may be developed during the formative stages of the program; if established, its relationship to the controlling board and to the faculty shall be clearly defined in writing.~~

The Board may grant interim approval to a new nursing program when there is evidence that the college has acquired eligibility status for accreditation by a national or regional accrediting body recognized by the Board.

(d) The controlling institution shall insure support including financial support which will provide a sound educational program.

(Nsg. RN 1965; ~~1968;~~ 75)

NSG. RN 62 61 ORGANIZATION

(a) The controlling institution shall ~~be organized and administered in ways conducive to the accomplishment of the school objectives.~~ make provision for a qualified director who shall be responsible for, and authorized to act on, matters concerned with the program.

(b) ~~Provision shall be made for the performance of administrative functions by a qualified director.~~

The faculty for this program shall be organized in order to effectively involve members in the formulation, implementation and evaluation of the curriculum.

NSG. RN 62 61 ORGANIZATION (CON'T)

~~(c) There shall be written description of the way in which the faculty is organized for accomplishing its functions.~~

~~(d) Meetings of the faculty shall be held regularly and minutes of the proceedings shall be kept.~~

(Nsg. RN 1965; ~~1968~~; 75)

~~NSG. RN 63 SECRETARIAL STAFF; OFFICES~~

~~Adequate clerical and secretarial staff shall be provided for the school. Suitable offices shall be provided for the administrative staff and faculty.~~

NSG. RN 64 62 RECORDS AND REPORTS

(a) ~~An accurate and comprehensive record system shall be maintained for all phases of school administration.~~

There shall be an accurate system maintained for the preservation of academic records and files for students and graduates.

(b) The school program shall make reports as requested by the Board.

~~(c) An annual report shall be made by the school to the controlling body.~~

(Nsg. RN 1965; ~~1968~~; 75)

~~NSG. RN 65 MAJOR CHANGE~~

~~Schools wishing to make major changes in organization, administration or curriculum, shall request and obtain prior approval of the Board before instituting such changes. Requests must be presented in time to provide an adequate period for consideration and action by the Board.~~

~~Sound experimentation is recommended by the Board when a well qualified faculty proposes to develop a program which is well planned and through which the educational objectives can be attained.~~

NSG. RN 66 63 BULLETIN PUBLICATIONS

~~A school bulletin shall be published describing the current program.~~

NSG. RN 66 63 BULLETIN PUBLICATIONS (CON'T)

(a) Current information shall be available that accurately describes the program's curriculum and student related policies.

(b) The fees charged to students shall be clearly communicated to students in writing.

(Nsg. RN 1965 s65; 1968 s66; 1975)

~~NSG. RN 67 FINANCE~~

~~(a) A school shall have definite, assured and continuing financial support sufficient to provide staff, facilities and other essentials for carrying out the school's stated objectives.~~

~~(b) The director, in consultation with the faculty, shall prepare and administer the school budget in accordance with sound educational and fiscal practices.~~

~~(c) The list of fees charged to students shall clearly indicate the purpose for which they are charged (tuition, library, etc.).~~

NSG. RN 68-- 64 - 69 RESERVED FOR FUTURE USE

CHAPTER EIGHT: NSG. RN 70-79 APPROVAL OF ~~SCHOOLS OF NURSING~~ RN PREPARING PROGRAMS: FACULTY

NSG. RN 70 COMPOSITION AND FUNCTIONS

The faculty shall formulate and implement the educational policies for the ~~school~~ program according to the powers delegated to the faculty by the controlling body of the institution.

(a) The director ~~of the school~~ shall have adequate assistance in the administration of the program.

(b) Members of the faculty are persons employed for instruction, guidance, research or administration.

(c) The majority of faculty members shall be employed on a full-time basis ~~for the school~~.

(d) The faculty shall have the responsibility for development and implementation of the curriculum.

(e) Nursing courses shall be the responsibility of faculty members who are registered nurses employed by the ~~school~~ program.

(Nsg. RN 1965 s70, 71; 1968 s70; 1975)

NSG. RN 71 MINIMUM QUALIFICATIONS

Faculty members should be qualified by academic preparation and experience and should have appropriate personal attributes for their positions. Minimum qualifications for diploma and associate degree program faculty members should be a baccalaureate level of preparation and for baccalaureate programs, a master's level of preparation. It is recommended that persons with less preparation hold provisional appointments.

(a) Nurse faculty members shall be licensed as Minnesota Registered Nurses and shall be currently renewed to practice.

NSG. RN 71 MINIMUM QUALIFICATIONS (CON'T)

~~(b) Nurse-faculty-members-should-belong-to-the-American-Nurses'-Association-and the-National-League-for-Nursing.~~

The selection of qualified faculty members, faculty policies and practices shall be in accord with state and federal laws on non-discrimination.

~~(c)-Faculty-members-who-are-not-nurses-should-belong-to-the-National-League-for Nursing-and-their-respective-professional-organizations.~~

(Nsg. RN 1965 s72; 1968 s71; 1975)

~~NSG.-RN-72-TITLES-AND-DESCRIPTIONS~~

~~(a)-Each-faculty-position-shall-have-an-appropriate-title.~~

~~(b)-There-shall-be-written-descriptions-indicating-the-essential-qualifications and-the-general-responsibilities-and-functions-of-faculty-positions.~~

NSG. RN ~~73~~ 72 - 79 RESERVED FOR FUTURE USE

CHAPTER NINE: NSG. RN 80-89 APPROVAL OF ~~SCHOOLS OF NURSING~~ RN PREPARING PROGRAMS: STUDENTS

NSG. RN 80 ~~SELECTION AND~~ ADMISSION

(a) Admission practices shall be based on the ~~school's~~ program's stated criteria for selection. ~~as to: scholastic aptitude, previous academic achievement, personal qualities and physical and emotional health.~~

~~(a) Verification of age shall be made by checking birth or baptismal certificates or other similar official records.~~

~~(b) Verification of graduation from an accredited high school or its equivalent shall be made by the school prior to admission. Equivalency to high school graduation shall be established through standardized tests such as the General Education Development tests, through satisfactory record on other tests for this purpose administered by the State Department of Education, or by acceptability for freshman standing at an accredited college or university.~~

The selection and advancement of students shall be in accord with state and federal laws on non-discrimination.

(Nsg. RN 1965; ~~1968~~; 75)

NSG. RN 81 ~~TRANSFER AND REINSTATEMENT OF STUDENTS~~ EDUCATIONAL PROGRESSION OPPORTUNITIES

~~(a) Students requesting admission to a school through transfer from another approved school of nursing or those requesting reinstatement shall meet the school's usual current standards for regularly enrolled students.~~

By July 1, 1977 there shall be written policies regarding opportunities for student placement in, and/or progression through the curriculum based on satisfactory establishment of knowledge and skill(s), however acquired.

~~(b) Each school shall define its own policies relative to granting of credit for courses accepted by transfer from another institution.~~

NSG. RN 81 ~~TRANSFER-AND-REINSTATEMENT-OF-STUDENTS~~ EDUCATIONAL PROGRESSION OPPORTUNITIES (CON'T)

During the 1977-78 academic year there shall be evidence of opportunities for student placement in, and/or progression through one-third of the nursing courses of the curriculum based on satisfactory establishment of knowledge and skill(s), however acquired.

(Nsg. RN 1965; ~~1968~~; 75)

NSG. RN 82 ~~SCHOLASTIC-STANDING-AND~~ PROGRESSION AND GRADUATION REQUIREMENTS

~~Policies-developed-by-the-faculty-regarding-scholastic-achievement-required-for promotion-and-graduation-shall-be-stated-in-writing-and-made-available-to-students.~~

(a) ~~Graduation-shall-depend-upon-evidence-of-satisfactory-completion-of-the total-requirements-of-the-program.~~

Criteria for graduation shall be prepared by the faculty and clearly communicated in writing to students upon admission to the program.

(b) ~~On-the-candidate's-application-for-licensure-by-examination,-the-director's recommendation-is-required-in-the-areas-of-health,-character,-age,-graduation-from high-school-or-its-equivalent-and-completion-of-the-approved-program-in-nursing before-the-date-of-the-licensing-examination.~~

The graduation criteria shall include but not be limited to satisfactory achievement of the competencies as outlined in Nsg. RN 90(d) and the essential requirements delineated in each nursing course.

(c) Evidence of progress toward meeting graduation criteria shall be an integral part of the students' records.

(Nsg. RN 1965; ~~1968~~; 75)

~~NSG.-RN-83-GUIDANCE-PROGRAM~~

~~An-organized-program-shall-be-available-to-the-student-for-assistance-in-personal, academic-and-professional-adjustment.~~

~~NSG.-RN-84-HEALTH-PROGRAM~~

~~The-student-health-program-shall-provide-preventive-medical-care-as-well-as-care-in illness-and-disability.--The-school-shall-have-written-health-program-policies-consistent-with-current-health-and-medical-practice-and-under-qualified-medical supervision.~~

~~NSG.-RN-85-MAINTENANCE-~~

~~When-residence-facilities-are-maintained-by-the-school,-they-shall-provide-for-the personal-safety-and-welfare-of-the-students.~~

NSG. RN 86 83 - 89 RESERVED FOR FUTURE USE

CHAPTER TEN: NSG. RN 90-99 APPROVAL OF ~~SCHOOLS OF NURSING~~ RN PREPARING PROGRAMS: CURRICULUM, ~~INSTRUCTION, EVALUATION~~

NSG. RN 90 PHILOSOPHY AND GOALS

(a) The philosophy of the nursing program shall be compatible with the philosophy of the controlling institution.

(b) The faculty shall write, periodically review and revise a philosophy that serves as the base for the curriculum and its implementation.

(c) The philosophy shall include, but not be limited to a clear description of the faculty's beliefs, regarding:

(1) man,

(2) society,

(3) health,

(4) nursing including the relationship of the graduate being prepared to that from the other types of programs,

(5) teaching and learning.

(d) There shall be a written description of the competencies of the graduate being prepared. The knowledge and skills delineated shall be appropriate to the type of graduate being prepared and shall relate, but not be limited to the following broad areas:

(1) nursing process or problem solving,

(2) nursing skills and delegated medical tasks, and

(3) role behaviors.

(e) There shall be evidence that the faculty discusses with nurses, employers, and consumers in the area serviced by the program, the knowledge and skills of the graduates. The focus of such discussion shall be upon mutual concerns, mutual understanding of philosophy and goals and appropriate utilization of the graduate.

(Nsg. RN 1965; ~~1968~~; 75)

NSG. RN 99 91 CURRICULUM DEVELOPMENT AND OBJECTIVES

The curriculum includes all the content, instructional activities and learning experiences planned and guided by the institution's faculty to achieve stated curriculum and course objectives. The selection of content and activities of the learning experiences is one of the central responsibilities of curriculum planning. The selection and organization of the learning experiences in the curriculum shall provide continuity, sequence and integration of learnings.

(a) ~~Curriculum~~ Nursing course objectives shall be constructed within the framework of the philosophy and ~~objectives~~ goals of the ~~school~~ program and should be attainable to a significant degree.

(1) ~~Curriculum~~ Nursing course objectives shall be written by the nursing faculty and shall provide direction for the development and implementation of specific courses.

(2) These statements shall realistically identify expected changes in behavior of the nursing students.

(b) The curriculum shall provide for instruction in the areas of human behavior and studies of cultures, natural sciences and professional development. The ~~clinical~~ nursing courses shall provide for classroom and clinical laboratory instruction so that concepts taught in the classroom are applied in the clinical situation. This classroom and clinical instruction shall be concurrent. Provision shall be made for learning experiences with patients having major nursing care needs in all age groups and stages of illness, with adults and children receiving medical and surgical therapy, with those having mental illness, and with mothers and infants in the maternity cycle.

(1) The curriculum shall be based upon and shall provide:

(aa) Knowledge of individual behavior based on behavioral sciences.

(bb) Knowledge of principles of human functioning based on natural sciences.

NSG. RN 90 91 CURRICULUM DEVELOPMENT AND OBJECTIVES (CON'T)

(cc) Knowledge of health and deviations therefrom, and knowledge of pathological processes.

(2) The following content shall be included in nursing courses:

(aa) Major nursing problems associated with patients in all age groups.

(bb) Application of knowledge in developing nursing skills in: problem-solving processes to make appropriate judgments; developing effective interpersonal relationships with the patient and his family, helping him to assess his resources; fulfilling the comforting, caring, and curing roles; developing communication skills with the patient, his family, nursing personnel and health team members;

(cc) Application of knowledge to carry out delegated medical tasks.

(dd) Information concerning opportunities for continued personal and professional development.

(Nsg. RN 1965 s90, 91; 1968 s90; 75)

NSG. RN ~~91~~ 92 INSTRUCTION

(a) Nurse ~~F~~faculty members shall be responsible for selecting, teaching, guiding and evaluating all learning experiences in the classroom and clinical ~~laboratory setting.~~ facility.

(1) The learning experiences and methods of instruction shall provide opportunity for fulfilling the objectives of the ~~curriculum~~ nursing courses.

(2) Learning experiences and methods that promote critical thinking and synthesis of learnings shall be utilized in the teaching-learning process.

(3) Provision shall be made for individual differences among students.

(b) Nursing course objectives shall be developed by the nurse faculty members and shall be in writing.

~~(1) Course objectives shall be consistent with the overall objectives of the curriculum which in turn are developed from the philosophy and objectives of the school.~~

NSG. RN ~~91~~ 92 INSTRUCTION (CON'T)

(1) Nursing course objectives shall be consistent with the philosophy and goals of the program.

(2) Nursing ~~c~~Course objectives shall be developed in behavioral terms and shall identify the changes in behavior in the student as a result of the learning process.

(c) Nursing ~~c~~Course outlines shall be written by the faculty members and shall be periodically reviewed and revised to be consistent with on-going evaluation processes. These outlines shall identify the content of each nursing course and its implementation as determined by the faculty members.

(d) Instructional materials shall be appropriate to assure implementation of the curriculum, be current and available to students and faculty.

(Nsg. RN 1965 s95; 1968 s91; 1975)

NSG. RN ~~92~~ 93 EVALUATION

~~Evaluation shall be a systematic and on-going process judging the effectiveness of the students' educational experiences through careful appraisal. Evaluation shall be in relation to the philosophy and objectives that have been determined by the faculty, individual instructors and students.~~

~~(a) Evaluation shall include the collecting, recording, assembling and interpreting of data relating to educational objectives, teaching learning processes, student progress and outcomes.~~

There shall be written evidence of on-going evaluation that shall include but not be limited to:

(1) The curriculum in terms of the graduation competencies.

(2) Employment functioning of the graduates.

~~(b) There shall be evidence that the faculty engages in evaluation in the interest of strengthening the program.~~

NSG. RN 92 93 EVALUATION (CON'T)

By July 1, 1978 and thereafter there shall be evidence of implementing recommendations based on the evaluation findings.

~~(e) Evaluation shall provide the basis for program changes.~~

(Nsg. RN 1965 s96; 1968 s92; 1975)

NSG. RN 94 MAJOR CHANGE

The program shall request and obtain Board approval before instituting the following major changes:

(a) Change in the philosophy, goals, curriculum or objectives that would result in graduate competencies different from those approved as appropriate to the type of program.

(b) Addition or deletion of a clinical facility utilized for student learning.

(c) Change in the control of the program.

(d) Proposals of an experimental nature will be considered by the Board and encouraged where appropriate.

(Nsg. RN 1965 s92; 1968 s65; 1975)

NSG. RN 93 95 - 99 RESERVED FOR FUTURE USE

CHAPTER ELEVEN: ~~NSG. RN 100-109 APPROVAL OF SCHOOLS OF NURSING~~ RN PREPARING PROGRAMS: ~~EDUCATIONAL~~ CLINICAL FACILITIES

~~NSG. RN 100 COLLEGE AND HOSPITAL ACCREDITATION~~ CLINICAL FACILITIES

~~(a) A junior college, senior college, or university which conducts a nursing program shall be accredited by the North Central Association of Colleges and Secondary Schools. Such accreditation is also required for a college or university which provides some courses for students in schools of nursing conducted by other institutions.~~

Every plan to use a clinical facility, in whole or in part, for student learning that involves nursing assessment, intervention/implementation and evaluation that necessitates direct teaching supervision must be approved by the Board prior to utilization. Each program must submit evidence that the facility selected meets criteria listed in RN 100-101 of this section.

~~(b) The Board may grant interim approval to a new college program in nursing when there is evidence that the college has acquired eligibility status for regional accreditation.~~

The faculty shall have objectives for all clinical learning written in measurable performance terms that are appropriate for the type of program.

~~(c) A hospital which is used as a clinical laboratory shall be accredited by the Joint Commission on Accreditation of Hospitals.~~

All clinical facilities selected by the faculty shall provide experience that will be adequate and appropriate for achieving the learning objectives.

(d) The program shall be able to document how the selected clinical facilities are utilized to implement the curriculum and learning objectives.

(e) All clinical facilities utilized for learning shall have current accreditation by an agency the Board recognizes as evaluating quality of care such as the Joint Commission for Accreditation of Hospitals and/or demonstrates that they have complied with the criteria listed in RN 100(f).

NSG. RN 100 ~~COLLEGE-AND-HOSPITAL-ACCREDITATION~~ CLINICAL FACILITIES (CON'T)

(f) All clinical facilities utilized for learning shall have evidence of quality of nursing service in the following areas:

(1) Appropriate utilization of all types of nursing personnel.

(2) Staffing that is not affected by presence or absence of students and is adequate for effective patient care.

(3) Medical and/or Registered Nurse supervision of direct patient care.

(4) Clarity of nursing care plans for patients.

(5) A systematic plan and process for the review and improvement of patient care that utilizes evaluation tools such as a review of clinical records.

(6) Retain old rule.

(g) The curriculum implementation plan for learning in the clinical facility shall include evidence that learning is assured in the following ways:

(1) Faculty members responsible for selecting, guiding, and evaluating student learning.

(2) Number of students appropriate to the learning objectives, available experience and physical facilities.

(3) Teacher/student ratio appropriate to the learning objectives and the facility dependent upon such factors as:

(aa) Availability of the educational experience within the institution.

(bb) Location of educational experience within the facility.

(cc) The educational guidance necessary for student achievement of objectives.

(4) When other nursing programs are using the facility, the programs and facility shall provide evidence that there are adequate learning experiences for all students involved.

(Nsg. RN 1965; ~~1968~~; 75)

~~NSG.-RN-101-CLASSROOMS,-LABORATORIES~~

~~Classrooms,-laboratories-and-conference-rooms-shall-be-adequate-in-size,-number and-type-for-the-number-of-students-and-the-educational-purposes-for-which-these rooms-are-to-be-used.--Lighting,-ventilation,-seating-arrangements,-location, equipment-and-furnishings-shall-be-appropriate-for-the-necessary-activities.~~

NSG. RN 101 WRITTEN AGREEMENTS

(a) The controlling institution and program shall have written agreements with each clinical facility utilized for student learning.

(b) The agreements shall be reviewed annually by the parties to see that the provisions are current and meet the following criteria for coordinated planning and implementation:

(1) Assurance from the clinical facility of access to learning experience that shall be both appropriate and adequate to fulfill the written learning objectives designated by the faculty.

(2) Specification of the authority and responsibilities of program and clinical facility personnel wherever related to the educational experience of the student.

(3) Arrangement for the faculty members assigned to the clinical facility to receive that degree of prior orientation mutually agreed upon as necessary to meet the needs of both the program and the facility.

(4) Provision of continuing multi-level communication between the clinical facility and the program personnel. Such communication shall include but not be limited to:

(aa) Provision for the familiarization of facility staff with the program's philosophy, goals, curriculum.

(bb) Provision for the familiarization of program faculty with the facility's philosophy, policy, and program expectations.

(cc) Provision for follow-up evaluation of the clinical experience by facility staff and program faculty.

(Nsg. RN 1965 s66; 1968 s105; 1975)

NSG.-RN-102-LIBRARY

A-well-organized-library-shall-be-provided-for-the-use-of-students-and-faculty.

(a)-Library-collections-shall-be-current,-show-evidence-of-periodic-acquisitions-to-support-the-educational-program,-and-be-available-to-students-and faculty.

(b)-A-qualified-person-shall-be-readily-available-to-insure-maximum-benefits to-students-and-faculty.--Such-a-person-shall-have-sufficient-library-training-to be-able-to-catalog-books,-keep-library-collections-current-and-shall-have-sufficient knowledge-of-nursing-to-assist-students-in-the-selection-of-reference-material.

(c)-Lighting,-ventilation,-seating-arrangements,-furnishings-and-equipment shall-be-suitable.

NSG.-RN-103-CLINICAL-LABORATORIES

Clinical-facilities-shall-be-selected-which-will-provide-opportunity-for-learning experiences-implicit-in-the-objectives-of-the-curriculum.

(a)-The-major-general-hospital-facility-to-be-utilized-by-a-new-program-in nursing-shall-have-a-daily-average-of-at-least-one-hundred-patients-excluding-newborn-infants-and-those-requiring-custodial-care.

(b)-Major-clinical-services-of-pediatrics,-maternity-and-psychiatry-shall-be segregated.

(c)-The-Board-will-look-for-evidence-of-quality-nursing-service-in-the-clinical laboratory.

(1)-Supervision-of-direct-patient-care.

(2)-Organization-of-nursing-service-staff-for-review-and-improvement-of-nursing-care.

NSG.-RN-103-CLINICAL-LABORATORIES (CON'T)

(3)-Clarity-of-communications-between-health-team-members.

(4)-Number-of-registered-nurses,-licensed-practical-nurses-and-auxiliary nursing-personnel.

(5)-Utilization-of-registered-nurses,-licensed-practical-nurses-and-auxiliary nursing-personnel.

(6)-Inservice-education-for-nursing-personnel.

(d)-The-Board-will-look-for-evidence-of-the-adequacy-of-clinical-facilities-for good-learning-experiences-on-the-basis-of-the-following.

(1)-Quality-of-nursing-care,-medical-care-and-hospital-administration.

(2)-Variety-of-patients-representing-major-health-problems,-stages-of-illness and-age-groups.

(3)-Daily-average-number-of-patients-in-each-clinical-service.

(4)-Adequate-physical-facilities,-medical-supplies-and-equipment-essential to-nursing-care-and-teaching-(such-as-kardex,-nursing-care-plans,-individualized medication-system,-clarity-of-the-medical-care-plans,-etc.).

(5)-Number-of-students-to-be-assigned.

(6)-Other-educational-programs-using-these-facilities.

(7)-Attitudes-of-personnel-toward-the-educational-program.

NSG.-RN-104-ADDITIONAL-CLINICAL-FACILITIES

When-additional-facilities-are-to-be-used,-such-as-community-nursing-agencies, geriatric-facilities,-extended-care-units,-outpatient-clinics,-nursery-schools and-any-other-institution-or-agency,-they-shall-be-carefully-selected-and-well-suited-to-meet-specific-objectives-of-the-curriculum.--All-learning-experiences must-be-selected-and-guided-by-faculty-members.

NSG.-RN-105-WRITTEN-AGREEMENTS

When-the-controlling-institution-of-the-school-arranges-for-courses-of-facilities of-other-institutions-or-agencies,-a-current-written-agreement-of-mutually

HSG.-RH-105-WRITTEN-AGREEMENTS (CON'T)

decided-policies-covering-all-major-aspects-of-the-cooperative-relationship-shall be-developed-and-shall-be-signed-by-administrative-authorities-of-each-institution.

HSG. RH 106 102 - 109 RESERVED FOR FUTURE USE

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Commissioner of Administration
NOV 24 1975
BY Eda Staudenmaier
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APPROVED AS TO FORM AND LEGALITY
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WARREN SPANNAUS, ATTORNEY GENERAL
BY /s/ Michael B. Miller
SPECIAL ASSISTANT ATTORNEY GENERAL

STATE OF MINNESOTA
DEPARTMENT OF STATE
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NOV 24 1975 - 4:15 pm
Joan Anderson Growe
Secretary of State

MINNESOTA BOARD OF NURSING

AMENDMENTS TO THE REGISTERED NURSE LICENSURE RULES

APRIL, 1975

Proposed New Rule	Old Rule
CHAPTER ONE: NSG. RN 1-9 LICENSURE: INDIVIDUAL NOT PREVIOUSLY LICENSED	CHAPTER ONE: NSG. RN 1-9 LICENSURE BY EXAMINATION
NSG. RN 1 QUALIFICATION	NSG. RN 2 QUALIFICATION
Repeal	Completion of a course of study in an accredited school of nursing shall be required before the first day of the examination.
(a) A student from a nursing program approved by the Minnesota Board of Nursing as provided in Minnesota Statute 148.251 may be admitted to the licensure examination providing all the following criteria are met:	(a) Accredited school of nursing means one approved by the Minnesota Board of Nursing or by a similar board in another jurisdiction to prepare persons for registered nurse licensure.
(1) The student is enrolled in the last school term;	
(2) The student is in good standing and there is reasonable expectation graduation requirements will be completed;	
(3) Requirements for graduation will be completed no later than six weeks after the date of the examination for which the student is applying;	
(4) Remaining course work will not include any basic content in the five areas covered by the examination (medical nursing, surgical nursing, nursing of children, obstetric nursing, psychiatric nursing.)	
(b) An applicant from a nursing program approved by a Board of Nursing in another U.S. jurisdiction shall have had substantially the same course of study as stated in the minimum curriculum requirements for Minnesota approved nursing programs at the time of his/her application. The applicant	(b) An applicant who graduated from a school of nursing approved by a Board of Nursing in another U.S. jurisdiction shall have had substantially the same course of study as stated in the minimum curriculum requirements for Minnesota accredited schools of nursing at the time of his

Proposed New Rule	Old Rule
NSG. RN 1 QUALIFICATION (CON'T)	NSG. RN 2 QUALIFICATION (CON'T)
who cannot demonstrate having had the same course of study shall remove deficiencies before the examination as directed by the Minnesota Board of Nursing. The applicant from a program approved by another jurisdiction must hold a diploma from an approved nursing program before he/she can be admitted to the licensure examination.	application or he shall remove deficiencies as directed by the Minnesota Board of Nursing.
NSG. RN 2 APPLICATION	NSG. RN 1 APPLICATION
The application forms and instructions for filing are provided by the Board. The application shall be submitted to the Board in advance of the published deadline for the desired examination date.	The application forms and instructions for filing are provided by the Minnesota Board of Nursing.
(a) An application for licensure by examination from a graduate of a Minnesota program shall consist of: (1) the notarized application form, (2) the recommendation from the nursing program director and (3) the statutory fee.	(a) The completed application, accompanied by the statutory fee, shall be submitted to the Minnesota Board of Nursing in advance of the published deadline for the desired examination date.
Following graduation, whether this occurs before or after the examination, the applicant must also submit an affidavit of graduation (notarized) and an official school transcript.	New
(b) A completed application from an out-of-state graduate shall consist of: (1) the notarized application, (2) the recommendation from the nursing program director, (3) the statutory fee, (4) the affidavit of graduation and (5) the official school transcript.	(b) Only a person who has filed the required application and been notified of acceptance by the Minnesota Board of Nursing will be permitted to write the examination.
(c) The Board will schedule the applicant to write the first examination available after application is completed within the constraints of space, expense, personnel and time.	New

Proposed New Rule	Old Rule
NSG. RN 3 PERMIT TO PRACTICE PROFESSIONAL NURSING	NSG. RN 3 PERMIT TO PRACTICE PROFESSIONAL NURSING
Retain old rule.	An applicant accepted to write the first licensure examination following graduation from a U.S. school of nursing shall be issued a permit to practice professional nursing until notification of examination results.
	(a) An applicant who does not write at the scheduled examination date must return the permit to the Minnesota Board of Nursing.
	(b) A holder of a permit shall not use the title "registered nurse", abbreviated R.N., in Minnesota until his license is issued, although he may be employed in professional nursing in Minnesota while the permit is valid.
	(c) A holder of a permit who failed to pass the examination shall not practice professional nursing in Minnesota following the expiration of the permit until he has successfully re-written the examination and his license has been issued.
NSG. RN 4 EXAMINATION AND RE-EXAMINATION	NSG. RN 4 EXAMINATION AND RE-EXAMINATION
Retain old rule.	The licensure examination may be prepared by the Minnesota Board of Nursing or by others delegated to do so by the Minnesota Board of Nursing.
(a) The passing score for each series of the Minnesota licensure examination shall be determined by the Board.	(a) The passing score for each series of the Minnesota licensure examination shall be determined by the Minnesota Board of Nursing.
(b) Retain old rule.	(b) Prior to the examination date each accepted applicant will be sent an admission card which shall be presented by the applicant for admission to the examination center.
(c) Retain old rule.	(c) The statutory re-examination fee applies to each re-examination whether one or more tests are to be re-written at that time.

Proposed New Rule	Old Rule
NSG. RN 4 EXAMINATION AND RE-EXAMINATION (CON'T)	NSG. RN 4 EXAMINATION AND RE-EXAMINATION (CON'T)
(d) An applicant must pass all five sections of the examination in not more than three writings within an 18 month period. The Board must receive evidence of remedial assistance from the applicant who fails more than three writings before such applicant will be admitted to subsequent examinations. The applicant who has not passed all five sections of the examination in 18 months must re-write the entire examination.	(d) An applicant who fails to pass the Minnesota licensure examination in one or more tests may re-write that test or tests until the passing score is attained. Such re-examination may be repeated at subsequent testing periods until the passing score or scores are attained.
Repeal	(e) An applicant for re-examination who wrote the Minnesota licensure examination prior to 1954 and failed to pass one or more tests thereof shall be required to write the current such examination; if all tests are not passed, he shall be required to write the current Minnesota examination thereafter only in the test or tests failed.
NSG. RN 5 DUPLICATE ORIGINAL LICENSE	
Duplicate original licenses are not issued for any reason.	New
NSG. RN 6-9 RESERVED FOR FUTURE USE	NSG. RN 6-9 RESERVED FOR FUTURE USE
CHAPTER TWO: NSG. RN 10-19 LICENSURE: INDIVIDUAL PREVIOUSLY LICENSED IN ANOTHER U.S. JURISDICTION	CHAPTER TWO: NSG. RN 10-19 LICENSURE WITHOUT EXAMINATION, BY INTERSTATE ENDORSEMENT
NSG. RN 10 QUALIFICATIONS	NSG. RN 11 QUALIFICATION
An applicant for Minnesota licensure by interstate endorsement shall have been granted licensure in another jurisdiction of the United States. Minnesota Registered Nurse licensure shall not be required for a nurse licensed in another jurisdiction who is in Minnesota as a student enrolled in a program of formal education which involves nursing practice,	An applicant for Minnesota licensure by interstate endorsement shall have been granted licensure in another jurisdiction.

Proposed New Rule

NSG. RN 10 QUALIFICATIONS
(CON'T)

such as a program leading to a higher degree, a program to enhance skills in a clinical field or a program leading to certification in a nursing specialty. A Minnesota license or permit shall be required if the individual receives any monetary compensation for the nursing services provided or if the individual wishes to be employed during spare hours at the same time as he/she is enrolled in an educational program.

(a) The applicant shall have graduated from a program preparing for registered nurse licensure which is approved by the Minnesota Board of Nursing or similar board in another U.S. jurisdiction. Such applicant must have had substantially the same general and nursing education as required by the Board for Minnesota program graduates at the time such applicant was accepted for licensure in the original jurisdiction.

(b) An applicant who does not present evidence of satisfactory general or nursing education may be required to take an additional course of study to insure that his/her background is comparable to that of Minnesota program graduates.

(c) The registered nurse applying for licensure by interstate endorsement who has not been employed in nursing for five years or more preceding application shall be required to submit evidence of competency in nursing before receiving a license in Minnesota. Such evidence may include completion of a refresher course, continuing education courses, an apprenticeship, an orientation program or such other evidence as the Board may reasonably require.

Old Rule

NSG. RN 11 QUALIFICATION
(CON'T)

(a) An applicant shall have graduated from a school of nursing preparing for registered nurse licensure that is accredited by the Minnesota Board of Nursing or a similar board in another jurisdiction. Such applicant should have substantially the same general and nursing education as required by the Minnesota Board of Nursing for Minnesota school of nursing graduates at the time such applicant was accepted for licensure in the original jurisdiction.

(b) An applicant who does not have evidence of satisfactory general or nursing education may be required to take an additional course of study or write an examination as directed by the Minnesota Board of Nursing in order to fulfill Minnesota requirements.

(c) Minnesota RN licensure shall not be required for a nurse licensed in another jurisdiction who is in Minnesota as a student in an educational program involving nursing practice. However, such a person may not be employed in professional nursing in Minnesota without a permit or license from the Minnesota Board of Nursing.

Proposed New Rule

NSG. RN 10 QUALIFICATIONS (CON'T)

(d) A person who is not a graduate of an approved nursing program but has been licensed as a registered nurse in another jurisdiction may be licensed in Minnesota providing the criteria for licensure which he/she met in the original jurisdiction were comparable to criteria required in Minnesota at the time of his/her licensure in the other jurisdiction.

(e) An applicant must have written the same licensure examination as that administered in Minnesota and achieved scores established as passing for that examination by the Minnesota Board of Nursing unless he/she graduated from a U.S. nursing program and was licensed by examination in a U.S. jurisdiction prior to 1954.

(f) An applicant whose licensure examination scores do not meet the Minnesota requirements for 1954 or thereafter shall be required to re-write the current Minnesota examination and achieve a passing result before a Minnesota license is issued.

NSG. RN 11 APPLICATION

The application forms and instructions for filing are provided by the Board.

(a) A completed application for licensure by interstate endorsement shall include all of the following:

(1) The completed and notarized application form;
(2) A verification of licensure from the state in which the licensure examination was written;
(3) A verification of licensure from the state in which most recently employed if this is different than the state of examination;

Old Rule

NSG. RN 11 QUALIFICATION (CON'T)

(d) A person licensed as a registered nurse in another U.S. jurisdiction by waiver shall be accepted for Minnesota licensure only if the waiver was the original one following passage of the first Registered Nurse law for the jurisdiction.

(e) An applicant must have written the same licensure examination as that administered in Minnesota and achieved scores established as passing for that series by the Minnesota Board of Nursing unless he graduated from a U.S. school of nursing and was licensed by examination in a U.S. jurisdiction prior to 1954.

(f) An applicant whose licensure examination scores do not meet the Minnesota requirements for 1954 or thereafter shall re-write the current Minnesota examination in order to raise his scores to meet Minnesota standards.

NSG. RN 10 APPLICATION

The application forms and instructions are provided by the Minnesota Board of Nursing.

(a) The required application accompanied by proof of licensure elsewhere and the statutory fee shall be filed with the Minnesota Board of Nursing.

Proposed New Rule	Old Rule
NSG. RN 11 APPLICATION (CON'T)	NSG. RN 10 APPLICATION (CON'T)
(4) A satisfactory employment reference from the five years preceding the application. If the applicant has not been employed during this period, a personal reference is substituted;	
(5) The statutory fee	
(b) The applicant may not be employed as a registered nurse in Minnesota until a Minnesota license or permit has been issued.	(b) A permit or license shall be received from the Minnesota Board of Nursing prior to employment in professional nursing in Minnesota.
NSG. RN 12 PERMIT TO PRACTICE PROFESSIONAL NURSING	NSG. RN 13 PERMIT TO PRACTICE PROFESSIONAL NURSING
Retain old rule and renumber.	A permit for the practice of professional nursing in Minnesota for a period up to 90 days shall be issued by the Minnesota Board of Nursing to an applicant who is a graduate of a U.S. school of nursing and is licensed in another U.S. jurisdiction upon submission of application, statutory fee and satisfactory evidence of current licensure in another U.S. jurisdiction.
	(a) Such permit allows employment in professional nursing in Minnesota while remaining application credentials are being assembled and reviewed for action by the Minnesota Board of Nursing.
	(b) A person must not begin employment in professional nursing in Minnesota until a permit or license has been granted. If the permit expires and a license has not been issued, the applicant may no longer be employed in professional nursing in Minnesota.
NSG. RN 13-19 RESERVED FOR FUTURE USE	NSG. RN 14-19 RESERVED FOR FUTURE USE

Proposed New Rule	Old Rule
CHAPTER THREE: NSG. RN 20-29 LICENSURE: INDIVIDUAL PREVIOUSLY LICENSED IN A FOREIGN COUNTRY	CHAPTER THREE: NSG. RN 20-29 ANNUAL REGISTRATION (RENEWAL); PENALTY, DELINQUENT AND NON-PRACTICING STATUS; CHANGE OF NAME NSG. RN 5 NURSES EDUCATED IN ANOTHER COUNTRY
Repeal	Such a nurse, whether or not licensed in another jurisdiction, must apply for licensure by examination unless he has written the same licensure examination as administered by the Minnesota Board of Nursing. In such a case he shall apply for licensure by interstate endorsement.
NSG. RN 20 QUALIFICATIONS (a) A foreign educated nurse will be required to write all parts of the same licensure examination as administered in Minnesota and achieve scores established as passing for that series by the Minnesota Board of Nursing.	New
(b) The foreign educated nurse who has passed the same examination as administered in Minnesota and has been licensed on that basis in another U.S. jurisdiction, shall be licensed by interstate endorsement.	New
(c) An applicant shall have graduated with substantially the same general and nursing education as required by the Board for Minnesota nursing graduates at the time such applicant was accepted for licensure by examination in the original foreign jurisdiction.	New
(d) An applicant who does not have evidence of satisfactory general or nursing education may be required to take an additional course of study to insure that his/her background is comparable to that of Minnesota program graduates.	New

Proposed New Rule	Old Rule
NSG. RN 20 QUALIFICATIONS (CON'T)	
(e) The applicant shall be required to demonstrate compliance with the U.S. Immigration and Naturalization Act.	New
NSG. RN 21 APPLICATION	
(a) The foreign educated nurse who has been licensed in another U.S. jurisdiction after passing the same examination as administered in Minnesota shall be licensed by interstate endorsement. He/she shall submit the same application as outlined in NSG. RN 11, with the addition of a form indicating compliance with the U.S. Immigration and Naturalization Act.	New
(b) The foreign educated nurse who has not passed the same licensure examination as administered in Minnesota shall be required to write and pass all parts of the examination. The completed application for such applicant shall include the notarized application form, certification of licensure from the foreign licensure authority, if the applicant has been licensed, certification of graduation from a nursing program, official transcript from the nursing program, reference from a United States employer, if employed in the United States, immigration form and the statutory fee. The Board will schedule the foreign educated nurse to write the first examination available after the application is complete within the constraints of space, time, expense, and personnel.	New
NSG. RN 22-29 RESERVED FOR FUTURE USE	
CHAPTER FOUR: NSG. RN 30-39 ANNUAL REGISTRATION (RENEWAL); PENALTY, DELINQUENT AND NONPRACTICING STATUS; CHANGE OF NAME	CHAPTER THREE: NSG. RN 20-29 ANNUAL REGISTRATION (RENEWAL); PENALTY, DELINQUENT AND NONPRACTICING STATUS; CHANGE OF NAME
NSG. RN 30 RENEWAL OF REGISTRATION	NSG. RN 20 ANNUAL RENEWAL OF REGISTRATION
Each licensee is responsible for applying for renewal of registration	Each nurse is responsible for applying for renewal registration if he wishes

Proposed New Rule

NSG. RN 30 RENEWAL OF REGISTRATION (CON'T)

if he/she wishes to be employed as a registered nurse in Minnesota in the coming year. The Board issues renewal applications to all current licensees and will renew registration upon receipt of the application and the renewal fee. Beginning with the 1976 renewal period, the annual fee shall be $5.

NSG. RN 31 PENALTY

An applicant for renewal of registration, except if in nonpracticing status, shall pay a late penalty fee of $2 as well as the renewal fee if the request for renewal is postmarked after the end of the renewal period.

NSG. RN 32 DELINQUENT STATUS

An applicant for renewal of registration, except if in nonpracticing status, who failed to re-register for the previous year or years shall pay a delinquent fee of $2 for each year for which he/she has been delinquent up to a maximum of $10 as well as the penalty fee of $2 and the renewal fee for the current period.

NSG. RN 33 NONPRACTICING STATUS

(a) An applicant for nonpracticing status who failed to renew registration for the previous year or years shall pay a delinquent fee of $2 for each year which he/she has been delinquent up to a maximum of $10.

(b) The registered nurse who has been in the nonpracticing status for five years or more must present evidence of competency in nursing before becoming actively re-registered. Such evidence may include completion of a refresher course, continuing education

Old Rule

NSG. RN 20 ANNUAL RENEWAL OF REGISTRATION (CON'T)

to be employed in the coming year in professional nursing in Minnesota. The Minnesota Board of Nursing issues renewal application forms to all current licensees and will renew registration upon receipt of application and statutory renewal fee.

NSG. RN 21 PENALTY

An applicant for renewal of registration, except if in nonpracticing status, shall pay the statutory late penalty fee as well as the statutory renewal fee if the request for renewal is postmarked after December 31.

NSG. RN 22 DELINQUENT STATUS

An applicant for renewal of registration who failed to renew in the previous year or years shall pay the statutory delinquent fee for each year for which he has been delinquent as well as the statutory late penalty fee and statutory renewal fee for the current year.

NSG. RN 23 NONPRACTICING STATUS

(a) An applicant for nonpracticing status who failed to renew registration for the previous year or years shall pay the statutory delinquent fee for each year for which he has been delinquent.

(b) The licensee in the nonpracticing status must contact the Minnesota Board of Nursing when again seeking renewal of registration. Such renewal is granted upon receipt of the statutory renewal fee for the current year.

Proposed New Rule	Old Rule
NSG. RN 33 NONPRACTICING STATUS (CON'T)	NSG. RN 23 NONPRACTICING STATUS (CON'T)
courses, an apprenticeship, orientation program or such other evidence as the Board may reasonably require.	
(c) The licensee who has been in the nonpracticing status for less than five years will be granted renewal of registration upon notification to the Board of intent to renew and payment of the renewal fee for the current period.	New
NSG. RN 34 CHANGE OF NAME AND RECORDS	NSG. RN 24 CHANGE OF NAME AND RECORDS
The licensee who is changing names must request the change in writing and must return the current renewal certificate with the request for name change. The Board may require substantiation of the change by requiring official documentation.	The addition of a married name to the record of a licensee shall be made by the Minnesota Board of Nursing upon notification from the licensee of such change. All other requests for name change shall be substantiated by submission of official credentials to the Minnesota Board of Nursing.
NSG. RN 35 DUPLICATE RENEWAL CERTIFICATES	
Duplicate renewal certificates are issued only to persons who have had legal name changes. The individual who is changing names must request the change in writing and must return his/her current renewal certificate to the Board before a duplicate certificate is issued. A duplicate renewal certificate is not issued when a certificate is lost or stolen.	New
NSG. RN 36-39 RESERVED FOR FUTURE USE	

Proposed New Rule	Old Rule
CHAPTER THREE: NSG. RN 20-29 LICENSURE: INDIVIDUAL PREVIOUSLY LICENSED IN A FOREIGN COUNTRY	New
NSG. RN 20 QUALIFICATIONS	NSG. RN 5 NURSES EDUCATED IN ANOTHER COUNTRY
(a) A foreign educated nurse will be required to write all parts of the same licensure examination as administered in Minnesota and achieve scores established as passing for that series by the Minnesota Board of Nursing.	Such a nurse, whether or not licensed in another jurisdiction, must apply for licensure by examination unless he has written the same licensure examination as administered by the Minnesota Board of Nursing. In such a case he shall apply for licensure by interstate endorsement.
(b) The foreign educated nurse who has passed the same examination as administered in Minnesota and has been licensed on that basis in another U.S. jurisdiction, shall be licensed by interstate endorsement.	Replaces the above paragraph.
(c) An applicant shall have graduated with substantially the same general and nursing education as required by the Board for Minnesota nursing graduates at the time such applicant was accepted for licensure by examination in the original foreign jurisdiction.	(a) An applicant shall have graduated with substantially the same general and nursing education as required by the Minnesota Board of Nursing for Minnesota school of nursing graduates at the time such applicant was accepted for licensure by examination in the original foreign jurisdiction. An applicant not licensed in another jurisdiction must meet the general education and nursing curriculum standards in effect in Minnesota at the time of application here.
(d) An applicant who does not have evidence of satisfactory general or nursing education may be required to take an additional course of study to insure that his/her background is comparable to that of Minnesota program graduates.	(b) An applicant who does not have evidence of satisfactory general or nursing education may be required to take an additional course of study or to write an examination as directed by the Minnesota Board of Nursing in order to fulfill Minnesota requirements.
(e) The applicant shall be required to demonstrate compliance with the U.S. Immigration and Naturalization Act.	(d) No license shall be issued until the qualified applicant has established that he has complied with applicable provisions of the U.S. Immigration and Naturalization Act.

Proposed New Rule	Old Rule
NSG. RN 20 QUALIFICATIONS (CON'T)	
Retain and re-letter.	(c) An exchange visitor in the United States under the U.S. Mutual Education and Cultural Exchange Act shall not be eligible for Minnesota licensure. Such an exchange visitor may only practice professional nursing in Minnesota when such experience is an integral part of an exchange visitor nurse trainee program approved by the Minnesota Board of Nursing.
NSG. RN 21 APPLICATION	NSG. RN 12 NURSE EDUCATED IN ANOTHER COUNTRY
(a) The foreign educated nurse who has been licensed in another U.S. jurisdiction after passing the same examination as administered in Minnesota shall be licensed by interstate endorsement. He/she shall submit the same application as outlined in NSG. RN 11, with the addition of a form indicating compliance with the U.S. Immigration and Naturalization Act.	Such a nurse is only eligible for licensure by interstate endorsement if he meets qualifications as stated in Chapter 1, RN 5, has written the same licensure examination as administered in Minnesota and achieved scores established as passing for that series by the Minnesota Board of Nursing.
(b) The foreign educated nurse who has not passed the same licensure examination as administered in Minnesota shall be required to write and pass all parts of the examination. The completed application for such applicant shall include the notarized application form, certification of licensure from the foreign licensure authority, if the applicant has been licensed, certification of graduation from a nursing program, official transcript from the nursing program, reference from a United States employer, if employed in the United States, immigration form and the statutory fee. The Board will schedule the foreign educated nurse to write the first examination available after the application is complete within the constraints of space, time, expense, and personnel.	New
NSG. RN 22-29 RESERVED FOR FUTURE USE	
CHAPTER FOUR: NSG. RN 30-39 ANNUAL REGISTRATION (RENEWAL); PENALTY, DELINQUENT AND NONPRACTICING STATUS; CHANGE OF NAME	CHAPTER THREE: NSG. RN 20-29 ANNUAL REGISTRATION (RENEWAL); PENALTY, DELINQUENT AND NONPRACTICING STATUS; CHANGE OF NAME
NSG. RN 30 RENEWAL OF REGISTRATION	NSG. RN 20 ANNUAL RENEWAL OF REGISTRATION
Each licensee is responsible for applying for renewal of registration	Each nurse is responsible for applying for renewal registration if he wishes

Proposed New Rule	Old Rule
NSG. RN 33 NONPRACTICING STATUS (CON'T)	NSG. RN 23 NONPRACTICING STATUS (CON'T)
courses, an apprenticeship, orientation program or such other evidence as the Board may reasonably require.	
(c) The licensee who has been in the nonpracticing status for less than five years will be granted renewal of registration upon notification to the Board of intent to renew and payment of the renewal fee for the current period.	New
NSG. RN 34 CHANGE OF NAME AND RECORDS	NSG. RN 24 CHANGE OF NAME ON RECORDS
The licensee who is changing names must request the change in writing and must return the current renewal certificate with the request for name change. The Board may require substantiation of the change by requiring official documentation.	The addition of a married name to the record of a licensee shall be made by the Minnesota Board of Nursing upon notification from the licensee of such change. All other requests for name change shall be substantiated by submission of official credentials to the Minnesota Board of Nursing.
NSG. RN 35 DUPLICATE RENEWAL CERTIFICATES	
Duplicate renewal certificates are issued only to persons who have had legal name changes. The individual who is changing names must return his/her current renewal certificate to the Board before a duplicate certificate is issued. A duplicate renewal certificate is not issued when a certificate is lost or stolen.	New
NSG. RN 36-39 RESERVED FOR FUTURE USE	NSG. RN 25-29 RESERVED FOR FUTURE USE
CHAPTER FIVE: NSG. RN 40-49 DISCIPLINE OF LICENSEES	CHAPTER FOUR: NSG. RN 30-39 DISCIPLINE OF LICENSEES: UNAUTHORIZED PRACTICE OF PROFESSIONAL NURSING
NSG. RN 40-49 RESERVED FOR FUTURE USE	NSG. RN 30-39 RESERVED FOR FUTURE USE
CHAPTER TWELVE: NSG. RN 110-119 NURSE SCHOLARSHIPS	CHAPTER FIVE: NSG. RN 40-49 NURSE SCHOLARSHIPS
Retain and re-number.	NSG. RN 40 DEFINITIONS
	(a) For purposes of these scholarships "rural nursing" means a clinical nursing course at least 4 weeks in length approved by the Board of Nursing,

NSG. RN 40 DEFINITIONS (CON'T)

in a hospital located in a community outside Minneapolis, St. Paul, Duluth or Rochester.

(b) For purposes of these scholarships "state hospital for the mentally ill" means a clinical nursing course at University of Minnesota Hospitals, St. Cloud Veterans' Hospital or one of the state hospitals for the mentally ill under control of the State Department of Public Welfare.

(c) For purposes of these scholarships "practice the profession of nursing for at least one year immediately after graduation in the State of Minnesota" shall mean for either a practical or professional nursing graduate:

(1) Employment beginning at least one or two months following graduation shall satisfy the requirement of "immediate".

(2) Part time (half of a usual work week) employment for two years shall be considered the same as full-time employment for one year.

NSG. RN 41 APPLICATION

(a) The application form provided by the Board of Nursing shall be completed in part by the applicant who shall provide information as to his financial need; part shall consist of references as to his ability for nursing and financial need.

(b) The Nurse Scholarship Committee appointed by the Board of Nursing shall review applications and make recommendations to the Board for awards or rejections of applications in accordance with the law and Board policies, procedures and regulations.

NSG. RN 42 QUALIFICATIONS

(a) Priority for awards shall be given to those applicants who appear to have the greatest financial need and scholastic ability as evidenced by

NSG. RN 42 QUALIFICATIONS (CON'T)

references and information from applicant. An applicant of top scholastic ability but little apparent financial need, as evidenced by references and information from applicant, shall not be granted an award; similarly an applicant of considerable apparent financial need but low scholastic ability, as evidenced by references and information from the applicant, shall not be granted an award.

(b) An applicant shall be a student in an accredited professional or practical nursing school in Minnesota, or accepted by such a school for admission to the next class of students.

(c) An award to a student in a baccalaureate degree nursing program shall not be granted until the beginning of the clinical portion of the program.

NSG. RN 43 WITHDRAWALS

The Board of Nursing shall request that a scholarship recipient who chooses to withdraw from the nursing program shall refund the amount of the award already paid to him. This repayment may be made periodically in amounts convenient for the recipient.

NSG. RN 44 GRADUATION

When requested by the Board, the recipient shall provide information as to his place and length of employment in nursing following graduation.

(a) The Board shall request repayment from the recipient who has graduated but not fulfilled his obligation to work one year as a nurse in Minnesota immediately following graduation; the amount of the repayment would be in proportion to the amount of a year not worked.

(b) Attendance at an educational program after graduation from the basic one accredited by the Board of

Proposed New Rule	Old Rule
	NSG. RN 44 GRADUATION (CON'T)
	Nursing shall not satisfy fulfillment of the requirement "practice the profession of nursing."
	NSG. RN 45-49 RESERVED FOR FUTURE USE

MINNESOTA BOARD OF NURSING

AMENDMENTS TO THE APPROVAL RULES: REGISTERED NURSE PREPARING PROGRAMS

APRIL, 1975

Proposed New Rule	Old Rule
CHAPTER SIX: NURSING RN 50-59 APPROVAL OF RN PREPARING PROGRAMS: DEFINITIONS, APPROVAL PROCEDURE	CHAPTER SIX: NURSING RN 50-59 APPROVAL OF SCHOOLS OF NURSING: DEFINITIONS, APPROVAL PROCEDURE
NSG. RN 50 DEFINITIONS	NSG. RN 50 DEFINITIONS
(a) "Approval" is synonymous with accreditation as stated in Minnesota Statutes, Section 148.171-148.285 and means the program has fulfilled requirements set forth in Board rules and regulations. Graduates from Board approved programs are eligible to apply for Registered Nurse licensure.	(e) "Approval" is synonymous with accreditation as stated in Minnesota Statutes, Section 148.171-148.285. This also applies to interim and provisional approval.
(b) Re-letter and retain old definition.	(a) "Board" means the Minnesota Board of Nursing.
(c) "Clinical facility" means an institution, agency or organization whose primary purpose is to provide care or services supportive to the promotion or maintenance or restoration of health.	New
(d) "Controlling institution" means the larger institution that operates a nursing program.	New
(e) "Course" means a distinct unit of the curriculum that has been organized for presentation within one term. In a nursing course, this word refers to all of the related learning experiences provided by the faculty, both within and without the classroom, in order to support the objectives.	(i) "Course" means a portion of the curriculum in nursing or in general education. In a nursing course, this term refers to the total planned experiences in the classroom and in the clinical setting of the hospital and other community agencies.
(f) "Curriculum" means the planned studies and learning activities designed to lead to graduation and eligibility for Registered Nurse licensure.	(g) "Program" means the curriculum and all activities which take place under the direction of the school preparing students to become candidates for the registered nurse (R.N.) licensing examination and the practice of nursing.

Proposed New Rule	Old Rule
NSG. RN 50 DEFINITIONS (CON'T)	NSG. RN 50 DEFINITIONS (CON'T)
Repeal	(h) "Curriculum" means the planned program of studies offered by a school.
(g) "Faculty" means the group of persons employed to administer or teach in the program preparing for Registered Nurse licensure.	(k) "Faculty" means the group of persons employed by the school for administration, teaching, guidance or research functions.
(h) "Director" means the Registered Nurse delegated the authority and responsibility for the administration of the program and implementation of the curriculum. This title is used regardless of the person's official title in the controlling institution.	(j) "Director" means the nurse faculty member employed primarily for performance of administrative functions of the school. This title is synonymous with dean, chairman or head of the department of an educational unit of nursing of an academic institution.
(i) "Program" means an educational unit of a larger controlling institution that prepares persons for Registered Nurse licensure.	(f) "School" means an educational unit of a larger controlling institution which prepares persons for licensure as registered nurses in Minnesota. This may be a school of nursing which is a department of a hospital, or a school, department, division or college of nursing which is part of a university, senior college or junior college
Types of Programs:	(1) Classification of Programs
(1) "The Associate Degree Program" means a program that is an integral part of a community/junior college or senior college which offers a curriculum leading to an associate degree in nursing.	(3) "The Associate Degree Program" --a program in nursing leading to an associate degree is conducted by an educational unit in nursing (department or division) that is an integral part of a community or junior college and is organized and controlled in the same way as similar units in the institution.
(2) "The Baccalaureate Degree Program" means a program that is an integral part of a senior college or university which offers a curriculum leading to a baccalaureate degree in nursing.	(1) "The Baccalaureate Degree Program"--a program in nursing leading to a baccalaureate degree is conducted by an educational unit in nursing (department, division, school or college) that is an integral part of a senior college or university and is organized and controlled in the same manner as similar units in the institution.
(3) "The Diploma Program" means a program under the control of the hospital which offers a curriculum leading to a diploma in nursing.	(2) "The Diploma Program"--a program leading to a diploma in nursing is conducted by a single-purpose school under the control of a hospital

Proposed New Rule	Old Rule
NSG. RN 50 DEFINITIONS (CON'T)	NSG. RN 50 DEFINITIONS (CON'T)
(j) "Recommendations" mean statements of desirable standards for the development of quality programs. These standards are strongly urged by the Board although not mandatory.	(c) "Recommendations" mean statements of desirable standards for the development of quality schools and programs. These standards are strongly urged by the Board although not mandatory. Approved schools will endeavor to meet recommendations and will meet requirements. The word "should" designates a statement of recommendation.
(k) "Requirements" mean mandatory standards with which programs shall comply in order to be approved, as contained in Minnesota Statutes, Sections 148.171-148.285.	(b) "Requirements" mean mandatory standards with which schools shall comply in order to be approved, as contained in Minnesota Statutes, Sections 148.171-148.285.
(l) "Survey" means the Board's collection of information for review purposes in granting, renewing or denying approval. The information may be collected by on-site visits, review of reports or through other methods.	(d) "Survey" means a scheduled visit to a school for the purpose of conferring with administrative and instructional personnel, visiting educational facilities, reviewing nursing program plans and reviewing records and reports prior to Board consideration for granting or denying interim approval, approval or renewal of approval.
NSG. RN 51-55 APPROVAL PROCESS	NSG. RN 51-55 APPROVAL PROCESS
NSG. RN 51 APPLICATION FOR APPROVAL	NSG. RN 51 APPLICATION FOR APPROVAL
The controlling board of an institution contemplating establishment of a nursing program shall confer with the Board in early stages of planning.	The controlling board of an institution contemplating establishment of a school of nursing shall confer with the Board in early stages of planning.
(a) The Board will send copies of the Application for Approval to the controlling institution of a new program at its request.	(a) The Board will send copies of the Application for Approval to the controlling institution of a new school at its request.
(b) An institution shall have met the following requirements before it is eligible to file such an application with the Board.	(b) An institution shall have met the following requirements before it is eligible to file such an application with the Board.
(1) The appointment of a qualified director shall become effective sufficiently in advance of admission of students to develop an organizational plan and administrative policies, to appoint a	(1) The appointment of a qualified director shall become effective sufficiently in advance of admission of students to develop an organizational plan and administrative policies to appoint a qualified faculty, to

Proposed New Rule

NSG. RN 51 APPLICATION FOR APPROVAL (CON'T)

qualified faculty, to develop budgetary plans and to make preliminary investigation of educational facilities. Experience has shown that a period of not less than one calendar year is necessary to accomplish these tasks.

(2) Other qualified faculty members shall be appointed sufficiently in advance of admission of students to participate in developing the program's statement of philosophy and objectives and in devising the curriculum design.

(c) The completed Application for Approval together with supplementary materials (such as faculty records) shall be submitted to the Board at least three months preceding the expected date of admission of students.

(d) Following Board review of the Application for Approval a survey will be made.

(e) The Board will review the survey report and notify the institution whether the program has been granted interim approval. The institution will receive copies of the report and a letter conveying Board action.

NSG. RN 52 INTERIM APPROVAL

Interim approval shall be granted by the Board to a new program which meets the Board requirements as evidenced by the Application for Approval and by the survey.

(a) Additional reports will be requested and additional surveys will be made by the Board during the period of interim approval. This period extends through the length of time required for the first student group to be in the final year of the program.

Old Rule

NSG. RN 51 APPLICATION FOR APPROVAL (CON'T)

develop budgetary plans and to make preliminary investigation of educational facilities. Experience has shown that a period of not less than one calendar year is necessary to accomplish these tasks.

(2) Other qualified faculty members shall be appointed sufficiently in advance of admission of students to participate in developing the school's statement of philosophy and objectives and in devising the curriculum design.

(c) The completed Application for Approval together with supplementary materials (such as faculty records) shall be submitted to the Board at least three months preceding the expected date of admission of students.

(d) Following Board review of the Application for Approval a survey will be made.

(e) The Board will review the survey report and notify the institution whether the school has been granted interim approval. The institution will receive copies of the report and a letter conveying Board action.

NSG. RN 52 INTERIM APPROVAL

Interim approval shall be granted by the Board to a new school which meets the Board requirements as evidenced by the Application for Approval and by the survey.

(a) Additional reports will be requested and additional surveys will be made by the Board during the period of interim approval. This period extends through the length of time required for the first student group to be in the final year of the program.

Proposed New Rule	Old Rule
NSG. RN 52 INTERIM APPROVAL (CON'T)	NSG. RN 52 INTERIM APPROVAL (CON'T)
(b) Toward the end of this period, a survey will be made to determine end of interim approval and to grant approval or provisional approval.	(b) Toward the end of this period, a survey will be made to determine end of interim approval and to grant approval of provisional approval.
NSG. RN 53 APPROVAL AND RENEWAL OF APPROVAL	NSG. RN 53 APPROVAL AND RENEWAL OF APPROVAL
At the end of the interim approval period, providing the program has continued to meet Board requirements and has completed the initial plans approved earlier by the Board, approval shall be accorded.	At the end of the interim approval period, providing the school has continued to meet Board requirements and has completed the initial plans approved earlier by the Board, approval shall be accorded.
(a) The Board publishes and revises a list of approved programs. Unless otherwise designated as "interim" or "provisional", the programs included on the list will be recognized as approved.	(a) The Board publishes and revises a list of approved schools. Unless otherwise designated as "interim" or "provisional", the schools included on the list will be recognized as approved.
(b) The Board shall make surveys, review all approved programs and grant renewal of approval to those which continue to meet Board requirements.	(b) The Board shall make surveys, review all approved schools and grant renewal of approval to those which continue to meet Board requirements.
NSG. RN 54 PROVISIONAL APPROVAL	NSG. RN 54 PROVISIONAL APPROVAL
The Board will accord provisional approval to any program previously having interim approval or approval if conditions within the program and controlling institution do not meet requirements.	The Board will accord provisional approval to any school previously having interim approval or approval if conditions within the school or program and controlling institution do not meet requirements.
(a) These conditions will be brought to the attention of the authorities of the controlling institution and the program. A definite length of time will be stated by the Board during which the conditions shall be corrected.	(a) These conditions will be brought to the attention of the authorities of the controlling institution and the school. A definite length of time will be stated by the Board during which the conditions shall be corrected.
(b) If the unsatisfactory conditions are not corrected within the defined period, the Board will remove the program from approval status following hearing and reasonable notice thereof.	(b) If the unsatisfactory conditions are not corrected within the defined period, the Board will remove the school from approval status following hearing and reasonable notice thereof.

Proposed New Rule	Old Rule
NSG. RN 55 CLOSING OF A NURSING PROGRAM	NSG. RN 55 CLOSING OF A SCHOOL OF NURSING
When the authorities of a controlling institution have decided to discontinue an approved program, the institution shall notify the Board to this effect.	When the authorities of a controlling institution have decided to discontinue an approved school, the institution shall notify the Board to this effect.
(a) Provided the quality of the educational program is safeguarded, the Board will continue approval of the program until the enrolled students have graduated.	(a) Provided the quality of the educational program is safeguarded, the Board will continue approval of the school until the enrolled students have graduated.
(b) A controlling institution closing a program shall provide for safe storage of vital school records.	(b) An institution closing a school shall provide for safe storage of vital school records.
NSG. RN 56-59 RESERVED FOR FUTURE USE	NSG. RN 56-59 RESERVED FOR FUTURE USE
CHAPTER SEVEN: NURSING 60-69 APPROVAL OF RN PREPARING PROGRAMS: CONTROLLING INSTITUTIONS	CHAPTER SEVEN: NURSING 60-69 APPROVAL OF SCHOOLS OF NURSING: PHILOSOPHY AND OBJECTIVES, ORGANIZATION AND ADMINISTRATION
NSG. RN 61 CONTROLLING INSTITUTION	NSG. RN 61 CONTROLLING AND ADVISORY GROUPS
(a) The controlling institution shall be an educational institution which the Board deems able to provide an effective Registered Nurse preparing program and which shall include but not be limited to universities, senior colleges, or community/junior colleges, both public and private. Only those general hospitals which have existing programs as of July 1, 1976 shall constitute a controlling institution within these regulations.	(a) The controlling institution shall be a state college or state university or shall be incorporated as a non-profit institution which may include a private college or private university or governmental or non-governmental general hospital.
(b) A community/junior college, senior college, or university which operates a nursing program shall be accredited by a national or regional accrediting body recognized by the Board. Such accreditation is also required for a college or university which provides some courses for students in the nursing programs of other institutions.	NSG. RN 100 COLLEGE AND HOSPITAL ACCREDITATION (a) A junior college, senior college, or university which conducts a nursing program shall be accredited by the North Central Association of Colleges and Secondary Schools. Such accreditation is also required for a college or university which provides some courses for students in schools of nursing conducted by other institutions.

Proposed New Rule	Old Rule
NSG. RN 61 CONTROLLING INSTITUTION (CON'T)	NSG. RN 100 COLLEGE AND HOSPITAL ACCREDITATION (CON'T)
(c) The Board may grant interim approval to a new nursing program when there is evidence that the college has acquired eligibility status for accreditation by a national or regional accrediting body recognized by the Board.	(b) The Board may grant interim approval to a new college program in nursing when there is evidence that the college has acquired eligibility status for regional accreditation.
	NSG. RN 61 CONTROLLING AND ADVISORY GROUPS
(d) The board of the controlling institution shall insure support including financial support which will provide a sound educational program.	(b) The controlling board shall insure financial support, facilities and leadership which will provide a sound educational program and appropriate services to faculty and students.
Repeal	(c) An advisory group may be developed during the formative stages of the program; if established, its relationship to the controlling board and to the faculty shall be clearly defined in writing.
NSG. RN 62 ORGANIZATION	NSG. RN 62 ORGANIZATION
Repeal	(a) The controlling institution shall be organized and administered in ways conducive to the accomplishment of the school objectives.
(a) The controlling institution shall make provision for a qualified director who shall be responsible for, and authorized to act on, matters concerned with the program.	(b) Provision shall be made for the performance of administrative functions by a qualified director.
(b) The faculty for this program shall be organized in order to effectively involve members in the formulation, implementation and evaluation of the curriculum.	(c) There shall be written description of the way in which the faculty is organized for accomplishing its functions.
Repeal	(d) Meetings of the faculty shall be held regularly and minutes of the proceedings shall be kept.

Proposed New Rule	Old Rule
Repeal	NSG. RN 63 SECRETARIAL STAFF-OFFICES Adequate clerical and secretarial staff shall be provided for the school. Suitable offices shall be provided for the administrative staff and faculty.
NSG. RN 63 RECORDS AND REPORTS (a) There shall be an accurate system maintained for the preservation of academic records and files for students and graduates.	NSG. RN 64 RECORDS AND REPORTS (a) An accurate and comprehensive record system shall be maintained for all phases of school administration.
(b) The program shall make reports as requested by the Board.	(b) The school shall make reports as requested by the Board.
Repeal	(c) An annual report shall be made by the school to the controlling body.
NSG. RN 64 PUBLICATIONS (a) Current information shall be available that accurately describes the program's curriculum and student related policies.	NSG. RN 66 BULLETIN A school bulletin shall be published describing the current program.
Repeal	NSG. RN 67 FINANCE (a) A school shall have definite, assured and continuing financial support sufficient to provide staff, facilities and other essentials for carrying out the school's stated objectives.
Repeal	(b) The director, in consultation with the faculty, shall prepare and administer the school budget in accordance with sound educational and fiscal practices.
(b) The fees charged to students shall be clearly communicated to students in writing.	(c) The list of fees charged to students shall clearly indicate the purpose for which they are charged (tuition, library, etc.).
NSG. RN 65-69 RESERVED FOR FUTURE USE	NSG. RN 68-69 RESERVED FOR FUTURE USE

Proposed New Rule	Old Rule
CHAPTER EIGHT: NURSING RN 70-79 APPROVAL OF RN PREPARING PROGRAMS: FACULTY	CHAPTER EIGHT: NURSING RN 70-79 APPROVAL OF SCHOOLS OF NURSING: FACULTY
NSG. RN 70 COMPOSITION AND FUNCTIONS	NSG. RN 70 COMPOSITION AND FUNCTIONS
The faculty shall formulate and implement the educational policies for the program according to the powers delegated to the faculty by the controlling body of the institution.	The faculty shall formulate and implement the educational policies for the school according to the powers delegated to the faculty by the controlling body of the institution.
(a) The director shall have adequate assistance in the administration of the program.	(a) The director of the school shall have adequate assistance in the administration of the program.
(b) Members of the faculty are persons employed for instruction, guidance, research or administration.	(b) Members of the faculty are persons employed for instruction, guidance, research or administration.
(c) The majority of faculty members shall be employed on a full-time basis.	(c) The majority of faculty members shall be employed on a full-time basis for the school.
(d) The faculty shall have the responsibility for development and implementation of the curriculum.	(d) The faculty shall have the responsibility for development and implementation of the curriculum.
(e) Nursing courses shall be the responsibility of faculty members who are registered nurses employed by the program.	(e) Nursing courses shall be the responsibility of faculty members who are registered nurses employed by the school.
NSG. RN 71 MINIMUM QUALIFICATIONS	NSG. RN 71 MINIMUM QUALIFICATIONS
Retain old rule	Faculty members should be qualified by academic preparation and experience and should have appropriate personal attributes for their positions. Minimum qualifications for diploma and associate degree program faculty members should be a baccalaureate level of preparation and for baccalaureate programs, a master's level of preparation. It is recommended that persons with less preparation hold provisional appointments.
(a) Retain old rule	(a) Nurse faculty members shall be licensed as Minnesota Registered Nurses and shall be currently renewed to practice.

Proposed New Rule	Old Rule
NSG. RN 71 MINIMUM QUALIFICATIONS (CON'T)	NSG. RN 71 MINIMUM QUALIFICATIONS (CON'T)
Repeal	(b) Nurse faculty members should belong to the American Nurses' Association and the National League for Nursing.
Repeal	(c) Faculty members who are not nurses should belong to the National League for Nursing and their respective professional organizations.
(b) The selection of qualified faculty members, faculty policies and practices shall be in accord with state and federal laws on non-discrimination.	
Repeal	NSG. RN 72 TITLES AND DESCRIPTIONS
Repeal	(a) Each faculty position shall have an appropriate title.
	(b) There shall be written descriptions indicating the essential qualifications and the general responsibilities and functions of faculty positions
NSG. RN 72-79 RESERVED FOR FUTURE USE	NSG. RN 73-79 RESERVED FOR FUTURE USE
CHAPTER NINE: NURSING RN 80-89 APPROVAL OF RN PREPARING PROGRAMS: STUDENTS	CHAPTER NINE: NURSING RN 80-89 APPROVAL OF SCHOOLS OF NURSING: STUDENTS
NSG. RN 80 ADMISSION	NSG. RN 80 SELECTION AND ADMISSION
(a) Admission practices shall be based on the program's stated criteria for selection.	Admission practices shall be based on the school's stated criteria for selection as to: scholastic aptitude, previous academic achievement, personal qualities and physical and emotional health.
Repeal	(a) Verification of age shall be made by checking birth or baptismal certificates or other similar official records.
Repeal	(b) Verification of graduation from an accredited high school or its equivalent shall be made by the school prior to admission. Equivalency to high school graduation shall be established through standardized tests

Proposed New Rule	Old Rule
NSG. RN 80 ADMISSION (CON'T)	NSG. RN 80 SELECTION AND ADMISSION (CON'T)
	such as the General Education Development test, through satisfactory record on other tests for this purpose administered by the State Department of Education, or by acceptability for freshman standing at an accredited college or university.
(b) The selection and advancement of students shall be in accord with state and federal laws on nondiscrimination.	
NSG. RN 81 EDUCATIONAL PROGRESSION OPPORTUNITY	NSG. RN 81 TRANSFER AND REINSTATEMENT OF STUDENTS
(a) By July 1, 1976 there shall be written policies regarding opportunities for student placement in, and/or progression through the curriculum based on satisfactory establishment of competency, however acquired.	(a) Students requesting admission to a school through transfer from another approved school of nursing or those requesting reinstatement shall meet the school's usual current standards for regularly enrolled students.
(b) During the 1976-77 academic year there shall be evidence of opportunities for student placement in, and/or progression through one-third of the nursing courses of the curriculum based on satisfactory competency, however acquired.	(b) Each school shall define its own policies relative to granting of credit for courses accepted by transfer from another institution.
(c) By July 1, 1977 and thereafter there shall be written evidence of opportunities for student placement in, and/or progression through all of the nursing courses of the curriculum based on satisfactory establishment of competency, however acquired.	New
NSG. RN 82 PROGRESSION AND GRADUATION REQUIREMENTS	NSG. RN 82 SCHOLASTIC STANDING AND GRADUATION
(a) Criteria for graduation shall be prepared by the faculty and clearly communicated in writing to students upon admission to the program.	Policies developed by the faculty regarding scholastic achievement required for promotion and graduation shall be stated in writing and made available to students.

Proposed New Rule	Old Rule
NSG. RN 82 PROGRESSION AND GRADUATION REQUIREMENTS (CON'T)	NSG. RN 82 SCHOLASTIC STANDING AND GRADUATION (CON'T)
(b) The graduation criteria shall include but not be limited to satisfactory achievement of the competencies and the essential requirements delineated in the nursing courses.	(a) Graduation shall depend upon evidence of satisfactory completion of the total requirements of the program.
(c) Progression toward meeting graduation criteria shall be an integral part of the students' records.	New
Repeal	(b) On the candidate's application for licensure by examination, the director's recommendation is required in the areas of health, character, age, graduation from high school or its equivalent and completion of the approved program in nursing before the date of the licensing examination.
Repeal	NSG. RN 83 GUIDANCE PROGRAM An organized program shall be available to the student for assistance in personal, academic and professional adjustment.
Repeal	NSG. RN 84 HEALTH PROGRAM The student health program shall provide preventive medical care as well as care in illness and disability. The school shall have written health program policies consistent with current health and medical practice and under qualified medical supervision.
Repeal	NSG. RN 85 MAINTENANCE When residence facilities are maintained by the school, they shall provide for the personal safety and welfare of the students.
NSG. RN 83-89 RESERVED FOR FUTURE USE	NSG. RN 86-89 RESERVED FOR FUTURE USE
CHAPTER TEN: NURSING RN 90-99 APPROVAL OF RN PREPARING PROGRAMS: CURRICULUM	CHAPTER TEN: NURSING RN 90-99 APPROVAL OF SCHOOLS OF NURSING: CURRICULUM, INSTRUCTION, EVALUATION
NSG. RN 90 PHILOSOPHY AND GOALS	NSG. RN 60 PHILOSOPHY AND OBJECTIVES OF THE SCHOOL
Repeal	An institution seeking interim approval

Proposed New Rule

NSG. RN 90 PHILOSOPHY AND GOALS
(CON'T)

(a) The philosophy of the controlling institution shall serve as the basis for the philosophy of the program.

(b) The faculty shall write, periodically review and revise a philosophy that serves as the base for the curriculum and its implementation.

(c) The philosophy shall include, but not be limited to a clear description of the faculty's beliefs, regarding:
(1) man,
(2) society,
(3) health,
(4) nursing including the relationship of the graduate being prepared to that from the other types of programs,
(5) teaching and learning.

(d) There shall be a written description of the competencies of the graduate being prepared. The competencies delineated shall be appropriate to the type of graduate being prepared and shall relate, but not be limited to the following broad areas:
(1) nursing process or problem solving.
(2) nursing skills and delegated medical tasks.
(3) role behaviors.

(e) There shall be evidence that the faculty discusses with nurses, employers and consumers in the area serviced by the program the competencies of the graduate. The focus of

Old Rule

NSG. RN 60 PHILOSOPHY AND OBJECTIVES OF THE SCHOOL
(CON'T)

or renewal of approval of a nursing school shall have developed statements of the educational philosophy and objectives of the school, and shall make provision for periodic review and revision as necessary. Such statements are fundamental as a guide in making judgments about the program.

(a) A philosophy of the controlling institution shall be written and shall serve as the basis for the program offered.

(b) A written comprehensive philosophy of nursing and education shall be developed by the nursing faculty and shall be consistent with the educational philosophy of the institution.

New

(c) A statement of objectives of the school shall be written by the nursing faculty and shall identify the type of program preparing the student for licensure as a registered nurse.

New

Proposed New Rule

NSG. RN 90 PHILOSOPHY AND GOALS (CON'T)

such discussion shall be upon mutual concerns, mutual understanding of philosophy and goals and appropriate utilization of the graduate.

NSG. RN 91 CURRICULUM DEVELOPMENT AND OBJECTIVES

Retain old rule and renumber.

(a) Curriculum objectives shall be constructed within the framework of the philosophy and objectives of the program and should be attainable to a significant degree.

Retain old rules.

Old Rule

NSG. RN 60 PHILOSOPHY OBJECTIVES OF THE SCHOOL (CON'T)

NSG. RN 90 CURRICULUM DEVELOPMENT AND OBJECTIVES

The curriculum includes all the content, instructional activities and learning experiences planned and guided by the faculty to achieve stated curriculum and course objectives. The selection of content and activities of the learning experiences is one of the central responsibilities of curriculum planning. The selection and organization of the learning experiences in the curriculum shall provide continuity, sequence and integration of learnings.

(a) Curriculum objectives shall be constructed within the framework of the philosophy and objectives of the school and should be attainable to a significant degree.

(1) Curriculum objectives shall be written by the nursing faculty and shall provide direction for the development and implementation of specific courses.

(2) These statements shall realistically identify expected change in behavior of the nursing students.

(b) The curriculum shall provide for instruction in the areas of human behavior and studies of cultures, natural sciences and professional development. The clinical nursing courses shall provide for classroom and clinical laboratory instruction so that concepts taught in the classroom are applied in the clinical situation. This classroom and clinical instruction shall be concurrent. Provision shall be made for learning experiences with patients having major nursing care needs in all age groups

Proposed New Rule	Old Rule
NSG. RN 91 CURRICULUM DEVELOPMENT AND OBJECTIVES (CON'T)	NSG. RN 90 CURRICULUM DEVELOPMENT AND OBJECTIVES (CON'T)
Retain old rules.	and stages of illness, with adults and children receiving medical and surgical therapy, with those having mental illness, and with mothers and infants in the maternity cycle. (1) The curriculum shall be based upon and shall provide: (aa) Knowledge of individual behavior based on behavioral sciences. (bb) Knowledge of principles of human functioning based on natural sciences. (cc) Knowledge of health and deviations therefrom, and knowledge of pathological processes. (2) The following content shall be included in nursing courses: (aa) Major nursing problems associated with patients in all age groups. (bb) Application of knowledge in developing nursing skills in: problem-solving processes to make appropriate judgments; developing effective interpersonal relationships with the patient and his family, helping him to assess his resources; fulfilling the conforting, caring, and curing roles; developing communication skills with the patient, his family, nursing personnel and health team members; (cc) Application of knowledge to carry out delegated medical tasks. (dd) Information concerning opportunities for continued personal and professional development.
NSG. RN 92 INSTRUCTION	NSG. RN 91 INSTRUCTION
Retain old rules and renumber.	(a) Nurse faculty members shall be responsible for selecting, teaching, guiding and evaluating all learning experiences in the classroom and clinical laboratory setting. (1) The learning experiences and methods of instruction shall provide opportunity for fulfilling the objectives of the curriculum.

Proposed New Rule	Old Rule
NSG. RN 92 INSTRUCTION (CON'T)	NSG. RN 91 INSTRUCTION (CON'T)
	(2) Learning experiences and methods that promote critical thinking and synthesis of learnings shall be utilized in the teaching-learning process.
	(3) Provision shall be made for individual differences among students.
(b) Retain old rule.	(b) Nursing course objectives shall be developed by the nurse faculty members and shall be in writing.
(1) Course objectives shall be consistent with the overall objectives of the curriculum which in turn are developed from the philosophy and objectives of the program.	(1) Course objectives shall be consistent with the overall objectives of the curriculum which in turn are developed from the philosophy and objectives of the school.
	(2) Course objectives shall be developed in behavioral terms and shall identify the changes in behavior in the student as a result of the learning process.
(c) Retain old rule.	(c) Course outlines shall be written by the faculty members and shall be periodically reviewed and revised to be consistent with on-going evaluation processes. These outlines shall identify the content of each course and its implementation as determined by the faculty members.
	NSG. RN 102 LIBRARY
	A well-organized library shall be provided for the use of students and faculty.
(d) Instructional materials shall be appropriate to assure implementation of the curriculum.	(a) Library collections shall be current, show evidence of periodic acquisitions to support the educational program, and be available to students and faculty.
Repeal	(b) A qualified person shall be readily available to insure maximum benefits to students and faculty. Such a person shall have sufficient library training to be able to catalog books, keep library collections
Repeal	

Proposed New Rule

NSG. RN 92 INSTRUCTION
(CON'T)

Repeal

NSG. RN 93 EVALUATION

Repeal

(a) There shall be written evidence of on-going evaluation that shall include but not be limited to:

(1) The curriculum in terms of the graduation competencies.

(2) Employment functioning of the graduates.

(b) By July 1, 1978 and thereafter there shall be evidence of the implementation of the evaluation findings.

Repeal

NSG. RN 94 MAJOR CHANGE

The program shall request and obtain Board approval before instituting the following major changes:

(a) Change in the philosophy, goals, curriculum or objectives that would result in graduate competencies different from those approved as appropriate to the type of program.

(b) Addition or deletion of a clinical facility utilized for student learning.

Old Rule

NSG. RN 102 LIBRARY
(CON'T)

current and shall have sufficient knowledge of nursing to assist students in the selection of reference material.

(c) Lighting, ventilation, seating arrangements, furnishings and equipment shall be suitable.

NSG. RN 92 EVALUATION

Evaluation shall be a systematic and on-going process judging the effectiveness of the students' educational experiences through careful appraisal. Evaluation shall be in relation to the philosophy and objectives that have been determined by the faculty, individual instructors and students.

(a) Evaluation shall include the collecting, recording, assembling and interpreting of data relating to educational objectives, teaching-learning processes, student progress and outcomes.

(b) There shall be evidence that the faculty engages in evaluation in the interest of strengthening the program.

(c) Evaluation shall provide the basis for program changes.

NSG. RN 65 MAJOR CHANGE

Schools wishing to make major changes in organization, administration or curriculum shall request and obtain prior approval of the Board before instituting such changes. Requests must be presented in time to provide an adequate period for consideration and action by the Board.

New

Proposed New Rule	Old Rule
NSG. RN 94 MAJOR CHANGE (CON'T)	NSG. RN 94 MAJOR CHANGE (CON'T)
(c) Change in the control of the program.	New
(d) Proposals of an experimental nature will be considered by the Board and encouraged where appropriate.	Sound experimentation is recommended by the Board when a well-qualified faculty proposes to develop a program which is well-planned and through which the educational objectives can be attained.
NSG. RN 95-99 RESERVED FOR FUTURE USE	NSG. RN 93-99 RESERVED FOR FUTURE USE
CHAPTER ELEVEN: NURSING RN 100-109 APPROVAL OF RN PREPARING PROGRAMS: CLINICAL FACILITIES	CHAPTER ELEVEN: NURSING RN 100-109 APPROVAL OF SCHOOLS OF NURSING: EDUCATIONAL FACILITIES
Repeal	NSG. RN 101 CLASSROOMS, LABORATORIES
	Classrooms, laboratories and conference rooms shall be adequate in size, number and type for the number of students and the educational purposes for which these rooms are to be used. Lighting, ventilation, seating arrangements, location, equipment and furnishings shall be appropriate for the necessary activities.
Becomes RN 92 (d)	NSG. RN 102 LIBRARY
NSG. RN 100 CLINICAL FACILITIES	NSG. RN 103 CLINICAL LABORATORIES
(a) Every plan to use a clinical facility, in whole or in part, for student learning that involves nursing assessment, intervention/implementation and evaluation that necessitates direct teaching supervision must be approved by the Board prior to utilization. Each program must submit evidence that the facility selected meets criteria listed in RN 100-101 of this section.	New
(b) The faculty shall have objectives for all clinical learning written in measurable performance terms that are appropriate for the type of program.	New
(c) All clinical facilities selected by the faculty shall provde experience that will be adequate and appropriate for achieving the learning objectives.	Clinical facilities shall be selected which will provide opportunity for learning experiences implicit in the objectives of the curriculum.

Proposed New Rule	Old Rule
NSG. RN 100 CLINICAL FACILITIES (CON'T)	NSG. RN 100 COLLEGE AND HOSPITAL ACCREDITATION
(d) The program shall be able to document how the selected clinical facilities are utilized to implement the curriculum and learning objectives.	New
(e) All clinical facilities utilized for learning shall have current accreditation by an agency the Board recognizes as evaluating quality of care such as the Joint Commission for Accreditation of Hospitals and/or demonstrates that they have complied with the criteria listed in RN 100 (f).	(c) A hospital which is used as a clinical laboratory shall be accredited by the Joint Commission on Accreditation of Hospitals.
Repeal	NSG. RN 103 CLINICAL LABORATORIES
	(a) The major general hospital facility to be utilized by a new program in nursing shall have a daily average of at least one hundred patients excluding newborn infants and those requiring custodial care.
Repeal	(b) Major clinical services of pediatrics, maternity and psychiatry shall be segregated.
	(c) The Board will look for evidence of quality nursing service in the clinical laboratory:
(f) All clinical facilities utilized for learning shall have evidence of quality of nursing service in the following areas:	
(1) Appropriate utilization of all types of nursing personnel.	(5) Utilization of registered nurses, licensed practical nurses and zuxiliary nursing personnel.
(2) Staffing that is not affected by presence or absence of students and is adequate for effective patient care.	(4) Number of registered nurse licensed practical nurses and auxiliary nursing personnel.
(3) Medical and/or Registered Nurse supervision of direct patient care.	(1) Supervision of direct patient care.
(4) Clarity of nursing care plans for patients.	(3) Clarity of communications betweeen health team members.
(5) A systematic plan and process for the review and improvement of patient care that utilizes evaluation tools such as a review of	(2) Organization of nursing service staff for review and improvement of nursing care.

Proposed New Rule

NSG. RN 100 CLINICAL FACILITIES (CON'T)

clinical records.

(6) Retain old rule.

(g) The curriculum implementation plan for learning in the clinical facility shall include evidence that learning is assured in the following ways:

(1) Faculty members responsible for selecting, guiding, and evaluating student learning.

Repeal

Repeal

(2) Number of students appropriate to the learning objectives, available experience and physical facilities.

(3) Teacher/student ratio appropriate to the learning objectives and the facility dependent upon such factors as:

(a) Availability of the educational experience within the institution.

(b) Location of educational experience within the facility.

(c) The educational guidance necessary for student achievement of objectives.

(4) When other nursing programs are using the facility, the programs and facility shall provide evidence that there are adequate learning experiences for all students involved.

Old Rule

NSG. RN 100 CLINICAL LABORATORIES CON'T)

(6) Inservice education for nursing personnel.

(d) The Board will look for evidence of the adequacy of clinical facilities for good learning experiences on the basis of the following:

(4) Adequate physical facilities, medical supplies and equipment essential to nursing care and teaching (such as kardex, nursing care plans, individualized medication system, clarity of the medical care plans, etc.).

(1) Quality of nursing care, medical care and hospital administration.

(2) Variety of patients representing major health problems, stages of illness and age groups.

(5) Number of students to be assigned.

(3) Daily average number of patients in each clinical service.

(6) Other educational program using these facilities.

Proposed New Rule	Old Rule
NSG. RN 100 CLINICAL FACILITIES (CON'T)	NSG. RN 100 CLINICAL LABORATORIES (CON'T)
Repeal	(7) Attitudes of personnel toward the educational program.
	NSG. RN 104 ADDITIONAL CLINICAL FACILITIES
Repeal	When additional facilities are to be used, such as community nursing agencies, geriatric facilities, extended care units, outpatient clinics, nursery schools and any other institution or agency, they shall be carefully selected and well-suited to meet specific objectives of the curriculum. All learning experiences must be selected and guided by faculty members.
NSG. RN 101 WRITTEN AGREEMENTS	NSG. RN 105 WRITTEN AGREEMENTS
(a) The controlling institution and program shall have written agreements with each clinical facility utilized for student learning.	When the controlling institution of the school arranges for courses of facilities of other institutions or agencies, a current written agreement of mutually decided policies covering all major aspects of the cooperative relationship shall be developed and shall be signed by administrative authorities of each institution.
(b) The agreements shall be reviewed annually by the parties to see that the provisions are current and meet the following criteria for coordinated planning and implementation:	
(1) Assurance from the clinical facility of access to learning experience that shall be both appropriate and adequate to fulfill the written learning objectives designated by the faculty.	New
(2) Specification of the authority and responsibilities of program and clinical facility personnel wherever related to the educational experience of the student.	New
(3) Arrangement for the faculty members assigned to the clinical facility to receive that	New

Proposed New Rule	Old Rule
NSG. RN 101 WRITTEN AGREEMENTS (CON'T)	NSG. RN 105 WRITTEN AGREEMENTS (CON'T)
degree of prior orientation mutually agreed upon as necessary to meet the needs of both the program and the facility.	
(4) Provision of continuing multi-level communication between the clinical facility and the program personnel. Such communication shall include but not be limited to:	New
(a) Provision for the familiarization of facility staff with the program's philosophy, goals, curriculum.	New
(b) Provision for the familiarization of program faculty with the facility's philosophy, policy, and program expectations.	New
(c) Provision for follow-up evaluation of the clinical experience by facility staff and program faculty.	New
NSG. RN 102-109 RESERVED FOR FUTURE USE	NSG. RN 106-109 RESERVED FOR FUTURE USE

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

BOARD OF NURSING

In the Matter of Proposed Rules and Amendments Relating to Registered Nurse-Preparing Programs and Licensure of Registered Nurses

ORDER FOR HEARING

To effectively implement Minn. Stat. §§ 148.211-148.231 (1974), and Minn. Stat. § 148.251 (1974), the Minnesota Board of Nursing deems it necessary to consider adoption of the proposed rules captioned above pursuant to the authority vested in it by Minn. Stat. § 148.191 (1974).

NOW, THEREFORE, IT IS ORDERED this 16th day of April, 1975, that a public hearing on the proposed rules captioned above be held in the Board Room, Minnesota Health Department Building, 717 Delaware Street S.E., Minneapolis, Minnesota, on May 27, 1975, commencing at 9:00 A.M., and continuing until all representatives of associations or other interested groups or persons have had an opportunity to be heard.

IT IS FURTHER ORDERED, that notice of said hearing be given to all representatives of associations or other interested groups or persons who have registered their names with the Secretary of State for that purpose and all persons who are presently members of the Minnesota Legislature.

STATE OF MINNESOTA

BOARD OF NURSING

Joyce M. Schowalter

JOYCE M. SCHOWALTER
Executive Secretary

STATE OF MINNESOTA
COUNTY OF HENNEPIN

BEFORE THE MINNESOTA
BOARD OF NURSING

In the Matter of Proposed Rules and Amendments Relating to Registered Nurse-Preparing Programs and Licensure of Registered Nurses

NOTICE OF HEARING

Notice is hereby given that a public hearing will be held pursuant to Minn. Stat. § 15.0412 subd. 4 (1974) in the above-entitled matter, in the Board Room, Minnesota Department of Health Building, 717 Delaware Street S.E., Minneapolis, Minnesota, on Tuesday, May 27, 1975, commencing at 9:00 A.M., and continuing until all representatives or other interested groups of persons have had an opportunity to be heard concerning adoption of the proposed rules captioned above by submitting either oral or written data, statements, or arguments. Statements or briefs may be submitted without appearing at the hearing.

A copy of the proposed rules is attached and made a part hereof.

Copies of the proposed rules are now available and may be obtained by writing to the Minnesota Board of Nursing, 717 Delaware Street S.E., Minneapolis, Minnesota 55440. Additional copies will be available at the door on the date of the hearing.

A copy of the procedural rules for the hearing is attached and made a part hereof.

Testimony or other evidence to be submitted for consideration should be pertinent to the matter at hand and may be presented either orally or in writing at the public

hearing or by mailing a statement to the Executive Secretary of the Board of Nursing at the Department of Health Building, address as above. If the person submitting a statement cannot be present to read his statement at the time of the hearing, the statement will be entered into the record. For those wishing to submit written statements or exhibits, it is requested that at least three (3) copies of such statement, exhibit or summary be furnished at the hearing. The record will remain open for receipt of briefs or other written material relative to the proposed rules for twenty (20) days subsequent to the public hearing.

It is suggested that to save time and avoid duplication, those organizations or associations having a common viewpoint or interest in these proceedings join together where possible and present a single statement in behalf of such interests.

Dated: April 16, 1975.

STATE OF MINNESOTA
BOARD OF NURSING

Joyce M. Schowalter
JOYCE M. SCHOWALTER
Executive Secretary

MINNESOTA BOARD OF NURSING

PROCEDURAL RULES FOR HEARING

The purpose of the hearing is to allow interested parties to express their views and present facts bearing upon the proposed regulations. So as to provide for an orderly presentation of evidence, the following rules will be in effect during the hearing specified in the attached Notice of Hearing:

1. Anyone wishing to be heard should indicate by signing the speaking sheet, listing his name, address, and the group which he represents. The speaking sheet will be available at the main entrance to the hearing room. It is requested that each group select one speaker only to present its views.

2. The first time the witness makes a statement he should spell his name and identify the group he is representing. Prior to making any subsequent statements he should state his name and the group which he represents. He may be sworn upon his request but it is not required. If he elects not to be sworn, that may be considered in determining the weight to be given to his testimony.

3. By giving testimony, a witness, including one who may also be a member of the panel, subjects himself to questioning by the panel. However, he is subject to cross-examination by non-members of the panel only if he affirmatively consents to being so examined. A refusal to be cross-examined may be considered in determining the weight to be given to his testimony.

4. All parties interested in introducing any written matter may do so by having it marked as an exhibit and then introduced for the record. Unsworn written matter may be received, but the fact that it is unsworn may be considered in determining the weight to be given it.

CERTIFICATE OF BOARD'S

AUTHORIZING RESOLUTION

I, Joyce M. Schowalter, R.N., do hereby certify that I am the Executive Director of the Minnesota Board of Nursing, a board duly authorized under the laws of the State of Minnesota, and that the following is a true, complete, and correct copy of a resolution adopted at a meeting of the said Board of Nursing duly and properly called and held on the 3rd day of April, 1975, that a quorum was present at said meeting; that a majority of those present voted for the resolution; that said resolution is set forth in the minutes of said meeting and has not been rescinded or modified.

> "RESOLVED, that Joyce M. Schowalter, R.N., Executive Director of the Minnesota Board of Nursing, be and she hereby is granted the authority and directed to call a hearing for the purpose of promulgating rules of the Board of Nursing relating to registered nurse-preparing programs and licensure of registered nurses as well as perform any and all acts incidental thereto, including but without being limited thereto, signing an order for hearing and notice of hearing as well as acting as or appointing a presiding officer at all hearings."

IN WITNESS WHEREOF, I have hereunto subscribed my name this 23rd day of October, 1975.

STATE OF MINNESOTA

BOARD OF NURSING

Joyce M. Schowalter

JOYCE M. SCHOWALTER, R.N.
Executive Director

STATE OF MINNESOTA

COUNTY OF HENNEPIN

In the Matter of the Proposed Rules and Amendments Relating to Registered Nurse-Preparing Programs and Licensure of Registered Nurses.

CERTIFICATE

I hereby certify that the 417 general labels and 1 sheet list for the Minnesota Board of Nursing all of which are attached and made a part hereof, constitute the complete lists of persons, associations, and other interested groups who as of 10:15 O'clock A.M., this 18th day of April, 1975, have requested pursuant to Minn. Stat. § 15.0412 subd. 4 (1974), that their names be placed on file with the Secretary of State for the purpose of receiving notice of public hearing on proposed rules on the subject captioned above.

Joan Anderson Growe
SECRETARY OF STATE

JOAN ANDERSON GROWE

By Ceil Dion

STATE OF MINNESOTA

COUNTY OF HENNEPIN

In the Matter of the Proposed Rules and Amendments Relating to Registered Nurse-Preparing Programs and Licensure of Registered Nurses.

AFFIDAVIT OF MAILING

Robert Swanson, being first duly sworn, deposes and says:

That on the 25 day of April, 1975, at the City of Minneapolis, County of Hennepin, State of Minnesota, he served the attached Notice of Hearing by depositing in the United States mail at said City of Minneapolis, a true and correct copy thereof, properly enveloped, with postage prepaid, to all persons and associations at the addresses listed on the Certificate of the Secretary of State attached and made a part hereof as Exhibit A, to all persons and associations at the addresses listed on Exhibit B, attached and made a part hereof, as well as to all members of the Minnesota Legislature as of the date of mailing.

Robert Swanson

Subscribed and sworn to before me this 25th day of April, 1975.

Christine Grinsteinner

CHRISTINE GRINSTEINNER
Notary Public, Dakota Co., Minn.
My Commission Expires
Dec. 5, 1981

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55101

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707 DEGREE OF HONOR BLD
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AM INST PROF GEOLOGISTS
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ANDERSON STANFORD P
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55101

ASSOCIATED INDUST OF MPLS
NATIONAL BLDG
MPLS MN
55402

ASSN OF MINN COUNTIES
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ST PAUL MN
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ASSN RESIDENCES FOR RETAR
459 RICE SUITE 301
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AUTOMOBILE MFRS ASSN INC
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ST PAUL MN
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55303

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SO ST PAUL MN
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55433

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1ST NATL BANK BLDG
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BLOOMINGTON CITY CLERK
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ST PAUL MN
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CHRISTIANSEN FREDRIK
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CITIZENS LEAGUE
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DISPATCH PIONEER PRESS
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HOUSE ED STANDING SUB COMM
RM 109 STATE CAPITOL
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C/O BARBAROSSA R3
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106 TIMES BLDG 57 S 4TH
MPLS MN
55401

JACKMAN DONALD G
4023 E LAKE ST
MPLS MN
55406

JENCS INC
525 LAKE AVE SO
DULUTH MN
55801

JENSEN CARL A
127 E MAIN ST
SLEEPY EYE MN
56085

JOHNSON & SANDERSON
ST MARYS HOSPITAL
ROCHESTER MN
55901

JOHNSON CLARENCE IBEW LU 292
3615 37TH AVE S
MPLS MN
55406

JOHNSON M.D. FRUNDT & FRUNDT

BLUE EARTH MN
56013

JOHNSON LANCE J
265 S LAFAYETTE RD
ST PAUL MN
55107

KABLE RICHARD W

BETHEL MN
55006

KEABLE MIKE
909 6TH AVE N
ST CLOUD MN
56301

KEENAN RICHARD J
4444 IDS BLDG
MPLS MN
55402

KIMBALL ROBERT
647 CAPITOL SQ BLDG
ST PAUL MN
55101

KING,TIMOTHY
3333 OAKLAND AVE S
MPLS MN
55407

KLOSTER MARION PEAVEY CO
730 2ND AVE S
MPLS MN
55402

KLUZ STEVEN J
1910 1ST NATL BK BLDG
MPLS MN
55402

KNUDSON ROBT
4375 BROWNDALE AVE
MPLS MN
55424

KNUTSON DR KEITH,BIOLOGY DPT
ST CLOUD STATE
ST CLOUD MN
56301

KNUTSON R N GRANNIS ETAL
F J SCHULT BLDG
ST ST PAUL MN
55075

KOLLER MR & MRS ERWIN A
1568 DULUTH ST
ST PAUL MN
55108

KOPP MRS VERNON
2050 65TH ST E
INVER GR HGHT MN
55075

KRAMER ERNEST W
717 DELAWARE ST SE
MPLS MN
55440

KROALOKKEN J E
10048 NORD RD
BLOOMINGTON MN
55437

LAKE SUPERIOR INDUSTRIAL
828 FIRST AM. BK. BLDG.
DULUTH MN
55802

LANAHAN E F - SIBLEY CO
184 E 6TH ST
ST PAUL MN
55101

LANGVIN DAVID
7500 80TH ST S
COTTAGE GROVE MN
55016

LANSING & OAKES
400 SIBLEY ST
ST PAUL MN
55101

LAPP LAZAR LAURIE ET AL
1200 BUILDERS EXCHANGE
MINNEAPOLIS MN
55402

LARSON C L
3600 MINNEHAHA AVE SO
MPLS MN
55406

LARSON HANS P DIV HOSP SERV
717 DELAWARE ST SE
MPLS MN
55440

LEAGUE MN MUNIC
300 HANOVER 480 CEDAR
ST PAUL MN
55101

LEAGUE WOMEN VOTERS OF MI
555 WABASHA
ST PAUL MN
55102

LIBBEY LEONARD
BOX 17011 NOKOMIS STA
MPLS MN
55417

LINDALL & JONATHAN DEVELOP.
VILLAGE ONE CENTER
CHASKA MN
55318

LOCKNER GARY
R R 1 BOX 23
BAUDETTE MN
56623

LOOS CALVIN J
6809 LYNDALE AVE SO
MPLS MN
55423

LOWE DOUG
2701 N LEXINGTON AVE
ROSEVILLE MN
55113

LYNCH DONALD SIBLEY CO
184 E 6TH ST
ST PAUL MN
55102

MCDONALD PHILIP M
2077 SELBY AVE
ST PAUL MN
55104

MCFADDEN G H DISPATCH-PRESS
55 E 4TH ST
ST PAUL MN
55101

MCKIBBEN MRS SHIRLEY
11 EVERGREEN LN
BABBITT MN
55706

MCLELLAN LARKIN
215 ADM BLDG ST CAPITOL
ST PAUL MN
55101

MALONE E I COMM LABOR & INDU
444 LAFAYETTE RD 5TH FL
ST PAUL MN
55101

MANKATO STAT STUDENT SENATE
CENTENNIAL STUDENT UN
MANKATO MN
56001

MANKATO STATE STUDENT ASSN
BOX 58 MANKATO COLLEGE
MANKATO MN
56001

MANTHEY T J PICKANDS MATH
1100 SUPERIOR AVE
CLEVELAND OH
44114

MASTOR & MATTSON LTD
315 PEAVEY BLDG
MPLS MN
55402

MAUL WARREN E
320 S 4TH ST
MPLS MN
55415

MAYO FOUNDATION G ORWOLL
200 FIRST AVE NW
ROCHESTER MN
55901

MECCA
867 GRAND AVE
ST PAUL MN
55105

MEIEROTTO, JOAN
1794 SO LEXINGTON
ST PAUL MN
55118

MERRITT GRANT POLLUTION CONT
1935 W CO RD 32
ROSEVILLE MN
55113

MET TFR MEN ASSN A ROSENTHAL
1821 UNIV AVE
ST PAUL MN
55104

METROPOLITAN COUNCIL LIBR
300 METRO SQUARE
ST PAUL MN
55155

MIDLAND GLASS- HD SPURLING
PO BOX 69
SHAKOPEE MN
55379

MILLER RICHARD A
1020 PLYMOUTH BLDG
MPLS MN
55402

MILLER TOM
2311 PILLSBURY AVE S
MPLS MN
55404

MPLS CHAMBER COMM TRANSP
15 S 5TH ST
MPLS MN
55402

MPLS CITY ATTORNEY
325M CITY HALL
MPLS MN
55415

MPLS STAR PRESS ROOM
STATE CAPITOL
ST PAUL MN
55101

MPLS TRIBUNE CITY DESK
425 PORTLAND AVE
MPLS MN
55415

MIDLAND GLASS-HD SPURLING
PO BOX 69
SHAKOPEE MN
55379

MILLER PAUL J PHARMACY SERV
ST MARYS HOSP
ROCHESTER MN
55901

MINN APT ASSN
GRIGGS-MIDWAY BLDG
ST PAUL MN
55104

MN. ASN.C&IND H.D.PETERSON
480 CEDAR ST.
ST.PAUL MN
55101

MINN AFL-CIO, L O LA SHO
414 AUDITORIUM ST
ST PAUL MN
55102

MINN ASPHALT PAVEMENT ASSN
555 WABASHA RM 209
ST PAUL MN
55102

MINN ASSN COOPERATIVES
55 SHERBURNE AVE
ST PAUL MN
55103

MINN ASSN ELEC COOPERATIVES
4301 W 77TH ST
MPLS MN
55435

MINN. ASSN. PET RETAILERS
1115 2ND AVE. SO.
MINNEAPOLIS MN
55403

MINN ASSN WATERSHED DIST'S

ADA MN
56510

MINN AUTOMOBILE DEALERS ASSN
GRIGGS MIDWAY BLDG
ST PAUL MN
55104

MINN COMM FOR HANDICAPPED
METRO SQ 492 7TH & ROBT
ST PAUL MN
55101

MINN COMMUNITY DEVELOP SE
512 ROSSMOR BLDG
ST PAUL MN
55101

MINN COUNCIL STATE EMP NO 6
475 RICE ST
ST PAUL MN
55103

MINN DEPT HEALTH J C MCKASY
717 DELAWARE S E
MPLS MN
55440

MINN DENTAL HYGIENISTS
5041 YVONNE TERRACE
MPLS MN
55436

MINN ELECTRICAL ASSN INC
525 SO 7TH
MPLS MN
55415

MINN ENV LAW INST INC
PO BOX 15076 COMM STA
MPLS MN
55415

MINN FARMERS UNION PRES OFF
1275 UNIV AVE
ST PAUL MN
55104

MINN FOOD RETAILERS ASSN
555 WABASHA
ST PAUL MN
55101

MINN HEREFORD-LJ SCHAFER

BUFFALO LAKE MN
55314

MINN. HOTEL & MTR. ASSN
2001 UNIVERSITY AVE
ST PAUL MN

MINN HOUSING INST N T CARTER
7801 METRO PKWY
MPLS MN
55420

MINN HWYS MANAGEMENT SERVICE
407 HWY BLDG
ST PAUL MN
55101

MINN LAND USE COMMITTEE
4344 IDS CENTER
MPLS MN
55402

MINN LP GAS ASSN
7515 WAYZATA BLVD 106
MPLS MN
55426

MINNE MINE CREDIT UNION
3000 HUDSON PK S 100
ST PAUL MN
55119

MINN.MTR.TRANSP. .J.N.DENN
1821 UNIV.
ST.PAUL MN
55104

MINN PETROLEUM COUNCIL
1020 NORTHERN FED BLDG
ST PAUL MN
55102

MINN POULTRY & HATCHERY ASSN
BOX 158
MADELIA MN
56062

MN REP STATE CENTRAL COMM
555 WABASHA AVE
ST PAUL MN
55102

MINN RESTAURANT ASSN
2001 UNIVERSITY AVE.
ST PAUL MN 55
104

MINN RETAIL FEDERATION
7600 PARKLAWN STE 457
MPLS MN
55435

MINN RETAIL HARDWARE ASSN
5033 EXCELSIOR BLVD 313
MPLS MN
55416

MINN SCH BUS OPERATORS ASSN

FARIBAULT MN
55021

MINN SOCIETY ARCHITECTS AIA
NW NATL BK BLDG
ST PAUL MN
55101

MINN SOC CERTIFIED PUB AC
1102 WESLEY TEMPLE BLDG
MPLS MN
55403

MINN STATE BAR ASSN
100 MINN FED BLDG
MPLS MN
55402

MINN ST BD PHAR P G GRUSSING
1965 FORD PKWY
ST PAUL MN
55116

MINN STATE CAPITOL EMP UNION
PO BOX 3215
ST PAUL MN
55165

MINN STATE MED ASSN
375 JACKSON ST
ST PAUL MN
55101

MINN STATE RETIREMENT SYSTEM
529 JACKSON ST
ST PAUL MN
55101

MINN TEAMSTERS CREDIT UNION
2021 HENN AVE E
MPLS MN
55413

MINN TBR PRODUCERS ASSN
200 CHRISTIE BLDG
DULUTH MN
55802

MINN.TURKEY GROWERS ASSN
2383 UNIV AVE
ST PAUL MN
55114

MINN VETERANS MED ASSN
2175 N HWY 36
ROSEVILLE MN
55113

MINN WATER RESOURCES BD
RM 206 555 WABASHA ST
ST PAUL MN
55102

MINN-WISC BOUNDARY AREA COMM
600 2ND ST
HUDSON WI
54016

MN PUB INT RESEARCH GROUP
3036 UNIV AVE SE
MPLS MN
55414

MOFFITT K.C. DIR.ENV.CONTROL
MPLS.CITY HALL RM 301M
MPLS MN
55415

MOOD R BLOOMINGTON HLTH DEPT
10200 PENN SO
BLOOMINGTON MN
55431

MOONEY, MICHAEL A.
BOX 903, ST.JOHN'S UNIV
COLLEGEVILLE MN
56321

MORTON BUILDINGS INC
R #1
FOLEY MN
56329

MPIRG
BOX 45 ST MARYS COLLEGE
WINONA MN
55987

MUELLER SHIRLEY A
787 W COTTAGE AVE
ST PAUL MN
55117

NASS GEO V HENN CO GEN HO
5TH AND PORTLAND AVE
MPLS MN
55415

NATL CAR RENTAL ATT D MITZEL
5501 GREEN VALLEY DR
MPLS MN
55437

NATL COUNCIL JEWISH WOMEN
4330 CEDAR LK RD
MPLS MN
55416

NATL FAMILY INS CO
2147 UNIV AVE
ST PAUL MN
55114

NAT'L SOLID WASTES-R. GRA
1730 RHODE ISLAND AV.NW
WASHINGTON DC
20036

NCEC INC C/O DR DAHLBERG
CONCORDIA COLLEGE
MOORHEAD MN
56560

NELSON DONALD E NSP CO
414 NICOLLET AVE
MPLS MN
55401

NEDELL HAROLD - MEINEKE
6300 W LOOP S SUITE 200
BELLAIRE TX
77401

NESBITT JOHN
7851 METRO PKWY S 118
MPLS MN
55420

NEUMAN RALPH W
RT 2 BOX 125
EMBARRASS MN
55732

NIELSEN STOCK & BLACKBURN
415 730 BLDG
MPLS MN

NO SUB MONTESSORI-S SADDLER
2487 HELEN COURT
NO ST PAUL MN
55109

NORTH CENTRAL ELEC ASSN
PO BOX 202
BATTLE LAKE MN
56515

NW COUNTRY ELEVATOR ASSN
802 GRAIN EXCH BLDG
MPLS MN
55415

NURSING HOME ADMRS BD EXAMRS
277 W UNIV AVE
ST PAUL MN
55103

NUTTER JULIA
743 W MONTANA
ST PAUL MN
55117

NW BELL TEL CO LEGAL DEPT
224 S 5TH ST RM 2000
MPLS MN
55402

NYQUIST DEAN A
3707 53RD PL N
BROOKLYN CTR MN
55429

O'BRIEN J.DENNIS
1100 1ST NATL.BANK BLDG
MINNEAPOLIS MN
55402

OCONNOR GREEN THOMAS ET AL
845 NW BANK BLDG
MPLS MN
55402

OFFICE OF THE GOVERNOR
130 STATE CAPITOL
ST PAUL MN
55101

OLD COLONY GAS & OIL COMPANY
17TH AVE N AT 2ND ST
MPLS MN
55411

OSTRUM DONALD E
10213 PIERCE ST NE
BLAINE MN
55434

OTTER TAIL POWER CO.
215 S. CASCADE ST.
FERGUS FALLS MN
56537

PATTISON ORVIS
BOX 645
WILLMAR MN
56201

PAYNE COL ALVIN

DEGRAFF MN
56233

PAYNE WM B
2400 FIRST NATL BK BLDG
MPLS MN
55402

PETERSON JOHN W
510 NW BK BLDG
ST PAUL MN
55101

PETERSON GARY
854 MIDLAND BK BLDG
MPLS MN
55401

PFEIFER AND SHULTZ, INC
1433 UTICA AVE S
MPLS MN
55416

PHAR MFGRS ASSN WM D PATTON
1155 15TH ST NW
WASHINGTON DC DC
20005

PHILLIPS LEGISLATIVE SERV
459 RICE ST
ST PAUL MN
55103

PUPOVICH PETER S
314 MINN BLDG
ST PAUL MN
55101

PORTER LYLE O

TRACY MN
56175

PORT AUTH CITY OF ST PAUL
330 MINNESOTA BLDG
ST PAUL MN
55101

POSS DONALD G
6301 SHINGLE CREEK PKWY
BROOKLYN CTR MN
55430

POYZER ROBT
BOX 675
FERGUS FALLS MN
56537

PRAUSE JOS.C.
2220 105TH AVE.N.W.
COON RAPIDS MN
55433

PULSCHER RBT SPRINGSTED INC
813 OSBORN BLDG
ST PAUL MN
55102

QUIRIN E W
408 HAY BLDG
ST PAUL MN
55155

RADMAN RICHARD-LABOR TEMPLE
418 AUDITORIUM
ST PAUL MN
55102

RANALLO CLARENCE
800 CENTRAL AVE N E
MPLS MN
55413

RAUENHORST CORP-C ANDERSON
7900 XERXES S. S-2200
MPLS MN
55431

RED OWL STORES INC
215 E EXCELSIOR AVE
HOPKINS MN
55343

REID DAVID H
5633 WASHBURN AVE S
MPLS MN
55410

RENNER R.H. ST PAUL AREA
300 OSBORN BLDG.
ST PAUL MN
55102

RAMSEY CO MEDICAL SOCIETY
1500 LOWRY MEDICAL BLDG
ST PAUL MN
55102

RICHARDSON THOS
7851 METRO PKWY S 103
MPLS MN
55420

RICHARDS MONTGOMERY ET AL
1430 RAND TOWER
MPLS MN
55402

ROE DAVID
175 AURORA
ST PAUL MN
55103

ROBBIE JOSEPH
904 CARGILL BLDG NO CTR
MPLS MN
55402

ROBERTS DAVID E
1260 NW NATL BK BLDG
ST PAUL MN
55101

ROSS ALFRED
6356 WARE RD
LINO LAKES MN
55014

RUDY FLOYD
118 AVE C
CLOQUET MN
55720

SAN SIMEON DEVELOP CORP
OLD 1ST STATE BK BLDG
PAYNESVILLE MN

SANFORD SID
7000 PORTLAND AVE
RICHFIELD MN
55423

SATHRE, HARVEY
375 MARION STREET
ST PAUL MN
55103

SAX DOVE & STENSON
310 ENDICOTT BLDG
ST PAUL MN
55101

ST PAUL ASSN PLBG HTG MECH
614 AM NATL BK
ST PAUL MN

ST PAUL BUR HLTH DR P COX
555 CEDAR ST
ST PAUL MN
55101

ST PAUL FOOD RETAILERS AS
1220 ARCADE
ST PAUL MN
55106

SCARBOROUGH WILLIAM
DIV.ED. U.M.
MORRIS MN
56267

SCHLICHT REV ROBT
611 W MAIN ST
BELLE PLAINE MN
56011

SCHMIDT D R MN ASSN REALTORS
6101 WAYZATA BLVD
MPLS MN
55416

SCHMIDT H W TCHRS RETIREM
302 CAPITOL SQ BLDG
ST PAUL MN
55101

SCHMIDT LARRY WCCO-TV NEWS
50 S 9TH ST
MPLS MN
55402

SCHNEIDER MAHLON
GREEN GIANT
LESUEUR MN
56058

SCHUTZ LINDA
RM 328 CAPITOL BLDG
ST PAUL MN
55155

SCHWARTAU NEAL METH HOSP
201 W CENTER ST
ROCHESTER MN
55901

SCHWERMAN EARL JR
1533 8TH AVE SE
ROCHESTER MN
55901

SCHWINN ROBT.P.
1400 SOO LINE BLDG.
MPLS. MN
55402

SCHNEIDER & NEESER
706 1ST ST SO PO BX 876
WILLMAR MN
56201

SCHROEDER ALFRED H
2172 CARROLL AVE
ST PAUL MN
55104

SENATE COUN OFF J ST MARIE
STATE CAPITOL
ST PAUL MN
55101

SENATE FINANCE COMMITTEE
113 STATE CAPITOL
ST PAUL MN
55101

SENATE GOV OP COMM
RM 303 STATE CAPITOL
ST PAUL MN
55155

SHABATURA EUGENE H
2833 LAKE AVE SO
DULUTH MN
55811

SHARP BOB
4125 HIGHWOOD RD
ST LOUIS PK MN
55416

SHAW ROBERT M
616 MOBIL OIL BLDG
MPLS MN
55402

SHELL OIL CO. W.A. ROQUET
ONE SHELL PLAZA BX 2463
HOUSTON TX
77001

SITE ENGINEERS INC
900 REDWELL LANE
APPLE VALLEY MN
55124

SKELLY OIL CO R R WELLINGTON
PO BOX 436
KANSAS CITY MO

SLOCUM CHARLES A
1203 IDS TOWER
MPLS MN
55402

SMERIKA WM.
BOISE CASCADE PAPERS
INTL FALLS MN
56649

SMITH MICHAEL
1423 NEWTON AVE N
MPLS MN
55411

SNELL LYN
BOX 314
EDEN VALLEY MN
55329

SNYDER ROBERT W
248 CO B U OF M
ST PAUL MN
55101

SODERMAN ANTHONY
152 S PLAZA BLDG
MPLS MN
55416

STANSFIELD ARLENE LAND O
PO BOX 116
MPLS MN
55440

STATE BD.BARBER EXAMINERS
555 WABASHA
ST PAUL MN
55102

STATE BD VETERINARY EXAMINER
C/O DR A C SPANNAUS DVM
WACONIA MN

STD AM LIFE & ANNUITY CO
3801 W 50TH ST
MPLS MN
55410

STEELWORKERS CREDIT UNION
BOX 250
BABBITT MN
55706

STENSLAND M.E. PRES. MVMA
203 NW 22ND ST.
AUSTIN MN
55912

STOLPESTAD BROWN & SMITH
1550 NW BK BLDG
ST PAUL MN
55101

STUPKA & MOKEM
MIDTOWN BLDG
AUSTIN MN
55912

SULLIVAN J KIRK
PO BOX 200
BOISE ID
83701

SUMMIT NATL BANK O L MORRILL
205 AURORA AVE
ST PAUL MN
55103

SUSSEL CO.ATTN:TED SCHWENKER
1850 COMO AVE.
ST PAUL MN
55108

SWANSON BURT E
W-2162 1ST NATL BK BLDG
ST PAUL MN
55101

SWANSON DALE
P O BOX 339
FOREST LAKE MN
55025

SWANSON GERALD H
212 CITY HALL
ROCHESTER MN
55901

SWEITZER R L HONEYWELL INC
2701 4TH AVE S
MPLS MN
55408

TATE VERN 3M CO
3M CENTER 220/6W
ST PAUL MN
55101

THOMPSON CONRAD
1107 23RD ST NW
ROCHESTER MN
55901

THOMPSON HESSIAN ET AL
1500 MIDWEST PLAZA BLDG
MPLS MN
55402

TIMESAVERS INC ATT R S VOLD
5270 HANSON COURT
MPLS MN
55422

TOUCHE ROSS & CO K H STOC
780 NORTHSTAR CNTR
MPLS MN
55402

TWIN CITY RETAIL DRUGGIST AS
2388 UNIV AVE
ST PAUL MN
55104

UNION STOCK YARDS
ATTN PRES
SO ST PAUL MN
55075

VAN CLEVE JOHN H
2101 HENN AVE
MPLS MN
55405

VAN DRAKE STEPHEN R
BOX 353
PELICAN RAPID MN
56572

VAN EVERA MUNDT ET AL
700 TORREY BLDG
DULUTH MN
55802

VERRILL JOHN E
DEPT SECONDARY ED UOF M
DULUTH MN
55812

VILLAGE OF WOODBURY-F.STRONG
561 TOWER DRIVE
NEWPORT MN
55055

VOLDNESS PERRY
IDS 8TH & MARQUETTE
MPLS MN.
55402

VOSS REV GORDON O
11120 NE 7TH ST
BLAINE MN
55434

VOS LEROY
2137 BURNS AVE
ST PAUL MN
55119

WALD JEAN
5746 SANDER DR
MPLS MN
55417

WALIGORA ROBERT
3228 SO 17TH AVE
MPLS MN
55407

WALTERS THOS H
4510 W 77TH ST STE 235
MPLS MN
55435

WANQUIST ALLEN
RM 252 FEDERAL BLDG
ST PAUL MN
55101

WELK G V NORTHERN STATES
414 NICOLLET MALL
MPLS MN
55401

WESTIN CHAS W
220 MEDICAL ARTS BLDG
DULUTH MN
55802

WHITING RALPH
555 WABASHA SUITE 204
ST PAUL MN
55102

WHITLOCK A G
ECON LAB OSBORN BLDG
ST PAUL MN
55102

WM.MITCHEL COLLEGE LAW LIB.
2100 SUMMIT AVE.
ST.PAUL MN
55105

WILEY ENTERPRISES
101 5TH AVE SE
OSSEO MN
55369

WILSON R GARY ~~BDQ~~ INDUSTR
1GATEWAY CENTER
PITTSBURGH PA
15222

WIS FEEDER PIG MARKET CO-OP

FRANCIS CREEK WI

WOLKERSTORTER THEODORE
676 17TH AVE NW
NEW BRIGHTON MN
55112

WOZNIAK D D
401 FIRST FED BLDG
ST PAUL MN
55101

WYANT CLINTON W ATTY.

ATKIN MN
56431

Rep. Lyle Abeln
254 State Office Bldg.
St. Paul, MN 55155

Rep. Leo Adams
53 State Office Bldg.
St. Paul, MN 55155

Rep. Salisbury Adams
391 State Office Bldg.
St. Paul, MN 55155

Rep. Raymond Albrecht
322 State Office Bldg.
St. Paul, MN 55155

Rep.Glen Anderson
333 State Office Bldg.
St. Paul, MN 55155

Rep. Irv Anderson
273 State Office Bldg.
St. Paul, MN 55155

Rep. John Arlandson
347 State Office Bldg.
St. Paul, MN 55155

Rep. David Beauchamp
352 State Office Bldg.
St. Paul, MN 55155

Rep. Joseph Begich
299 State Office Bldg.
St. Paul, MN 55155

Rep. Tom Berg
370 State Office Bldg.
St. Paul, MN 55155

Rep. Linda Berglin
217 State Office Bldg.
St. Paul, MN 55155

Rep. John Biersdorf
399C State Office Bldg.
St. Paul, MN 55155

Rep. Orv Birnstihl
224 State Office Bldg.
St. Paul, MN 55155

Rep. Arthur Braun
262 State Office Bldg.
St. Paul, MN 55155

Rep. Bernard Brinkman
296 State Office Bldg.
St. Paul, MN 55155

Rep. Peggy Byrne
214 State Office Bldg.
St. Paul, MN 55155

Rep. Arne Carlson
319 State Office Bldg.
St. Paul, MN 55155

Rep. Lyndon Carlson
288 State Office Bldg.
St. Paul, MN 55155

Rep. Roy Carlson
342 State Office Bldg.
St. Paul, MN 55155

Rep. James Casserly
238 State Office Bldg.
St. Paul, MN 55155

Rep. Janet Clark
344 State Office Bldg.
St. Paul, MN 55155

Rep. John Clawson
349 State Office Bldg.
St. Paul, MN 55155

Rep. John Corbid
376 State Office Bldg.
St. Paul, MN 55155

Rep. Harold Dahl
227 State Office Bldg.
St. Paul, MN 55155

Rep. William D. Dean
378 State Office Bldg.
St. Paul, MN 55155

Rep. Frank DeGroat
317 State Office Bldg.
St. Paul, MN 55155

Rep. Neil Dieterich
385 State Office Bldg.
St. Paul, MN 55155

Rep. Gary Doty
360 State Office Bldg.
St. Paul, MN 55155

Rep. A. J. Eckstein
244 State Office Bldg.
St. Paul, MN 55155

Rep. Willis Eken
299C State Office Bldg.
St. Paul, MN 55155

Rep. Stanley Enebo
222 State Office Bldg.
St. Paul, MN 55155

Rep. Wendell Erickson
388 State Office Bldg.
St. Paul, MN 55155

Rep. Gilbert Esau
318 State Office Bldg.
St. Paul, MN 55155

Rep. R. G. Evans
310 State Office Bldg.
St. Paul, MN 55155

Rep. Douglas R. Ewald
299A State Office Bldg.
St. Paul, MN 55155

Rep. Ray Faricy
242 State Office Bldg.
St. Paul, MN 55155

Rep. David Fjoslien
399 State Office Bldg.
St. Paul, MN 55155

Rep. Mary Forsythe
377 State Office Bldg.
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Plymouth Building
Minneapolis, MN

The Nurses Registry
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Minneapolis, MN 55408

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Austin, MN 55912

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Faribault AVTI Sch. of Prac Nsg
Rice Co. District #1 Hospital
Faribault, MN 55201

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Red Wing, MN 55066

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Rochester, MN 55901

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Rochester, MN 55901

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Sandra Robinson, Director
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Rosemount, MN 55068

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School of Practical Nursing
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St. Paul Technical-Vocational
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St. Paul, MN 55102

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St. Cloud, MN 56301

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St. Paul, MN 55105

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Moorhead, MN 56560

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Minneapolis, MN 55404

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Minnetonka, MN 55343

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Duluth, MN 55803

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International Falls, MN 56649

Mr. Hans Dahl
1215 - 13th Avenue S.W.
Willmar, MN 56201

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Eveleth, MN 55734

Mrs. Margaret Schmidt
c/o Donald Schmidt
Route 5, Box 158
Forest Lake, MN 55025

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Excelsior, MN 55331

Countryside Nursing Service
Courthouse
Benson, MN 56205

Mn Dept. of Health
717 Delaware Street S.E.
Minneapolis, MN 55440

MDH-Crippled Children
717 Delaware Street S.E.
Minneapolis, MN 55440

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Economics Lab
370 Wabasha Street
St. Paul, MN 55102

Clarence Johnson
Ibew LV 292
3615 - 37th Avenue South
Minneapolis, MN 55406

Michael Smith
1423 Newton Avenue North
Minneapolis, MN 55411

Frank Farrell
Bur Nor Room 1180
176 East 5th Street
St. Paul, MN 55101

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555 Wabasha St., Suite 204
St. Paul, MN 55102

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Minnesota Nurses Association
Room 377 North, Griggs-Midway
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Nursing Director
Augsburg College
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Minneapolis, MN 55454

Mrs. Barbara Sipson, Director
Minnesota Dakota CHEC
P.O. Box 913
Moorhead, MN 56560

Kimberly Nurses
~~5700 Broadmoor Mission Kan~~
~~St. Paul, MN~~ 6600 Prairie Ln
Inglis, Minn.

Add to Registries Sheet

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1910 Eustis Avenue
St. Paul, MN 55113

Ms. Sharon Rising
Am. College of Nurse Midwifery
3200 Humboldt Avenue
Minneapolis, MN 55408

Ms. Maureen Davis
Chairman, MINPIN
173 N. McKnight Rd. #319
St. Paul, MN 55119

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MN Assoc. of Operating Rm Nrs
Veterans Admin. Hospital
54th St & 48th Ave So.
Minneapolis, MN 55417

Mary Jane Aswegan, Pres.
Rochester Chapter
Assoc. of Crit. Care Nrs
c/o St. Mary's Hospital
Rochester, MN 55901

Mr. Don Shaffer, Pres.
Twin City Chapter
Assoc. of Crit. Care Nrs
914 East 25th Street
Minneapolis, MN 55404

Mrs. Cheryl Larson, Pres.
A.A. of Crit. Care Nurses
7030 Knox Avenue South
Minneapolis, MN 55423

Mrs. Mary Lou Christenson, Pres.
MN School Organization of MN
3600 West Fuller
Edina, MN 55410

Mrs. Kathleen Thorn, Chair.
MN Section NAACOG
5511 Penn Avenue South
Minneapolis, MN 55419

Miss Thelma Johnson
MN Assoc of Ind. Nrs.
739 Marquette Avenue
Minneapolis, MN 55402

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MN Assoc of Nrs Anesthetists
3603 Sherwood Place S.E.
Rochester, MN 55901

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District VI, Nrs Assoc of
College of Ob. & Gyn.
1930 Oakdale Ave, Apt 101
West St. Paul, MN 55118

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National League for Nursing
10 Columbus Circle
New York, NY 10019

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Office of the Chancellor
Room 407 Capitol Square Bldg.
550 Cedar Street
St. Paul, MN 55101

Dr. Jean Kintgen, Director
Nursing Education Consortium
123 De Mers Avenue
East Grand Forks, MN 56721

Private College Council
Room 10 Capitol Square Bldg.
550 Cedar Street
St. Paul, MN 55101

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St. Marys Hospital
Rochester, MN 55901

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Northwestern District
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Bemidji, MN 56601

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South Central District
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Minneapolis, MN 55440

Virginia Christopher
Minnesota Dept. of Health
Southeastern District
423 - 3rd Avenue S.E.
Rochester, MN 55901

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Minnesota Dept. of Health
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Duluth, MN 55802

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Minnesota Dept. of Health
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Marshall, MN 56258

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Minnesota Dept. of Health
717 Delaware Street S.E.
Minneapolis, MN 55440

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Minnesota Dept. of Health
Room 419
717 Delaware Street S.E.
Minneapolis, MN 55440

Diane Yost
Minnesota Dept. of Health
Room 419
717 Delaware Street S.E.
Minneapolis, MN 55440

Nancy Lawson
Minnesota Dept. of Health
West Central and Central Dist.
Box 675
Fergus Falls, MN 56357

BENTON CO PHN SERVICE
COURTHOUSE
FOLEY MINN 56329

BIG STONE CO PHN SERVICE
340 2ND ST N W
ORTONVILLE MINN 56278

BLUE EARTH CO PHN SERV
COURTHOUSE
MANKATO MINN 56001

BROWN CO PHN SERVICE
COURTHOUSE
NEW ULM MINN 56073

CARLTON CO PHN SERVICE
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CARLTON MINN 55718

CARVER CO PHN SERVICE
233 SOUTH OLIVE ST
WACONIA MINN 55387

CASS CO PHN SERVICE
BOX 179
WALKER MINN 56484

CHISAGO CO PHN SERVICE
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CENTER CITY MINN 55012

CLAY CO PHN SERVICE
COURTHOUSE, N.11TH
MOORHEAD MINN 56560

INTER-COUNTY NSG SERVICE
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BAGLEY MINN 56621

COOK CO PHN SERVICE
N S HOSPITAL
GRAND MARAIS MINN 55604

CROW WING CO PHN SERVICE
COURTHOUSE
BRAINERD MINN 56401

73 labels

AITKIN CO PHN SERVICE
COURTHOUSE
AITKIN MINN 56431

ANOKA CO COMP HEALTH DEP
COURTHOUSE
ANOKA MINN 55303

MULTI-CO. PHN SERVICE
22? WEST FRONT ST,BOX 701
DETROIT LAKES MINN 56501

BELTRAMI CO PHN SERVICE
105 1/2 3RD ST BOX 422
BEMIDJI MINN 56601

DAKOTA CO PHN SERVICE
744 19TH AVE NORTH
SOUTH ST PAUL MINN 55075

DODGE CO PHN SERVICE
DODGE CO COURTHOUSE
MANTORVILLE MINN 55955

DOUGLAS CO PHN SERVICE
111,17TH AVE. E.,BOX 416
ALEXANDRIA MINN 56308

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NORTH MAIN COURTHOUSE
BLUE EARTH MINN 56013

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PRESTON MINN 55965

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ALBERT LEA MINN 56007

GOODHUE-WBSHA CO NSG SER
COURTHOUSE,ROOM 207
RED WING MINN 55066

BLOOMINGTON HEALTH DEPT
2215 W OLD SHAKOPEE RD
BLOOMINGTON MINN 55431

COMBINED NSG SER OF MPLS
250 4TH ST SO
MINNEAPOLIS MINN 55415

SUB PHN SEV OF HENN CO
WEST 201,8700 W. 36TH
ST LOUIS PARK MINN 55426

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453 SOUTH PINE
CALEDNIA MINN 55921

ISANTI CO PHN SERVICE
221 S W 2ND ST
CAMBRIDGE MINN 55008

ITASCA CO PHN SERVICE
130 1ST AVE S E
GRAND RAPIDS MINN 55744

KANABEC CO PHN SERVICE
300 CLARK ST.
MORA MINN 55051

KANDIYOHI CO PHN SERVICE
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WILLMAR MINN 56201

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COURTHOUSE
HALLOCK MINN 56728

KOOCHICHING CO PHN SER
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INTL FALLS MINN 56649

LAKE-COCK HOME HLTH SER
4TH ST + 11TH AVE
TWO HARBORS MINN 55616

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COURTHOUSE
LECENTER MINN 56057

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MARSHALL MINN 56258

MCLEOD CO PHN SERVICE
830 FRANKLIN-COURTHOUSE
GLENCOE MINN 55336

MARSHALL CO PHN SERVICE
208 E CCLVIN AVE
WARREN MINN 56762

MARTIN CO PHN SERVICE
COURTHOUSE
FAIRMONT MINN 56031

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612 SO SIBLEY
PENSON MINN 56205

MILLE LACS CO PHN SERV
COURTHOUSE
MILACA MINN 56353

MORRISON CO PHN SERVICE
COURTHOUSE
LITTLE FALLS MINN 56345

MOWER CO PHN SERVICE
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MURRAY CO PHN SERVICE
MURRAY CO MEM HOSPITAL
SLAYTON MINN 56172

NICOLLET CO PHN SERVICE
524 SO. FRONT ST. BOX 73
ST.PETER MINN 56081

OLMSTED CO HEALTH DEPT
415 4TH ST S E
ROCHESTER MINN 55901

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COURTHOUSE
FURGUS FALLS MINN 56537

PINE CO PHN SERVICE
COURTHOUSE
PINE CITY MINN 55063

PIPESTONE CO PHN SERVICE
COURTHOUSE
PIPESTONE MINN 56164

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CROOKSTON MINN 56716

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COURTHOUSE
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319 EAGLE ST.
ST PAUL MINN 55102

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555 CEDAR ST.
ST PAUL MINN 55101

REDWOOD CO PHN SERVICE
COURTHOUSE
REDWOOD FALLS MINN 56283

RENVILLE CO PHN SERVICE
COURTHOUSE
OLIVIA MINN 56277

RICE CO PHN SERVICE
COURTHOUSE
FARIBAULT MINN 55021

GREAT PLAINS NSG SERVICE
BOX 173 NOBLES CO CRTHSE
WORTHINGTON MINN 56187

ST LOUIS CO HEALTH DEPT
504 E 2ND ST
DULUTH MINN 55805

SCOTT CO PHN SERVICE
133 E 1ST AVE
SHAKOPEE MINN 55379

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COURTHOUSE
ELK RIVER MINN 55330

SIBLEY CO PHN SERVICE
400 COURT
GAYLORD MINN 55334

STEARNS CO PHN SERVICE
700 ST. GERMAIN, BOX 153
ST. CLOUD MINN 56301

ST CLOUD CITY HEALTH DEP
303 1ST ST SOUTH
ST CLOUD MINN 56301

STEELE CO PHN SERVICE
828 SO CEDAR ST
OWATONNA MINN 55060

STE[illegible]S CO PHN SERVICE
BOX 404 COUPTHOUSE
MORRIS MINN 56267

TODD CO PHN SERVICE
119 3RD ST SO-COURTHOUSE
LONG PRAIRIE MINN 56347

WADENA CO PHN SERVICE
415 SO. JEFFERSON
WADENA MINN 56482

WASECA CO PHN SERVICE
301 STATE ST.,COURTHOUSE
WASECA MINN 56093

WASHINGTON CO PHN SERV
939 WEST ANDERSON
STILLWATER MINN 55082

WATONWAN CO PHN SERVICE
COURTHOUSE
ST JAMES MINN 56081

WILKIN CO PHN SERVICE
BOX 127 COUPTHOUSE
BRECKENRIDGE MINN 56520

WINONA CO PHN SERVICE
175 WASHINGTON ST.
WINONA MINN 55987

WRIGHT CO PHN SERVICE
7 1ST ST N W
BUFFALO MINN 55313

AICOTA NURSING HOME

AITKIN MN 56431
001

AITKIN COMMUNITY HOSPITAL
301 MINNESOTA AVE SO
AITKIN MN 56431
002

ANOKA NURSING HOME INC
305 FREMONT ST
ANOKA MN 55303
003

CREST VIEW LUTHERAN
4444 RESERVOIR BLVD
COLUMBIA HEIGHTS MN 55421
005

FRIDLEY NURSING HOME
7590 LYRIC LANE NE
FRIDLEY MN 55432
006

LYNWOOD MANOR INC
5700 E RIVER ROAD
FRIDLEY MN 55432
007

MAPLE MANOR NURSING HOME INC
1040 MADISON ST
ANOKA MN 55303
008

MERCY HOSPITAL
4050 COON RAPIDS BLVD
COON RAPIDS MN 55433
009

PARK RIVER EST NURSING HOME
1371 98TH AVE N W
COON RAPIDS MN 55433
010

UNITY HOSPITAL
550 OSBORNE ROAD
FRIDLEY MN 55432
011

DETROIT LAKES NSG CENTER
1040 LINCOLN AVE
DETROIT LAKES MN 56501
012

EMMANUEL NURSING HOME

DETROIT LAKES MN 56501
013

DETROIT LAKES MN
013

SAINT MARYS HOSP OF DET LAKES
1014 LINCOLN AVE
DETROIT LKS MN 56501
015

SUNNYSIDE REST HOME

LAKE PARK MN 56554
016

BELTRAMI NURSING HOME
15TH AND DALTON
BEMIDJI MN 56601
017

BEMIDJI HOSP
803 DEWEY AVE
BEMIDJI MN 56601
018

GOOD SAMARITAN CENTER

KELLIHER MN 56650
020

NORTHERN PINES GOOD SAM CENTER
PO BOX 190
BLACKDUCK MN 56630
021

GOOD SHEPHERD LUTHERAN HOME
1115 FOURTH AVE N
SAUK RAPIDS MN 56379
023

GRANITE BOARDING CARE HOME
202 SECOND AVE S
SAUK RAPIDS MN 56379
024

HELGESON NURSING HOME
213 SECOND AVE NO
SAUK RAPIDS MN 56379
025

CLINTON GOOD SAM CENTER

CLINTON MN 56225
026

HOLY TRINITY HOSP

GRACEVILLE MN 56240
027

LAKEVIEW BOARDING CARE HOME
512 SECOND ST N W
ORTONVILLE MN 56278
028

CRTONVILLE MUNICIPAL HOSP
750 EASTVOLD AVE
CRTONVILLE MN 56278
029

PARKVIEW NURSING HOME
309 WASHINGTON AVE
CRTONVILLE MN 56278
030

HILLCREST REST HOME
HWY 169 S W
MANKATO MN 56001
031

IMMAN-ST JOS HOSP-IMMAN UNIT
413 N FOURTH ST
MANKATO MN 56001
032

IMMAN-ST JOS HOSP-ST JOS UNIT
325 GARDEN BLVD
MANKATO MN 56001
033

LAKE CRYSTAL NURSING HOME

LAKE CRYSTAL MN 56055
034

MANKATO HOUSE NURSING HOME
700 JAMES AVE
MANKATO MN 56001
035

MANKATO LUTH HOME FOR AGED
718 MOUND AVE
MANKATO MN 56001
036

MAPLETON COMMUNITY HOME

MAPLETON MN 56065
037

OAKLAWN OF MANKATO INC
1112 MULBERRY
MANKATO MN 56001
038

COMFREY HOSP
BOX 5
COMFREY MN 56019
039

DIVINE PROVIDENCE COMM HOME
3RD AVE NW
SLEEPY EYE MN 56085
040

HIGHLAND MANOR
405 N HIGHLAND AVE
NEW ULM MN 56073
041

LORETTO HOSP+ST ALEX HOME
1324 FIFTH ST N
NEW ULM MN 56073
042

SLEEPY EYE MUNICIPAL HOSPITAL
400 FOURTH AVE N W
SLEEPY EYE MN 56085
043

SPRINGFIELD COMMUNITY HOSP
625 N JACKSON
SPRINGFIELD MN 56087
044

SAINT JOHN LUTHERAN HOME

SPRINGFIELD MN 56087
045

UNION HOSP
7TH ST AND BROADWAY
NEW ULM MN 56073
046

CARLTON NURSING HOME
810 3RD ST
CARLTON MN 55718
047

COMMUNITY MEM HOSP
SKYLINE BLVD
CLOQUET MN 55720
048

MERCY HOSPITAL AND C+NC

MOOSE LAKE MN 55767
049

ELIM HOME

WATERTOWN MN 55388
051

LAKE AUBURN HOME FOR AGED
R R 1
EXCELSIOR MN 55331
052

NIGHTINGALE NURSING HOME
232 SO ELM ST
WACONIA MN 55387
053

NORWOOD REST HOME INC

NORWOOD REST HOME INC

NORWOOD MN 55368
054

WACONIA RIDGEVIEW HOSP
500 S MAPLE
WACONIA MN 55387
055

WATERTOWN COMMUNITY HOSP

WATERTOWN MN 55388
056

AH GWAH CHING NURSING HOME

AH GWAH CHING MN 56430
057

GOOD SAMARITAN HOME

PINE RIVER MN 56574
058

WOODREST NURSING HOME
BOX J
WALKER MN 56484
059

CHIPPEWA CO MONTEVIDEO HOSP
ASHMORE HILL
MONTEVIDEO MN 56265
060

CLARA CITY COMM NURSING HOME

CLARA CITY MN 56222
061

LUTHER HAVEN NURSING HOME
E HWY 7
MONTEVIDEO MN 56265
062

CHISAGO LAKES HOSP

CHISAGO CITY MN 55013
064

THE MARGARET S PARMLY RESIDENE
ROUTE 1
CHISAGO CITY MN 55013
065

GREEN ACRES NURSING HOME

N BRANCH MN 55056
066

HAZELDEN FOUNDATION
BOX 11
CENTER CITY MN 55012
067

HILLCREST MANOR NURSING HOME
P O BOX 542
RUSH CITY MN 55069
068

RUSH CITY HOSP

RUSH CITY MN 55069
069

AMERICANA NURSING CENTER
2810 N 2ND AVE
MOORHEAD MN 56560
070

BARNESVILLE NURSING HOME

BARNESVILLE MN 56514
071

EVENTIDE LUTHERAN HOME
1405 S 7TH ST
MOORHEAD MN 56560
072

SAINT ANSGAR HOSPITAL
715 11TH ST N
MOORHEAD MN 56560
074

VIKING MANOR NURSING HOME

ULEN MN 56585
075

CLEARWATER CO MEMORIAL HOSP
505 N BAGLEY AVE
BAGLEY MN 56621
076

GOOD SAMARITAN HOME

CLEARBROOK MN 56634
078

GREENSVIEW NURSING HOME

BAGLEY MN 56621
079

COOK CO NORTH SHORE HOSPITAL

GRAND MARAIS MN 55604
080

MOUNT[illegible] LAKE COMMUNITY HOSP
801 3RD AVENUE
MOUNTAIN LAKE MN 56159
081

COMMUNITY SENIOR CITIZENS HOME

WESTBROCK MN 56183
082

DR HENRY SCHMIDT MEM HOSP

WESTBROOK MN 56183
083

MOUNTAIN LAKE GOOD SAM CENTER
306 N TENTH
MOUNTAIN LAKE MN 56159
084

SOGGE MEMORIAL HOME
FULLER DR
WINDOM MN 56101
085

WINDOM HOSPITAL
108 9TH STREET
WINDOM MN 56101
086

BETHANY GOOD SAMARITAN CENTER
804 WRIGHT STREET
BRAINERD MN 56401
087

BRAINERD NURSING HOME
1206 S 9TH ST
BRAINERD MN 56401
088

CEDARBROOK MANOR
ROUTE 1
DEERWOOD MN 56444
090

CUYUNA RANGE DIST. HOSPITAL

CROSBY MN 56441
091

GOOD SAMARITAN CENTER
803 KINGWOOD STREET
BRAINERD MN 56401
092

SAINT JOSEPHS HOSPITAL
523 N THIRD ST
BRAINERD MN 56401
093

DIVINE REDEEMER MEM HOSP
724 19TH AVE N

DIVIN[illegible]EDEEMER MEM HOSP
724 19TH AVE N
SOUTH SAINT PAUL MN 55075
094

GOLDEN OAKS NURSING HOME
1025 9TH AVE SO
SOUTH SAINT PAUL MN 55075
095

HASTINGS BOARDING CARE HOME
7TH + RAMSEY
HASTINGS MN 55033
096

HAVEN HOMES INC
930 W 16TH ST
HASTINGS MN 55033
098

INVER GROVE NURSING HOME
4700 SO ROBERT TRAIL
SO ST PAUL MN 55075
099

REGINA MEMORIAL HOSPITAL
NININGER ROAD
HASTINGS MN 55033
100

SANFORD MEMORIAL HOSPITAL
913 MAIN STREET
FARMINGTON MN 55024
101

SOUTHVIEW ACRES HLTH CARE CNTR
2000 OAKDALE AVENUE
WEST SAINT PAUL MN 55118
102

FAIRVIEW NURSING HOME

DODGE CENTER MN 55927
103

FIELD CREST NURSING HOME
BOX 144
HAYFIELD MN 55940
104

KASSON REST HOME

KASSON MN 55944
105

HAVES REST HOME
BOX 73
HAYFIELD MN 55940
106

MOUNTAINSIDE BOARDING CARE HM
BOX 354
N CONCORD MN 55985
107

BETHANY HOME
1020 LARK ST
ALEXANDRIA MN 56308
108

COMMUNITY MEMORIAL HOME
ROUTE 1 BOX A
OSAKIS MN 56360
109

CRESTVIEW MANOR INC
P O BOX 176
EVANSVILLE MN 56326
110

DOUGLAS COUNTY HOSPITAL
111 17TH AVENUE EAST
ALEXANDRIA MN 56308
111

KNUTE NELSON MEMORIAL HOME
420 12TH AVE E
ALEXANDRIA MN 56308
113

SAINT LUKES REST HOME
222 9TH AVE W
ALEXANDRIA MN 56308
114

BEHR PARKVIEW NURSING HOME
55 10TH ST
WELLS MN 56097
115

SAINT LUKES LUTHERAN HOME
1719 RAMSEY STREET SOUTH
BLUE EARTH MN 56013
116

UNITED HOSPITAL BLUE EARTH
515 S MOORE ST
BLUE EARTH MN 56013
117

UNITED HOSPITAL WINNEBAGO
444 CLEVELAND AVENUE
WINNEBAGO MN 56098
118

WELLS MUNICIPAL HOSP
400 FOURTH AVE S W
WELLS MN 56097
119

WINNEBAGO BAPTIST RESIDENCE

WINNEBAGO BAPTIST RESIDENCE
217 - 500 WEST NORTH STREET
WINNEBAGO MN 56098
120

COMMUNITY MEMORIAL HOSPITAL
800 MEMORIAL DRIVE
SPRING VALLEY MN 55975
121

GOOD SHEPHERD LUTHERAN HOME

RUSHFORD MN 55971
123

GREEN LEA MANOR
BOX 306
MABEL MN 55954
124

HARMONY COMMUNITY HOSP
815 MAIN ST SO
HARMONY MN 55939
125

MAPLE LANE BOARDING CARE HOME

LANESBORO MN 55949
126

PARK VIEW RET + NURSING HOME

OSTRANDER MN 55961
127

PRESTON NURSING HOME

PRESTON MN 55965
128

ALBERT LEA BDG CARE CENTER
315 PARK AVE
ALBERT LEA MN 56007
130

ALBERT LEA GOOD SAMARITAN HOME
RTE 2
ALBERT LEA MN 56007
131

BROADWAY REST HOME
512 S BROADWAY
ALBERT LEA MN 56007
132

CONNER BOARDING CARE HOME
701 FOUNTAIN ST
ALBERT LEA MN 56007
133

COMMUNITY NURSING HOME
617 10TH ST
ALBERT LEA MN 56007
134

EVANS CARE HOME
421 EAST 4TH ST
ALBERT LEA MN 56007
135

NAEVE HOSPITAL
408 FOUNTAIN STREET
ALBERT LEA MN 56007
136

NORSTRUDE GUEST HOME
601 E 5TH ST
ALBERT LEA MN 56007
137

SAINT JOHNS LUTHERAN HOME
LUTHER PLACE
ALBERT LEA MN 56007
138

THOMPSONS BOARDING CARE HOME
622 WATER STREET
ALBERT LEA MN 56007
139

COMMUNITY HOSPITAL AND NSG HM
1116 MILL STREET WEST
CANNON FALLS MN 55009
140

COMMUNITY NURSING HOME
433 MILL STREET
ZUMBROTA MN 55992
141

HAVEN HOMES RES 1
802 E AVE
RED WING MN 55066
142

HAVEN HOMES RES 2
605 EAST AVE
RED WING MN 55066
143

KENYON SUNSET HOME
127 SECOND ST
KENYON MN 55946
145

PINE HAVEN INC
WASHINGTON ST
PINE ISLAND MN 55963
148

RED WING NURSING HOME

RED WING NURSING HOME
1400 W FOURTH ST
RED WING MN 55066
149

SEMINARY MEMORIAL HOME
906 COLLEGE AVENUE
RED WING MN 55066
150

SAINT JOHN'S HOSPITAL-RED WING
1407 FOURTH ST W
RED WING MN 55066
151

ZUMBROTA COMMUNITY HOSPITAL
525 MILL STREET
ZUMBROTA MN 55992
152

BARRETT COMMUNITY HOME

BARRETT MN 56311
153

COMMUNITY MEMORIAL HOSPITAL
P O BOX 306
ELBOW LAKE MN 56531
154

HOFFMAN NURSING HOME

HOFFMAN MN 56339
155

PELICAN LAKE NURSING HOME

ASHBY MN 56309
156

ABBOTT DIV AB-NW HOSPITAL INC
110 E 18TH ST
MINNEAPOLIS MN 55403
157

ALDRICH BOARDING CARE HOME
3101 ALDRICH AVE S
MINNEAPOLIS MN 55408
159

ALLIANCE RESIDENCE INC
3101 LYNDALE AVE SC
MINNEAPOLIS MN 55408
160

AMBASSADOR NURSING HOME
8100 MEDICINE LK RD
NEW HOPE MN 55427
161

ANGELUS CONVALESCENT HOME
4544 4TH AVE SO
MINNEAPOLIS MN 55409
162

AT EASE REST HOME
2319 FIRST AVE SO
MINNEAPOLIS MN 55404
163

AUGUSTANA HOME OF MPLS
1007 E 14TH ST
MINNEAPOLIS MN 55404
164

BANNOCHIE NURSING HOME
3515 2ND AVE S
MINNEAPOLIS MN 55408
165

BAPTIST RESIDENCE
512 49TH AVE N
MINNEAPOLIS MN 55430
166

BETHANY COVENANT HOME
2309 HAYES ST N E
MINNEAPOLIS MN 55418
167

BIRCHWOOD BDG CARE HOME
715 W 31ST ST
MINNEAPOLIS MN 55408
168

BLOOMINGTON MAPLE MANOR NSG
8916 LYNDALE AVE S
BLOOMINGTON MN 55420
170

BLOOMINGTON NURSING HOME
9200 NICOLLET AVE
BLOOMINGTON MN 55420
171

BOREEN NURSING HOME
2100 FIRST AVE SO
MINNEAPOLIS MN 55404
172

PILLSBURY BOARD + CARE HOME
2500 PILLSBURY AVE SO
MPLS MN 55404
173

BROOKVIEW NURSING HOME
6019 W 39TH ST
SAINT LOUIS PARK MN 55416
174

BRYN MAWR NURSING HOME
275 PENN AVE N
MINNEAPOLIS MN 55405
175

BYWOOD EAST BOARD & CARE HOME
3427 CENTRAL AVE N E
MINNEAPOLIS MN 55418
176

CAMELLIA HOUSE
1620 OAK PARK AVE N
MINNEAPOLIS MN 55411
177

CAREVIEW HOME INC
5515 LYNDALE AVE SO
MPLS MN 55419
178

CEDAR PINES NURSING HOME
2739 CEDAR AVE
MINNEAPOLIS MN 55407
179

CENTRAL NURSING HOME
1828 CENTRAL AVE N E
MINNEAPOLIS MN 55418
180

CHATEAU PARADISE N H INC
2106 SECOND AVE S
MINNEAPOLIS MN 55404
181

COLONIAL ACRES HOME
5825 ST CROIX AVE
GOLDEN VALLEY MN 55422
183

CRYSTAL LAKE REST HOME
3815 W BROADWAY
ROBBINSDALE MN 55422
184

DAVID HERMAN NURSING HOME INC
2401 CHICAGO AVE SO
MINNEAPOLIS MN 55404
186

EAGLE NURSING HOME
401 W 95TH ST
BLOOMINGTON MN 55420
189

EASTWOOD NURSING HOME
1307 6TH ST S E
MINNEAPOLIS MN 55414
190

EBENEZER HALL
2545 PORTLAND AVE
MINNEAPOLIS MN 55404
191

EBENEZER SOCIETY-LUTHER+FIELD
2636 PARK AVE
MINNEAPOLIS MN 55407
192

EITEL HOSPITAL
1375 WILLOW STREET
MINNEAPOLIS MN 55403
194

ELLIOT AVE BOARDING CARE HM
1500 ELLIOT AVE
MINNEAPOLIS MN 55404
195

EMERSON BOARDING CARE HOME
2708 EMERSON AVE S
MINNEAPOLIS MN 55408
196

EXCELSIOR NURSING HOME
515 DIVISION ST
EXCELSIOR MN 55331
197

FAIR OAKS NURSING HOME
321 E 25TH ST
MINNEAPOLIS MN 55404
198

FAIRVIEW BOARDING CARE HOME
2801 SECOND ST N
MINNEAPOLIS MN 55411
199

FAIRVIEW HOSPITAL
2312 S 6TH ST
MINNEAPOLIS MN 55406
200

FAIRVIEW SOUTHDALE HOSP
6401 FRANCE AVE S
EDINA MN 55435
201

FIRST CHRISTIAN CHURCH RES
2300 STEVENS AVE S
MINNEAPOLIS MN 55404
202

FOUR TWO FIVE OAK GROVE
425 OAK GROVE STREET
MINNEAPOLIS MN 55403
203

FRANKLIN NURSING HOME

FRANKLIN NURSING HOME
501 FRANKLIN AVE W
MINNEAPOLIS MN 55405
204

GOLDEN VALLEY HEALTH CENTER
4101 GOLDEN VALLEY RD
GOLDEN VALLEY MN 55422
207

GRAND AVE BOARDING CARE HOME
3956 GRAND AVE S
MINNEAPOLIS MN 55409
208

GROVELAND TRRCE NURSING HOME
15 GROVELAND TERRACE
MINNEAPOLIS MN 55403
209

HENNEPIN CO GENERAL HOSP
FIFTH AND PORTLAND
MPLS MN 55415
211

HERITAGE OF EDINA
3456 HERITAGE DR
EDINA MN 55435
212

HILLCREST NURSING HOME
15409 WAYZATA BLVD
WAYZATA MN 55391
213

HOPKINS NURSING HOME
724 COUNTY ROAD 18
HOPKINS MN 55343
214

HYLAND PARK NURSING HOME
2304 EMERSON AVE N
MINNEAPOLIS MN 55411
215

JONES HARRISON HOME
3700 CEDAR LAKE AVE
MINNEAPOLIS MN 55416
216

KENWOOD NURSING HOME
2124 DUPONT AVE S
MINNEAPOLIS MN 55405
218

KEYES BOARDING CARE HOME
217 FIRST ST
EXCELSIOR MN 55331
219

LASALLE NURSING HOME
1920 LASALLE AVE
MINNEAPOLIS MN 55403
220

IROQUOIS-LONG LAKE NURSING HME
345 BROWNSROAD SOUTH
LONG LAKE MN 55356
221

LORING NURSING HOME
2327 PILLSBURY AVE S
MINNEAPOLIS MN 55404
222

LUTH DEACONESS HOME + HOSP
2315 14TH AVE S
MINNEAPOLIS MN 55404
223

LYNDALE NORTH BDG CARE HOME
2210 LYNDALE AVE N
MINNEAPOLIS MN 55411
224

MANSION HOME
419 OAK GROVE ST
MINNEAPOLIS MN 55403
225

MARANATHA CONSERV BAP HOME
5401 69TH AVE N
BROOKLYN CENTER MN 55429
226

MARTIN LUTHER MANOR
1401 E 100TH ST
BLOOMINGTON MN 55420
227

MEADOWBROOK TREATMENT CENTER
6490 EXCELSIOR BLVD
SAINT LOUIS PARK MN 55416
229

METHODIST HOSP
6500 EXCELSIOR BLVD
SAINT LOUIS PARK MN 55426
230

METROPOLITAN MEDICAL CENTER
900 SOUTH EIGHTH ST
MINNEAPOLIS MN 55404
231

MINNESOTA MASONIC HOME
11400 NORMANDALE RD
BLOOMINGTON MN 55437
232

MINNE[illegible]A VETERANS HOME
51 ST AT MINNEHAHA AV
MINNEAPOLIS MN 55417
233

MINNETONKA NURSING HOME
R R 3 BOX 470
EXCELSIOR MN 55331
234

MISSION FARMS NURSING HOME
3401 MEDICINE LK BLVD
MEDICINE LAKE MN 55427
235

MOUNT OLIVET HOMES INC
5517 LYNDALE AVE S
MINNEAPOLIS MN 55419
236

MOUNT SINAI HOSPITAL
2215 PARK AVE
MINNEAPOLIS MN 55404
237

NEW HOPE NURSING HOME
8610 54TH AVE N
NEW HOPE MN 55428
238

NICOLLET NURSING HOME
4429 NICOLLET AVE
MINNEAPOLIS MN 55409
239

NORTH MEMORIAL MEDICAL CENTER
3220 LOWRY AVE N
ROBBINSDALE MN 55422
240

NORTHEAST HOUSE INC
1918 19TH AVE N E
MINNEAPOLIS MN 55418
241

NORTHWESTERN DIV AB-NW HOSP
810 E 27TH ST
MINNEAPOLIS MN 55407
242

OAK GROVE BOARDING CARE HOME
131 OAK GROVE ST
MINNEAPOLIS MN 55403
243

OAK RIDGE NURSING HOME INC
1300 OLSON MEMORIAL HIGHWAY
MINNEAPOLIS MN 55411
244

MONTEREY NURSING INN OF OSSEO
525 SECOND STREET S E
OSSEO 1 MN 55369
246

PARK NURSING HOME
4415 W 36 1 2 ST
SAINT LOUIS PARK MN 55416
247

POTTS REST HOME
2644 ALDRICH AVE S
MINNEAPOLIS MN 55408
249

QUEEN NURSING HOME
300 QUEEN AVE N
MINNEAPOLIS MN 55405
250

RESTORIUM BOARDING CARE HOME
2122 PORTLAND AVE
MINNEAPOLIS MN 55404
252

RICHVIEW
7727 PORTLAND AVE S
RICHFIELD MN 55423
253

RIVERVIEW NURSING HOME
4659 LYNDALE AVE N
MINNEAPOLIS MN 55412
254

SCHWEITZER OF CRYSTAL
3245 VERA CRUZ AVE N
CRYSTAL MN 55410
255

SAINT JOSEPHS HOME FOR AGED
215 BROADWAY NORTHEAST
MINNEAPOLIS MN 55413
257

SAINT MARYS HOSPITAL
2414 S 7TH ST
MINNEAPOLIS MN 55406
258

SAINT OLAF RESIDENCE
2912 FREMONT AVE N
MINNEAPOLIS MN 55411
260

SAINT THERESE HOME
8000 BASS LK RD
NEW HOPE MN 55428
261

STARLITE BOARDING CARE HOME
2430 PILLSBURY AVE S
MINNEAPOLIS MN 55404
262

STEVENS SQUARE
101 E 32ND ST
MINNEAPOLIS MN 55408
263

TEACHERS HOMES- INFIRMARY
2625 PARK AVE
MINNEAPOLIS MN 55407
264

TEXA TONKA NURSING HOME
3201 VIRGINIA AVE S
ST LOUIS PK MN 55426
265

MAPLES NURSING HOME

MAPLE PLAIN MN 55359
267

THIRD AVE NURSING HOME
1817 THIRD AVE S
MINNEAPOLIS MN 55404
268

TREVILLA OF ROBBINSDALE
3131 FRANCE AVE NO
ROBBINSDALE MN 55422
269

YORKSHIRE MANOR
2200 PARK AVE
MINNEAPOLIS MN 55404
270

TWIN BIRCH HEALTH CARE CENTER
4527 SHORELINE DRIVE
SPRING PARK MN 55384
271

UNION HOME FOR AGED INC
1507 LOWRY AVE N E
MINNEAPOLIS MN 55418
272

UNIVERSITY OF MINN HOSPITALS
412 UNION ST S E
MINNEAPOLIS MN 55455
273

VILLA MARIA
719 E 16TH ST
MINNEAPOLIS MN 55404
275

WALKER METH RES + HEALTH CNTR
3701 BRYANT AVE S
MINNEAPOLIS MN 55409
276

WELDWOOD NURSING HOME
5411 CIRCLE DOWNS
GOLDEN VALLEY MN 55416
277

WESTWOOD NURSING HOME
7500 W 22ND STREET
SAINT LOUIS PARK MN 55426
278

WILLOWS CENTRAL NURSING HOME
625 E 18TH STREET
MINNEAPOLIS MN 55404
279

WILLOWS NURSING HOME
6130 LYNDALE AVE S
MINNEAPOLIS MN 55419
280

CALEDONIA COMMUNITY HOSP
BLUE SPRUCE SUMMIT
CALEDONIA MN 55921
281

LA CRESCENT NURSING CENTER
701 MAIN ST
LA CRESCENT MN 55947
282

PINE GROVE REST HOME
310 DIVISION ST
SPRING GROVE MN 55974
284

TWEETEN MEMORIAL HOSPITAL

SPRING GROVE MN 55974
285

VALLEY VIEW NURS HM HOUSTON
HWY 16
HOUSTON MN 55943
286

ST JOSEPHS HOSP
600 PLEASANT AVE
PARK RAPIDS MN 56470
287

SUNSET HOME
W 5TH ST
PARK RAPIDS MN 56470
288

BETHANY GUEST HOME

BRAHAM MN 55006
290

CAMBRIDGE NURSING HOME
548 W FIRST AVE
CAMBRIDGE MN 55008
292

GRANDVIEW CHRISTIAN HOME
800 SECOND AVE N W
CAMBRIDGE MN 55008
294

MEMORIAL HOSPITAL
725 DELLWOOD
CAMBRIDGE MN 55008
295

COMMUNITY MEM HOSPITAL
PO BOX 488
DEER RIVER MN 56636
296

ITASCA MEMORIAL HOSPITAL
126 FIRST AVE S E
GRAND RAPIDS MN 55744
297

ITASCA NURSING HOME
HALE LAKE RD
GRAND RAPIDS MN 55744
298

LEISURE HILLS
2801 POKEGAMA AVE S
GRAND RAPIDS MN 55744
299

NORTHERN ITASCA HOSP

BIGFORK MN 56628
300

COLONIAL MANOR
MANOR DRIVE
LAKEFIELD MN 56150
302

GOOD SAMARITAN SUNSET HOME
600 W ST
JACKSON MN 56143
303

HERON LAKE MUNICIPAL HOSPITAL
BOX 137
HERON LAKE MN 56137
304

JACKSON MUNICIPAL HOSP

JACKSON MN 56143
305

LAKEFIELD MUNICIPAL HOSP

LAKEFIELD MN 56150
306

KANABEC COUNTY HOSPITAL
300 CLARK ST
MORA MN 55051
308

FIRESIDE FOSTER INN INC
114 WEST MAPLE AVE
MORA MN 55051
309

SUNSHINE VILLA INC
BIRCH-MCR MEDICAL PK
MORA MN 55051
310

BETHESDA COUNTRY HOME
RTE 1
WILLMAR MN 56201
311

BETHESDA NURSING HOME
1012 E THIRD ST
WILLMAR MN 56201
312

CHRISTIAN REST HOME
1801 WILLMAR AVE
WILLMAR MN 56201
313

GLEN OAKS NURSING HOME
207 MAIN ST N
NEW LONDON MN 56273
314

RICE MEMORIAL HOSP
402 W THIRD ST
WILLMAR MN 56201
316

WILLMAR NURSING HOME
500 RUSSEL ST
WILLMAR MN 56201
317

KARLSTAD MEMORIAL HOSP

KARLSTAD MN 56732
319

KITTSON CO NURSING HOME
410 CEDAR
KALLOCK MN 56728

KITTSON [illegible] NURSING HOME
410 CEDAR
HALLOCK MN 56728
320

KITTSON MEMORIAL HOSPITAL
1010 SOUTH BIRCH
HALLOCK MN 56728
321

FALLS NURSING HOME
BOX 871
INTERNATIONAL FALLS MN 56649
322

INTERNATIONAL FALLS MEM HOSP
1800 THIRD STREET
INTERNATIONAL FALLS MN 56649
323

LITTLEFORK MUNICIPAL HOSP

LITTLEFORK MN 56653
324

NORTHOME NURSING HOME

NORTHOME MN 56661
325

DAWSON HOSPITAL
1059 PINE ST
DAWSON MN 56232
326

DAWSON NURSING HOME
1249 LOCUST
DAWSON MN 56232
327

MADISON HOSP
820 THIRD AVE
MADISON MN 56256
328

MADISON LUTHERAN HOME
900 THIRD AVE
MADISON MN 56256
329

COMMUNITY HEALTH CNTR 9 C H
426 FIRST AVE
TWO HARBORS MN 55616
330

LAKE VIEW MEMORIAL HOSP
11TH AVE + 4TH ST
TWO HARBORS MN 55616
331

PIONEER NURSING HOME
ROUTE BOX 1180
BAUDETTE MN 56623
332

TRINITY HOSPITAL
MAIN AVE AT STIGEN STREET
BAUDETTE MN 56623
333

CENTRAL NURSING HOME INC
444 NO CORDOVA
LECENTER MN 56057
334

MINNESOTA VALLEY MEM HOSP
621 S FOURTH ST
LESUEUR MN 56058
336

SIEMERS BOARDING CARE HOME
211 SPRUCE AVE
MONTGOMERY MN 56069
337

A L VADHEIM MEMORIAL HOSPITAL
240 WILLOW ST
TYLER MN 56178
338

DIVINE PROVIDENCE HOSP + HM

IVANHOE MN 56142
339

HENDRICKS COMM HOSP + HOME
E LINCOLN ST
HENDRICKS MN 56136
340

TYLER LUTHERAN HOME

TYLER MN 56178
341

CHRISTIAN MANOR NURSING HOME
502 FIFTH ST E
TRACY MN 56175
342

LOUIS WEINER MEM HOSP
MORNINGSIDE HGTS
MARSHALL MN 56258
343

TRACY MUNICIPAL HOSPITAL
FIFTH STREET EAST
TRACY MN 56175
344

[illegible] NURSING HOME
SECOND + EMORY STS
TRACY MN 56175
345

ALICE HANEY B C H INC

LESTER PRAIRIE MN 55354
346

ALICE HANEY B C H INC ANNEX

LESTER PRAIRIE MN 55354
347

BURNS MANOR MUN NSG HOME
NORTH HIGH DR
HUTCHINSON MN 55350
348

GLENHAVEN
SILVER LAKE ROAD
GLENCOE MN 55336
349

HUTCHINSON COMMUNITY HOSPITAL
CENTURY AVE
HUTCHINSON MN 55350
350

MUNICIPAL HOSPITAL
705 W 18TH ST
GLENCOE MN 55336
351

SAINT MARYS HOSPITAL AND HOME
551 FOURTH ST N
WINSTED MN 55395
352

MAHNOMEN COUNTY + VILLAGE HOSP

MAHNOMEN MN 56557
353

OPPEGARD REST HOME
STAR ROUTE
MAHNOMEN MN 56557
354

EMMAUS LUTHERAN HOME
554 W WENTZEL AVE
WARREN MN 56762
355

GOOD SAMARITAN HOME
410 S MCKINLEY ST
WARREN MN 56762
356

WARREN HOSPITAL
109 S MINNESOTA ST
WARREN MN 56762
357

CRESTVIEW NURSING HOME
233 S DEWEY
FAIRMONT MN 56031
358

FAIRMONT COMMUNITY HOSP
835 JOHNSON STREET
FAIRMONT MN 56031
359

LAKEVIEW UNITED METHODIST HOME
610 SUMMIT DRIVE
FAIRMONT MN 56031
360

LUTHERAN RET HOME OF SO MINN
400 NORTH 4TH AVE EAST
TRUMAN MN 56088
361

SCHMIDTKE REST HOME

CEYLON MN 56121
362

TRIMONT COMMUNITY HOSP

TRIMONT MN 56176
364

TRIMONT NURSING HOME

TRIMONT MN 56176
365

COSMOS COMMUNITY NURSING HM

COSMOS MN 56228
367

DASSEL LAKESIDE COMM HOME INC

DASSEL MN 55325
368

EMMAUS & BETHANY HOMES
204 N HOLCOMBE
LITCHFIELD MN 55355
369

MEEKER CO MEM HOSP
612 S SIBLEY AVE
LITCHFIELD MN 55355
370

RED CASTLE HOME

RED CAST[illegible] HOME
405 N ARMSTRONG AVE
LITCHFIELD MN 55355
371

COMMUNITY HOSPITAL
704 FIRST STREET
PRINCETON MN 55371
373

COMMUNITY MERCY HOSPITAL
CNAMIA MN 56359
374

ELIM HOME
101 SO SEVENTH AVE
PRINCETON MN 55371
375

ELIM HOME
730 SECOND ST S E
MILACA MN 56353

376

MILACA AREA HOSPITAL
150 TENTH STREET NORTH WEST
MILACA MN 56353
377

MILLER REST HOME
BOX 148
ISLE MN 56342
378

MILTONS BOARDING CARE HOME

ONAMIA MN 56359
379

SAINT ANTHONY BOARDING CARE HM
FOURTH AND MAIN STREET
ISLE MN 56342
380

LUTHERAN SENIOR CITIZENS HOME
1200 FIRST AVE NE
LITTLE FALLS MN 56345
382

SAINT GABRIELS HOSP + ST OTTOS
8TH AVE + 2ND ST SE
LITTLE FALLS MN 56345
383

SAINT MARYS VILLA NURSING HOME
1ST AVE S
PIERZ MN 56364
384

COMFORCARE NURSING HOME
205 14TH ST NW
AUSTIN MN 55912
386

JACOB BOARDING CARE HOME
1003 4TH ST NW
AUSTIN MN 55912
388

MEADOW MANOR NURSING HOME
P O BOX 365
GRAND MEADOW MN 55936
390

OLD COLONY BDG CARE HOME
300 1ST AVE NW
AUSTIN MN 55912
391

BURR OAK MANOR
400 10TH AVE NW
AUSTIN MN 55912
392

SACRED HEART HOSPICE
1200 12TH ST SW
AUSTIN MN 55912
393

SAINT MARKS LUTHERAN HOME
400 15TH AVE S W
AUSTIN MN 55912
394

SAINT OLAF HOSPITAL
908 FIRST DRIVE N W
AUSTIN MN 55912
395

MAPLE LAWN NURSING HOME

FULDA MN 56131
396

MURRAY COUNTY MEM HOSP
2042 JUNIPER AVE
SLAYTON MN 56172
397

SLAYTON MANOR INC
2957 REDWOOD
SLAYTON MN 56172
398

COMMUNITY HOSPITAL
618 W BROADWAY
SAINT PETER MN 56082
399

GRANDVIEW NURSING HOME
830 NO SUNRISE DR
ST PETER MN 56082
400

LAFAYETTE GOOD SAM CENTER

LAFAYETTE MN 56054
401

ADRIAN FEST HOME
MAIN ST
ADRIAN MN 56110
404

ARNOLD MEMORIAL HOSP
6TH ST W + 1ST AVE W
ADRIAN MN 56110
405

PARKVIEW MANOR NURSING HOME

ELLSWORTH MN 56129
406

FAUSKEE NURSING HOME INC
965 MCMILLAN ST
WORTHINGTON MN 56187
407

LAKE HAVEN NURSING HOME
1307 SO SHORE DR
WORTHINGTON MN 56187
409

RUTH CASHEL HOME
1311 4TH AVE
WORTHINGTON MN 56187
410

WORTHINGTON REGIONAL HOSP
1018 6TH AVE
WORTHINGTON MN 56187
412

ADA MUNICIPAL HOSPITAL
405 EAST 2ND AVENUE
ADA MN 56510
413

LUTHERAN MEMORIAL NSG HOME
HIGHWAY 32 NORTH
TWIN VALLEY MN 56584
414

LUTHERAN MEMORIAL RET CENTER

TWIN VALLEY MN 56584
415

NATWICK BOARDING CARE HOME

GARY MN 56545
416

NHE ROCHESTER
501 8TH AVE SE
ROCHESTER MN 55901
418

MADONNA TOWERS INC
4001 19TH AVE NW
ROCHESTER MN 55901
419

MAPLE MANOR OF ROCHESTER INC
1875 19TH ST NW
ROCHESTER MN 55901
420

OLMSTED COMMUNITY HOSP
1650 4TH ST S E
ROCHESTER MN 55901
422

ROCHESTER METHODIST HOSP
201 W CENTER ST
ROCHESTER MN 55901
423

ROCHESTER NURSING HOME
2215 HWY 52 NO
ROCHESTER MN 55901
424

TOWN HALL ESTATES
607 E CENTER ST
ROCHESTER MN 55901
425

SAMARITAN BETHANY HOME
25 7TH ST NW
ROCHESTER MN 55901
427

SAINT MARYS HOSPITAL
1216 2ND STREET SOUTHWEST
ROCHESTER MN 59011
428

STEWARTVILLA NURSING HOME
120 4TH ST N E
STEWARTVILLE MN 55976
429

BROEN MEMORIAL HOME
420 ALCOTT AVE E
FERGUS FALLS MN 56537
431

CRES[illegible]EW HOME
101 SO STATE AVE
THIEF RIVER FALLS MN 56701.
445

HANSON BOARDING CARE HOME
1023 NO DEWEY
THIEF RIVER FALLS MN 56701
446

KEES REST HOME
621 LABREE AVE NO
THIEF RIVER FALLS MN 56701
447

NORTHWESTERN HOSPITAL SERVICES
120 SO LABREE AVE
THIEF RIVER FALLS MN 56701
448

OAKLAND PARK NURSING HOME
BOX 369
THIEF RIVER FALLS MN 56701
449

VALLEY HOME
HIWAY 32 SO ARNOLD
THIEF RIVER FALLS MN 56701
450

LAKESIDE NURSING HOME

PINE CITY MN 55063
451

PINE COUNTY MEMORIAL NSG HOME
WASHINGTON ST
SANDSTONE MN 55072
452

PINE COUNTY MEMORIAL HOSP
317 COURT ST
SANDSTONE MN 55072
453

EDGEBROCK REST CENTER INC

EDGERTON MN 56128
454

GOOD SAMARITAN NURSING HOME
NORTH HIAWATHA AVE
PIPESTONE MN 56164
455

PIPESTONE COUNTY HOSP
911 5TH AVE S W
PIPESTONE MN 56164
456

BETHESDA NURSING HOME
423 WOODLAND AVE
CROOKSTON MN 56716
458

FAIRMEADOW NURSING HOME
60
FERTILE MN 56540
460

FOSSTON MUNICIPAL HOSP

FOSSTON MN 56542
461

MIDWAY BDG CARE HOME INC
1160SECOND STREET N E
FOSSTON MINNESOTA MN 55542
462

GOOD SAMARITAN NURSING CENTER
210 20TH AVE NO
EAST GRAND FORKS MN 56721
463

JOHNSON REST HOME
VANCE AVE NO
ERSKINE MN 56535
464

JOHNSON REST HOME

MCINTOSH MN 56556
465

JOHNSON REST HOME
516 2ND ST N E
FOSSTON MN 56542
466

MCINTOSH NURSING HOME INC
STATE AND 3RD ST
MCINTOSH MN 56556
467

PERPETUAL HELP BDG CARE HOME
725 6TH ST N E
FOSSTON MN 56542
468

PIONEER MEMORIAL HOME
BOX 189
ERSKINE MN 56535
469

RIVERVIEW HOSPITAL
320 SO HUBBARD
CROOKSTON MN 56716
470

ST VINCENT REST HOME
223 E 7TH ST
CROOKSTON MN 56716
471

FERGUSONS REST HOME
BOX 357
MCINTOSH MN 56556
472

GLENWOOD COMMUNITY HOSP
10 4TH AVE S E
GLENWOOD MN 56334
473

GLENWOOD RETIREMENT HOME
719 SE 2ND ST
GLENWOOD MN 56334
474

LAKEVIEW NURSING HOME
FRANKLIN AT BIRCH
GLENWOOD MN 56334
475

MINNEWASKA HOSP

STARBUCK MN 56381
476

MINNEWASKA LUTHERAN HOME
BOX 165
STARBUCK MN 56381
477

VILLARD BDG CARE HOME
P O BOX 114
VILLARD MN 56385
478

BETHESDA LUTHERAN HOSP + INF
559 CAPITOL BLVD
SAINT PAUL MN 55101
479

REGENCY MANOR INC
445 GALTIER ST
SAINT PAUL MN 55103
480

CHARLES T MILLER HOSP
125 W COLLEGE AVE
SAINT PAUL MN 55102
481

CHILDRENS HOSP
311 PLEASANT AVE
SAINT PAUL MN 55102
482

COMMONWEALTH NSG HOME
2237 COMMONWEALTH AVE
SAINT PAUL MN 55108
483

DAYTON BOARDING CARE HOME
740 DAYTON AVE
SAINT PAUL MN 55104
484

EKELUND RESIDENCE
89 VIRGINIA ST
SAINT PAUL MN 55102
485

EPISCOPAL CHURCH HOME OF MINN
1879 FERONIA AVE
SAINT PAUL MN 55104
486

FAIRDAY NURSING HOME INC
325 DAYTON AVE
SAINT PAUL MN 55102
487

GOLDEN AGE NURSING HOME
1415 COUNTY RD B
ROSEVILLE MN 55113
489

GREENBRIER HOME
941 BIRMINGHAM
SAINT PAUL MN 55106
490

HALL REST HOME
568 HOLLY AVE
SAINT PAUL MN 55102
491

HARMONY NSG HOME
135 E GERANIUM
SAINT PAUL MN 55117
492

HERITAGE OF INNSBRUCK INC
2800 HWY 694
NEW BRIGHTON MN 55112
493

HIGHLAND CHATEAU INC
2319 W 7TH ST
SAINT PAUL MN 55116
494

HOIKKA HOUSE INC
308 PLEASANT AVE
SAINT PAUL MN 55102
495

SHOLOM HOME
1554 [illegible]DWAY PKWY
SAINT [illegible]AUL MN 55108
496

LAKE RIDGE HEALTH CARE CENTER
2727 NO VICTORIA
ROSEVILLE MN 55113
497

NORTH ST PAUL NURSING HOME
2375 E SKILLMAN
NORTH SAINT PAUL MN 55109
498

MIDWAY MANOR INC
375 NO LEXINGTON PKWY
SAINT PAUL MN 55104
499

LITTLE SISTERS OF THE POOR
90 WILKIN ST
SAINT PAUL MN 55102
500

LYNGBLOMSTEN RETIREMENT CNTR
1298 NO PASCAL
SAINT PAUL MN 55108
501

LYNNHURST NURSING HOME INC.
471 W LYNNHURST AVE
SAINT PAUL MN 55104
502

MAPLE MANOR OF MAPLEWOOD INC
550 E ROSELAWN AVE
MAPLEWOOD MN 55117
503

MIDWAY HOSPITAL
1700 UNIVERSITY AVE
SAINT PAUL MN 55104
504

MOUNDS PARK HOSP
200 EARL ST
SAINT PAUL MN 55106
505

MOUNDS PARK REST HOME
908 MOUND ST
SAINT PAUL MN 55106
506

NEW BRIGHTON NURSING HOME
550 8TH ST N W
NEW BRIGHTON MN 55112
507

NOR-HAVEN HOME INC
1394 JACKSON STREET
SAINT PAUL MN 55117
508

OUR LADY OF GOOD COUNSEL HM
2076 ST ANTHONY AVE
SAINT PAUL MN 55104
509

PARKWAY MANOR
324 JOHNSON PARKWAY
SAINT PAUL MN 55106
510

PINEVIEW RESIDENCE
69 NO MILTON
SAINT PAUL MN 55104
511

PLEASANT HILL NURSING HOME
391 PLEASANT AVE
SAINT PAUL MN 55102
512

WILDER RESIDENCE EAST BCHL
753 E 7TH ST
SAINT PAUL MN 55106
514

RAMSEY NURSING HOME
2000 WHITE BEAR AVE
MAPLEWOOD MN 55109
515

REANEY HEIGHTS
905 E 7TH ST
SAINT PAUL MN 55106
516

RIVERVIEW MEMORIAL HOSP
225 PRESCOTT ST
SAINT PAUL MN 55107
517

ROSE OF SHARON MANOR INC
1000 LOVELL AVE
ROSEVILLE MN 55113
518

SAMARITAN HOSPITAL
1515 CHARLES AVE
SAINT PAUL MN 55104
519

SCHWEITZER OF MAPLEWOOD
1900 SHEPPEN AVE EAST
NORTH SAINT PAUL MN 55109
520

SAINT ANTHONY NURSING HOME
3700 [illegible]S ROAD
SAINT ANTHONY VILLAGE MN 55421
522

SAINT JOHNS HOSPITAL
403 MARIA AVE
SAINT PAUL MN 55106
523

SAINT JOSEPHS HOSPITAL
69 W EXCHANGE ST
SAINT PAUL MN 55102
524

UNITED HOSPITAL ST LUKES DIV 1
300 PLEASANT AVE
SAINT PAUL MN 55102
525

SAINT MARYS HOME
1925 NORFOLK AVE
SAINT PAUL MN 55116
526

SAINT PAUL-RAMSEY HOSPITAL
640 JACKSON ST
SAINT PAUL MN 55101
527

SAINT PAULS CHURCH HOME
484 ASHLAND AVE
SAINT PAUL MN 55102
528

SUMMIT MANOR NURSING HOME
80 WESTERN AVE NO
SAINT PAUL MN 55102
529

THE HOMESTEAD
398 DUKE STREET
SAINT PAUL MN 55102
530

PRESBYTERIAN HOMES
3220 LAKE JOHANNA BVD
ARDEN HILLS MN 55112
532

QUINLAN HOME
233 WEST FIFTH STREET
SAINT PAUL MN 55102
533

TREVILLA OF NEW BRIGHTON INC
825 FIRST AVE N W
NEW BRIGHTON MN 55112
534

TWIN CITY LINNEA HOME
2040 W COMO AVE
SAINT PAUL MN 55108
535

WHITE BEAR LAKE NURSING HOME
1510 WEBBER ST
WHITE BEAR LAKE MN 55110
536

WHITEHOUSE NURSING HOME INC
563 W COUNTY RD B
ROSEVILLE MN 55113
537

WILDER RESIDENCES
512 HUMBOLDT AVE
SAINT PAUL MN 55107
538

WILLOWS NURSING HOME-ST PAUL
420 MARSHALL AVE
SAINT PAUL MN 55102
539

WILLCREST NURSING HOME

RED LAKE FALLS MN 56750
540

SAINT JOHNS HOSPITAL

RED LAKE FALLS MN 55750
541

GIL MOR MANOR

MORGAN MN 56266
542

PARKVIEW HOME
401 COUNTY STATE AID HIGHWAY 9
BELVIEW MN 56214
543

REDWOOD COUNTY NURSING HOME
ROUTE 2
REDWOOD FLS MN 56283
544

REDWOOD FALLS MUNICIPAL HOSP
600 SO GOULD ST
REDWOOD FALLS MN 56283
545

REVERE HOME
202 SO MAIN
REVERE MN 56166
546

ROBERT MILTON HOME INC
1011 E ELM ST

1011 E ELM ST
REDWOOD FALLS MN 56283
547

SUNWOOD NURSING HOME
200 SO DEKALB
REDWOOD FALLS MN 56283
548

WABASSO NURSING HOME

WABASSO MN 56293
549

BUFFALO LAKE NURSING HOME

BUFFALO LAKE MN 55314
550

FAIRFAX NURSING HOME

FAIRFAX MN 55332
552

FRANKLIN HEIGHTS NSG HOME

FRANKLIN MN 55333
553

OLIVIA NURSING HOME
1003 MAPLE ST W
OLIVIA MN 56277
555

RENFAIR BOARDING CARE HOME
11 NO E 1ST AVE
FAIRFAX MN 55332
556

REN-VILLA
205 S E ELM ST
RENVILLE MN 56284
557

RENVILLE COUNTY HOSPITAL
300 SO 7TH ST
OLIVIA MN 56277
558

SIMEON REST HOME
1008 LINCOLN
OLIVIA MN 56277
559

BUCKEYE MANOR
124 1ST AVE S W
FARIBAULT MN 55021
560

FARIBAULT MANOR NURSING HOME
1738 HULET AVE N W
FARIBAULT MN 55021
561

MINNESOTA ODD FELLOWS HOME
815 FOREST AVE
NORTHFIELD MN 55057
564

NORTHFIELD CITY HOSPITAL
800 W 2ND ST
NORTHFIELD MN 55057
566

NORTHFIELD RETIREMENT CENTER

NORTHFIELD MN 55057
567

PLEASANT MANOR INC
27 BRAND AVE
FARIBAULT MN 55021
568

RICE COUNTY DIST 1 HOSPITAL
631 1ST ST S E
FARIBAULT MN 55021
569

SAINT LUCAS GERIATRIC CARE CTR
503 E DIVISION
FARIBAULT MN 55021
571

WOODS BOARDING CARE HOME
214 PARK AVE N W
FARIBAULT MN 55021
572

WOODS BOARDING CARE HOME 2
216 7TH ST N W
FARIBAULT MN 55021
573

COMMUNITY HOSPITAL
305 E LUVERNE
LUVERNE MN 56156
574

MARY J BROWN GOOD SAM CNTR
110 SO WALNUT AVE
LUVERNE MN 56156
575

TUFF MEMORIAL HOME

HILLS MN 56138
576

307 3RD AVE N W
ROSEAU MN 56751
577

GREENBUSH COMMUNITY HOSPITAL

GREENBUSH MN 56726
578

ROSEAU AREA HOSPITAL
715 3RD AVE S E
ROSEAU MN 56751
579

WARROAD NURSING HOME
LAKE STREET
WARROAD MN 56763
580

AFTENRO HOME
1425 NORTH 19TH AVE EAST
DULUTH MN 55811
581

ARROWHEAD NURSING HOME
1201 81 2 ST SO
VIRGINIA MN 55792
582

ARROWHEAD NURSING HOME
601 GRANT AVE
EVELETH MN 55734
583

BUCHANAN NURSING HOME
30 1ST ST N W
CHISHOLM MN 55719
584

CHISHOLM MEMORIAL HOSPITAL
PARK ADDITION
CHISHOLM MN 55719
585

COOK COMMUNITY HOSPITAL
THIRD STREET AND CEDAR AVENUE
COOK MN 55723
586

ELY-BLOOMENSON COMM HOSP
328 W CONAN ST
ELY MN 55731
587

EVELETH FITZGERALD COMM HOSP
MCKINLEY AVE
EVELETH MN 55734
588

PARK POINT MANORLUTH
1501 ST LOUIS AVE
DULUTH MN 55802
589

GOLDEN CREST NURSING HOME
2413 FIRST AVENUE
HIBBING MN 55746
590

HIBBING GENERAL HOSPITAL
2015 4TH AVE E
HIBBING MN 55746
591

HIBBING PARK NURSING HOME
BENNET PARK
HIBBING MN 55746
592

LAKE HAVEN MANOR NURSING CENTR
7700 GRAND AVENUE
DULUTH MN 55807
593

LAKESHORE LUTHERAN HME AGED
4002 LONDON ROAD
DULUTH MN 55804
594

MESABI HOME
JONES AVE
BUHL MN 55713
595

MILLER DWAN HOSPITAL + MED CTR
502 E 2ND ST
DULUTH MN 55805
596

NOPEMING NURSING HOME

NOPEMING MN 55770
597

SAINT LOUIS CO MED CARE FAC
2501 RICE LAKE RD
DULUTH MN 55811
598

SAINT LUKES HOSPITAL
915 E 1ST ST
DULUTH MN 55805
599

SAINT MARYS HOSPITAL
407 E 3RD ST
DULUTH MN 55805
600

SURF AND SAND NURSING HOME
3910 MINNESOTA AVE
DULUTH MN 55802
601

VIEWCREST NURSING HOME
3111 CHURCH ST
DULUTH MN 55811
602

VIRGINIA MUNICIPAL HOSPITAL
901 9TH ST NO
VIRGINIA MN 55792
603

WHITE COMMUNITY HOSPITAL

AURORA MN 55705
604

LUTHERAN HOME FOR THE AGED
611 W MAIN ST
BELLE PLAINE MN 56011
605

LYNNVILLE BOARDING CARE HOME
ROUTE 2 001
JORDAN MN 55352
606

QUEEN OF PEACE HOSPITAL
301 2ND ST N E
NEW PRAGUE MN 56071
607

SHAKOPEE FRIENDSHIP MANOR
1340 3RD AVE W
SHAKOPEE MN 55379
608

SAINT FRANCIS HOSPITAL + HOME
325 W 5TH AVE
SHAKOPEE MN 55379
609

VALLEYVIEW NURSING HOME

JORDAN MN 55352
610

ELK RIVER NURSING HOME
400 EVANS AVE
ELK RIVER MN 55330
611

HIGH POINT LODGE REST HOME

CLEAR LAKE MN 55319
612

SAINT CLOUD MANOR
1717 MICHIGAN AVENUE
ST CLOUD MN 56301
614

SAINT JOSEPHS HOME
1824 S E MINN BLVD
ST CLOUD MN 56301
615

ARLINGTON BOARDING CARE HOME
108 E MAIN ST
ARLINGTON MN 55307
616

ARLINGTON GOOD SAMARITAN CTR

ARLINGTON MN 55307
617

ARLINGTON MUNICIPAL HOSPITAL
601 W CHANDLER
ARLINGTON MN 55307
618

GAYLORD COMMUNITY HOSPITAL
640 3RD ST
GAYLORD MN 55334
619

WINTHROP COMMUNITY HOME

WINTHROP MN 55396
621

ALBANY COMM HOSPITAL

ALBANY MN 56301
622

AMBASSADOR BDG CARE HOME
46 9TH AVE NO
WAITE PARK MN 56387
623

ASSUMPTION NURSING HOME

COLD SPRING MN 56320
624

BELGRADE NURSING HOME

BELGRADE MN 56312
626

COUNTRY MANOR NSG HOME
RT 1
SAUK RAPIDS MN 56379
627

DANS BOARDING CARE HOME
1101 3RD ST NO
SAINT CLOUD MN 56301
628

FOLEY NURSING HOME

FOLEY MN 56329
629

GOOD SAMARITAN HOME
311 WASHBURN AVE
PAYNESVILLE MN 56362
631

MADDEN NURSING HOME INC

KIMBALL MN 55353
632

MELROSE HOSP + PINE VILLA
11 NO 5TH AVE W
MELROSE MN 56352
633

MOTHER OF MERCY NURSING HOME

ALBANY MN 56307
634

PAYNESVILLE COMMUNITY HOSP
200 1ST ST W
PAYNESVILLE MN 56362
636

REDDING BOARDING CARE HOME
528 5TH AVE SO
SAINT CLOUD MN 56301
637

SAINT CLOUD HOSPITAL
1406 SIXTH AVE NORTH
SAINT CLOUD MN 56301
639

SAINT MICHAELS HOSPITAL
425 NORTH ELM STREET
SAUK CENTRE MN 56378
640

SAINT RAPHAELS HOME
511 9TH AVE NO
SAINT CLOUD MN 56301
641

VALLEY REST HOME

EDEN VALLEY MN 55329
642

WAITE PARK NURSING HOME INC
142 N W 1ST ST
WAITE PARK MN 56387
643

CEDARVIEW REST HOME
1409 SO CEDAR ST
OWATONNA MN 55060
644

HILLTOP BOARDING CARE HOME
ROUTE 1
OWATONNA MN 55060
645

OAK HILL REST HOME
343 E PEARL ST
OWATONNA MN 55060
647

OWATONNA CITY HOSPITAL
828 SO CEDAR ST
OWATONNA MN 55060
648

OWATONNA NURSING HOME
201 SOUTH WEST 18TH STREET
OWATONNA MN 55060
649

PRAIRIE MANOR

BLOOMING PRAIRIE MN 55917
650

BRAATEN BOARDING CARE HOME

HANCOCK MN 56244
651

SHADY LAWN BDG CARE HOME

HANCOCK MN 56244
652

STEVENS COUNTY MEM HOSPITAL
400 E 1ST ST
MORRIS MN 56267
653

VILLA OF ST FRANCIS NSG HOME
WEST TENTH ST
MORRIS MN 56267
654

APPLETON MUNICIPAL HOSPITAL
SCHLIEMAN + BEHL ST
APPLETON MN 56208
655

FRIENDSHIP MANOR
44 [illegible]TH HAVEN
APPLETON MINNESOTA MN 56208
656

LINDBERG REST HOME

KERKHOVEN MN 56252
657

MEADOW LANE NSG HOME
WEST HIWAY 9
BENSON MN 56215
658

SWIFT COUNTY-BENSON HOSPITAL
1815 WISCONSIN AVE
BENSON MN 56215
659

REBEHNS BOARDING CARE HOME
136 SO MILES ST
APPLETON MN 56208
660

BERTHA BOARDING CARE HOME

BERTHA MN 56437
661

LONG PRAIRIE MEMORIAL HOSP
20 9TH ST S E
LONG PRAIRIE MN 56347
662

LONG PRAIRIE MUNICIPAL B C H
310 2ND AVE SO
LONG PRAIRIE MN 56347
663

MARY RONDORF HOME
222 N 5TH ST
STAPLES MN 56479
664

MEMORIAL COMMUNITY HOSPITAL

BERTHA MN 56437
665

SAINT JOHNS HOSPITAL

BROWERVILLE MN 56438
666

UNITED HOSPITAL DISTRICT
611 IOWA AVE
STAPLES MN 56479
667

BROWNS VALLEY COMM NSG HOME

BROWNS VALLEY MN 56219
668

TRAVERSE COUNTY HOME

WHEATON MN 56296
669

WHEATON COMMUNITY HOSPITAL

WHEATON MN 56296
670

HILLCREST NURSING + RET HM

PLAINVIEW MN 55964
672

LAKE CITY HOSPITAL
904 SO LAKESHORE DR
LAKE CITY MN 55041
673

PEPIN VIEW NURSING HOME
815 NO HIGH ST
LAKE CITY MN 55041
674

SAINT ELIZABETHS HOSPITAL
1200 5TH GRANT BLVD
WABASHA MN 55981
675

WABASHA NURSING HOME
626 SHIELDS AVE
WABASHA MN 55981
676

GREEN PINE ACRES NSG HOME

MENAHGA MN 56464
678

SHADY LANE NURSING HOME
HWY 10 EAST
WADENA MN 56482
679

TRI-COUNTY HOSPITAL
418 JEFFERSON ST NO
WADENA MN 56482
680

JANESVILLE NURSING HOME
102 E NO ST
JANESVILLE MN 56048
681

108 8TH ST N W
WASECA MN 56093
682

WASECA MEMORIAL HOSPITAL
100 5TH AVE N W
WASECA MN 56093
684

BIRCHWOOD NURSING HOME
604 N E 1ST ST
FOREST LAKE MN 55025
685

CROIXDALE RESIDENCE
334 NO 7TH AVE
BAYPORT MN 55003
686

DISTRICT MEMORIAL HOSPITAL
245 11TH AVE S E
FOREST LAKE MN 55025
687

GREELEY NURSING HOME
313 SOUTH GREELEY STREET
STILLWATER MN 55082
688

LAKEVIEW MEMORIAL HOSPITAL
919 W ANDERSON ST
STILLWATER MN 55082
689

LINDEN NURSING HOME
105 W LINDEN ST
STILLWATER MN 55082
690

MAPLE MANOR OF STILLWATER
1119 NO OWENS ST
STILLWATER MN 55082
691

PINE POINT NURSING HOME
ROUTE 2
STILLWATER MN 55082
693

STILLWATER REST HOME
220 WEST OLIVE
STILLWATER MN 55082
694

LUTHER MEMORIAL HOME
221 6TH ST
MADELIA MN 56062
695

MADELIA COMMUNITY HOSPITAL

MADELIA MN 56062
696

PLEASANT VIEW GOOD SAMARITAN
1000 SO 2ND ST
SAINT JAMES MN 56081
697

WATONWAN MEMORIAL HOSPITAL
1207 6TH AVE SO
SAINT JAMES MN 56081
698

SAINT FRANCIS HOME FOR AGED
415 OREGON AVENUE
BRECKENRIDGE MN 56520
699

SAINT FRANCIS HOSPITAL
415 OAK STREET
BRECKENRIDGE MN 56520
700

COMMUNITY MEMORIAL HOSPITAL
855 MANKATO AVE
WINONA MN 55987
701

ETTA DEL BOARDING CARE HOME

LEWISTON MN 55952
702

WATKINS UNITED METHODIST HOME
175 EAST WABASHA
WINONA MN 55987
704

SAUER MEMORIAL HOME
1635 SERVICE DRIVE
WINONA MN 55987
705

SAINT ANNES HOSPICE
1347 W BROADWAY
WINONA MN 55987
706

STARZECKI BOARDING CARE HOME
123 E 8TH ST
WINONA MN 55987
708

WHITEWATER MANOR NSG HOME
525 BLUFF AVE
SAINT CHARLES MN 55972
710

BUFFALO MEMORIAL HOSPITAL
10[illegible] ST N E
BUFFA[illegible] MN 55313
711

COKATO CONSTANT CARE NSG HM
WEST HWY 12
COKATO MN 55321
712

DELANO MANOR INC
433 CO RD 30
DELANO MN 55328
713

EBENEZER HOME FOR THE AGED
310 LAKE BOULEVARD
BUFFALO MN 55313
714

HOWARD LAKE NURSING HOME
BOX CC
HOWARD LAKE MN 55349
715

MADDEN HAVEN INC
OAK ST
SOUTH HAVEN MN 55382
716

MONTICELLO BIG LK COMM HOSP
1013 E BROADWAY
MONTICELLO MN 55362
717

MONTICELLO NSG HOME

MONTICELLO MN 55362
718

RETIREMENT CENTER OF WRIGHT CO
200 PARK LANE
BUFFALO MN 55313
719

CANBY COMMUNITY HOSPITAL

CANBY MN 56220
722

CLARKFIELD NURSING HOME
805 5TH AVE
CLARKFIELD MN 56223
723

COMMUNITY MEMORIAL HOSPITAL
812 10TH AVE
CLARKFIELD MN [illegible]
724

MUNICIPAL HOSP + GRANITE MANOR
345 TENTH AVE
GRANITE FALLS MN 56241
725

CHAPEL VIEW INC
615 MINNETONKA MILLS ROAD
HOPKINS MN 55343
727

EVENTIDE HOME
801 THIRD AVENUE
MOUNTAIN LAKE MN 56159
728

COLONIAL MANOR OF WATERVILLE

WATERVILLE MN 56096
729

FRAZEE RETIREMENT CENTER

FRAZEE MN 56554
730

VALLEY VIEW MANOR

LAMBERTON MN 56152
731

MALA STRANA NURSING HOME
1001 COLUMBUS AVE NO BOX 215
NEW PRAGUE MN 56071
732

BERKSHIRE BOARDING CARE HOME
FIFTH AND SECOND S E
OSSEO MN 55369
733

TEXAS TERRACE CONV + RET CNTR
7900 WEST 28TH STREET
SAINT LOUIS PARK MN 55426
734

MINNEOTA MANOR

MINNEOTA MN 56264
735

HERITAGE OF SLEEPY EYE
1105 SOUTHWEST THIRD AVENUE
SLEEPY EYE MN 56085
737

RIVER VILLA CONV MEDICENTER
22 TWENTY-SEVENTH AVE SE
MINNEAPOLIS MN 55414
738

TREVILLA OF GOLDEN VALLEY
7505 COUNTRY CLUB ROAD
GOLDEN VALLEY MN 55427
739

EDINA CARE CENTER
6200 XERXES AVENUE SOUTH
EDINA MN 55435
740

CHILDRENS HEALTH CENTER INC
2525 CHICAGO AVENUE SOUTH
MINNEAPOLIS MN 55424
741

COLONIAL MANOR OF BALATON

BALATON MN 56115
742

ST FRANCIS RESIDENCE
516 WALSH
CROOKSTON MN 56716
743

ANDREW CARE HOME
1215 SOUTH NINTH STREET
MINNEAPOLIS MN 55404
744

HAYES HAVEN
1620 RANDOLPH AVENUE
SAINT PAUL MN 55116
745

CLIFTON HOUSE
301 CLIFTON AVENUE
MINNEAPOLIS MN 55403
746

WEDGEWOOD HEALTH CARE CENTER
2060 UPPER 55TH STREET
INVER GROVE HEIGHTS MN 55075
829

KARLSTAD MEMORIAL NSG CENTER
THIRD AND WASHINGTON
KARLSTAD MN 56732
830

LAKE OWASSO CHILDRENS HOME
210 OWASSOBOULEVARD NORTH 0
ST PAUL MN 55112
831

VILLA VISTA, INC.

CROMWELL MN 55726
832

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EOF READ ON DSI  3.

95 BLOCK(S) READ ON DSI  3.  FILE CLOSED.
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STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

BOARD OF NURSING

In the Matter of the Proposed Rules and Amendments Relating to Registered Nurse-Preparing Programs and Licensure of Registered Nurses.

STATEMENT OF NEED

The above-captioned rules are proposed new rules and amendments to existing rules of the Board of Nursing. The last times the above-captioned rules were amended were as follows:

Minn. Regs. NSG. RN 1-29 relating to licensure of registered nursing were adopted on March 31, 1967.

Minn. Regs. NSG. RN 40-49 were adopted on July 14, 1959 with some minor changes and clarifications on April 6, 1962, June 30, 1962 and August 10, 1962.

Minn. Regs. NSG. RN 50-109 were adopted on October 4, 1968.

The need to adopt these rules arises in order to clarify current rules on procedures and standards for licensure and school approval, to bring terminology in accord with current usage and to repeal sections which are no longer thought to be necessary. Specific need is indicated for each proposed new rule and amendment on a nine-page document attached and made a part hereof.

STATE OF MINNESOTA

BOARD OF NURSING

Joyce M. Schowalter

JOYCE M. SCHOWALTER, R.N.
Executive Director

MINNESOTA BOARD OF NURSING

Proposed Amendments to Registered Nurse Licensure Rules
Statement of Need

The last time the rules pertaining to licensure as a Registered Nurse were amended was in March, 1967. All rules are based on the statutory authority found in M.S. 148.191, 148.211 and 148.231. Most of the proposed changes are needed to bring the rules into conformance with current statutes and to provide more detailed description of the licensure process.

Chapters have been restructured to focus on the individual applying for licensure rather than the method by which they may obtain the license. This change was needed in order to clarify the process to applicants.

CHAPTER ONE: NSG. RN 1-9
NSG. RN 1: QUALIFICATION

Since the adoption of a uniform testing schedule throughout the country, there is need to provide flexibility to accommodate Minnesota students enrolled in programs in which the school calendar does not correlate with the examination schedule. Minnesota students can be admitted to the examination without jeopardizing patient safety because the Board through the school approval process has knowledge of all curricula. Since the Board does not have similar knowledge of curricula in nursing programs from other states, it should continue to require out-of-state applicants to complete all requirements for graduation prior to the examination.

NSG. RN 2: APPLICATION

This rule is necessary to bring the application procedure into conformity with Minnesota Statutes 148.211, Subdivision 1 and 5 which states "has completed a course of study and holds a diploma therefrom."

NSG. RN 3: PERMIT TO PRACTICE PROFESSIONAL NURSING

No change.

NSG. RN 4: EXAMINATION AND RE-EXAMINATION

Examination applicants who have not passed after the third writing of the examination show a deficiency in knowledge necessary for safe practice. Such applicants need further education before they are qualified for re-admission to the examination. For the period 1968 thru 1972, 89.3% of the graduates of Minnesota Registered Nurse-preparing programs passed the licensure examination on the first writing. For the same period 84.6% of the Minnesota candidates who failed the first examination passed on the second or third writing. In any given group of examination candidates from Minnesota programs, an average of 99% are licensed after three writings of the examination.

NSG. RN 5: DUPLICATE ORIGINAL LICENSE

The original license serves a ceremonial purpose in notifying the nurse of licensure. It is issued only once in the name which the licensee holds at the time. The official record of licensure is on file in the Board office and changes are made as they occur.

CHAPTER TWO: NSG. RN 10-19
NSG. RN 10: QUALIFICATIONS

(a)(b)(d)(e)(f) These sections are essentially unchanged from existing rules.

(c) This rule is necessary in order to assure the public that all who nurse for hire have met a requirement to have knowledge of current nursing practice. The knowledge and technology explosion in medicine and health care has resulted in many changes in nursing and medical practice. The nurse who has not been employed in nursing for five years or more frequently is unfamiliar with changes which have taken place. In the period from March 1, 1974 to March 1, 1975, 12% of the licenses issued by interstate endorsement were issued to registered nurses who have been out of nursing practice for five years or more.

NSG. RN 11: APPLICATION

These changes are needed to provide more specific information about what is included in a completed application. It conforms with present law.

NSG. RN 12: PERMIT TO PRACTICE PROFESSIONAL NURSING

This section is merely re-numbered.

CHAPTER THREE: NSG. RN 20-29
NSG. RN 20: QUALIFICATIONS

This chapter pertains to individuals previously licensed in a foreign country. Although the licensure process is essentially the same as that used for nurses educated in other states, the separation of all rules regarding licensure for foreign educated nurses will make it clearer and more useful in working with applicants.

NSG. RN 21: APPLICATION

This section clarifies the application process for nurses educated in foreign countries. It conforms with existing statutes. There is need to clarify exactly what is expected of each person who applies for licensure.

CHAPTER FOUR: NSG. RN 30-39
NSG. RN 30: RENEWAL OF REGISTRATION

The word "annual" is being removed in order to prepare for a biennial renewal period. This is needed in order to plan for the introduction of continuing education requirements based on a law being passed this session. Until the actual provisions are promulgated, however, the renewal period will remain the calendar year and the renewal fee will be an annual fee.

In accordance with Minnesota Statute 214.06 (1974) licensing boards may revise their renewal fee rates pursuant to the Administrative Procedure's Act so that the total fees collected will as closely as possible equal anticipated expenditures. The proposed increase of the annual fee from $4 to $5 is needed to assure that income will meet expenditures. The method of budgeting for Boards changes from dedicated to non-dedicated funds effective July 1, 1976 and all unexpended funds will be deposited into the general fund at that time. Any income over expenditures will also be so deposited after that date.

NSG. RN 31: PENALTY

Removal of the specified end of the renewal period is needed in preparation for a biennial renewal period. The specified renewal fee is transferred from the statutes to the rules.

NSG. RN 32: DELINQUENT STATUS

The specified delinquent fees are transferred from the statute to the rules in accord with Minnesota Statutes 214.06 (1974).

NSG. RN 33: NONPRACTICING STATUS

(a) The stated delinquent fees are transferred from the statutes to the rules in accord with M.S. 214.06 (1974).

(b)(c) The knowledge and technology explosion in medicine and health care has resulted in many changes in nursing and medical practice. The nurse who has not been employed in nursing for five years or more is unlikely to be familiar with changes which have taken place. The public should be assured that all who practice for hire have met a requirement to have knowledge of current nursing practice.

NSG. RN 34: CHANGE OF NAME AND RECORDS

Requiring written notice of name change assures the keeping of accurate records. Requiring return of the renewal certificate will help to limit the number of such certificates in circulation to one per licensee, thus reducing the chance of an unlicensed person using a certificate. Approximately one-third of the requests sent to the Board for duplicate renewal certificates involve change of name.

NSG. RN 35: DUPLICATE RENEWAL CERTIFICATES

The number of renewal certificates in circulation should be limited to one per licensee in order to minimize the possibility of use of the certificate by an unauthorized person. Acknowledgments of address change and loss of certificate are made by letter. There is no statutory authority to charge a fee for duplication of records to offset the Board cost.

CHAPTER FIVE: NSG. RN 40-49
Retained and re-numbered.

CHAPTER TWELVE: NSG. RN 110-119
Retained and re-numbered.

MINNESOTA BOARD OF NURSING

Proposed Amendments to Registered Nurse Preparing Programs
Statement of Need

The last time the rules pertaining to nursing programs preparing registered nurses were amended was in October, 1968. All rules are based on the statutory authority found in M.S. 148.191 and 148.251. Most of the proposed changes are needed in order to provide more clarity to the rule, to bring terminology in accord with present practice and to repeal sections over which other state agencies have a controlling influence or which are deemed no longer applicable to the purpose of program approval by the Board of Nursing.

NSG. RN 50: DEFINITIONS

The proposed definitions are essentially the same as the present ones, but are alphabetized and more explicit. All are in agreement with meanings currently accorded these terms.

New definitions (c)(d) are needed in order to have a point of reference for rules on clinical facilities and controlling institutions which are found in subsequent chapters.

NSG. RN 51: APPLICATION FOR APPROVAL
NSG. RN 52: INTERIM APPROVAL
NSG. RN 53: APPROVAL AND RENEWAL OF APPROVAL
NSG. RN 54: PROVISIONAL APPROVAL
NSG. RN 55: CLOSING OF A NURSING PROGRAM

Although these rules may be revised in the future, the change which substitutes "nursing program" for "school of nursing" throughout is needed to bring them in accord with the revised definitions.

NSG. RN 61: CONTROLLING INSTITUTION

(a) The broadening of this definition is needed to allow learning in a variety of educational settings including community colleges. Of the 23 programs presently preparing registered nurses, only five have a general hospital as the controlling institution. During the past 15 years only one hospital has applied for approval of a nursing program. This approval was granted in 1963. The hospital operated the program until 1973 when it decided to no longer admit students.

During this same period eight community colleges sought and received approval to start nursing programs. This follows the trend to have nursing programs in educational rather than service-oriented institutions.

(b) Although the North Central Association is the usual accrediting body, this change is needed to provide the Board more options in accepting accreditation of the controlling institution.

(c) Is needed for consistency of wording.

(d) These wording changes are needed to focus on program operation that directly affects the quality of nursing education.

Old (c) is no longer needed because the determination of whether or not to have an advisory group is a responsibility of the controlling institution.

NSG. RN 62: ORGANIZATION

(a) This section should be repealed since the Board of Nursing has no control over the general organization and administration of the controlling institution.

(a) This change is needed to clarify the responsibilities of the director of the nursing program.

(b) This revision is needed in order to focus on the desired outcome of faculty organization rather than a mere description of it.

Old (d) should be repealed since it is a matter to be handled by the controlling institution and has no direct affect on nursing education.

Old NSG. RN 63: SECRETARIAL STAFF; OFFICES

This rule should be repealed since the Board of Nursing has no control over clerical staff and offices.

NSG. RN 63: RECORDS AND REPORTS

(a)(b) Students should be assured that academic records are maintained and will be available following graduation. These proposed changes reflect current practice and narrow the focus to the essential records which should be preserved and protected for students.

(c) This section should be repealed since the matter of reports to controlling institutions is within the purview of that institution.

NSG. RN 64: PUBLICATIONS

(a)(b) These sections are revised slightly to focus on information to be furnished to students. These are needed since the Board has a responsibility to assure students that they are provided with correct and current information.

Old NSG. RN 67: FINANCE

(a)(b) These sections should be repealed as they are repetitious of ideas covered in proposed NSG. RN 61 (d) and are the responsibility of the controlling institution.

NSG. RN 70: COMPOSITION AND FUNCTIONS

Revision of the faculty requirements are currently under study and will probably be revised within the next year. The only change needed at this time is editorial in order to bring the wording in accord with previous definition changes.

NSG. RN 71: MINIMUM QUALIFICATIONS

(b)(c) These sections should be repealed since organizational membership is only one of the several methods available to assist faculty members in efforts to keep current in their field.

(b) This section is needed since all students will benefit if there is a diverse faculty, broadly representative of the general population. This proposal is in keeping with the Governor's Code of Fair Practice and the Board's philosophy.

NSG. RN 72: TITLES AND DESCRIPTIONS

This rule should be repealed since the determination of titles and job descriptions is the responsibility of the controlling institution, not the Board of Nursing, and does not help to insure adequate nursing education.

NSG. RN 80: ADMISSION

(a) This rule should be revised slightly in order to focus only on the aspects essential to protect students, i.e. assurance they will be provided correct information.

(a)(b) These sections should be repealed because verification of age and general education is related to licensure, not program approval.

(b) This new section is necessary since all students will benefit if there is a diverse student population, broadly representative of the general population. The proposed rule is in keeping with the Governor's Code of Fair Practice and the Board's philosophy.

NSG. RN 81: EDUCATIONAL PROGRESSION OPPORTUNITY

Deriving its authority from M.S. 148.251 which states "an insitution desiring to conduct a school of nursing shall apply to the Board and submit evidence that: (2) it is prepared to meet other standards established by this law and by the Board," the Board of Nursing has promulgated various nursing program rules since 1968 which were designed to set standards. The purpose of such standards is two-fold: first, to assure the public that persons considered for licensure have successfully completed courses which contain nursing and nursing-related content deemed necessary to practice professional nursing as defined in M.S. 148.171, and second, to assure students that the nursing program which they select will prepare them for licensure in as effective, efficient and timely a manner as is possible. The various rules have been developed with these two purposes in mind and can easily be identified accordingly. Chapters eight, ten and eleven deal almost exclusively with matters of program quality, while chapters seven and nine apply predominantly to student assurance or protection.

Recently a great deal of interest has been expressed by students and perspective students as well as "the public" via the legislature relative to the Board of Nursing providing greater assurance to students in several areas. The Health Subcommittee of the Senate Committee on Health, Welfare and Corrections heard testimony December 10, 1974 on barriers to and within nursing education. At the April 3 meeting of the Board of Nursing the immediate past president of the Minnesota Student Nurses' Association commended the Board on its efforts to find ways of assuring educational mobility for students. The Board of Nursing has identified the fact that in 19 of the 27 Minnesota programs preparing for registered nurse licensure, a student is required to enter the program at Course I and progress through to graduation in accordance with school policies and practices, rather than at a rate appropriate to the knowledge, skill and learning needs of the student. In few programs was is possible for an entering student to be evaluated through testing or achievement records, then be placed at the appropriate spot in the program, and subsequently to progress at his/her rate of learning.

Over the past five years several voluntary efforts have been undertaken to encourage competency testing and placement as well as self-pacing. The Board of Nursing sponsored a workshop in 1972, Northlands Regional Medical Program funded two career mobility projects and the Minnesota Nurses Association received federal funds for a project which related to career mobility in baccalaureate nursing programs. Although each of the efforts produced a few lasting changes, it is evident that since 1970, most programs have not changed their practices in this area. Because the Board of Nursing, as an administrative agency of State Government, is charged with the responsibility of fulfilling a social need in a specific practice field, and is expected to respond to changing times as voiced by its multiple publics (potential and actual nursing students, nursing programs, licensees, employers of licensees and the public at large) the proposed rule on placement in/or progression through the curriculum is needed and somewhat overdue.

We believe models are available for use by the 19 programs affected which make the proposed dates within reason.

NSG. RN 82: PROGRESSION AND GRADUATION REQUIREMENTS

(a)(b) These rules should be revised slightly for clarification and to assure the graduation of a safe nursing practitioner.

New (c) is needed to assure students of regular evaluation and information about their progress toward graduation.

Old (b) should be repealed since the director's recommendation is related to licensure, not program approval. The provisions will appear as part of new rule NSG. RN 2 (2).

NSG. RN 83: GUIDANCE PROGRAM
NSG. RN 84: HEALTH PROGRAM
NSG. RN 85: MAINTENANCE

These rules should be repealed since they do not focus on aspects directly related to the quality of the program nor protect the students in nursing related matters. These concerns should be resolved by the controlling institution.

NSG. RN 90: PHILOSOPHY AND GOALS

These rules are moved from NSG. RN 60 and edited to better relate to curriculum and current common terminology. The introductory paragraph should be repealed since the essential elements will be covered in new RN 90.

(a)(b) Should be revised slightly for clarification and simplification.

(c) Is needed because definition of the relationship of the practitioner being prepared to that from other types of nursing programs will assist in clarifying the goals of the program. Nursing faculties find that definitions of these beliefs provide a sound way to approach curriculum development.

(d) This revision is necessary because clear delineation of the competencies of the graduate will assist potential students in selecting a career, present students in understanding what is expected of them, faculty in determining students' readiness for graduation and employers and public in understanding the abilities of the graduate.

(e) This new section is needed because an on going dialogue between educators and employers of graduates will facilitate improvement of patient care as well as a better understanding of the expectations of both groups.

NSG. RN 91: CURRICULUM DEVELOPMENT AND OBJECTIVES

Although this rule may be revised in the future, the change which substitutes "nursing program" for "school of nursing" throughout is needed to bring it in accord with the revised definitions. Re-numbering is also necessary.

NSG. RN 92: INSTRUCTION

This rule is also re-numbered and has very few changes. The change from the use of the word "school" to "program" is needed to bring it in accord with revised definitions.

(d) This section is proposed to replace NSG. RN 102 LIBRARY. It is revised to focus only on the aspects that directly affect quality of the nursing program. The matter of provision of library services including staffing and physical environment should be resolved by the controlling institution.

NSG. RN 93: EVALUATION

The introductory paragraph should be repealed since it is incorporated in new RN 93. The proposed revisions are necessary in order to focus only on the aspects that directly affect the quality of a nursing program. Self-evaluation is crucial to the maintenance of a sound educational program. Meaningful evaluation cannot be done in a vacuum. Looking outward as well as inward will assist the faculty in determining if long range goals are being met. The time and effort spent on evaluation is justified when it results in action that improves the program and thereby benefits the consumers of the program's services. The time period recommended is realistic in that since recommendations of findings from studies undertaken this year should be possible by 1978.

NSG. RN 94: MAJOR CHANGE

This proposed revision is needed to clarify the term "major change." Section (2) and (3) are needed to clarify current practice in relation to old NSG. RN 100-105 rules. The identity of the institution responsible for the program must be known to the Board and be in compliance with applicable rules and regulations.

Old NSG. RN 101: CLASSROOMS, LABORATORIES

This section should be repealed since it is incorporated into new NSG. RN 100 and contains requirements related to the controlling institution, not the Board of Nursing.

NSG. RN 100: CLINICAL FACILITIES

This section replaces old NSG. RN 103: CLINICAL LABORATORIES and NSG. RN 104: ADDITIONAL CLINICAL FACILITIES.

(a) This section is needed to clarify the conditions under which a nursing program must submit a request for the use of a clinical facility to the Board of Nursing.

(b) This section is needed because specific behavioral objectives will clarify the student learning experiences needed by the nursing program. A task force of the Board of Nursing previously recommended that clinical facility utilization relate to appropriate objectives.

(c) This section is re-ordered and revised for clarification.

(d) This new section is also needed in order to focus on the experience needed for the objectives which in turn will alleviate any unnecessary use of clinical facilities. It is recommended that the number and variety of types of clinical facilities approved should not be more than essentially needed.

(e) This section is re-ordered and revised and is needed to broaden the requirements in order to cover all facilities and provide more options to the Board when approving such facilities.

NSG. RN 103: CLINICAL LABORATORIES

(a) This section should be repealed since the utilization capability of an institution or agency is not necessarily judged by the average daily census or the number of services.

(b) This section should be repealed since segregated facilities are no longer essential for learning experiences and in some cases do not exist, e.g. mental health and psychiatry may be integrated with general medical-surgical patients.

NSG. RN 100: CLINICAL FACILITIES

(f) This section is re-ordered and revised slightly for clarification in order to focus on desired outcomes and to better accommodate the variety of clinical facilities which should be used by a nursing program.

(g) This section should be re-ordered and revised in order to more clearly state the requirements for the evaluation of the educational aspects involved in the proposed use of a facility. It also is needed as an adjunct for the evaluation of the curriculum implementation plan. Various portions of this proposed rule are revised in order to focus on the objectives and the available experience as well as implementation of the learning objectives.

Old (7) should be repealed as it is very difficult to evaluate reliably.

NSG. RN 104: ADDITIONAL CLINICAL FACILITIES

This section should be repealed since it is incorporated in new RN 100 by virtue of the new definition, NSG. RN 50 (c), of clinical facilities.

NSG. RN 101: WRITTEN AGREEMENTS

(a) This section is revised for purposes of simplification.

(b) This section is needed in order to provide coordination between the nursing program and the clinical facility. The provisions under this section are all suggested as topics to be considered when developing the written agreements and may or may not actually appear in the document.

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

BOARD OF NURSING

In the Matter of Proposed Rules and Amendments Relating to Registered Nurse-Preparing Programs and Licensure of Registered Nurses

APPOINTMENT

Marguerite Hessian is hereby appointed to serve as hearing officer on behalf of the Board of Nursing in the above-captioned matter, said hearing to be held on May 27, 1975, and continuing until all representatives of associations or other interested groups or persons have had an opportunity to be heard.

This appointment is made pursuant to the following authority: resolutions of the Board of Nursing adopted at its meeting on April 3, 1975.

STATE OF MINNESOTA

BOARD OF NURSING

Joyce M. Schowalter

JOYCE M. SCHOWALTER
Executive Secretary

Dated: April 16, 1975.

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

BOARD OF NURSING

In the Matter of the Proposed Rules and Amendments Relating to Registered Nurse-Preparing Programs and Licensure of Registered Nurses.

ORDER ADOPTING RULES

The above-entitled matter came on for hearing before the Minnesota Board of Nursing on the 27th day of May, 1975, at 9:00 A.M. in the Board Room, Minnesota Department of Health Building, 717 Delaware Street S.E., Minneapolis, Minnesota 55440, after proper notice required by Minn. Stat. § 15.0412 (1974) was served upon all persons, associations and other interested groups registered with the Secretary of State for that purpose.

After affording interested persons an opportunity to present written and oral data, statements and arguments, and having heard and considered all of the testimony and evidence adduced and upon the records, files and proceedings herein, and applicable statutory standards or criteria, and having confirmed the need for the above-captioned rules.

NOW, THEREFORE, IT IS ORDERED that these rules identified as Minn. Regs. NSG. RN 1-49 and Minn. Regs. NSG. RN 50-199 are adopted this 23rd day of October, 1975, pursuant to authority vested in me by Minn. Stat. § § 148.191, 148.211 and 148.231 (1975), and by resolution of the Minnesota Board of Nursing duly adopted at a meeting of the said Board on the 5th day of August, 1975.

STATE OF MINNESOTA

BOARD OF NURSING

Joyce M. Schowalter

JOYCE M. SCHOWALTER, R.N.
Executive Director

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

BOARD OF NURSING

In the Matter of the Proposed Rules and Amendments relating to Registered Nurse-Preparing Programs and Licensure of Registered Nurses.

FINDINGS OF FACT

The above-entitled matter came on for hearing before the Minnesota State Board of Nursing on the 27th day of May, 1975, at 9:00 A.M., in the Board Room, Minnesota Department of Health Building, 717 Delaware Street S.E., Minneapolis, Minnesota 55440, after proper notice required by Minn. Stat. § 15.0412 (1974) was served upon all persons, associations and other interested groups registered with the Secretary of State for that purpose and also upon other persons, associations and groups of which the State Board of Nursing was aware of as possibly having an interest in the above-captioned rules.

After affording interested persons an opportunity to present written and oral data, statements and arguments, and having heard and considered all of the testimony and evidence adduced and upon the records, files and proceedings herein, the Board makes and enters the following findings:

1. Authority to adopt regulations pertaining to registered nurse-preparing programs and licensure of registered nurses is contained in Minn. Stat. § § 148.191, 148.211, 148.231 and 148.251 (1975).

Minn. Stat. § 148.191 confers general authority on the Board to adopt rules as may be necessary to effectuate the provisions of the Nurse Practice Act. Further, Minn. Stat. § 148.211 subd. 3 (1975) mandates the Board to adopt rules regarding licensure fees. Minn. Stat. § 148.251(1975) states that preparing programs shall meet standards

established by the Board. Minn. Stat. § 148.231 subd. 1 (1975) requires annual registration fees.

These regulations are within legislative grants of authority given to the Board of Nursing regarding registered nurse-preparing programs and licensure of registered nurses.

2. There is a need for these regulations. Most of the proposed changes are needed to bring the rules into conformance with current statutes and to clarify the licensure process to applicants by providing through rule a more detailed description of that process.

3. Minn. Regs. NSG. RN 1-29 relating to licensure were last revised on March 31, 1967. Since then there have been sufficient changes in legislation, examination procedures and nursing education to necessitate updating the regulations.

4. New Minn. Reg. NSG. RN 1 would permit students to take a licensure examination if they will complete requirements for graduation from a registered nurse-preparing program within six weeks after the date of the examination for which the applicant is applying. The Board finds that such flexibility is necessary to accommodate Minnesota students enrolled in programs in which the school calendar does not correlate with the licensure examination schedule. That schedule must be maintained as a condition of utilization of the nationally standarized examination as required in Minn. Stat. § 214.03 (1974).

5. New Minn. Reg. NSG. RN 4(d) would require that an applicant who fails more than three writings of the licensure examination within an eighteen-month period submit evidence of remedial assistance before being admitted to subsequent examinations. The Board finds that this rule is necessary because applicants who have not passed the examination after multiple writings in a relatively short period of time evidence a deficiency in knowledge which is necessary for safe practice.

6. New Minn. Regs. NSG. RN 10(c) and 33(b) would require that nurses who apply either for licensure through interstate endorse-

ment or seek removal from non-practicing status and who have not been employed for five or more years preceding application must submit evidence of competency in nursing prior to licensure. The Board finds that the knowledge and technology explosion in medicine and health care necessitates that one who has been absent from the field for five or more years show evidence of knowledge of current nursing practice.

7. New Minn. Reg. NSG. RN 30(a) specifies a five dollar renewal fee and Minn. Reg. NSG. RN 31 specifies a two dollar late penalty fee. The Board finds that since the Legislature in Minn. Stat. § 148.231 subd. 1 (1975) has deleted reference to stated renewal and penalty fees and since Minn. Stat. § 214.06 (1974) authorizes the Board to revise renewal fees, the new fees are necessary. The Board further finds that the fee and penalty amounts are needed, reasonable and justified.

8. New Minn. Regs. NSG. RN 32 and 33 specify two dollar delinquent fees up to a maximum of ten dollars for applicants delinquent in renewal registration. The Board finds that since Minn. Stat. § 148.231 subd. 4 (1975) deletes reference to stated amounts for delinquent fees, and since Minn. Stat. § 216.06 (1974) authorizes the Board to revise fees, the new fees are necessary. The Board further finds that the amount of the delinquent fees are needed, reasonable and justified.

9. Minn. Regs. NSG. RN 50-109 relating to registered nurse-preparing programs were last revised on October 4, 1968. Since then, sufficient changes in terminology and knowledge of educational theories and practices have taken place to necessitate an updating of the regulations.

10. New Minn. Reg. NSG. RN 50(g) would insert the words "guidance and research" to the definition of faculty that was originally sent with the notice of hearing. While the amendment does not substantially change the original definition, the Board finds that clarification is necessary.

11. New Minn. Reg. NSG. RN 50(1) has been amended to define "survey" as the collection of information by "such methods as on-site visits and review of reports." The Board finds that deletion of the phrase "or through other methods" from the initial proposed rule is necessary to clarify the term's meaning while retaining the possibility of implementing methods that may be developed in the future.

12. New Minn. Reg. NSG. RN 60(a) states that only those general hospitals which have existing programs as of July 1, 1976, shall constitute controlling institutions. The Board recognizes that of the 23 programs presently preparing registered nurses, only five have a general hospital as the controlling institution. During the last 15 years only one hospital applied for approval of a nursing program. This approval was granted in 1963. The hospital operated the program until 1973 when it decided to no longer admit students. The Board finds that this rule reflects the trend of nursing program's affiliation with educational facilities rather than service-oriented institutions. Further, since new Minn. Reg. NSG. RN 94(c) provides for a review of programs desiring a change in controlling institutions, the Board finds that hospital programs which currently exist will not be eliminated by application of this rule should they propose a change in control.

13. New Minn. Reg. NSG. RN 60(b) requires that educational facilities which operate nursing programs be accredited by the North Central Association of Colleges and Secondary Schools. The rule as adopted is almost identical to the rule in force since 1965. The Board finds that the deletion from the initial proposed rule of the phrase "national or regional accrediting body recognized by the Board" vested too much discretion to the Board in evaluating which accredited bodies it will accept.

14. New Minn. Reg. NSG. RN 60(d) requires that the controlling institution insure support which will provide a sound educational program

and no longer requires that the "Board of the" institution provide such support. The Board of Nursing finds that since organizational structures of controlling institutions may vary, the Board of Nursing should not attempt to define which unit of the controlling institution shall provide financial support.

Further, the Board finds that use of the adjective "sound" to modify educational program indicates the ability to comply with chapters seven through eleven of these rules on faculty, students, curricula and clinical facilities.

15. Old Minn. Reg. NSG. RN 63 relating to secretarial staff and offices is repealed by these regulations. The Board finds that it was impossible to apply the old rule consistently in the absence of criteria for determining what was an "adequate" and "suitable" clerical staff. The Board recognizes it does not have the expertise to make such non-nursing judgments. Further, the Board finds that secretarial services are better monitored by the controlling institution, and that such services have little direct affect on nursing education.

16. Old Minn. Reg. NSG. RN 67 relating to Finance is repealed by these rules. The Board finds such repeal is necessary to avoid repetition in that new Minn. Reg. NSG. RN 61(a) requires assurance of financing the program to the degree necessary to provide a sound educational program. The Board further finds that since continual financial support is not assured for any present program or controlling institution, such assurance should not be made a condition of approval.

17. New Minn. Reg. NSG. RN 70 involves minor editorial changes in wording from the previous rule. The Board finds that since faculty requirements are currently under study, it would be inopportune to substantially revise this regulation until such time as conclusions based upon careful study are reached.

18. New Minn. Reg. NSG. RN 71(b) and 80(b) would require that selection of faculty and selection and advancement of students shall be in accord with state and federal laws on non-discrimination.

The Board finds such a rule is necessary to emphasize to students and programs that discrimination in faculty and student selection and placement adversely affects not only the faculty member and student but ultimately the public in that such discrimination may restrict the number, quality and diverse backgrounds necessary to insure effective nursing care throughout the state.

19. New Minn. Reg. NSG. RN 81 would require programs to provide opportunities of educational progression based upon competency, however acquired. The Board finds that its responsibilities to the public include insuring not only that approved programs prepare effective nurses, but that such programs enable nurses to serve the public in as timely and efficient a method as possible. The Board further finds that students, and ultimately the public, are benefited if programs allow candidates to progress at a rate appropriate to the knowledge, skill and learning needs of the student.

20. New Minn. Reg. NSG. RN 81(a) requires development of written policies by July 1, 1977 regarding opportunities for student placement and/or progression through the curriculum based on knowledge and skills. Since the initially proposed deadline of July 1, 1976, may not provide programs sufficient time within which to comply with this regulation, the Board finds that July 1, 1977 is a reasonable date from which to require written evidence. The Board further finds that the use of the terms "knowledge and skill(s)" in place of the term "competency" in the initial proposed rule clarifies the intent of the rule.

21. New Minn. Reg. NSG. RN 81(b) would require evidence during the 1977-78 academic year of opportunities for placement and/or progression through one-third of the nursing courses based on satisfactory establishment of knowledge and skills. The Board finds that the specification of the academic 1976-77 year in the initial proposed rule would not have permitted programs sufficient time to effectively implement this rule. Further, the Board finds that since the academic year of 1977-78 falls within a subsequent biennium, programs may more easily make any financial provisions which may be necessary.

22. New Minn. Reg. NSG. RN 81 does not require written evidence of opportunities for student placement in, and/or progression through all nursing courses of a program based on satisfactory establishment of knowledge and skill(s). The Board finds that since many programs offer unique courses, which may change from year to year, the attempt in the initial proposed rule to so regulate all nursing courses would be impractical and could disserve students. Further, the Board recognizes that since the philosophy of each program is unique, it is advisable that a student be enrolled in some of the program's nursing courses in order to reflect the philosophy of the program.

23. New Minn. Reg. NSG. RN 90(a) deals with the relationship of the philosophy and goals of a nursing program with that of the larger controlling institutions. The Board finds that while the philosophy of a nursing program need not be based on the philosophy of the controlling institution, it should at least be compatible with the philosophy of the controlling institution. In this way, the two units may function together so as to insure a sound educational program.

24. New Minn. Regs. NSG. RN 90(b) and (c) delineate the framework of a program's philosophy and require that the faculty shall write, review and periodically revise the program's philosophy. The Board finds that the development of the definition of a philosophy will provide a sound approach to curriculum development and assist in clarifying the goals of the preparing program.

25. New Minn. Reg. NSG. RN 90(c) states some of the component parts of a program philosophy. The Board finds that a statement of philosophy gives potential students and other interested persons clues about the unique nature of a program's curriculum. All the enumerated components are pertinent in that nursing deals with humankind, individually and in groups. The Board finds that since nursing

does not operate in a social vacuum, reflection upon the entire health-illness sphere and self-identity is necessary to give graduates a sense of direction and strength.

26. New Minn. Reg. NSG. RN 90(d) and (e) refer to the "knowledge and skills" of students and graduates. The Board finds that this reference provides more clarity than use of the term "competencies" in the initially proposed rule.

27. New Minn. Reg. NSG. RN 90(e) requires that programs have evidence that the faculty discusses the knowledge and skills of graduates with nurses, employers and consumers in the area serviced by the program. The Board finds that this rule leaves it within the sound discretion of the faculty to define the area of its service and determine the frequency or length of discussions and the number of people involved.

28. New Minn. Reg. NSG. RN 91 contains some minor editorial revisions not included in the rule as initially proposed. These changes are as follows: In the introduction, "institutions" has been inserted to modify "faculty"; in 90(a) and 90(a)(1), "Nursing course" has been substituted for "curriculum"; in 90(a) "objectives" has been substituted with "goals"; and the word "clinical" has been deleted as an adjective to modify "nursing course." While these changes do not affect the meaning of the rule, the Board finds the revisions are necessary to bring the rules in conformity with new definitions.

29. New Minn. Reg. NSG. RN 92 contains minor editorial revisions not included in the rule as initially proposed. While these changes do not affect the meaning of the rule, the Board finds the revisions are necessary to bring the rules in conformity with new definitions.

30. New Minn. Reg. NSG. RN 92(d) has added the phrase "be current and available to students and faculty" to the rule as initially

proposed. In order for instructional materials to be appropriate to assure implementation of the curriculum, such materials must be current and available. The Board finds that the above-quoted insertion clarifies this.

31. Old Minn. Regs. NSG. RN 10 2(b) and (c) relating to libraries is repealed by these rules. The Board finds such repeal is necessary in that it was impractical for the Board to regulate staffing and physical requirements for a total institutional service area, such as a library, since students in nursing may be but one educational unit of an institution.

32. New Minn. Reg. NSG. RN 94(b) would require the Board to approve a program's addition or deletion of a clinical facility utilized for student learning. The Board finds that programs currently seek prior approval of the addition or deletion of clinical facilities. New Minn. Regs. NSG. RN 50(d) and 100(a) further define the situations for which such approval is necessary. The Board finds that prior approval permits the coordination of educational utilization of clinical facilities and safeguards adequate and appropriate learning for students.

33. Many of the previous rules relating to nursing programs have been repealed in the new rules. The Board finds such rules need to be repealed inasmuch as such rules did not directly focus on program operations which directly affected the quality of the nursing program.

34. Other provisions of the regulations not specifically referred to herein are found to be supported by evidence in the record.

35. Many comments were made at the hearing and letters received subsequent to the hearing. Based thereon, modifications were made but in no instance has the substance of the regulation as presented at the public hearing been changed.

36. These regulations are in keeping and will help fulfill the policy of the State as expressed in Minn. Stat. § § 148.191, 148.211, 148.231 and 148.251 (1975).

Dated: October 23, 1975

STATE OF MINNESOTA

BOARD OF NURSING

Jane Phillips

JANE PHILLIPS
President

CERTIFICATE OF BOARD'S

ADOPTION OF RULES RESOLUTION

I, Joyce M. Schowalter, R.N., do hereby certify that I am the Executive Director of the Minnesota Board of Nursing, a board duly authorized under the laws of the State of Minnesota, and that the following is a true, complete, and correct copy of a resolution adopted at a meeting of the said Board of Nursing duly and properly called and held on the 5th day of August, 1975; that a quorum was present at said meeting; that a majority of those present voted for the resolution; that said resolution is set forth in the minutes of said meeting and has not been rescinded or modified.

> "RESOLVED, that the rules and amendments to the rules relating to R.N. preparing programs and licensure of registered nurses identified as NSG. RN 1-49 and NSG. RN 50-109 with the exception of NSG. RN 81c are found to be reasonable, necessary and supported by the evidence contained in the record, and are hereby approved and adopted, pursuant to authority vested in us by Minnesota Statutes § § 148.191, 148.211 and 148.231 (1974) and that Joyce M. Schowalter, R.N., Executive Director of the Minnesota Board of Nursing be and she hereby is authorized to sign an order adopting those rules."

IN WITNESS WHEREOF, I have hereunto subscribed my name this 23rd day of October, 1975.

STATE OF MINNESOTA

BOARD OF NURSING

Joyce M. Schowalter

JOYCE M. SCHOWALTER, R.N.
Executive Director

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

BOARD OF NURSING

In the Matter of Proposed
Rules and Amendments Relating
to Registered Nurse Preparing
Programs and Licensure of
Registered Nurses

DEPARTMENT OF FINANCE
APPROVAL

Minn. Stat. § 214.06 (1974) grants licensing boards the authority to revise renewal fee rates pursuant to the Administrative Procedure Act. The Legislature, in Minn. Stat. § 148.231 subd. 1 (1975), has deleted reference to a stated amount of renewal and penalty fees and in Minn. Stat. § 148.231 subd. 2 has deleted a specified amount for delinquent fees.

Proposed Minn. Reg. NSG. RN 30, a copy of which is attached, specifies a five dollar ($5.00) annual registration renewal fee. Proposed Minn. Reg. NSG. RN 31, a copy of which is attached, specifies a two dollar ($2.00) late penalty renewal fee. Proposed Minn. Regs. NSG. RN 32 and 33, copies of which are attached, specify two dollar ($2.00) delinquent fees up to a maximum of ten dollars ($10.00) for delinquent applicants for renewal registrations.

Upon review of the supporting information justifying the need, reasonableness, and amount of these fees, and pursuant to the authority vested in the Minnesota Department of Finance by Minn. Stat. § 214.06 (1974), Minn. Stat. §§ 16A.04 subd. 3 and 16A.07 subd. 4 (1974), the fees proposed in the above amendments to the Registered Nurse Preparing Programs and Licensure of Registered Nurses rules are hereby approved.

GERALD W. CHRISTENSON
Commissioner

Date: 7-17-75, 1975. By Bernard Carlson

BERNARD J. CARLSON
Budget, Planning and
Control Director

CHAPTER FOUR: NSG. RN 30-39 ANNUAL REGISTRATION (RENEWAL); PENALTY, DELINQUENT AND NONPRACTICING STATUS; CHANGE OF NAME

NSG. RN 29 30 ANNUAL RENEWAL OF REGISTRATION

Each nurse licensee is responsible for applying for renewal registration if he/she wishes to be employed ~~in the coming year in professional nursing in Minnesota~~ as a Registered Nurse in Minnesota in the coming year. ~~The Minnesota Board of Nursing issues renewal application forms to all current licensees and will renew registration upon receipt of application and statutory renewal fee.~~ The Board issues renewal applications to all current licensees and will renew registration upon receipt of the application and the renewal fee. Beginning with the 1976 renewal period, the annual fee shall be $5.

(Nsg. RN 1965; 67; 75)

NSG. RN 27 31 PENALTY

An applicant for renewal of registration, except if in nonpracticing status, shall pay ~~the statutory~~ a late penalty fee of $2 as well as the ~~statutory~~ renewal fee if the request for renewal is postmarked after ~~December 31.~~ the end of the renewal period.

(Nsg. RN 1965; 67; 75)

NSG. RN 22 32 DELINQUENT STATUS

An applicant for renewal of registration, except if in nonpracticing status, who failed to ~~renew~~ re-register for in the previous year or years shall pay the ~~statutory~~ a delinquent fee of $2 for each year for which he/she has been delinquent up to a maximum of $10 as well as the ~~statutory late~~ penalty fee of $2 and the ~~statutory~~ renewal fee for the current year period.

(Nsg. RN 1965; 67; 75)

NSG. RN 23 33 NONPRACTICING STATUS

(a) An applicant for nonpracticing status who failed to renew registration for the previous year or years shall pay ~~the statutory~~ a delinquent fee of $2 for each year which he/she has been delinquent up to a maximum of $10.

~~(b) The licensee in the nonpracticing status must contact the Minnesota Board of Nursing when again seeking renewal of registration. Such renewal is granted upon receipt of the statutory renewal fee for the current year.~~

The registered nurse who has been in the nonpracticing status for five years or more must present evidence of competency in nursing before becoming actively re-registered. Such evidence may include completion of a refresher course, continuing education courses, an apprenticeship, orientation program or such other evidence as the Board may reasonably require.

(c) The licensee who has been in the nonpracticing status for less than five years will be granted renewal of registration upon notification to the Board of intent to renew and payment of the renewal fee for the current period.

(Nsg. RN 1965; 67; 75)

NSG. RN 24 34 CHANGE OF NAME AND ON RECORDS

~~The addition of a married name to the record of a licensee shall be made by the Minnesota Board of Nursing upon notification from the licensee of such change. All other requests for name change shall be substantiated by submission of official credentials to the Minnesota Board of Nursing.~~

The licensee who is changing names must request the change in writing and must return the current renewal certificate with the request for name change. The Board may require substantiation of the change by requiring official documentation.

(Nsg. RN 1965; 67; 75)

STATEMENT OF COMPLIANCE WITH

MANUAL OF RULE MAKING PROCEDURES

I, Special Assistant Attorney General Terry P. O'Brien, do hereby declare that I have examined the proposed rules relating to Registered Nurse-Preparing Programs and Licensure of Registered Nurses and all related documents and that, based on them and my personal familiarity with the applicable procedures, the Manual of Rule Making Procedures has been followed.

Dated: 24 October, 1975

Terry P. O'Brien

TERRY P. O'BRIEN
Special Assistant
Attorney General

ORIGINAL COPY

STATE OF MINNESOTA — BEFORE THE MINNESOTA

COUNTY OF HENNEPIN — BOARD OF NURSING

In the Matter of Proposed Rules and Amendments Relating to Registered Nurse-Preparing Programs and Licensure of Registered Nurses

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Transcript of hearing in the above-entitled matter, taken before Richard K. Huff, a Notary Public in and for the County of Ramsey, State of Minnesota, on the 27th day of May, 1975, at the Minnesota State Board of Health Building, 717 Delaware Street Southeast, Minneapolis, Minnesota, commencing at approximately 9:00 o'clock a.m.

* * *

APPEARANCES

Ms. Marguerite Hessian

Mr. Terry O'Brien

Ms. Joyce M. Schowalter

Ms. Margaret Baach

* * *

WHEREUPON, the following proceedings were duly had:

* * *

MS. MARGUERITE HESSIAN: The hearing will come to order. There is a registration sheet in the back of the room. I would like everyone to sign that this morning whether or not you intend to testify. There are also additional copies of the proposed regulations on the table at the entrance to the room. If you have not signed the registration sheet, I would appreciate it if you would do so at this time.

My name is Marguerite Hessian, and I will be the Hearing Officer today. On my left is Mr. Terry O'Brien, the Special Assistant Attorney General assigned

MILLERS FALLS

to the Board of Nursing. On my right is Joyce Schowalter, Executive Director of the Board of Nursing, and Margaret Baach, Assistant Executive Director.

The purpose of this hearing is to provide an opportunity for public comment on the Board of Nursing's proposed regulations relating to Registered Nurses Licensure and nurse programs preparing for R.N. licensure. Let me assure you that the Board of Nursing will give serious consideration to all comments and suggestions offered at today's meeting.

You will notice that the procedural rules were included with the Notice of Hearing, and it is our intent to adhere to those rules as follows:

Anyone wishing to be heard should indicate by signing the speaking sheet, listing her name, address and the group which she represents. The speaking sheet is available at the main entrance to the hearing room. It is requested that each group select one speaker only to present its views.

The first time the witness makes a statement, she should spell her name and identify the group she is representing. Prior to making any subsequent statements, she should state her name and the group which she represents. She may be sworn upon her request, but it is not required. If she elects not to be sworn, that may be considered in

determining the weight to be given to her testimony.

By giving testimony, a witness, including one who may also be a member of the panel, subjects herself to questioning by the panel. However, she is subject to cross-examination by non-members of the panel only if she affirmatively consents to being so examined. A refusal to be cross-examined may be considered in determining the weight to be given to her testimony.

All parties interested in introducing any written matter may do so by having it marked as an exhibit and then introduced for the record. Unsworn written matter may be received, but the fact that it is unsworn may be considered in determining the weight to be given it.

At this time I would like to call upon Mr. O'Brien, Special Assistant Attorney General, to introduce exhibits which evidence the Board of Nursing's compliance with the Administrative Procedures Act. Mr. O'Brien.

MR. TERRY O'BRIEN: Thank you, Ms. Hearings Officer. At this time I would request that the exhibits which I will summarize as follows be accepted as evidence of the Board's compliance with Chapter 15, the Administrative Procedures Act of the Minnesota Statutes.

Exhibit #1 consists of the Proposed Rules

and Amendments which are available at the door.

Exhibit #2 consists of the Order for Hearing, signed by Joyce M. Schowalter, Executive Director, on the 16th day of April.

Exhibit #3 consists of the Notice of Hearing, also signed by Joyce M. Schowalter, Executive Director, April 16th, 1975.

Exhibit #4 is the Certificate of the Secretary of State.

Exhibit #5 is the Affidavit of Mailing. This affidavit consists of mailing lists supplied to the Board by the Secretary of State. Both the Administrative Procedures Act and the Minnesota Supreme Court require that those people who have an interest in these regulations should be notified of the hearing in advance. These lists to those people that are interested are defined as those people who have put their name in with the Secretary of State.

Exhibit #6 is the Statement of Need.

Exhibit #7 is the appointment of the Hearings Officer, signed by Joyce M. Schowalter, Executive Secretary, on April 16th, 1975.

Exhibit #8 is the first of two letters that have been received by the Board, relating to the adoption of these Proposed Regulations and Amendments. Exhibit #8

is a letter sent by Jean K. Kintgen, K-i-n-t-g-e-n, Project Director of the Agassiz Region Nursing Education Consortium, dated May 2nd, 1975.

Exhibit #9 is correspondence from the faculty of the School of Nursing, University of Minnesota, to the Minnesota Board of Nursing, dated May 22nd, 1975.

I will not try to summarize these letters. They are introduced into the record and I think they will speak for themselves.

MS. HESSIAN: The aforementioned exhibits are hereby accepted into the record.

As you know, there are many proposed regulations that we are dealing with today. It is my intent to take testimony on each of them separately. After we have completed that, I will be happy to take testimony in a general manner which may or may not relate specifically back to any one of the regulations. If you have general comments, please hold these until we have dealt with each of the proposed regulations. There are additional copies of the proposed regulations, as I indicated earlier, on the table at the entrance to the room. If you do not have a copy, you may get one at this time so that you can follow along with us.

The first regulation, Chapter 1, Rule #1,

"Qualifications." I will read those.

(a) "A student from a nursing program approved by the Minnesota Board of Nursing as provided in Minnesota Statute 148.251 may be admitted to the licensure examination providing all the following criteria are met:

"(1) The student is enrolled in the last school term;

"(2) The student is in good standing and there is reasonable expectation graduation requirements will be completed;

"(3) Requirements for graduation will be completed no later than six weeks after the date of the examination for which the student is applying;

"(4) Remaining course work will not include any basic content in the five areas covered by the examination (medical nursing, surgical nursing, nursing of children, obstetric nursing, psychiatric nursing.)

"(b) An applicant from a nursing program approved by a Board of Nursing in another U.S. jurisdiction shall have had substantially the same course of study as stated in the minimum curriculum requirements for Minnesota approved nursing programs at the time of his or her application. The applicant who cannot demonstrate having had the same course of study shall remove deficiencies before the examination as directed by the Minnesota Board of

Nursing. The applicant from a program approved by another jurisdiction must hold a diploma from an approved nursing program before he or she can be admitted to the licensure examination."

I would like to ask for any comment that you may have on it. Please raise your hand if you would like to testify at this time and I will call upon you. And we would like you to come to the podium.

I would like to read the Statement of Need for this change as articulated by the Board of Nursing:

"Since the adoption of a uniform testing schedule throughout the country, there is need to provide flexibility to accommodate Minnesota students enrolled in programs in which the school calendar does not correlate with the examination schedule. Minnesota students can be admitted to the examination without jeopardizing patient safety because the Board through the school approval process has knowledge of all curricula. Since the Board does not have similar knowledge of curricula in nursing programs from other states, it should continue to require out-of-state applicants to complete all requirements for graduation prior to the examination."

I would like to ask for any comment. Yes.

MS. CONNIE MOLINE: Connie Moline, C-o-n-n-i-e

M-o-l-i-n-e, St. Cloud Hospital and St. Cloud Hospital School of Nursing. The question I have is this, and it might need more clarification: Would this mean that students graduating in May would have an opportunity to take the Boards like in April so that they would be eligible to have their returns by the time they graduate, or is this speaking to the programs that graduate like half way through the year, calendar year?

MS. HESSIAN: Miss Schowalter will answer that question.

MS. JOYCE M. SCHOWALTER: This is speaking to any graduate throughout the year if they were within six weeks of completion of their program. Anyone within six weeks of completion of their program would be allowed to take the examination.

MS. MOLINE: If the Boards are available, I mean, being given at that time, right?

MS. SCHOWALTER: Yes.

MS. MOLINE: Thank you.

MS. HESSIAN: Are there any further comments? If not, let the record reflect that there are no further comments.

Rule #2, "Application. The application forms and instructions for filing are provided by the Board.

The application shall be submitted to the Board in advance of the published deadline for the desired examination date.

"(a) An application for licensure by examination from a graduate of a Minnesota program shall consist of: (1) the notarized application form, (2) the recommendation from the nursing program director and (3) the statutory fee.

"Following graduation, whether this occurs before or after the examination, the applicant must also submit an affidavit of graduation (notarized) and an official school transcript.

"(b) A completed application from an out-of-state graduate shall consist of: (1) the notarized application, (2) the recommendation from the nursing program director, (3) the statutory fee, (4) the affidavit of graduation and (5) the official school transcript.

"(c) The Board will schedule the applicant to write the first examination available after application is completed within the constraints of space, expense, personnel and time."

The statement of need: "This rule is necessary to bring the application procedure into conformity with Minnesota Statutes 148.211, Subdivision 1 and 5 which states 'Has completed a course of study and holds a diploma therefrom.'"

Are there any comments? Let the record reflect that there are no comments.

Rule #3, "Permit to Practice Professional Nursing." The old rule is retained.

Rule #4, "Examination and Re-Examination." Retain the old rule.

"(a) The passing score for each series of the Minnesota licensure examination shall be determined by the Board.

"(b)Retain old rule.

"(c) Retain old rule.

"(d) An applicant must pass all five sections of the examination in not more than three writings within an 18 month period. The Board must receive evidence of remedial assistance from the applicant who fails more than three writings before such applicant will be admitted to subsequent examinations. The applicant who has not passed all five sections of the examination in 18 months must re-write the entire examination."

Section (e) of that rule is repealed.

The statement of need: "Examination applicants who have not passed after the third writing of the examination show a deficiency in knowledge necessary for safe practice. Such applicants need further education before they are qualified for re-admission to the examination.

For the period 1968 through 1972, 89.3 percent of the graduates of Minnesota Registered Nurse-Preparing Programs passed the licensure examination on the first writing. For the same period 84.6 percent of the Minnesota candidates who failed the first examination passed on the second or third writing. In any given group of examination candidates from Minnesota programs, an average of 99 percent are licensed after three writings of the examination."

Are there any comments? If not, let the record reflect that there are no comments.

Nursing Rule #5, "Duplicate Original License. Duplicate original licenses are not issued for any reason."

The statement of need: "The original license serves a ceremonial purpose in notifying the nurse of licensure. It is issued only once in the name which the licensee holds at the time. The official record of licensure is on file in the Board office and changes are made as they occur."

Are there any comments? If there are no comments, let the record reflect that there are none.

We will go on to Chapter 2, Rules 10 to 19 on "Individual Previously Licensed in Another U.S. Jurisdiction." RN 10, "Qualifications. An applicant for Minnesota licensure by interstate endorsement shall have been granted licensure in another jurisdiction of the

United States. Minnesota Registered Nurse licensure shall not be required for a nurse licensed in another jurisdiction who is in Minnesota as a student enrolled in a program of formal education which involves nursing practice, such as a program leading to a higher degree, a program to enhance skills in a clinical field or a program leading to certification in a nursing specialty. A Minnesota license or permit shall be required if the individual receives any monetary compensation for the nursing services provided or if the individual wishes to be employed during spare hours at the same time as he or she is enrolled in an educational program.

"(a) The applicant shall have graduated from a program preparing for registered nurse licensure which is approved by the Minnesota Board of Nursing or similar board in another U.S. jurisdiction. Such applicant must have had substantially the same general and nursing education as required by the Board for Minnesota program graduates at the time such applicant was accepted for licensure in the original jurisdiction.

"(b) An applicant who does not present evidence of satisfactory general or nursing education may be required to take an additional course of study to insure that his or her background is comparable to that of Minnesota program graduates.

"(c) The registered nurse applying for licensure by interstate endorsement who has not been employed in nursing for five years or more preceding application shall be required to submit evidence of competency in nursing before receiving a license in Minnesota. Such evidence may include completion of a refresher course, continuing education courses, an apprenticeship, an orientation program or such other evidence as the Board may reasonably require.

"(d) A person who is not a graduate of an approved nursing program but has been licensed as a registered nurse in another jurisdiction may be licensed in Minnesota providing the criteria for licensure which he or she met in the original jurisdiction were comparable to criteria required in Minnesota at the time of his or her licensure in the other jurisdiction.

"(e) An applicant must have written the same licensure examination as that administered in Minnesota and achieved scores established as passing for that examination by the Minnesota Board of Nursing unless he or she graduated from a U.S. nursing program and was licensed by examination in a U.S. jurisdiction prior to 1954.

"(f) An applicant whose licensure examination scores do not meet the Minnesota requirements for 1954 or thereafter shall be required to re-write the current

Minnesota examination and achieve a passing result before a Minnesota license is issued."

Statement of need: "(a) (b) (d) (e) (f) These sections are essentially unchanged from existing rules.

"(c) This rule is necessary in order to assure the public that all who nurse for hire have met a requirement to have knowledge of current nursing practice. The knowledge and technology explosion in medicine and health care has resulted in many changes in nursing and medical practice. The nurse who has not been employed in nursing for five years or more frequently is unfamiliar with changes which have taken place. In the period from March 1st, 1974 to March 1st, 1975, 12 percent of the licenses issued by interstate endorsement were issued to Registered Nurses who have been out of nursing practice for five years or more."

Are there any comments? Let the record reflect that there are no comments.

Nursing RN 11, "Application. The application forms and instructions for filing are provided by the Board.

"(a) A completed application for licensure by interstate endorsement shall include all of the following:

"(1) The completed and notarized application form;

"(2) A verification of licensure from the state in which the licensure examination was written;

"(3) A verification of licensure from the state in which most recently employed if this is different than the state of examination;

"(4) A satisfactory employment reference from the five years preceding the application. If the applicant has not been employed during this period, a personal reference is substituted;

"(5) The statutory fee.

"(b) The applicant may not be employed as a registered nurse in Minnesota until a Minnesota license or permit has been issued."

Statement of need: "These changes are needed to provide more specific information about what is included in a completed application. It conforms with present law."

Are there any comments? Let the record reflect that there are no comments.

RN 12, "Permit to Practice Professional Nursing." The old rule is retained and it is renumbered. Pages 8, 9 and 11 are being replaced with revisions which are on the back of the room. And the revisions are mostly typographical.

Chapter 3. Joyce will explain the differences because of this change.

MS. SCHOWALTER: I am Joyce Schowalter, the Executive Director of the Board of Nursing. The Page 8 revisions were necessary because we had not copied the old rule in the space provided. So there could have been some confusion as to whether or not we were retaining certain sections of the old rule or changing some. And those type of changes occur on Page 9 as well. I am referring here to Page 8 and 9 of the amendments to the Registered Nurse Licensure Rules published April, 1975, and specifically to Nursing Rule 20, "Qualifications," Nursing RN 22 through 29 and the beginning of Chapter 4, Nursing Rule 30 as it is shown on Page 9.

MS. HESSIAN: Chapter 3, Nursing RN 20 to 29, Rules #20 to #29, "Licensure: Individual Previously Licensed in a Foreign Country."

Nursing RN 20, "Qualifications. (a) A foreign educated nurse will be required to write all parts of the same licensure examination as administered in Minnesota and achieve scores established as passing for that series by the Minnesota Board of Nursing.

"(b) The foreign educated nurse who has passed the same examination as administered in Minnesota and has been licensed on that basis in another U.S. jurisdiction, shall be licensed by interstate endorsement.

"(c) An applicant shall have graduated with

substantially the same general and nursing education as required by the Board for Minnesota nursing graduates at the time such applicant was accepted for licensure by examination in the original foreign jurisdiction.

"(d) An applicant who does not have evidence of satisfactory general or nursing education may be required to take an additional course of study to insure that his or her background is comparable to that of Minnesota program graduates.

"(e) The applicant shall be required to demonstrate compliance with the U.S. Immigration and Naturalization Act."

Retain and re-letter (c).

The statement of need: "This chapter pertains to individuals previously licensed in a foreign country. Although the licensure process is essentially the same as that used for nurses educated in other states, the separation of all rules regarding licensure for foreign educated nurses will make it clearer and more useful in working with applicants."

Are there any comments? Let the record reflect that there are no comments.

RN 21, "Application."

"(a) The foreign educated nurse who has been licensed in another U.S. jurisdiction after passing the same examination as administered in Minnesota shall be

licensed by interstate endorsement. He or she shall submit the same application as outlined in Nursing RN 11, with the addition of a form indicating compliance with the U.S. Immigration and Naturalization Act.

"(b) The foreign educated nurse who has not passed the same licensure examination as administered in Minnesota shall be required to write and pass all parts of the examination. The completed application for such applicant shall include the notarized application form, certification of licensure from the foreign licensure authority, if the applicant has been licensed, certification of graduation from a nursing program, official transcript from the nursing program, reference from a United States employer, if employed in the United States, immigration form and the statutory fee. The Board will schedule the foreign educated nurse to write the first examination available after the application is completed within the constraints of space, time, expense, and personnel."

Statement of need: "This section clarifies the application process for nurses educated in foreign countries. It conforms with existing statutes. There is need to clarify exactly what is expected of each person who applies for licensure."

Are there any comments? Let the record reflect that there are no comments.

Chapter 4, Nursing RN Rules 30 to 39, "Annual Registration (Renewal); Penalty, Delinquent and Nonpracticing Status; Change of Name."

Nursing RN 30, "Renewal of Registration. Each licensee is responsible for applying for renewal of registration if he or she wishes to be employed as a registered nurse in Minnesota in the coming year. The Board issues renewal applications to all current licensees and will renew registration upon receipt of the application and the renewal fee. Beginning with the 1976 renewal period, the annual fee shall be $5."

Statement of need: "The word 'annual' is being removed in order to prepare for a biennial renewal period. This is needed in order to plan for the introduction of continuing education requirements based on a law being passed this session. Until the actual provisions are promulgated, however, the renewal period will remain the calendar year and the renewal fee will be an annual fee.

"In accordance with Minnesota Statutes 214.06 (1974) licensing boards may revise their renewal fee rate pursuant to the Administrative Procedures Act so that the total fees collected will as closely as possible equal anticipated expenditures. The proposed increase of the annual fee from $4 to $5 is needed to assure that income will meet expenditures. The method of budgeting for Boards

changes from dedicated to non-dedicated funds effective July 1st, 1976 and all unexpended funds will be deposited into the general fund at that time. Any income over expenditures will also be so deposited after that date."

Are there any comments? Let the record reflect that there are no comments.

Nursing RN 31, "Penalty. An applicant for renewal of registration, except if in nonpracticing status, shall pay a late penalty fee of $2 as well as the renewal fee if the request for renewal is postmarked after the end of the renewal period."

The statement of need: "Removal of the specified end of the renewal period is needed in preparation for a biennial renewal period. The specified renewal fee is transferred from the statutes to the rules."

Are there any comments? Let the record reflect that there are no comments.

Nursing RN 32, "Delinquent Status. An applicant for renewal of registration, except if in non-practicing status, who failed to re-register for the previous year or years shall pay a delinquent fee of $2 for each year for which he or she has been delinquent up to a maximum of $10 as well as the penalty fee of $2 and the renewal fee for the current period."

Statement of need: "The specified delinquent

fees are transferred from the statutes to the rules in accord with Minnesota Statutes 214.06 (1974)."

Are there any comments? Let the record reflect that there are no comments.

Nursing RN 33, "Nonpracticing Status. (a) An applicant for nonpracticing status who failed to renew registration for the previous year or years shall pay a delinquent fee of $2 for each year for which he or she has been delinquent up to a maximum of $10.

"(b) The registered nurse who has been in the nonpracticing status for five years or more must present evidence of competency in nursing before becoming actively re-registered. Such evidence may include completion of a refresher course, continuing education courses, an apprenticeship, orientation program or such other evidence as the Board may reasonably require.

"(c) The licensee who has been in the nonpracticing status for less than five years will be granted renewal of registration upon notification to the Board of intent to renew and payment of the renewal fee for the current period."

Statement of need: "The stated delinquent fees are transferred from the statutes to the rules in accord with Minnesota Statutes 214.06 (1974).

"(b) (c) The knowledge and technology

explosion in medicine and health care has resulted in many changes in nursing and medical practice. The nurse who has not been employed in nursing for five years or more is unlikely to be familiar with changes which have taken place. The public should be assured that all who practice for hire have met a requirement to have knowledge of current nursing practice."

Are there any comments? Let the record reflect that there are no comments.

RN 34, "Change of Name and Records. The licensee who is changing names must request the change in writing and must return the current renewal certificate with the request for name change. The Board may require substantiation of the change by requiring official documentation."

Statement of need: "Requiring written notice of name change assures the keeping of accurate records. Requiring return of the renewal certificate will help to limit the number of such certificates in circulation to one per licensee, thus reducing the chance of an unlicensed person using a certificate. Approximately one-third of the requests sent to the Board for duplicate renewal certificates involve change of name."

Are there any comments? Let the record reflect that there are no comments.

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RN 35, "Duplicate Renewal Certificates. Duplicate renewal certificates are issued only to persons who have had legal name changes. The individual who is changing names must request the change in writing and must return his or her current renewal certificate to the Board before a duplicate certificate is issued. A duplicate renewal certificate is not issued when a certificate is lost or stolen."

Statement of need: "The number of renewal certificates in circulation should be limited to one per licensee in order to minimize the possibility of use of the certificate by an unauthorized person. Acknowledgements of address change and loss of certificate are made by letter. There is no statutory authority to charge a fee for duplication of records to offset the Board cost."

Are there any comments? Let the record reflect that there are no comments.

Chapter 5, Nursing RN 40 to 49, "Discipline of licensees."

Chapter 12, Nursing RN 40 to 49 is re-chaptered from 4 to 5.

Chapter 12, RN 110 to 119 is being retained but is renumbered.

Are there any comments? Let the record reflect that there are no further comments.

Now, I would like to ask Joyce Schowalter to differentiate between the material that was sent out and the material that was found at the back of the room, on those three pages; 8, 9 and 11.

MS. SCHOWALTER: Just to repeat, the pages that you found at the back of the room were revisions of Page 8 and Page 9 which cover Nursing RN 20, Nursing RN 21 and the beginning of Nursing RN 30. It also included Page 11, which was the conclusion of Nursing RN 33 and also included Nursing RN 34, Nursing RN 35, Chapter 5, which is Nursing RN 40 through 49 and Chapter 12, which is Nursing RN 110 through 119.

The reason for this substitution was to correct the typographical error. In the original material mailed, we had not included the full present rule. And in order to offer you an opportunity to comment and to be aware of exactly what we were retaining in addition to changing, we offer this substitution.

MS. HESSIAN: Are there now any further comments on anything we have discussed so far this morning? Any general comments at all? Let the record reflect that there are no comments.

We will now have a little recess.

(At this time a short recess was taken.)

MS. HESSIAN: I would like to resume this hearing and begin with proposed regulations and amendments to the approval rules for Registered Nurse Preparing Programs.

Chapter 6, Nursing RN 50 to 59, "Approval of RN Preparing Programs: Definitions, Approval Procedure. Nursing RN 50, "Definitions."

"(a) 'Approval' is synonymous with accreditation as stated in Minnesota Statutes, Section 148.171-148.285 and means the program has fulfilled requirements set forth in Board rules and regulations. Graduates from Board approved programs are eligible to apply for Registered Nurse licensure.

"(b) Re-letter and retain the old definition.

"(c) 'Clinical facility' means an institution, agency or organization whose primary purpose is to provide care or services supportive to the promotion or maintenance or restoration of health.

"(d) 'Controlling institution' means the larger institution that operates a nursing program.

"(e) 'Course' means a distinct unit of the curriculum that has been organized for presentation within one term. In a nursing course, this word refers to all of the related learning experiences provided by the faculty, both within and without the classroom, in order to support the objectives.

"(f) 'Curriculum' means the planned studies and learning activities designed to lead to graduation and eligibility for Registered Nurse licensure."

(h) is repealed.

"(g) 'Faculty' means the group of persons employed to administer or teach in the program preparing for Registered Nurse licensure.

"(h) 'Director' means the Registered Nurse delegated the authority and responsibility for the administration of the program and implementation of the curriculum. This title is used regardless of the person's official title in the controlling institution.

"(i) 'Program' means an educational unit of a larger controlling institution that prepares persons for Registered Nurse licensure.

"Types of Programs: (1) 'The Associate Degree Program' means a program that is an integral part of a community-junior college or senior college which offers a curriculum leading to an associate degree in nursing.

"(2) 'The Baccalaureate Degree Program' means a program that is an integral part of a senior college or university which offers a curriculum leading to a baccalaureate degree in nursing.

"(3) 'The Diploma Program' means a program

under the control of the hospital which offers a curriculum leading to a diploma in nursing."

"(j) 'Recommendations' means statements of desirable standards for the development of quality programs. These standards are strongly urged by the Board although not mandatory.

"(k) 'Requirements' mean mandatory standards with which programs shall comply in order to be approved, as contained in Minnesota Statutes, Sections 148.171-148.285.

"(l) 'Survey' means the Board's collection of information for review purposes in granting, renewing or denying approval. The information may be collected by on-site visits, review of reports or through other methods."

Statement of need: "Although these rules may be revised in the future, the change which substitutes 'nursing program' for 'School of Nursing' throughout is needed to bring them in accord with the revised definitions."

Are there any comments? Let the record reflect that there is no comment.

RN 51, "Application for Approval. The controlling board of an institution contemplating establishment of a nursing program shall confer with the Board in early stages of planning.

"(a) The Board will send copies of the Application for Approval to the controlling institution of

a new program at its request."

(b) and (l) are retained.

"(2) Other qualified faculty members shall be appointed sufficiently in advance of admission of students to participate in developing the program's statement of philosophy and objectives and in devising the curriculum design."

(c) and (d) are retained.

"(e) The Board will review the survey report and notify the institution whether the program has been granted interim approval. The institution will receive copies of the report and a letter conveying Board Action."

Statement of need: "Although these rules may be revised in the future, the change which substitutes 'nursing program' for 'School of Nursing' throughout is needed to bring them in accord with the revised definitions."

Are there any comments? Let the record reflect that there is no comment.

"Interim Approval," Nursing 52. "Interim Approval shall be granted by the Board to a new program which meets the Board requirements as evidenced by the Application for Approval and by the survey."

(a) is retained. (b) is retained.

Statement of need: "Although these rules may be revised in the future, the change which substitutes

'nursing program' for 'School of Nursing' throughout is needed to bring them in accord with the revised definitions."

Are there any comments? Let the record reflect that there are no comments.

Nursing RN 53, "Approval and Renewal of Approval. At the end of the interim approval period, providing the program has continued to meet Board requirements and has completed the initial plans approved earlier by the Board, approval shall be accorded.

"The Board publishes and revises a list of approved programs. Unless otherwise designated as 'interim' or 'provisional', the programs included on the list will be recognized as approved.

"(b) The Board shall make surveys, review all approved programs and grant renewal of approval to those which continue to meet Board requirements."

Statement of need: "Although these rules may be revised in the future, the change which substitutes 'nursing program' for 'School of Nursing' throughout is needed to bring them in accord with the revised definitions."

Are there any comments? Let the record reflect that there are no comments.

Nursing RN 54, "Provisional Approval. The Board will accord provisional approval to any program previously having interim approval or approval if conditions

within the program and controlling institution do not meet requirements.

"(a) These conditions will be brought to the attention of the authorities of the controlling institution and the program. A definite length of time will be stated by the Board during which the conditions shall be corrected.

"(b) If the unsatisfactory conditions are not corrected within the defined period, the Board will remove the program from approval status following hearing and reasonable notice thereof."

Statement of need: "Although these rules may be revised in the future, the change which substitutes 'nursing program' for 'School of Nursing' throughout is needed to bring them in accord with the revised definitions."

Are there any comments? Let the record reflect that there are no comments.

Nursing RN 55, "Closing of a Nursing Program. When the authorities of a controlling institution have decided to discontinue an approved program, the institution shall notify the Board to this effect.

"(a) Provided the quality of the educational program is safeguarded, the Board will continue approval of the program until the enrolled students have graduated.

"(b) A controlling institution closing a program shall provide for safe storage of vital school

records."

Statement of need: "Although these rules may be revised in the future, the change which substitutes 'nursing program' for "School of Nursing' throughout is needed to bring them in accord with the revised definitions."

Are there any comments?

MS. MIRIAN HAZZARD: Miriam Hazzard, M-i-r-i-a-m H-a-z-z-a-r-d, North Hennepin Junior College. It doesn't exactly relate right here, but I missed being able to respond to "Definitions," RN 50. My question is, should I wait until at the end when you call for general comments or before you move on to the next chapter? I missed your closing quote faster than I was thinking. So that was the question. I do have some questions for 50, but should they wait?

MS. HESSIAN: I guess we will wait.

MS. HAZZARD: Fine. That's all I wanted to know. Thank you.

MS. HESSIAN: Are there any other comments? Let the record reflect that there are no comments.

Chapter 7: Nursing 60 to 69, "Approval of RN Preparing Programs: Controlling Institutions."

Nursing RN 61, "Controlling Institution. (a) The controlling institution shall be an educational

institution which the Board deems able to provide an effective Registered Nurse preparing program and which shall include but not be limited to universities, senior colleges, or community-junior colleges, both public and private. Only those general hospitals which have existing programs as of July 1st, 1976 shall constitute a controlling institution within these regulations.

"(b) A community-junior college, senior college or university which operates a nursing program shall be accredited by a national or regional accrediting body recognized by the Board. Such accreditation is also required for a college or university which provides some courses for students in the nursing programs of other institutions.

"(c) The Board may grant interim approval to a new nursing program when there is evidence that the college has acquired eligibility status for accreditation by a national or regional accrediting body recognized by the Board.

"(d) The board of the controlling institution shall insure support including financial support which will provide a sound educational program."

(c) is repealed.

Statement of need: "(a) The broadening of this definition is needed to allow learning in a variety

of educational settings including community colleges. Of the twenty-three programs presently preparing Registered Nurses, only five have a general hospital as the controlling institution. During the past fifteen years only one hospital has applied for approval of a nursing program. This approval was granted in 1963. The hospital operated at the program until 1973 when it decided to no longer admit students.

"During this same period, eight community colleges sought and received approval to start nursing programs. This follows the trend to have nursing programs in educational rather than service-oriented institutions."

In response to (b): "Although the North Central Association is the usual accrediting body, this change is needed to provide the Board more options in accepting accreditation of the controlling institution."

Change in (c) "is needed for consistency of wording."

And in (d), "These wording changes are needed to focus on program operations that directly affect the quality of nursing education.

"Old (c) is no longer needed because the determination of whether or not to have an advisory board is a responsibility of the controlling institution."

Are there any comments?

MS. RITA KROSKA: Rita Kroska, K-r-o-s-k-a, Mankato State College. In reference to Nursing RN 61, "The controlling institution," Item (a) and the sentence which includes, "But not limited to universities, senior colleges or community-junior colleges," the question that we raise seems to be related to what other educational institutions could there be. And also, we are assuming then therefore that this could mean no new diploma programs arising.

Also under that paragraph, we would like included the statement relating to only those general hospitals - these regulations. It seems to us appropriate at this time to include the statement in the proposed new rules. And our rationale for that is based on the difficulties in terms of time and effort in regard to career mobility.

Moving on to Item (b) which relates to the community --

MS. HESSIAN: Rita.

MS. KROSKA: Yes.

MS. HESSIAN: Just a minute.

MS. KROSKA: Which includes accredited by a national or regional accrediting --

MS. HESSIAN: Rita, just a second. The panel is --

MS. SCHOWALTER: Before you go onto (b), we will try to respond to (a).

MS. KROSKA: All right.

MS. MARGARET BAACH: I'm Margaret Baach of the staff. Your question was about what other educational institutions might there be?

MS. KROSKA: Yes. It's just that there is need for, I suppose, more explicit clarification; "shall include but not be limited to universities, senior colleges or community-junior colleges, both public and private."

MS. BAACH: We are simply enumerating all of the other things in the post-secondary - if that answers your question.

MS. KROSKA: Well, it's a question of just how much latitude we want to tolerate in that sentence. It's just a comment on our part - or question.

MS. BAACH: All right.

MS. KROSKA: Then the second piece, "Only those general hospitals and which have existing programs as of July 1st, '76 shall constitute a controlling institution within these regulations." We believe that it's appropriate at this time to include this statement in our proposed new rules.

MS. BAACH: You are supporting that?

MS. KROSKA: Yes. Okay. Then moving on to Item (b), under RN 61, where we are looking at the accreditation, "Accrediting body recognized by the Board,"

which is stated, "The program shall be accredited by a national or regional accrediting body." Now, we would like to ask here, does that imply mandatory accreditation? That's a question that we are raising. And our concern is also in regard to which specific accrediting bodies are quote, "recognized by the Board," unquote. I think we have to be aware of those two pieces, those two facets, of that statement; "by a national or regional accrediting body." Perhaps we need some kind of a qualifying adjective in there; nurses national or regional - be recognized, national or regional accrediting body in there by the Board - represented by the Board. But there could be some difficulty we feel.

Then (d) of the same 61, which relates to "the Board of the controlling institution shall insure support including financial support which will provide a sound educational program." We are suggesting there that this statement include the Board and the administrative officers of the controlling institution, and that the word "sound" be clarified.

Now, those are comments that can be brought into consideration for clarity sake. That's all I have. Thank you.

MS. HESSIAN: Rita, just a minute.

MS. KROSKA: Yes.

MR. O'BRIEN: Ms. Kroska, I just wanted to ask you whether you want to make the addition of the handy administrative officers, just for point of clarification; are you indicating that they should be personally responsible for providing financial support in the event that the institution should go bust or -- I just wanted to clarify what you mean by adding that particular phrase.

MS. KROSKA: I believe that a unit, for instance on a campus, is not totally responsible for its budget and the administrative of the budget; that the executive officers - or the executive council, including the president of the central administration, really ultimately bear the responsibility of opening and closing, succeeding or not succeeding, in getting funding for an institution. And we feel that they should be included in an item such as this. So we are suggesting that it includes the Board and the administrative officers of a controlling institution.

MR. O'BRIEN: And by that you mean in the sense that they will in their corporate capacities --

MS. KROSKA: Right.

MR. O'BRIEN: -- help plan and help try to implement --

MS. KROSKA: Right. And that the nurses' unit on the campus does not stand alone in bearing that

responsibility; that they in turn would be assured of an implicit and at times explicit support by administration in times of stress. I think that this is an important ingredient to add to this.

MR. O'BRIEN: Thank you.

MS. DONNA PETERSON: My name is Donna Peterson, P-e-t-e-r-s-o-n, from Lutheran Deaconess Hospital School of Nursing. I would take exception to the last statement under (a). I would much prefer to see the last portion of the old (a), or "government or non-government general hospitals" put onto the end of the listing of the controlling institutions. The rationale behind this is that while you do represent a diploma program that is in existence at this time, the long-range corporate plans of the Fairview Community Hospitals are that with the phasing out of the Fairview Community Hospital, which should be complete in the summer of '76, that the Lutheran Deaconess Hospital School of Nursing would change the controlling organization, would change from being Lutheran Deaconess Hospital to being the Fairview Community Hospital. And under this proposal, we would be legislated out of existence.

MS. MARY BLAIR: Mary Blair, M-a-r-y B-l-a-i-r. I would like to ask Mrs. Schowalter --

MS. HESSIAN: Where are you from?

MS. BLAIR: I'm sorry. St. Luke's Hospital

School of Nursing, Duluth, Minnesota.

MS. HESSIAN: Okay.

MS. BLAIR: I would like to ask Ms. Schowalter if she received this letter from Ellen Egan representing the EACT group that met on April 25th, because it's addressed to you and it was mailed out on the 21st of May. And this document addressed itself starting with Nursing RN 61, "Controlling Institutions," and continues right on down through the last one of the "Library." And I feel that this should be --

MS. SCHOWALTER: As of Friday, no, I did not receive that document.

MS. BLAIR: Well, can it be accepted now?

MS. HESSIAN: Yes, you may submit that.

MS. BLAIR: All right. Then I shall do so.

MR. O'BRIEN: Ms. Hearings Officer, I would submit what is marked Exhibit #10, a letter to Joyce Schowalter, Executive Secretary, from Helen Egan, Chairperson, EACT section of MNA, dated May 21st, 1975. I would request that this be admitted into evidence.

MS. HESSIAN: That is accepted into the record.

MS. BLAIR: Yes. Now, I would like to ask another question: Is this going to be read - or how is it going to be handled, because I think it says just about

everything that all of us here at some point or another are going to want to say. And it would seem to me that it might save time and duplication. But you will have to compare it to the current ones which were passed out this morning in order to make it completely clear. And I would like to go on record for St. Luke's School of Nursing and say that we are in agreement with the EACT members who attended that workshop on the 25th and their written statements mailed to Joyce Schowalter from Ellen Egan.

MS. SCHOWALTER: Mr. O'Brien will explain the procedure for handling exhibits.

MR. O'BRIEN: Now that this exhibit has been received into the record today, it becomes part of the official record and the Board is duty-bound to read this statement. And if at any point it disagrees with the regulations, it is proposed to respond to that statement, or to the disagreement, in their findings of fact before the regulation is finally adopted. So any letter to be submitted into evidence will not only be read but will be responded to in the official record.

At the conclusion of the hearing today, I will be outlining the legal procedures to take place subsequent to this hearing and prior to final adoption of the regulations.

MS. MOLINE: Connie Moline, Director of

Nursing Services, St. Cloud Hospital. I would like to support the statement that Donna Peterson made regarding moving the last two lines from the old rule onto 61 (a) and deleting the last sentence of 61. I would like to support that and I would like to support the previous speaker's comments regarding the letter from Ellen Egan. And many of the issues that we will be speaking to will be included in that.

MS. HAZZARD: Miriam Hazzard, M-i-r-i-a-m H-a-z-z-a-r-d, North Hennepin Junior College. I speak in support of the same thing that Rita Kroska spoke to in that in the community college system, we have a board somewhat involved in finances. We also have an administrative branch at the college level that really is concerned with the administration of the money that comes to the college. And that really is more to our concern than what the Board allocates to the total college. So, my question that I had in this statement is, should there not be another term other than "Board" used when such colleges have an administrative branch that makes these decisions, not the controlling board in determining what is, you know, going to be a support for the program? The college is making that decision, not the Board, that gives the college the money.

I was also wondering the same thing that

Rita did; what was a sound educational program and how was this going to be defined and who is going to be involved in defining this. In the old rule, under Nursing RN 67, "Finance", which is being repealed, it seems to me where this was spoken to before, and it did state that "A school shall have definite assured and continuing financial support sufficient to provide staff facilities and other essentials for carrying out the school's stated objectives."

(b) under that speaks to the involvement of the nursing people in determining what the support might be, or should be. And I was concerned that in broadening to the stated new rule, that we were losing some of this, and this might be of concern and it might raise problems in certain institutions or certain studies where we might need more clout for the administration. And it seems to me that we are getting less, and I was just concerned that we are taking it out and not spelling it out, that we might have less input and might have to take less, you know, unless the Board wants to get involved in refereeing or arbitrating. If we do not believe that we are getting sound support, then is the Board going to come in and be the referee? It sounds like that might happen.

MS. SHEILA CORCORAN: Sheila Corcoran, S-h-e-i-l-a C-o-r-c-o-r-a-n, University of Minnesota School of Nursing. I have one point under (a). I think the

providing an effective registered nurse preparing program is confusing and it might be better to have it consistent with the definitions to state: A program leading to graduation and eligibility for the Registered Nurse licensure.

MS. HESSIAN: Are there any other comments? If not, let the record reflect that there are no further comments.

Nursing RN 62, "Organization." The present Nursing RN 62 (a) will be repealed by adoption of these regulations.

"(a) The controlling institution shall make provision for a qualified director who shall be responsible for, and authorized to act on matters concerned with the program.

"(b) The faculty for this program shall be organized in order to effectively involve members in the formulation, implementation and evaluation of the curriculum."

Present Nursing RN 62 (d) will be repealed and Nursing RN 63, "Secretarial Staff-Offices" will be repealed by adoption of these regulations.

Are there any comments?

The statement of need for this rule: "(a) This section should be repealed since the Board of Nursing has no control over the general organization and administration of the controlling institution.

"(a) This change is needed to clarify the responsibilities of the director of the nursing program.

"(b) This revision is needed in order to focus on the desired outcome of faculty organization rather than a mere description of it.

"Old (d) should be repealed since it is a matter to be handled by the controlling institution and has no direct effect on nursing education."

The statement of need for the "Secretarial Staff-Offices: This rule should be repealed since the Board of Nursing has no control over clerical staff and offices."

Are there any comments?

MS. KROSKA: Rita Kroska, K-r-o-s-k-a, Mankato State College. We question the repeal of the old rule, quote, "adequate clerical and secretarial staff shall be provided." We would like to suggest the retention of this old rule because we feel that we certainly do need the support of staff positions, the support services, personnel, and that we may not receive the support services without the clout of the rule. This is, if there is nothing to be cut, as this is many times the area that will be cut, and we would prefer that it be left in at this point in time for our economy.

MS. HESSIAN: Okay. Are there any other

comments? Let the record reflect that there are no further comments.

Nursing RN 63, "Records and Reports.

"(a) There shall be an accurate system maintained for the preservation of academic records and files for students and graduates.

"(b) The program shall make reports as requested by the Board."

Present Nursing RN 64 (c) is repealed by adoption of these regulations.

Are there any comments? First of all, let me read the statement of need: "For (a) (b), students should be assured that academic records are maintained and will be available following graduation. These proposed changes reflect current practice and narrow the focus to the essential records which should be preserved and protected for students.

"(c) This section should be repealed since the matter of reports to controlling institutions is within the purview of that institution."

Are there any comments? Let the record reflect that there are no comments.

Nursing RN 64, "Publications.

"(a) Current information shall be available that accurately describes the program's curriculum and

student related policies."

Present Nursing RN 66 -- excuse me.

The statement of need for that: "These sections are revised slightly to focus on information to be furnished to students. They are needed since the Board has the responsibility to assure students that they are provided with correct and current information.

"Old Nursing RN 67 on 'Finance', (a) is repealed and (b) is repealed."

And (b) under RN 64, "Publications," the fees charged to students shall be clearly communicated to students in writing."

I already gave you the statement of need. Are there any comments? Let the record reflect that there are no comments.

We go on to Chapter 8, Nursing RN 70 to 79, "Approval of RN Preparing Programs: Faculty."

Nursing RN 70, "Composition and Functions. The faculty shall formulate and implement the educational policies for the program according to the powers delegated to the faculty by the controlling body of the institution."

(a) is retained in its present form; (b) is retained in the present form; (c) is retained in the present form; (d) is retained in the present form.

"(e) Nursing courses shall be the

responsibility of faculty members who are registered nurses employed by the program."

Statement of need: "Revision of the faculty requirements are currently under study and will probably be revised within the next year. The only change needed at this time is editorial in order to bring the wording in accord with previous definition changes."

Are there any comments? Let the record reflect that there are no comments.

Nursing RN 71, "Minimum Qualifications." Retain the old rule; (a) Retain the old rule; Nursing RN 71 (b) will be repealed by adoption of these regulations; Nursing RN 71 (c) will be repealed by adoption of these regulations.

"(b) The selection of qualified faculty members, faculty policies and practices shall be in accord with state and federal laws on non-discrimination."

Statement of need: "(b) (c) These sections should be repealed since organizational membership is only one of the several methods available to assist faculty members in efforts to keep current in their field.

"(b) This section is needed since all students will benefit if there is a diverse faculty, broadly representative of the general population. This proposal is in keeping with the Governor's Code of Fair

Practice and the Board's philosophy."

Are there any comments?

MS. HELEN HANSEN: Helen Hansen, H-a-n-s-e-n. I will speak as an individual to this one. Would you please tell me what is in the state law on non-discrimination that would guarantee the last rationale stated; "broadly representative of the general population?"

MS. SCHOWALTER: Would you repeat your question?

MS. HANSEN: Well, Margaret, your need for this was -- please restate that.

MS. HESSIAN: "This section is needed since all students will benefit if there is a diverse faculty, broadly representative of the general population. This proposal is in keeping with the Governor's Code of Fair Practice and the Board's philosophy."

MS. HANSEN: What is in the State law, because we didn't know it, that speaks to the Governor's statement. I don't see where this goes along with that need. And if it does, I will speak against it. Are you still not clear as to what I'm saying?

MS. SCHOWALTER: Which State law are you speaking on?

MS. HANSEN: State and Federal law on non-discrimination, all that you have in the rule.

MS. SCHOWALTER: Yes.

MS. HANSEN: You are speaking to a need that I don't see covered by that law, unless I'm not familiar -- I'm not completely familiar with the State law as opposed to the Federal law on non-discrimination. The need, "A faculty broadly representative of the population," I couldn't support, because I don't think we could find it. So I wanted to know why that need is used -- I'm not against this, if I knew what the State and Federal laws were that you are speaking to. That's really the point.

MS. SCHOWALTER: The response here speaks to the Governor's Code of Fair Practice, not to a particular State law.

MS. HANSEN: But you are citing that need to put that in there.

MS. SCHOWALTER: It will be reviewed. I don't know how else to answer it, because I don't think there is a particular State law, other than these that relate to discrimination. And the State laws are not very different from the Federal laws.

MS. HANSEN: That's why I wondered it this was also redundant, because I don't know what the State law is. That's what made me question it - when both are quoted; State and Federal law on non-discrimination. If that does say anything about broadly representative of the

population, I would speak against this rule.

MS. SCHOWALTER: No State law requires an agency to have, for instance, for us to have schools of a certain percentage of various minority populations.

MS. HANSEN: That's what I thought.

MS. SCHOWALTER: There is no State law of that nature. However, there are State and Federal laws which say, and the Governor's Code of Fair Practice, which says that agencies are not to discriminate in certain ways, and these are outlined. The Board of Nursing apparently cannot require schools, groups under its jurisdiction, to do something that they can't enforce. And in fact, the Board of Nursing is not the enforcing agency for those laws. On the other hand, they in many of the discussions did feel that they wanted to support efforts in the direction of having schools comply with State and Federal laws on non-discrimination.

MS. HANSEN: Well, most controlling institutions have to. That need was just in conflict of broadly representative, you know, what the faculty could do. And I don't see where that rule does in any way speak to the rule that was given.

MS. HESSIAN: Are there any other comments?

MS. BLAIR: Mary Blair, St. Luke's School of Nursing, Duluth. I agree with what Ms. Hansen has said.

I would also like to point out that the word "shall throws a little bit of fright in there. Our faculty felt that they did not know what the laws were. This word "shall" makes the law mandatory. I would like to suggest that it will be easier and better sold to us if it would read "The selection of qualified faculty members, faculty policies and practices should be in accord," because we have to do it anyway or we are going to get ourselves into difficulty. And the laws keep changing, and many times what we are told are laws are not laws. They are guidelines. And I am afraid that this is a very strong statement and it doesn't spell out what it really means. It's so broad. How could any of us keep up with all the laws, both State and Federal, nowadays. This frightens me.

MS. HESSIAN: Are there any other comments? Let the record reflect that there are no further comments.

Present Nursing RN 72, "Titles and Descriptions," (a) is repealed and (b) is repealed by the adoption of these regulations.

The statement of need: "This rule should be repealed since the determination of titles and job descriptions is the responsibility of the controlling institution, not the Board of Nursing, and does not help to insure adequate nursing education."

Are there any comments? Let the record

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reflect that there are no comments.

Chapter 9, Nursing RN 80 to 89, "Approval of RN Preparing Programs: Students."

Nursing RN 80, "Admission. (a) Admission practices shall be based on the program's stated criteria for selection."

The present Nursing RN 80 (a) will be repealed by the adoption of these regulations, and (b) will be repealed by the adoption of these regulations.

"(b) The selection and advancement of students shall be in accord with State and Federal laws on non-discrimination."

The statement of need: "(a) This rule should be revised slightly in order to focus only on the aspect essential to protect students, that is assurance that they will be provided correct information.

"(a) (b) These sections should be repealed because verification of age and general education is related to licensure, not program approval.

"(b) This new section is necessary since all students will benefit if there is a diverse student population, broadly representative of the general population. The proposed rule is in keeping with the Governor's Code of Fair Practice and the Board's philosophy."

MS. HANSEN: I will just say the same

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comment as before.

MS. HESSIAN: Are there any comments - further comments? If not, let the record reflect --

MS. KROSKA: Rita Kroska, Mankato State College. Our faculty felt that we would like to urge that this (a) (b) and (c) under Nursing 81 be referred to this special task force of the State Board of Nursing studying career mobility.

MS. HESSIAN: We haven't come to it yet.

MS. SCHOWALTER: We are on 80 yet.

MS. KROSKA: Oh, I'm sorry.

MS. SCHOWALTER: Could you strike that? That was all on the wrong rule.

MS. HESSIAN: Nursing RN 81, "Educational Progression Opportunity."

Are there any further comments on RN 80? Hearing none, let the record reflect that there are no further comments.

Nursing RN 81,"Educational Progression Opportunity. (a) By July 1, 1976 there shall be written policies regarding opportunities for student placement in, and/or progression through the curriculum based on satisfactory establishment of competency, however acquired.

"(b) During the 1976-1977 academic year there shall be evidence of opportunities for student placement

in, and/or progression through one-third of the nursing courses in the curriculum based on satisfactory competency, however acquired.

"(c) By July 1st, 1977 and thereafter, there shall be written evidence of opportunities for student placement in, and/or progression through all of the nursing courses of the curriculum based on satisfactory establishment of competency, however acquired."

Statement of need: "Deriving its authority from Minnesota Statute 148.251 which states 'an institution desiring to conduct a school of nursing shall apply to the Board and submit evidence that: (2) It is prepared to meet other standards established by this law and by the Board,' the Board of Nursing has promulgated various nursing program rules since 1968 which were designed to set standards. The purpose of such standards is two-fold: First, to assure the public that persons considered for licensure have successfully completed courses which contain nursing and nursing-related content deemed necessary to practice professional nursing as defined in Minnesota Statutes 148.171, and second, to assure students that the nursing program which they select will prepare them for licensure in as effective, efficient and timely a manner as is possible. The various rules have been developed with these two purposes in mind and can easily be identified

accordingly. Chapters 8, 10 and 11 deal almost exclusively with matters of program quality, while Chapters 7 and 9 apply predominantly to student assurance or protection.

"Recently a great deal of interest has been expressed by students and prospective students as well as 'the public' via the Legislature relative to the Board of Nursing providing greater assurance to students in several areas. The Health Subcommittee of the Senate Committee on Health, Welfare and Corrections heard testimony December 10th, 1974 on barriers to and within nursing education. At the April 3rd meeting of the Board of Nursing the immediate past president of the Minnesota Student Nurses' Association commended the Board on its efforts to find ways of assuring educational mobility for students. The Board of Nursing has identified the fact that in 19 of the 27 Minnesota programs preparing for registered nurse licensures, a student is required to enter the program at course one and progress through to graduation in accordance with school policies and practices, rather than at a rate appropriate to the knowledge, skill and learning needs of the student. In few programs was it possible for an entering student to be evaluated through testing or achievement records, then be placed at the appropriate spot in the program, and subsequently to progress at his or her rate of learning.

"Over the past five years several voluntary efforts have been undertaken to encourage competency testing and placement as well as self-pacing. The Board of Nursing sponsored a workshop in 1972, Northlands Regional Medical Program funded two career mobility projects and the Minnesota Nurses Association received Federal funds for a project which related to career mobility in Baccalaureate nursing programs. Although each of the efforts produced a few lasting changes, it is evident that since 1970 most programs have not changed their practices in this area. Because the Board of Nursing, as an administrative agency of State Government, is charged with the responsibility of fulfilling a social need in a specific practice field, and is expected to respond to changing times as voiced by its multiple publics (potential and actual nursing students, nursing programs, licensees, employers of licensees and the public at large) the proposed rule on placement in/or progression through the curriculum is needed and somewhat overdue.

"We believe models are available for use by the 19 programs affected which make the proposed dates within reason."

Are there any comments?

MS. RITA KROSKA: Rita Kroska, Mankato State College. Off the record, that was just a warmup for your presentation. Again, we would like to urge that this

topic of RN (e) 1 be referred to the special task force set up by the Minnesota State Board of Nursing stating career mobility. Our rationale is based on that this whole piece here that you have been discussing relates to this topic of career mobility. And I think that that's what we wish to convey to the Board at this point in time.

MS. MOLINE: Connie Moline, M-o-l-i-n-e, St. Cloud Hospital. I would like to support what the previous speaker just said and have this referred to the Board's task force.

MS. DORIS YOKIE: Doris Yokie, Y-o-k-i-e, Gustavus Adolphus College. I would like to speak particularly to Part (c), where there is a possibility of progressing through all of the courses by competency examinations, which makes it theoretically possible, I suppose, for a student to test out of all courses, which nullifies a college residency requirement, which is usually one year. This seems to be that the Board is legislating a college policy by an agency whose authority is limited to one major. And also, to be ignoring the part that the philosophy of the college plays in the students' rights to be designated forever after as a graduate of that institution, it seems to imply that the philosophy is not important, or that it can be absorbed with minimum exposure.

We certainly support the referring of this

section to a task force for a clarification.

MS. SCHOWALTER: I might just respond by pointing out that in Section (c), it only refers to the nursing courses of the curriculum.

MS. YOKIE: That makes it just as true for us.

MS. HAZZARD: Miriam Hazzard, M-i-r-i-a-m H-a-z-z-a-r-d, North Hennepin Community College. I support what Rita says. I feel that the career mobility task force will speak to this kind of education mobility and wondered about implementing new rules that they were going to come up with, you know - better rules.

I also raise the question that was just raised by Doris Yokie, in that we are legislating sort of a philosophy, an educational philosophy, to an institution that may not validate competencies. Maybe they just transfer credits, and do they not have a right to determine that as a viable method for their evaluating past experiences in the private institutions especially? So can we really say that you have to do this if it isn't a part of the total college philosophy?

I'm concerned that what is being requested of programs does require the controlling boards and not just the controlling institution, but board, especially in the community and state colleges, for additional support and

monies and faculty and this kind of thing to do these kinds of things, and whether the existing program can be held for doing something that they maybe can't control.

I also speak to the fact that I think the timetable, if these rules are implemented, due to the lateness of its introduction, is unfeasible, at least in relationship as I have looked at the practical aspects of it. They are talking about 1975-76 year, which is really already planned as far as faculty goes; loads have been determined, the students have been admitted. And to try and find additional time to work on this - and it really doesn't - if you will look back in the rules as to what exactly you are supposed to do, it doesn't talk about curriculum development and this kind of thing.

But in order to squeeze that in, I don't know how I would do that, because my faculty are already at load or over. So that leaves us, you know, a whole year that we can't begin to do anything toward modifying curriculum, or even develop new mechanisms to validate competencies.

So then, I am not sure if the timetable that is stated here can do all of the things, both to develop mechanisms where students could test out as well as develop a self-pacing curriculum. And I think developing a self-pacing aspect needs to be looked at in light of

resources that the particular institution or college has for doing this kind of thing. It may work well in some and it may not work as well in others, based on what the college or institution has as resources or facilities for this kind of a procedure.

MS. MARY MERGENS: Mary Mergens, M-e-r-g-e-n-s, Inver Hills-Lakewood Community Colleges. I concur with Miriam Hazzard in her recommendation that this be held over for the task force. But I would ask the Board also to take to that task force a directive to come up with a universally understood definition of competency and in light of a rule that's gone up, distinctions - or recommendations defining distinctions - between the three licensure preparing types of programs; LPN, ADN and Baccalaureate. Until I think all type programs have a uniform definition of competency and how these are measured and at what level they are measured, unless the task force is addressing itself to that, I don't think these rules can be implemented. And I assume the task force would do that, but I would like the directive to come from the Board.

MS. SHARON FINDLEY: Sharon Findley, F-i-n-d-l-e-y, North Hennepin Community College. I would like to say that in my opinion, the process of converting an established curriculum over to competency bases or

self-pacing curriculum is essentially the process of scrapping what you have got and starting all over. I feel that the Board's statement in (a), (b) and (c) more or less requires that all programs rule to competency based. I feel that this is extremely expensive, that it's unreasonable to expect all programs to scrap what they have, what they have developed, and to go to this expensive process rather than possibly allowing two or three programs to take over the competency based approach. And this is what I would suggest you do.

MS. HESSIAN: Are there any other comments?

MS. BLAIR: Mary Blair, St. Luke's School of Nursing, Duluth. I know that some of what I am going to say probably has been said, but I'm not so sure. I couldn't hear too well where I was sitting. It is the feeling of our faculty, or it is the belief of our faculty, that Nursing RN 81, "Educational Progression Opportunity," as stated in this document should be deleted at this time. The rationale is that the task force was set up for the purpose of dealing with career mobility. And we feel that all aspects of career mobility should be handled at one time and not cut up into little pieces. To pass something such as is printed in this document, which in my opinion is very unrealistic in terms of timing, puts the task force in a very difficult and uncomfortable position. Therefore,

I guess I could be happy only if this is held back, deleted, or whatever word you want to use, and turned over to the task force and let them do the job which they were assigned by the Board of Nursing to do. Thank you.

MS. HESSIAN: Any other comments? If not, let the record reflect that there are no further comments.

(At this time a short recess was taken.)

MS. HESSIAN: I would like to resume the hearing. We will start with Nursing RN 82, "Progression and Graduation Requirements. (a) Criteria for graduation shall be prepared by the faculty and clearly communicated in writing to students upon admission to the program.

"(b) The graduation criteria shall include but not be limited to satisfactory achievement of the competencies and the essential requirements delineated in the nursing courses.

"(c) Progression toward meeting graduation criteria shall be an integral part of the students' records." Present Rule (b) is repealed by adoption of these regulations.

The statement of need: "These rules should be revised slightly for clarification and to assure the graduation of a safe nursing practitioner.

"New (c) is needed to assure students of

regular evaluation and information about their progress toward graduation.

"Old (b) should be repealed since the director's recommendation is related to licensure, not program approval. The provisions will appear as part of new rule Nursing RN 2 (2)."

Are there any comments?

MS. BLAIR: I'm a little confused with --

MS. SCHOWALTER: Your name and --

MS. BLAIR: I'm sorry. Mary Blair, St. Luke's School of Nursing, Duluth. The terms, these two terms, speaks to competency and to graduation criteria. I'm not sure whether they mean the same thing or different things. And nowhere can I find it spelled out. I guess I am raising the question: Are they supposed to mean the same thing or different things? And may we have a definition of these two terms?

MS. BAACH: Margaret Baach, staff of the Board of Nursing. Graduation criteria are set by the school and refers to the criteria prepared by the faculty, all the criteria. Then the rule goes to, their proposed rule, to talk about not being limited to. You can have all the things there. And that should include the satisfactory achievement of competencies and the essential requirements delineated in the courses, assuming that the nursing faculty

would define the essential requirements. Competency we have defined in the memo that was sent to schools prior to this hearing.

MS. BLAIR: Well, we have both of those things, but they are not exactly the same, you know. So, I couldn't tell --

MS. BAACH: The graduation criteria are a broad, inclusive - they are all of the factors that you have defined that should be met. It could be the credit requirement, the prerequisite courses, all these things. And then within that, there should be a satisfactory achievement of competencies and in the essential requirements within the nursing courses.

MS. BLAIR: Competency regulating -- Mary Blair, St. Luke's School of Nursing, Duluth. I should have kept my mouth shut. I have been up here so many times. I was simply going to raise the question: Are you thinking of competencies as relating to the beginning practitioner; in other words, more for nursing services than for school?

MS. SCHOWALTER: You might as well stay there in case there is another question.

MS. BAACH: You are asking if we are using competencies in relation to the beginning practitioner, or the graduate?

MS. BLAIR: Uh-huh.

MS. BAACH: Yes.

MS. BLAIR: Beginning practitioner?

MS. BAACH: That's true further on in the proposed new rules under philosophy and goals. It reviews the same term again; that is, the faculty shall have discussed the competencies of the graduates with the nurses service and consumers.

MS. BLAIR: I raised the question because our faculties have a disagreement amongst themselves that they should be the same, so I have two sets. And I just wanted to be sure that I understood how it was intended according to what your intent was in relation to this document.

MS. HESSIAN: Are there any other comments?

MS. HAZZARD: Miriam Hazzard, M-i-r-i-a-m H-a-z-z-a-r-d, North Hennepin Community College. In speaking to (c) under there, I was wondering if it would be the evidence of the progression that we are talking about. Also I was wondering how much evidence, for how long would this be kept, in that I would see it coming with each course. And we haven't been in the habit of keeping all of this, but having a final summary. And there is no indication in this rule as stated how long you would be keeping this; only while the student was in the program or what would be kept in storage. It's a

problem. There are laws on student records of what should be in them. But I was concerned as to where we would be in keeping with this kind of thing. So I was questioning if that needed to be clarified a little bit more so that we knew for how long we were keeping them while we were keeping them.

MS. HESSIAN: Are there any other comments?

MS. HANSEN: Helen Hansen, H-a-n-s-e-n. I will now speak as a faculty member of the school. We have the same concern as already expressed --

MS. SCHOWALTER: What school?

MS. HANSEN: School of Nursing, University of Minnesota. We have the same concerns as have already been expressed. I also feel that there is something missing in this proposed new rule. And I'm sorry, I don't have a substitute rule. And that is protection of the student records.

MS. SCHOWALTER: Protection from fire or --

MS. HANSEN: No, from people -- I don't know what you see as evidence towards - evidence of progression toward meeting criteria. I remember in the need for this it was the student should be apprised of where she is at, which makes one think of a written description of where she is at beyond grade potentially. I do believe with the concern expressed about maintaining

confidentiality of maintaining student records, that somewhere in here it should be clearly stated that information about a student cannot be released without her permission.

MS. BAACH: I think that's covered under other legislation.

MS. HANSEN: Pardon?

MS. BAACH: I think that that is covered under some other legislation. I mean, we can do something in here, but that was considered by the education committee. The whole business of students' rights and records has been pretty well spelled out by the legislation.

MS. HANSEN: But it's not in these rules.

MS. BAACH: No.

MS. HANSEN: And I would like to see that if we are protecting other things and guaranteeing other things, that the controlling institution or program itself maintains an internal record that's not available for external use. And that the students' acts in the school of nursing not follow her for fifty years.

MS. HESSIAN: Are there any other comments? If not, let the record reflect that there are no further comments.

Present Nursing RN 83, "Guidance Program" will be repealed by the adoption of these regulations.

Statement of need: "These rules should be

repealed since they do not focus on aspects directly related to the quality of the program nor protect the students in nursing-related matters. These concerns should be resolved by the controlling institution."

Are there comments? If not, let the record reflect that there are no further comments - no comments.

Present Nursing RN 84, "Health Program" will be repealed by adoption of these regulations.

Statement of need: "These rules should be repealed since they do not focus on aspects directly related to the quality of the program nor protect the students in nursing-related matters. These concerns should be resolved by the controlling institution."

Are there comments? Hearing none, let the record reflect that there are no comments.

Present Nursing RN 85, "Maintenance" will be repealed by adoption of these regulations.

Statement of need: "These rules should be repealed since they do not focus on aspects directly related to the quality of the program nor protect the students in nursing-related matters. These concerns should be resolved by the controlling institution."

Are there comments? Hearing none, let the record reflect that there is no comment.

Chapter 10, Nursing RN 90 to 99, "Approval of

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RN Preparing Program: Curriculum." Nursing RN 90, "Philosophy and Goals." The present Nursing RN 60, "Philosophy and Objectives of the School" is repealed.

"(a) The philosophy of the controlling institution shall serve as the basis for the philosophy of the program.

"(b) The faculty shall write, periodically review and revise a philosophy that serves as the base for the curriculum and its implementation.

"(c) The philosophy shall include, but not be limited to a clear description of the faculty's beliefs, regarding: (1) man, (2) society, (3) health, (4) nursing including the relationship of the graduate being prepared to that from the other types of programs, (5) teaching and learning."

"(d) There shall be a written description of the competencies of the graduate being prepared. The competencies delineated shall be appropriate to the type of graduate being prepared and shall relate, but not be limited to, the following broad areas: (1) nursing process or problem solving. (2) nursing skills and delegated medical tasks. (3) role behaviors."

"(e) There shall be evidence that the faculty discusses with nurses, employers and consumers in the area serviced by the program the competencies of the

graduate. The focus of such discussion shall be upon mutual concerns, mutual understanding of philosophy and goals and appropriate utilization of the graduate."

The statement of need: "These rules are moved from Nursing RN 60 and edited to better relate to curriculum and current common terminology. The introductory paragraph should be repealed since the essential elements will be covered in new RN 90.

"(a) (b) should be revised slightly for clarification and simplication.

"(c) is needed because definition of the relationship of the practitioner being prepared to that from other types of nursing programs will assist in clarifying the goals of the program. Nursing facilities find that definitions of these beliefs provide a sound way to approach curriculum development.

"(d) This revision is necessary because clear delineation of the competencies of the graduate will assist potential students in selecting a career, present students in understanding what is expected of them, faculty in determining students' readiness for graduation and employers and public in understanding the abilities of the graduate.

"(e) This new section is needed because an on-going dialogue between educators and employers of

graduates will facilitate improvement of patient care as well as a better understanding of the expectations of both groups."

Are there comments?

MS. ELLEN EGAN: My name is Ellen Egan and --

MS. HESSIAN: Would you spell that, please?

MS. EGAN: E-g-a-n. And --

MS. HESSIAN: Where are you from, Helen?

MS. EGAN: University of Minnesota, School of Nursing. But I would like to speak for myself instead of the school, because I don't believe we have this in the statement that we have presented. And I would like to speak to Part (e), Section 90, Part (e). This is the part that says, "There shall be evidence that the faculty discusses with nurses, employers and consumers in the area serviced by the program the competencies of the graduate." And in the first place, I don't know what areas serviced means, because our program does not service any area. And I don't believe that any program services any area. So, I don't know that there is a definitive statement as to what that means. As far as I know, if we were going to talk about the area serviced, we would have to talk about where all of our graduates are, and that would be a mighty big area, which would mean we would have to talk to a lot of folks. And I think that's impossible. And I would assume

that even where there are schools of nursing, that the graduates of that hospital school of nursing do not just service that hospital as it may have been in the past. So even then, I think that that does not fit in the form of the program.

I would also like to say that I do believe that it is not within the power of any school of nursing, any program, to force employers and consumers to talk to them. I don't believe that anybody is empowered to make these other folks talk to you. Now, it might be that you can make some efforts to try to have these discussions, but I don't believe that we could control that at all as a program. So, I think that -- and this is not a recommendation, this is a mandatory statement. And I don't know that we have that kind of power. I think we could try to do that if we could figure out who these folks were that we are supposed to talk to. Then we could try to talk to them. We might show some evidence of attempt at discussion. But I don't believe at all that we could prove that those discussions did take place.

And I'm not sure that - when it says on the front page, or that the evidence that the faculty discusses with those folks the competencies of a graduate, that when we get over, that the focus is going to be on mutual concern, mutual understanding, of philosophies and folks and

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appropriate utilization of the graduate, that that to me goes beyond what competencies are. And if this is all under the philosophy and goal section, one wonders then if it is the purpose of the discussion that the nurses and employers and consumers would then have some impact on the development of the philosophy and goals of the particular program - if that is the purpose. I think, you know, I don't know what that means by that statement, what that purpose is, to have those sorts of discussions, because I don't know when it says, "mutual understanding of", whether that implies then that one should have a mutual philosophy and goal statement with all those other folks in the institution. You know, I don't know what that means.

So, in summary, it seems to me that it's unclear who these folks are that we are going to talk to, and secondly, that I don't believe that we are empowered to carry out this mandatory statement. It might be a nice recommendation, but I don't think it's appropriate to be a mandatory statement.

MS. HESSIAN: Are there any other comments?

MS. KROSKA: Rita Kroska, K-r-o-s-k-a, Division of Nursing, Mankato State College. I don't see - of philosophy and goals of RN 90 - or faculty beliefs, that word "shall" should be changed to "may" where it states, "The philosophy shall include."

In addition, our faculty felt also that there could be conceivably institutions in which a faculty would develop a philosophy in a way that these statements here as they are listed would somehow be restrictive. The faculty felt that they were not clear as to the intent.

Then Item (d) under the same "Philosophy and Goals," the faculty felt that statements under the (d) are not a part of philosophy. Again, we are not entirely clear as to the meaning of the word "competencies."

Item (e) at the bottom of the page, we too were concerned about the wording here, because to us it meant a mandatory discussion between these two groups; between the eduators and the employers at the agencies. We are suggesting that conceivably it could be stated in such a manner that faculty make an effort to have periodic discussions with. This is congruent. What I'm stating here is congruent to what the previous speaker, Dr. Egan, has mentioned.

MS. MARY MERGENS: Mary Mergens, M-e-r-g-e-n-s. I'm speaking for community college educators right now. And this concerns our reaction to the section on "Philosophy and Goals." The Item number (b) and (c), we see something of a contradiction. First of all, we are asked to write a philosophy, and then we are told what it should be. And we don't necessarily all feel that our philosophy statements

may reflect as much as is required on some of the items, some of the staff statements that reflect ideas about society and health, others concentrate on man, adaptation, various theories that we use in our curriculums. We feel that they are all important, but the emphasis may be different than the goals and the statements of philosophy.

Also, we didn't see Number 4 as part of philosophy. That statements of how the graduate relates to other types of programs may be more directly related to the statements of competencies that are asked for later. I guess I would suggest that once the direction is given that our philosophy is consistent with that of our controlling institution and that we have a philosophy that our curriculum is based upon. You wouldn't need to specify what the philosophy would include.

I think the suggestion that comes up in terms of the description of competencies and the mandated sections about educators, consumers and people in service, the dialogue there, there are some other vehicles, or modes, that these people are getting together. I don't think in (e) - it says, "Faculties should do this." This means that we have to somehow release them from what they are already doing and give them additional time to meet with all these people. I think it may be representatives of education should be meeting, but I don't see where most

of our faculty would have time in their own schedules to do this.

Finally, I am a little concerned in (d) in terms of some of the experiences I have had with groups of educators and service people meeting to delineate competencies. I would wonder who is actually determining who these - what the competencies are and who is the referee between the two groups of those that are putting out expectations and those that are preparing. There has to be some mediator that finally says one way or the other what the competencies of a certain type graduate are. I would like to see communication between these two groups, but I would not like to be responsible for identifying what are the competencies of LPN's or what are the competencies of Baccalaureate graduates. I am hoping that we can identify what the competencies are with associate degrees.

MS. SCHOWALTER: Mary, I'm Joyce Schowalter, Board of Nursing. Under (c), the philosophy should include and so-on, do you feel that those five items should not be included in all schools of philosophy?

MS. MERGENS: I guess I feel that it shouldn't be mandated what the philosophy has to include; if somebody's philosophy doesn't spell out a big definition of help for instance.

MS. SCHOWALTER: By a definition, do you believe that something about man should be included?

MS. MERGENS: I do.

MS. SCHOWALTER: Something about society?

MS. MERGENS: I guess that's not as real - as big as man and nursing and education and teaching and learning might be in my mind.

MS. SCHOWALTER: Thank you.

MS. MERGENS: That's a personal interpretation.

MS. SCHOWALTER: Thank you.

MS. YOKI: Doris Yoki, Gustavus Adolphus College. I would like to speak to Number 90 (c), which lists the components of a philosophy. It doesn't seem appropriate for the rules to include this list. Certainly educators know what should be included in a philosophy. And a philosophy can be changing. (e) also seems unrealistic and inappropriate in that this is something that shall be done.

MS. HESSIAN: Are there any other comments? If not, let the record reflect that there are no further comments.

Nursing RN 91, "Curriculum Development and Objectives." Retain old rule and renumber.

"(a) Curriculum objectives should be

constructed within the framework of the philosophy and objectives of the program and should be attainable to a significant degree."

And 1 and 2 are retained; (b) is retained; and everything under (b) is retained.

The statement of need: "Although this rule may be revised in the future, the change which substitutes 'nursing program' for 'School of Nursing' throughout is needed to bring it in accord with the revised definitions. Re-numbering is also necessary."

Are there comments?

MS. HAZZARD: Miriam Hazzard, M-i-r-i-a-m H-a-z-z-a-r-d, North Hennepin Community College. In reading through this rule, I was concerned when I went back to the definition in RN 50 about the use of the word "curriculum." It seems to me that it was used to refer to two different kinds of things: One, the curriculum as including nursing courses and other courses; and at times referring only to nursing courses. And this was what I was going to raise with RN 50; that I wasn't sure, maybe it's just my reading of it. But it seems like in the initial statement, the curriculum includes all kinds of instructional activities and this kind of thing. It's talking to broader than just the nursing courses, because you set up a curriculum and you have other kinds of things that you

utilize to support the nursing courses. But then you get down to talking about specific things that the nursing faculty would be doing and evaluating. And I would think we were not evaluating these other courses, or we are not constructing the objectives or the learning experiences for these courses.

So, I was wondering if there needs to be some clarification in the use of the term. It vacillates in 91 and in 92 where it's used. There does seem to be a difference as to what's being referred to and meaning. This is clear, you know, when you read the whole context, but if somebody else is reading it, they might think that we were going to be evaluating other than nursing courses or be responsible for doing objectives and this kind of thing. And I don't know if it was just my interpretation, but it seems like there was a changing as I went through it.

MS. BAACH: The proposed definition for curriculum and the old definition referred to all courses. And it's true that there may be some variation on this old rule that hasn't changed yet.

MS. HAZZARD: Yes. It seems when I looked at it that there were two ways that they were talking about it.

MS. EGAN: Ellen Egan, E-g-a-n, University of Minnesota, School of Nursing, and I am talking for myself

because this is included in the statement that we have submitted. Section 90 --

MS. SCHOWALTER: 90?

MS. EGAN: It's new RN 91. But when I'm reading the old one, it's the old rules.

MS. SCHOWALTER: Right.

MS. EGAN: Which would be old RN 90, I think particularly (a) 2 and (b). When you read through this, as to the responsibilities of the faculty meaning having to do with the establishment of curriculum objectives and then identifying statements of expected changes in behavior of the nursing students - the old rules - and then the provision of the instruction in order to achieve these things, it seems to me that this is really in conflict with new rule RN 81 in that the big emphasis in this section is the provision of instruction. And it seems that there are some things that are necessary for learning that are being laid out here in this old rule. While in new RN 81, it just says that that just happened, however it may occur. And it seems to me that there is a big contradiction. And I think that in old RN 90, it does talk about that there are some learning experiences that need to be had and that there are certain things that need to be done in order for that learning to occur, and that there is responsibility on the part of the faculty members to provide those

experiences, and that there is some things, I'm guessing that might be implied in here, that there are some things that take time and that maybe there needs to be some continuance of experience in order to know that that has occurred and that it isn't as blithe there as "however acquired." And I do think that there is some contradiction in these two things.

I would say that if we were going to go along with "however acquired," then why not just take this stuff out, because we don't need that because they will get there somehow.

MS. BAACH: Margaret Baach from the staff of the Minnesota Board of Nursing. The curriculum chapter, the rules in 90 particularly, are simply being studied and will be revised in the future. The only changes that are being proposed here are editorial in relation to the definitions.

MS. EGAN: Make them consistent with 81, I suppose?

MS. HESSIAN: Are there any other comments? If not, let the record reflect that there are no further comments.

Nursing RN 92, "Instruction." Retain the old rules and renumber. Retain 1, 2 and 3; (b), retain.

"(1) Course objectives shall be consistent

with the overall objectives of the curriculum which in turn are developed from the philosophy and objectives of the program." (2) is retained; (c) is retained.

"(d) Instructional materials shall be appropriate to assure implementation of the curriculum." And the present Nursing RN 102 on "Library" is repealed by the adoption of these regulations.

The statement of need: "This rule is also renumbered and has very few changes. The change from the use of the word 'school' to 'program' is needed to bring it in accord with revised definitions.

"(d) This section is proposed to replace Nursing RN 102 'Library'. It is revised to focus only on the aspects that directly affect quality of the nursing program. The matter of provisional library services including staffing and physical environment should be resolved by the controlling institution."

Are there any comments?

MS. PETERSON: Donna Peterson, P-e-t-e-r-s-o-n, Lutheran Deaconess Hospital School of Nursing. I would speak to the portion that is under the new RN 92 (d), which is the new update from the old RN 102 "Library", asking that the section that used to be, or that is present, 102 be retained in its present form. Again, it's related to the staff and secretarial staff that was spoken to earlier.

Removing this removes some clout that programs have to have in order to assure that we do have adequate library facilities. Keeping it in will give us some clout.

MS. HESSIAN: Other comments?

MS. KROSKA: Rita Kroska, K-r-o-s-k-a, Mankato State College, addressing to the old RN 102, "Library." Our faculty felt that this should be retained and that the need for this is based on the fact that the administration may not allocate sufficient funds for a library without the influence of the old rule. And we believe sincerely that the materials on hand definitely affect the quality of education.

MS. HESSIAN: Other comments?

MS. EGAN: Ellen Egan, E-g-a-n, University of Minnesota School of Nursing, and I'm speaking for myself. And I would like to make the same comments that I made the last time about the other rule, but now we are talking about the instruction. And it talks about the faculty's responsibility and the selection of teaching, guiding and evaluating of all learning experiences, that the experiences and methods of instruction are chosen to be compatible with the curriculum and that there should be - that these changes in behaviors should be identified and written in behavioral terms, and this to mean -- all of this seems to be no longer compatible with the new rule RN 81. And

that there is a whole different emphasis on what these behaviors are, and that it does not provide for instance learning experiences and methods that promote critical thinking and synthesis of learning shall be utilized in the teaching and learning process. And I would guess that these might - these particular outcomes of the learning process are things that should be evaluated. And I would guess that there is little opportunity for measuring those source of things. And if there are, however, they shall be acquired and this sort of thing. And some of these things must be looked at over a period of time; change in behavior. And that it would not be a one-time sort of thing. And I would think that RN 81 is incompatible with these provisions for the development of course objectives and provision of teaching and learning process and in evaluation of that process.

MS. HESSIAN: Are there any other comments? If not, let the record reflect that there are no further comments.

Nursing RN 93, "Evaluation." Present Nursing RN 92, "Evaluation", the preliminary statement is repealed.

"(a) There shall be written evidence of on-going evaluation that shall include but not be limited to: (1) The curriculum in terms of the graduation

competencies. (2) Employment functioning of the graduates.

"(b) By July 1st, 1978 and thereafter, there shall be evidence of the implementation of the evaluation findings."

The present Nursing RN 92, "Evaluation", (c) is repealed by adoption of these regulations.

The statement of need: "The introductory paragraph should be repealed since it is incorporated in new RN 93. The proposed revisions are necessary in order to focus only on the aspects that directly affect the quality of a nursing program. Self-evaluation is crucial to the maintenance of a sound educational program. Meaningful evaluation cannot be done in a vacuum. Looking outward as well as inward will assist the faculty in determining if long-rang goals are being met. The time and effort spent on evaluation is justified when it results in action that improves the program and thereby benefits the consumers of the program's services. The time period recommended is realistic in that since recommendations of findings from studies undertaken this year should be possible by 1978."

Are there comments?

MS. HAZZARD: Miriam Hazzard, North Hennepin Community College. In the (b) portion, it talks about evidence of implementation and it put a date on it.

I wondered why we had to put a date on when we already had something that said, "Evaluation shall provide the basis for change." It's a mandatory thing. I thought, you know, we could be held to it right now and not have to wait until '78.

But I was also concerned that - it says, "The evidence of the implementation shall be based on this evidence that you get," and I'm not sure that the nursing program can totally be held responsible for implementating that evaluation. And I cite as an example, we are presently receiving graduate follow-up forms from employers. What they are stating is that the graduates as students need more clinical exposure. Okay. So, I look at our curriculum, and it's within a six-quarter framework. We have a professional contract that defines faculty load that they can carry within that six quarters. It also defines how much beyond three quarters a year they can work. So what can I do to implement this finding? Not much on my own. I would have to get an approval from the community college board to do anything about lengthening the program in addition to approval from the Board of Nursing. I would also have to have additional monies to implement this kind of an extension because I would have to hire additional faculty because we are limited as to how long our faculty can work. Also, faculties do not necessarily have to work

beyond the nine-month contract that they are hired for.

So, I think some consideration needs to be given to the controlling bodies and the philosophies and their, you know, approval in some of this implementation and evaluation. We might want to do it, but we might not be able to do it. And then, you know, could we be held for something that we really can't do on our own? If I wanted to decrease the number of students coming in and maintain the same faculty, this is not my prerogative to make this kind of a decision without other people telling me yes, you can or no, you cannot. And that, you know, these kinds of decisions would have to be made in implementing some of these findings that we are presently seeing.

So, it isn't lack of interest in implementing these, it's just that we haven't got the control always to do the implementation.

MS. HESSIAN: Are there other comments?

MS. YOKI: Doris Yoki, Gustavus Adolphus College. I would recommend that RN 93 (a) just be limited to state, "There shall be written evidence of on-going evaluation." This seems more realistic, and that we are not always limited, and then each program can develop the way they want to do this kind of thing.

Also, for RN 93 (b), it seems that the word

"implementation" is too strong a word and that the faculty certainly would be irresponsible if they spent time evaluating and then ignoring their findings. And it would be best to simply just delete this statement.

MS. HESSIAN: Other comments? Hearing none, let the record reflect that there are no further comments.

Nursing RN 94, "Major Change. The program shall request and obtain Board approval before instituting the following major changes:

"(a) Change in the philosophy, goals, curriculum or objectives that would result in graduate competencies different from those approved as appropriate to the type of program.

"(b) Addition or deletion of a clinical facility utilized for student learning.

"(c) Change in the control of the program.

"(d) Proposals of an experimental nature will be considered by the Board and encouraged where appropriate."

Statement of need: "This proposed revision is needed to clarify the term 'major change.' Section (2) and (3) are needed to clarify current practice in relation to old Nursing RN 100 to 105 rules. The identity of the institution responsible for the program must be known to the Board and be in compliance with applicable

rules and regulations."

Are there comments?

MS. EGAN: Could I ask a question? Ellen Egan, University of Minnesota School of Nursing. Under (b) "Addition or deletion," I note that this draft is different than the first draft that said "Regular student learning." The "regular" has been deleted.

MS. SCHOWALTER: Would you clarify that?

MS. EGAN: Section (b) under 94. The first draft that came out read, "Addition or deletion of the clinical facility utilized for regular student learning." Now this one, that "regulation" has been deleted. So, I would like clarification. Does that mean any clinical facility any time, if you are going to add one or if you are not going to use them, then the Board approval must be sought?

MS. BAACH: Margaret Baach, staff of the Board of Nursing. The word "regular" was deleted after it was dropped in the last chapter on clinical facilities. It does refer to the definition of learning in the last chapter, which was that which necessitates - which pertains to provisions.

MS. EGAN: So this then refers to this other section on clinical facilities?

MS. BAACH: Yes.

MS. EGAN: To determine when you come to the Board for --

MS. BAACH: Uh-huh.

MS. EGAN: So if there are supervised learning experiences in that facility then; is that right?

MS. BAACH: Uh-huh.

MS. EGAN: Or if the student carries on any part of that process of assessment, then eventual evaluation, then you must?

MS. BAACH: That's right.

MS. EGAN: So the only one that would not be included in this would be if a student just went there to observe?

MS. BAACH: Uh-huh.

MS. EGAN: But if they participated at all, there would be need for Board approval for any addition or deletion of a clinical facility?

MS. BAACH: Yes.

MS. HESSIAN: Any other comments? If not, let the record reflect that there are no further comments.

Chapter 11, Nursing RN 100 to 109, "Approval of RN Preparing Programs: Clinical Facilities." Present Nursing RN 101, "Classrooms and Laboratories" is repealed. New Nursing RN 100, "Clinical Facilities."

The statement of need for the repealing of

that: "This section should be repealed since it is incorporated into new Nursing RN 100 and contains requirements related to the controlling institution, not the Board of Nursing."

Any comments? If not, let the record reflect that there are no comments.

Nursing RN 103, "Clinical Laboratories" is replaced by Nursing RN 100, "Clinical Facilities."

"(a) Every plan to use a clinical facility, in whole or in part, for student learning that involves nursing assessment, intervention/implementation and evaluation that necessitates direct teaching supervision must be approved by the Board prior to utilization. Each program must submit evidence that the facility selected meets criteria listed in RN 100 to 101 of this section.

"(b) The faculty shall have objectives for all clinical learning written in measurable performance terms that are appropriate for the type of program.

"(c) All clinical facilities selected by the faculty shall provide experience that will be adequate and appropriate for achieving the learning objectives.

"(d) The program shall be able to document how the selected clinical facilities are utilized to implement the curriculum and learning objectives.

"(e) All clinical facilities utilized

for learning shall have current accreditation by an agency the Board recognizes as evaluating quality of care such as the Joint Commission for Accreditation of Hospitals and/or demonstrates that they have complied with the criteria listed in RN 100 (f)."

The present Nursing RN 103 "Clinical Laboratories" (a) and (b) are repealed.

Back to the new Nursing RN 100, "Clinical Facilities."

"(f) All clinical facilities utilized for learning shall have evidence of quality of nursing service in the following areas:

"(1) Appropriate utilization of all types of nursing personnel.

"(2) Staffing that is not affected by presence or absence of students and is adequate for effective patient care.

"(3) Medical and/or Registered Nurse supervision of direct patient care.

"(4) Clarity of nursing care plans for patients."

"(5) A systematic plan and process for the review and improvement of patient care that utilizes evaluation tools such as a review of clinical records."

Number (6), retain old rule from Nursing 100.

"(g) The curriculum implementation plan for learning in the clinical facility shall included evidence that learning is assured in the following ways:

"(1) Faculty members responsible for selecting, guiding, and evaluating student learning."

Present Nursing RN 100 (1) and (2) are repealed by adoption of these regulations.

New Nursing RN 100, "(2) Number of students appropriate to the learning objectives, available experience and physical activities.

"(3) Teacher-student ratio appropriate to the learning objectives and the facility dependent upon such factors as: "(a) Availability of the educational experience within the institution.

"(b) Location of educational experience within the facility.

"(c) The educational guidance necessary for student achievement of objectives.

"(4) When other nursing programs are using the facility, the programs and facility shall provide evidence that there are adequate learning experiences for all students involved."

The present RN 100, Number (7) is repealed.

Nursing RN 104 on "Additional Clinical Facilities" is repealed.

In the Statement: "This section replaces old Nursing RN 103: Clinical Laboratories and Nursing RN 104: Additional Clinical Facilities.

"(a) This section is needed to clarify the conditions under which a nursing program must submit a request for the use of a clinical facility to the Board of Nursing.

"(b) This section is needed because specific behavioral objectives will clarify the student learning experience is needed by the nursing program. A task force of the Board of Nursing previously recommended that clinical facility utilization relate to appropriate objectives.

"(c) This section is re-ordered and revised for clarification.

"(d) This new section is also needed in order to focus on the experience needed for the objectives which in turn will alleviate any unnecessary use of clinical facilities. It is recommended that the number and variety of types of clinical facilities approved should not be more than essentially needed.

"(e) This section is re-ordered and revised and is needed to broaden the requirements in order to cover all facilities and provide more options to the Board when approving such facilities."

Okay. Nursing RN 103, "Clinical Laboratories.

(a) This section should be repealed since the utilization capability of an institution or agency is not necessarily judged by the average daily census or the number of services.

"(b) This section should be repealed since segregated facilities are no longer essential for learning experiences and in some cases do not exist, that is mental health and psychiatry may be integrated with general medical-surgical patients."

Nursing RN 100, "Clinical Facilities. (f) This section is re-ordered and revised slightly for clarification in order to focus on desired outcomes and to better accommodate the variety of clinical facilities which should be used by a nursing program.

"(g) This section should be re-ordered and revised in order to more clearly state the requirements for the evaluation of the educational aspects involved in the proposed use of a facility. It also is needed as an adjunct for the evaluation of the curriculum implementation plan. Various portions of this proposed rule are revised in order to focus on the objectives and the available experience as well as implementation of the learning objectives.

"Old (7) should be repealed as it is very difficult to evaluate reliably."

Nursing RN 104, "Additional Clinical

Facilities. This section should be repealed since it is incorporated and new RN 100 by virtue of the new definition, Nursing RN 50 (c), of Clinical Facilities."

Are there comments?

MS. HAZZARD: Miriam Hazzard, North Hennepin Community College. I was looking under Nursing RN 100 (f). It says "All clinical facilities utilized for learning shall have evidence of quality of nursing service in the following areas." My question was: Who is being evaluated - or who is doing, you know, doing the evaluation or applying these criteria? Is a program going to nursing services and looking at them and being held then accountable if these are not being carried out or implemented? Because, I see - the problem in my telling nursing service that Number 1, Number 2, Number 3 may not be as hard, because if there is an instructor there, there is a Registered Nurse supervising the students but maybe not all direct patient care. And in Number 4 and 5, I guess we are back to, are we being held accountable for something we really can't make someone else do or tell them that they cannot change their staffing if there are students there? I mean, we can state certain kinds of feelings and desires, but, I don't know, that I, you know, should be held accountable for what's going on in the service agency or, you know -- and I was confused as to who was being held accountable for what and whether

we really can be held accountable for these things.

MS. SCHOWALTER: The implementation of these rules would be that the school that applied to the Board for approval of a clinical facility would show evidence to the Board that the clinical facility they wished to use met these requirements. If it didn't, the Board would have to make a judgment and say possibly, find a different clinical facility that meets these. The idea is not that a school would have to impose upon a clinical facility the fact that they would have to meet these.

MS. HAZZARD: Well, but if they wanted to be a clinical facility, I guess they would. But I guess I don't know if I am qualified to be assessing these in nursing service. Maybe Connie - you are from nursing services. I don't know.

MS. MOLINE: Connie Moline, M-o-l-i-n-e. I guess I would see that Nursing Service would be the one that would be responsible for meeting this criteria. If you are going to have the students in the area, you know, that that's where I would say the accountability would be, in Nursing Service.

MS. HAZZARD: Well, then how do you react to this criteria?

MS. MOLINE: Well, I think, I guess, I don't have any problem with these.

MS. HAZZARD: Okay. Fine. But I didn't feel that, you know, we should say that these criteria --

MS. SCHOWALTER: Miriam, if you want to finish your testimony, why don't you get back up here.

MS. HAZZARD: That's fine.

MS. MOLINE: I don't have any problem with the criteria that were developed here as far as the clinical facilities. But I do see the clinical facility is the area that is accountable.

MS. HESSIAN: Any other comments?

MS. EGAN: Can I just clarify now?

MS. HESSIAN: Yes.

MS. EGAN: Ellen Egan, University of Minnesota School of Nursing. The question is, that you don't have to demonstrate that list under (f) unless these folks are not accredited; is that right? If they are accredited, there need not be demonstrated; is that correct?

MS. BAACH: It states "and/or." It could be either way. It could include --

MS. EGAN: This means either one?

MS. BAACH: Yes.

MS. EGAN: Not one or both?

MS. BAACH: (Shaking head.)

MS. EGAN: So, for those clinical facilities that have the Joint Commission of Accreditation

of Hospital's accreditation, then you just have to say they have got it and that demonstrates all these things, right?

MS. BAACH: Uh-huh.

MS. EGAN: But it's for all those other facilities that one might use as a clinical facility that it is not a hospital where you would have to demonstrate all of these things; is that correct?

MS. BAACH: Margaret Baach from the Board of Nursing. The rule above there in 100 (e) is set up so that the Board can look for both the Joint Commission on Accreditation or some other accrediting body and the criteria in 100 (f).

MS. EGAN: Now just a minute.

MS. BAACH: Or at some point they could say that, you know, they could substitute the Joint Commission. But it was left "and/or."

MS. EGAN: And that "and" means both, not either, huh?

MS. BAACH: Yes.

MS. EGAN: So that means that when we come seeking a new clinical facility, we have to bring evidence of both; is that correct?

MS. BAACH: Now --

MS. SCHOWALTER: The "or" means either,

correct, in your terms?

MS. EGAN: Uh-huh.

MS. SCHOWALTER: So that the Board could make the determination that one or both could be required, according to the way this rule is stated.

MS. EGAN: So when we come asking for an additional facility, you will tell us ahead of time what evidence we should bring, huh?

MS. SCHOWALTER: Yes.

MS. EGAN: You will? And it may be either or both?

MS. SCHOWALTER: According to the way the rule is worded, it could be either or both.

MS. EGAN: Well, how long will it take us to get this approval for all these clinical facilities.

MS. SCHOWALTER: I trust that's a rhetorical question.

MS. EGAN: Seriously, there may be clinical facilities that are not accredited by the Joint Commission or any other accrediting board, you know, and cannot meet these criteria because of the nature of the agency in which the kind of things that are going to be done, that students will in fact engage in some nursing service - they will engage in nursing practice in that facility in which those - either of these criteria, sets of criteria, will not apply.

MS. SCHOWALTER: Could you give an example to clarify?

MS. EGAN: Well, perhaps a prison infirmary or perhaps a senior citizens' center.

MS. HANSEN: Half-way houses.

MS. EGAN: There may be many, I think, different kinds.

MS. BAACH: Margaret Baach from the staff of the Board of Nursing. The example of the highrise - and I realize that you are just doing this off the top of your head - doesn't fit the proposed definition of clinical facility, which is the primary purpose of the health care.

MS. EGAN: It also says "supportive of."

MS. BAACH: Yes, but the primary focus --

MS. EGAN: I would think that "supportive of" is the little catch in that definition, isn't it?

MS. BAACH: "Restorative of." The proposed definition is, "Clinical facility means an institution, agency or organization thats primary purpose is to provide care or services in and supportive to the promotion or maintenance or restoration of health."

MS. EGAN: It's the primary purpose or supportive to, isn't it? I don't have the definition. I don't know where it is.

MS. BAACH: The primary purpose, I think,

it modifies all of those "ors", either providing care, services supportive of maintenance of health.

MS. EGAN: So then prisons and senior --

MS. BAACH: A prison infirmary, if the clinical facility is such that it meets the definition of clinical facility, then if it has a nursing service, then the criteria in proposed 100 (f) should be able to be met. So the prison infirmary may or may not meet those criteria.

MS. HESSIAN: Are there any other comments? If not, let the record reflect that there are no comments.

Nursing RN 101, "Written Agreements." The present Nursing RN 105 on "Written Agreements" is being renumbered.

Now to Nursing RN 101, "Written Agreements. (a) The controlling institution and program shall have written agreements with each clinical facility utilized for student learning.

"(b) The agreements shall be reviewed annually by the parties to see that the provisions are current and meet the following criteria for coordinated planning and implementation:

"(1) Assurance from the clinical facility of access to learning experience that shall be both appropriate and adequate to fulfill the written learning objectives designated by the faculty.

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"(2) Specification of the authority and responsibilities of program and clinical facility personnel wherever related to the educational experience of the student.

"(3) Arrangement for the faculty members assigned to the clinical facility to receive that degree of prior orientation mutually agreed upon as necessary to meet the needs of both the program and the faculty.

"(4) Provision of continuing multi-level communication between the clinical facility and the program personnel. Such communication shall include but not be limited to:

"(a) Provision for the familiarization of facility staff with the program's philosophy, goals, curriculum.

"(b) Provision for the familiarization of program faculty with the facility's philosophy, policy and program expectations.

"(c) Provision for follow-up evaluation of the clinical experience by faculty staff and program faculty."

Statement of need: "(a) This section is revised for purposes of simplification.

"(b) This section is needed in order to provide coordination between the nursing program and the clinical facility. The provisions under this section are

all suggested as topics to be considered when developing the written agreements and may or may not actually appear in the document."

Are there any comments?

MS. PETERSON: Donna Peterson, Lutheran Deaconess. Just on the last one under (4) (b), and that was "Provision of the faculty with the facility's philosophy, policy." And I would ask for a clarification of what kind of policy or policies is being referred to in that one.

MS. BAACH: Margaret Baach, staff of the Board of Nursing. The expectation there was to be able to provide the clinical facility with an opportunity to inform the program faculty of any of their policies that they thought they should know about; any of the hospital policies or the clinical facility's policies that would be necessary for the faculty to know in order to have any students learning in that facility.

MS. PETERSON: Thank you.

MS. HESSIAN: Are there any other comments? If not, let the record reflect that there are no further comments.

Now, is there anyone else who would like to comment on the regulations so far or make any general comments?

MS. HANSEN: Helen Hansen, University of

Minnesota School of Nursing. In the document submitted to the Board by the school, I find that our summarizing statement is out of order in the exhibit. So I would like to read it. So, it now comes as a general comment about the rules. You will find it on Page 2 listed under Nursing RN 94. It begins thus:

"As a faculty, we have concern that many of the proposed rules seem to speak to having the educational institution assume primary responsibility for activities that we thought were responsibilities of the governmental agency which grants the license; for example, guaranteeing the competencies, whatever they may be, of the practitioner, developing the tools which measure these competencies, follow-up of practitioner competence to evaluate the tools used. We speak to this in terms of State Board of Exams and wonder what the purpose is. If this is to be the role of the educational institution, what then is to be the role of the governmental agency? We also have concern on the other extreme; the governmental agency assuming more responsibility than its authority allows; for example, mandating differentiation of types of programs when there is only one legal definition of professional nursing. This seems to be the stepping stone into the role of voluntary accreditation rather than legal approval."

That was meant to be a summarizing statement.

The other thing I may make as a summarizing statement is: The lack of precision in terminology leads to much confusion, particularly when there are several "shall" statements denoting requirements. And I noticed individually in response from staff members this morning, that when we were responding to "shall" statements, we frequently got "shoulds" back. And I would like to know, you know, is it permissive or is it mandatory. In our previous rules, "shall" meant it was a mandate.

MS. HESSIAN: Are there any further comments?

MS. MOLINE: Connie Moline, M-o-l-i-n-e, St. Cloud Hospital. I would just like to speak to the RN 81 being referred to the Minnesota Board of Nursing task force. And there is just a couple of areas that I would like to stress, and maybe this isn't the right place, but I'm going to do it anyway.

The first thing is the areas that are being looked at. And I know I don't have the total picture of everything that's been looked at in relation to the Nursing and all the various programs, but I think we have looked at career mobility as it relates to nursing, but I'm not sure that we have gotten the type of input that we need from employers and from consumers. And I really have a big concern, and especially in this day and age when health care is under fire in relationship to cost; what can employers

afford, how can -- what do nurses really want at this period of time. I have heard where programs are made available or coming close to being available and then a commitment isn't there for following through; that nurses are not always ready to follow through with this. Are they looking for degrees? Are they looking for certificates? Are they looking for advancement in specialty areas? Maybe these are some areas that I feel need to be looked at.

But I do think that the employer has to be considered. We have to look at what the schools presently are doing, what some of the diploma programs are doing, what some of the LPN programs are doing, that have been done in just the last couple of years that may be not included in some of the studies.

So, those are just a few issues that I do hope that if this is referred to the task force, that these things are taken into consideration.

MS. HESSIAN: Are there any other comments? Let the record reflect that there are no further comments. For the purpose of receiving oral testimony, this hearing is concluded. However, the record will remain open for twenty days for the purpose of receiving written statements which may be submitted to Miss Joyce Schowalter.

Mr. O'Brien will now provide a brief explanation of the procedure to be followed in order to

complete the promulgation procedure.

MR. O'BRIEN: Thank you, Ms. Hearings Officer. I would like to point out the format in which these rules were discussed today. The rules as sent out, or Notice of Hearing, and as given in the back of the room, had the proposed new rules on the left-hand side of the column and the current existing rules on the right-hand side of the column. During the course of the discussion today, we mentioned different times where rules would be renumbered or relettered, repealed or retained; for instance, a present rule may have been repealed, a present rule may have been retained in substance but we numbered under another number or relettered under another letter, or possibly even incorporated it into another new section. For example, present Minnesota Regulation Nursing RN 103 (d), certain sections that were deleted, or would be deleted if the new rules are adopted. On the rules, for instance 103 (6) was kept, but renumbered and relettered as proposed in Minnesota Regulation Nursing RN 100 (f) (6).

I would like to ask if there is anybody present in the room who was confused or did not understand, as reading these rules or discussing them, did not have a clear idea as to what was being discussed. If there was anybody that was confused, would they please make that fact known to us now?

Would the record please reflect that the rules as discussed were understood.

As the Hearings Officer noted, the record will remain open for twenty more days for the receipt of written testimony. The Board will be reviewing any comments which are submitted to it within the next twenty days and they will regard the written testimony submitted as part of this hearing. When the twenty day period ends, the record will be closed. The Board will review all testimony, oral presented today and any subsequent written testimony that might come in. On the basis of that testimony and of the rules as proposed today, the Board will make any necessary revisions and the Board will review the entire set of regulations. These regulations will then be prepared in the final draft and presented for Board adoption at a public meeting. If the Board chooses to adopt the final draft of those regulations, they would be sent to the Attorney General's office. That office, the Attorney General's office, will have twenty days in which to review the regulations and to approve or disapprove of all or any of them on the basis of form and legality. Should the Attorney General's office decide to approve these regulations, they would be filed with the Department of Administration and the Secretary of State. Upon filing with the Secretary of State, the rules will then have the force and effect of law.

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Are there any questions that anybody would like to ask with regard to the legal process to be followed?

That's all I have then. Thank you.

MS. HESSIAN: This meeting is adjourned.

* * *

REPORTER'S CERTIFICATE

I, Richard K. Huff, do hereby certify that I recorded in Stenotypy the hearing before the Minnesota Board of Nursing on the 27th day of May, 1975, at Minneapolis, Minnesota;

I further certify that thereafter and on that same date I transcribed into typewriting under my direction the foregoing transcript of said recorded hearing, which transcript consists of the preceding 111 typewritten pages;

I further certify that the transcript of said hearing is true and correct to the best of my ability.

Richard K. Huff,
Court Reporter

Dated this 2nd day
of June, 1975.

MILLERS FALLS

MINNESOTA BOARD OF NURSING

Proposed Amendments to Registered Nurse Licensure and Nursing Program Rules

Statement of Additional Information
6/23/75

NSG. RN 1: QUALIFICATION

Proposed requirements (a) (3) will permit graduates from Minnesota approved nursing programs to write the licensure examination, if available, up to six weeks before graduation, provided all other requirements are met.

NSG. RN 50: DEFINITIONS

(f) Since the proposed definition of course (e) refers to all courses, including nursing courses, the distinction between types of courses is clearly in keeping with the definition of curriculum which incorporates all studies or types of courses. Editing of proposed Nsg. RN 82, 91, 92 is proposed later in this statement so there will be a clear distinction between nursing and all other courses.

(g) There is no intention to eliminate any of the appropriate functions for faculty.

The following proposal is offered to clarify this rule which incorporates proposed (g) and existing (k):

> "Faculty" means the group of persons employed for administration, teaching, guidance or research functions in the program preparing for Registered Nurse licensure.

(l) The following proposal is offered as a way of clarifying the definition without changing the meaning yet retaining the possibility of implementing methods that may be developed in the future.

> "Survey" means the Board's collection of information for review purposes in granting, renewing or denying approval. The information may be collected by such methods as on-site visits and review of reports.

Since a definition of "competency" seems necessary and was not included in the proposed amendments editing of proposed Nsg. RN 81, 82(b) and 90(d)(e) is proposed later in this statement in order to clarify the use of this term.

NSG. RN 61: CONTROLLING INSTITUTION

(a) Since there are no other types of educational institutions at present, the words "but not be limited to" could be eliminated from the first sentence without any change in application.

It is recommended that the last sentence be retained without change as new proposed Nsg. RN 94(c) provides for review of programs desiring a change in controlling institutions. Therefore, present hospital operated programs will not be eliminated by application of this rule if they propose a change in control. The rule should state:

> The controlling institution shall be an educational institution which the Board deems able to provide an effective program

NSG. RN 61: CONTROLLING INSTITUTION (CON'T)

leading to graduation and eligibility for Registered Nurse licensure and which shall include universities, senior colleges, or community/junior colleges, both public and private. Only those general hospitals which have existing programs as of July 1, 1976 shall constitute a controlling institution within these regulations.

(b) Refers only to accreditation of the controlling institution and not to the nursing program, thus the use of the mandatory "shall" is justified in order to provide quality general education. The section could be changed to restrict the latitude of the Board in evaluating which accrediting body it will accept.

The first sentence would read:

A community/junior college, senior college, or university which operates a nursing program shall be accredited by the North Central Association of Colleges and Secondary Schools.

(d) Since the organizational structure of controlling institutions varies, specifying the Board may not be appropriate.

Soundness of the nursing program is determined by its ability to meet the rules in chapters seven through eleven on faculty, students, curriculum and clinical facilities, thus the word "sound" should be retained. The rule should state:

The controlling institution shall insure support including financial support which will provide a sound educational program.

OLD NSG. RN 63: SECRETARIAL STAFF AND OFFICES

Repeal is recommended as this rule has been impossible to apply with consistency because the criteria for "adequate" and "suitable" are not specified. The staff has found that not all faculty groups are concerned about this issue nor interested in the retention of the rule. If retained, clear standards should be established and applied equally for all, including programs where the faculty members prefer to do their own typing and want their desks located where they can be readily available to students.

OLD NSG. RN 67: FINANCE

Repeal of (a) and (b) is recommended because the necessary assurance of financing the program to the degree needed to produce a safe practitioner is included in proposed Nsg. RN 61(d). Since continual financial support is not assured for any program or controlling institution today, it should not be made a condition of approval.

NSG. RN 70: COMPOSITION AND FUNCTIONS

Faculty rules are under study and related suggestions in the hearing record will be given consideration.

NSG. RN 71: MINIMUM QUALIFICATIONS

(b) This rule would not impose any new requirement on programs. It simply en-

courages awareness of the responsibility of complying with state and federal laws on non-discrimination. The present applicable state law is the Human Rights Act, M.S. 363.03, subdivision 1, employment.

NSG. RN 80: ADMISSION

(b) This rule would not impose any new requirement on programs. It simply encourages awareness of the responsibility of complying with state and federal laws on non-discrimination. The present applicable state law is the Human Rights Act, M.S. 363.03, subdivision 5, educational institutions.

NSG. RN 81: EDUCATIONAL PROGRESSION OPPORTUNITY

The placement of this section across from a section being repealed should not imply that these rules apply only to the transfer and reinstatement students referred to in the section being repealed.

In 1970 the Board of Directors of the National League for Nursing adopted a statement of belief that student mobility should be permitted in any type of nursing program in the light of ability through provision of opportunity to validate previous education and experience. Since that time, increasing emphasis has been placed on demonstration of knowledge without regard to how the knowledge was obtained.

Since opportunities for placement and progress are viewed favorably by nursing educators and the student, it follows that it is only fair that these opportunities be available to all students. Board approval rules must and do apply to all programs leading to licensure.

Such educational opportunities have become realities in other parts of the country. One example is the credit-by-examination concept. This approach has been recently developed to its fullest extent in nursing in the New York Regents External (associate) Degree Program. The demographic data for the first forty-two graduates indicates widely varied backgrounds. Thirty-eight graduates have recently written the licensure examination and 35, or 92 percent, passed.

Many students must attend programs in order to acquire knowledge, and the courses offered are constantly changed to meet their needs. The desired outcomes and valid methods of evaluating these do not need to undergo such constant change. Institutional requirements for residency may be met through general education requirements where necessary.

It is proposed that the effective dates be modified as follows in order to accommodate compliance. This proposal has also been edited to clarify the use of the word "competency".

(a) By July 1, 1977 there shall be written policies regarding opportunities for student placement in, and/or progression through the curriculum based on satisfactory establishment of knowledge and skill(s), however acquired.

(b) During the 1977-78 academic year there shall be evidence of opportunities for student placement in, and/or progression through one-third of the nursing courses of the curriculum based on satisfactory establishment of knowledge and skill(s), however acquired.

NSG. RN 81: EDUCATIONAL PROGRESSION OPPORTUNITY (CON'T)

(c) By July 1, 1978 and thereafter there shall be written evidence of opportunities for student placement in, and/or progression through all of the nursing courses of the curriculum based on satisfactory establishment of knowledge and skill(s), however acquired.

The final date required for full operation will fall within a subsequent biennium so arrangements can be made for any necessary financial provisions. It is possible for a program to present reasons for non-compliance with rules and for the Board to grant extensions to effective dates where sufficient cause has been demonstrated.

NSG. RN 82: PROGRESSION AND GRADUATION REQUIREMENTS

(b) The competencies referred to in this proposed rule are outlined in proposed Nsg. RN 90(d). The essential requirements referred to are those parts of the course which each person is expected to master before receiving a passing grade. For example, a passing score in a nursing skills class could be expected to include the demonstration of a certain minimal yet satisfactory degree of skill in performing each of five tasks included in the course, rather than a high degree of skill in three tasks and little or not skill in the remaining two. The rule should state:

> The graduation criteria shall include but not be limited to satisfactory achievement of the competencies as outlined in Nsg. RN 90(d) and the essential requirements delineated in each nursing course.

(c) "Evidence of progress" should replace "Progression" to clarify the sentence.

There is no intent to conflict with individual rights. No such conflict would be necessary as the evidence may simply be the course grades received by the student. Refer to proposed Nsg. RN 63 for the requirement for maintenance of summary academic records.

NSG. RN 90: PHILOSOPHY AND GOALS

(a) Based on the testimony received at the hearing the wording of this rule could be changed without changing its meaning. The rule should state:

> The philosophy of the nursing program shall be compatible with the philosophy of the controlling institution.

(c) Each faculty member has beliefs, attitudes and values. The expression of those accepted by the group as a whole is a necessary step in ensuring the unified presentation of the curriculum. The statement of philosophy gives potential students and others clues about the unique nature of a program's curriculum. A few important specifics have been proposed in order to facilitate understanding the curriculum and to assist faculty in understanding the approval review requirements.

All of these specifics are pertinent. Nursing deals with humankind, individually and in groups. Nursing also deals with the entire health-illness sphere and certainly does not operate in isolation from society. Neither does nursing operate in a vacuum, and a clear sense of self-identity is necessary to give graduate direction and strength. Teaching-learning activities are inherent in the operation of the educational program and in all nurse-client relationships.

NSG. RN 82: PROGRESSION AND GRADUATION REQUIREMENTS (CON'T)

(d) Since this rule refers to knowledge and skill, these words can readily be substituted to provide more clarity. This rule should state:

There shall be a written description of the competencies of the graduate being prepared. The knowledge and skills delineated shall be appropriate to the type of graduate being prepared and shall relate, but not be limited to the following broad areas:

(1) nursing process or problem solving,
(2) nursing skills and delegated medical tasks, and
(3) role behaviors.

(e) This portion of the proposed rule also refers to knowledge and skill, thus these words can be substituted for clarification. The first sentence should state:

There shall be evidence that the faculty discusses with nurses, employers and consumers in the area serviced by the program, the knowledge and skills of the graduates.

There is no intention to make this proposed rule burdensome. Therefore requirements as to frequency or length of discussions, or the number of people to be involved were not specified. Each faculty may define its area of service. It is assumed that this would be the agencies in which the majority of graduates seek initial employment. It would be unrealistic to try to relate to the location of each graduate over an indefinite time period.

NSG. RN 91: CURRICULUM

Curriculum rules are under study and related suggestions in this record will be given consideration. Several editing changes are necessary to bring the old rules into conformity with proposed definitions. No change of meaning will result with these proposed editing changes:

Intro: "... by the faculty..." should be "... by the institution's faculty..."

(a) "Curriculum..." should be "Nursing course..." and "... philosophy and objectives..." should be "... philosophy and goals..."

(a)(1) "Curriculum..." should be "Nursing course..."

(b) "... clinical nursing courses..." should be "... nursing courses..."

NSG. RN 92: INSTRUCTION

Several editing changes are necessary to bring the old rules into conformity with proposed definitions. No change in meaning will result from the following proposed editing:

(a) "Nurse faculty members" to "faculty members..."
"clinical laboratory setting" to "... clinical facility."

(a)(1) "... curriculum" to "... nursing courses."

(b) In order to bring the terms into conformance with proposed definitions and to clarify the relationship of the objectives of each nursing course to the philosophy and goals of the program, the proposed rule could state:

(1) Nursing course objectives shall be consistent with the philosophy and goals of the program.

(2) "Course objectives..." should be "Nursing course objectives..."

(c) "Course outlines..." should be "Nursing course outlines..."
"... each course..." should be "each nursing course..."

NSG. RN 92: INSTRUCTION (CON'T)

(d) By incorporating two phrases from old Nsg. RN 102(a) the proposed rule will be strengthened, clarified and retain the aspects of library review that is appropriate for the Board of Nursing.

This rule should state:
Instructional materials shall be appropriate to assure implementation of the curriculum, be current and available to students and faculty.

Repeal of old Nsg. RN 102(b & c) is necessary because it is impossible to enforce the staffing and physical facility requirements for a total institutional service area, such as a library, for students in one educational unit of the institution.

NSG. RN 93: EVALUATION

Evaluation of student progress is assured in proposed Nsg. RN 82 and 92(a).

(b) Although evaluation has been required to serve as the basis for change, a few programs have not instituted changes and many of the programs that have made changes have not done so as a result of formal evaluation findings. At present few programs are regularly carrying out studies of the functioning of graduates during employment. July 1, 1978 is a reasonable date to expect to see the results of studies begun after adoption of the proposed rule.

An editing change is necessary for clarification. The rule should state:
By July 1, 1978 and thereafter there shall be evidence of implementing recommendations based on the evaluation findings.

NSG. RN 94: MAJOR CHANGE

(b) It is present practice for programs to seek prior approval of the addition and deletion of clinical facilities. The situations for which such approval is needed is further defined in proposed Nsg. RN 50(d) and 100(a). It was a recommendation of the Clinical Facility Task Force that the Board continue to coordinate educational utilization of clinical facilities through the program approval process in order to safeguard adequate and appropriate learning for students.

GENERAL COMMENTS

The new rules are written to conform with the definitions in RN 50 including (J) "Recommendations" and (K) "Requirements". These definitions will serve as the basis for use of such terms as "shall," "should," "may" or "must" in future revisions of the faculty and curriculum chapters.

JMS/MB:dh
6/75

Agassiz Region Nursing Education Consortium

123 DE MERS AVENUE
EAST GRAND FORKS, MN 56721
PHONE 773-2471

JEAN KINTGEN
PROJECT DIRECTOR

RECEIVED
MAY 6 1975
Minn. Board of Nursing

May 2, 1975

Ms. Joyce M. Schowalter
Executive Secretary
MN Board of Nursing
717 Delaware Street S.E.
Minneapolis, MN 55414

Dear Ms. Schowalter:

Since I doubt that I shall be able to attend the hearings on May 27 and 29, I am enclosing three copies of suggested modifications of some of the proposed new rules.

Sincerely,

Jean Kintgen

Jean K. Kintgen
Project Director

JKK:jmp

Enclosures

"PROPOSED NEW RULE"	SUGGESTED MODIFICATION	RATIONALE
CH VIII: RN 70 (p. 9)	(c) The majority of faculty members shall be employed on a full-time basis, *or if the majority are not employed on a full-time basis evidence shall be presented that all faculty members are meaningfully involved in a broad scope of faculty responsibilities and that the total arrangement is adequate.*	Would allow for the selection of the best qualified individuals in areas in which recruitment of faculty is difficult. There is no hard evidence that meaningfully involved part-time faculty are less effective than full-time faculty.
CH XX: RN 90 (p. 13)	(a) *The philosophy of the nursing program will be compatible with that of the controlling institution.*	An inadequately stated philosophy of the controlling institution might provide a poor "basis" for the philosophy of the nursing program. The suggested statement would be less likely to place limitations upon the development of the philosophy of the nursing program.
CH VII: LPN 61 (p. 9)	(a) The faculty for a program shall include a minimum of: (1) a full-time nurse/director (2) a full-time nurse/instructor *If more than one part-time faculty member is utilized ~~to constitute~~ as equivalent to one full-time faculty member, evidence shall be presented that all faculty members are meaningfully involved in a broad scope of faculty responsibilities and that the total arrangement is adequate.*	Would allow for the selection of the best qualified individuals in areas in which recruitment of faculty is difficult. There is no hard evidence that meaningfully involved part-time faculty are less effective than full-time faculty. *Eliminates a negative statement.*
CH IX: LPN 80 (p. 13)	(a) Same as CH XX: RN 90 - (a)	Same rationale.
CH XX: LPN 90 (p. 20)	(b) The faculty shall have objectives for all clinical learning written in measurable performance terms that are appropriate for the type of program. *This shall in no way encourage a faculty to eliminate important objectives, such as some in the affective domain, which are not readily stated in measureable performance terms.*	Self-explanatory

RECEIVED
MAY 23 1975
Minnesota Board of Nursing

TO: Minnesota Board of Nursing

FROM: Faculty of School of Nursing, University of Minnesota

SUBJECT: Amendments to the Approval Rules: Registered Nurse Preparing Programs

The faculty of the School of Nursing at its meeting on May 14th considered selected portions of the proposed amendments to the Approved Rules: Registered Nurse Preparing Programs. The faculty wish to convey the following reactions.

We find the following phrases used, but not adequately defined or distinguished:

Satisfactory establishment of competency (RN 81)
Satisfactory competency (RN 81)
Competencies (RN 82)
Graduate competencies (RN 90, RN 94)
Competencies of the Graduate (RN 90)
Graduation Competencies (RN 93)
Graduation Criteria (RN 82)
Objectives (RN 94)
Course Objectives (RN 91)
Curriculum Objectives (RN 91)
Objectives of the Program (RN 92)

The lack of precision in terminology leads to much confusion, particularly when they are "shall" statements, denoting requirements.

Nursing RN 81 Educational Progression Opportunity

It is the responsibility of the controlling institution and the faculty of the programs to determine the number of credits that may be transferred, the kind of credit that will be transferred, courses which are appropriately challenged, and behaviors which must be observed over a time period rather at one point in time. The proposed rule would usurp authority of the controlling institutions and faculty to make these determinations.

The faculty felt that this proposed rule infringes on academic freedom. Furthermore, this proposed rule may be in direct opposition to the purpose of some private, liberal arts colleges or Junior colleges because of the implied mandatory transfer implications. We feel the transfer implications are implied because this proposed rule replaces the old rule regarding transfer of students.

Another consideration is that it would seem wasteful of time, faculty energy, and financial resources to have every school in this state comply

with this rule. At present our school does not have the financial resources to release faculty to develop ways of having students "demonstrate satisfactory competencies, however acquired", for every nursing course within the designated time period. In any case the timing allowed for in the rule is unrealistic.

We object to the rule as stated but not to the implied philosophic premise on which it is based, namely, students should have alternative ways of progressing through a school of nursing. Because we are trying to allow for this by developing challenging examinations for our nursing courses, we know how much time and effort and expense is involved and how slow the process is to develop quality examinations and to carry on regular teaching assignments.

Nursing RN 94 (b)

This rule does not seem appropriate or necessary in this section because

1. Addition or deletion of a clinical facility may not be a major change from an educational point of view.
2. It seems more appropriate for RN 100, entitled "clinical facilities."

As a faculty we have concern that many of the proposed rules seem to speak to having the educational institution assume primary responsibility for activities that we thought were the responsibilities of the governmental agency which grants the license, e.g. guaranteeing the competencies (whatever they may be) of the practitioner, developing the tools which measure those competencies, follow-up of practitioner competence to evaluate the tools used, etc. If this is to be the role of the educational institution, what then is to be the role of the governmental agency? We also have concern, on the other extreme, of the governmental agency assuming more responsibility than its authority allows, e.g. mandating differentiation of types of programs when there is only one legal definition of "professional nursing." This seems to be stepping into the role of voluntary accreditation rather than legal approval.

Nursing RN 82 (b)

We interpret graduation criteria to be such things as total number of credits earned, satisfactory completion of required courses, certain distribution of course, etc. These criteria are given approval when the program is given approval by the educational institution that gives the degree. Old rule 82A is more appropriate, if in the old rule, "program" is changed to "controlling institution".

Nursing RN 82 (c)

We'd suggest that this statement begin with "Evidence of progress" instead of "progression".

Nursing RN 90 (c)

This prescriptive definition of a philosophy is limited to one model. The prescription of content seems in conflict with rule RN 90 (b) which requires that the faculty write and revise the philosophy. If "shall" were changed to "should" it would be helpful. The designated content areas could then be guidelines rather than mandates.

Statement C4 does not seem appropriate within a philosophy of nursing statement because it speaks to the role of types of nurses, not nursing. We also feel this differentiation of types of programs is unnecessary when the law provides for only one definition of registered nurse.

Nursing RN 93 (a2)

We are concerned about evaluation of employment functioning of graduates being mandated. We recognize the value of such follow-up, but development of a means to do that follow-up which results in valid and reliable information is very expensive in time and money. In many cases, we have no record of where the graduates are functioning.

Nursing RN 93 (b)

One does not implement findings of evaluation, but may implement the recommendations based on the findings. A specific date seems inappropriate for implementing recommendations for on-going evaluation.

5/22/75:SC:ls

MINNESOTA NURSES ASSOCIATION
1821 University Avenue
St. Paul, Minnesota 55104

TO: Joyce Schowalter, Executive Secretary
Minnesota Board of Nursing

FROM: Ellen Egan, Chairperson
EACT Section, MNA

RE: Proposed Rules and Regulations for Registered Nurse and Licensed Practical Nurse Preparing Programs

At a recent workshop of the EACT Section of MNA twenty-two members of the section discussed the proposed rules and regulations. The following comments are the concerns regarding the rules and regulations that were shared by the members present. The comments are being forwarded to be considered at the public hearing on May 27, 1975 and May 29, 1975.

Amendments to the Licensed Practical Nurse Preparing Program Rules and Regulations

There was an expression of support for the proposed rules and regulations, but questioned the implementation of sections of the rules (e.g. LPN 80) when there are not similar provisions in the RN rules and regulations. An LPN preparing program has no power to enforce another program to comply with the rules and regulations.

LPN 80 philosophy and goals

(1) bb,cc,dd, and ee should become such headings under aa of that section.

Amendments to Registered nurse preparing program rules and regulations:

New number
NSG. RN 61 Controlling Institution

(a) Concern noted on two different points.
1. If a general hospital which has a diploma program changes its controlling body, e.g. combines with another hospital, will the diploma program have to terminate?
2. There was concerned expressed by some that indicated the last sentence should not be included. The last sentence being "Only those general .... these regulations."

(b) Include junior college in first sentence so it would read "A junior college, senior college or university which ....Board."

Old number
NSG. RN 63 Secretarial Staff - Offices

Felt this should be retained - group felt this did directly affect quality and due note of this should be made when school is visited for review.

NSG. RN 71 Minimum Qualifications

(b) "shall be in accord with state and federal laws on non-discrimination." Was identified as an area of concern because the group was not familiar with the state laws on nondiscrimination. The supporting facts made us wonder if we were now being required to recruit a faculty, broadly representative of the general population.

NSG. RN 80 Admission

(b) "state and federal laws on non-discrimination" same general concern as was spoken to under RN 71 (b); also, wouldn't this be resolved by the controlling institution?

NSG. RN 81 Educational Progression Opportunity

Felt this whole section i.e., 81 a, b, c should be referred to the Board appointed task force which is studying RN 90 f, g, h and RN 91 c. It was felt that all these sections spoke to career and educational mobility and it was premature and inadvisable to look at any part of the package or approve a rule that affects the whole without being completely aware of what the whole is.

Of all the proposed rules which were discussed this seemed to cause the most intense concern.

NSG. RN 82 Progression and Graduation Requirements

(b) The group assembled felt a strong need for the terms competencies and essential requirements to be defined. Are competencies the same as behaviors? Since requirements has previously been defined, in NSG. RN 50 Definitions (k), how does that definition differ from essential requirements.

(c) Progression cannot be a part of a student's record. It would have to be Evidence of progression. Since the reason given for stating this is "for student protection," what happens to that evidence after a student graduates? What evidence is wanted? Would grade for a course be sufficient?

(old RN 60)
NSG. RN 90 Philosophy and Goals

Group felt that new (c) was too restrictive; that the 5 areas of beliefs should not be spelled out; that item 4 is not necessarily a part of a philosophic statement. Federal Rule 60 is preferable and should be retained rather than new RN 90 a, b, and c.

RN 90 (d)

Again, a need for a definition of competencies was noted.

RN 90 (e)

It was felt that a rule cannot unilaterally mandate a discussion or dialogue so the following revision in wording was suggested - "(e) There shall be evidence that the faculty has made an effort to discuss with nurses, employers ...."

It was also felt this should not be included under philosophy and goals but might better be placed under NSG. RN 70 Composition and Functions, or under Evaluation.

NSG. RN 91 - (Old RN 90)

(Old RN 90)
NSG. RN 91 Curriculum Development and Objectives

It was felt this entire rule needed to be very carefully edited so that it was in concert with the new definitions, e.g. in (b) it would seem appropriate to change "clinical nursing course" to "nursing course."

Also, some of the old wording needs to be cleaned up; e.g. b.2 states "The following content shall ...." but b.2.bb and cc refer to application which is not content.

(Old RN 91)
NSG. RN 92 Instruction

This rule also needs careful editing so that it is in concert with new definitions, e.g. (a) Nurse faculty members shall be responsible for selecting, teaching, guiding and evaluating all .... Also, (b) (1) still refers to school which is no longer defined.

(d) Keep this new rule but define appropriate.

Keep old rule 102 Library, a, b, c since the group felt this focus on quality still needed to be spoken to in the rules.

(Old 92)
NSG. RN 93

Prefer the old rule, feel it states what needs to be done. Also, new rule with stated date implies we haven't based program change on evaluation which was a stated requirement in the old rules.

If employment functioning of the graduates should or must be included in the evaluation it needs to be more clearly defined as to time of evaluation; the basis for the evaluation; who should do it; and how it should be done.

NORTH HENNEPIN
COMMUNITY COLLEGE
7411 85th Avenue North
Minneapolis, Minnesota 55445
425-4541

RECEIVED
MAY 27 1975
Minn. Board of Nursing

TO: Joyce Schowalter, Executive Secretary
Minnesota Board of Nursing

May 23, 1975

FROM: Miriam Hazzard, Nursing Director
North Hennepin Community College Miriam Hazzard

SUBJECT: COMMENTS ON AMMENDMENTS TO THE APPROVAL RULES:
REGISTERED NURSE PREPARING PROGRAMS

NSG. RN 50 DEFINITIONS

1. No definition for "competency" or "competencies" although the term is used in other sections, e.i., 81, 82, 90, etc.
2. I believe that some definition is necessary in order to accurately interpret and meet the rules in which the term is used.
3. "(f) 'Curriculum' " definition, as given, seems to include more than the nursing courses, which also are sometimes referred to as "a curriculum". Later use of the term "curriculum", especially in RN 91 & 92, seems to vacillate between the defined use and a narrower definition, referring to nursing courses only. It would seem that if the word is used in more than one way, it should have more than one aspect to its definition or maybe another term, "nursing curriculum" be defined and used.

NSG. RN 61 CONTROLLING INSTITUTION

1. Curious about the mandatory requisite stated in "(b)" for colleges and universities to have a "voluntary" accreditation. Can we make such a requirement of these institutions and hold them to it?

2. "(d) The board of the controlling institution shall insure support including financial support which will provide a sound educational program."

   a. Should there not be another term other than "Board" used when some colleges have an administrative branch that makes these decisions, not a controlling board?

   b. Should there not be a guarantee that the nursing program is represented or has direct input into the determination of what constitutes a "sound educational program" and what support that requires? I speak from past experiences when I say that there appears to be very little use made, if any, of data on program cost in determining how much support a sound nursing program requires. Even if such determination occurs, that will not ensure that the program will get that support.

   c. How will the adequacy of this support be measured? Against what criteria?

   d. I like the statement in former RN 67 Finance that defines what is meant by support. I believe it should remain spelled out or it is open to interpretation and if anything we need more clout with administration to get some assurance of "adequate and equitable support".

   e. Former RN 67 also speaks to nursing involvement in the budget planning and I believe inclusion of this concept in a substantial form must continue. Right now some nursing programs are providing substantial support for themselves, under nursing capitation grants, because the "controlling institution" was hard pressed to support all of the varying college needs with the monies allocated. Because nursing had its so-called

RN 61 cont.

"own monies" they were asked to use those funds instead of receiving monies from the college. Once this process starts, we may be hard pressed when and if it becomes necessary to reverse the situation.

NSG. RN 63 SECRETARIAL STAFF-OFFICES - to be repealed

1. The rationale for this repeal states that it should be determined by the controlling institution and that the rules should focus on aspects related directly to quality. My belief from past and present experience is that without adequate secretarial assistance the quality of a program could be hampered. Once again having some standard gives some clout when talking with the "controlling institution" and this can be more important in some settings than others.
2. I would recommend that this aspect be left in the rules rather than repealed.

NSG. RN 81 EDUCATIONAL PROGRESSION

1. I would raise the question whether it is within the Board's prerogative to mandate policies and set deadlines for their implementation in areas of "educational philosophy" which is what I think a competency-based and challenge concept are, for a program that is a part of a larger domain with its policies, procedures and philosophies? Does a private institution not have the right to say it does not allow challenging of courses and only transfers credits as a method of validating past learning? I am questioning at the level of general principle, I think that consideration must be given to the views and rights of the controlling institutions and their boards and how does the Minnesota Board of Nursing rules for one program in those institutions relate to them. Nursing programs in college settings don't operate in a vacuum. They must operate within the total institutional set-up.

NSG. RN 81 cont.

2. I would also raise the question as to whether the Board can demand that all nursing courses be challengable? Does not the program have a right to say that some are "not" challengable and state the reasons? For example our last nursing course, which focuses on transition to the graduate role, changes from year to year to best meet the need of the students in it. I have difficulty seeing who would be eligible to challenge it, so why develop a mechanism that will have little use and will require substantial yearly revision?

3. What is the relationship of this rule to those referred to the Task Force on Educational Mobility? Will the proposals of this task force negate or change the necessity of these rules? Why not hold off instituting new ones, until the task force report is in and they have looked at this aspect of educational mobility?

4. In looking at the time table included in this rule I am unsure about being able to meet it. It is too late in planning for 1975-76 to do anything about faculty load. All of my faculty are at the definition of load as found in our professional contract or over. There is no approval for any new nursing positions. I am going to have to hire staff for our nursing learning lab under capitation monies for the coming year because there are no faculty available to cover it. I cannot be sure that any substantial work, if any at all, will be done toward developing the mechanisms described in this rule for any nursing courses. That brings us to 1976-77. It leaves us with the task of developing mechanisms for 6 nursing courses. I would need approval to decrease the number of students entering the program in 1976 and still retain the same number of faculty. Taking in less students would free up first year faculty to work on mechanisms for the three nursing courses comprising the first year. I can see difficulties in how I would

NSG RN 81 cont.

provide assistance to 2nd year faculty, at the same time, so they could develop a competency evaluation for their courses. I don't think I can swing that all in one year and keep the nursing program running at its usual "hectic" pace. Beyond the development stage, I am not sure how or who would be available to conduct the students through these mechanisms. I would suggest that reconsideration be given to the dates stated within this rule, if it becomes operational, due to the lateness of its introduction in relationship to planning for the 1975-76 school year.

NSG RN 82 PROGRESSION AND GRADUATION REQUIREMENTS

1. Editorial suggestion for "c" - Evidence of be added before progression. It is the evidence that would show that progression is occuring.
2. How much evidence? For how long? Only while in the program?
3. Should there not be a "final summary" record of completing all aspects and the progression evidence - which I would interpret as evaluations and other data from varying nursing courses - be destroyed. Storage of all "evidence" could become a real problem and to me seems unnecessary.

NSG RN 90 PHILOSOPHY AND GOALS

1. "(c) The Philosophy shall include," - I question mandating to a program what they include in a philosophy. Recommend, suggest, all right.
2. "(c) (4) nursing including the relationship of the graduate being prepared to that from the other types of programs," - as stated, it does not seem to be a logical part of a philosophy to differentiate your graduate from someone elses. A position statement could include such a differentiation.
3. I would recommend retaining "(b)" from the former rules rather than the new "(c)".

NSG RN 90 cont.

4. "(d) There shall be written description of the competencies of the graduate being prepared. The competencies delineated shall be appropriate to the type of graduate being prepared . . ." - I am curious as to how the delineation will be evaluated, according to what criteria?

5. "(e) There shall be evidence that the faculty discusses with nurses, employers and consumers in the area serviced by the program the competencies of the graduate. . . ."

   a. The program can make "an effort to" discuss with the individuals defined in this rule, but cannot make them reciprocate. I don't believe a program should be held accountable for something they do not totally influence nor control.

   b. It will be interesting to determine the "area served" especially in the metropolitan area.

   c. I wondered why this part of the rule wasn't put with others dealing with evaluation. I don't exactly see its relationship to the rest of the components of this rule nor do I see to what end are we to have these discussions? The expected outcomes are not clear to me, as I read this statement.

NSG. RN 91 CURRICULUM DEVELOPMENT AND OBJECTIVES

1. As indicated earlier in RN 50, I question the use of the term "curriculum" in parts of this rule when I go back to the definition as stated. It seems that the same word is used when speaking to the total curriculum, including other college courses, and also when only the nursing courses are being described. e.i. The statement from the former rule speaks to faculty involvement in the "curriculum" being discussed, so I would take the meaning to be focusing only on nursing courses, since those are the only ones that nursing faculty are planning, guiding, etc.

NSG RN 91 cont.

But when you come down to, "(b) The curriculum shall provide for instruction in the areas of human behavior and studies of cultures, natural sciences and professional development . . . .", it seems that the definition from RN 50, referring to nursing and other courses, is being used.

I would recommend that some editing be done to make the use of the term consistent and not confusing.

2. Editing suggestion for "(2) (b) (2) The following content shall be included. . ." Not all of the following areas might be defined as content, so I would suggest the deletion of the word "content" from the statement.

3. Editing suggestion for "(2) (b) (2) (bb) & (cc) "where "application of knowledge . . ." is called for. "Evidence of" the application is more understandable as the objectives that call for application do so in terms of behaviors that will manifest the application process.

NSG. RN 92 INSTRUCTION

1. The term "curriculum" comes up again in this rule and I would recommend that it be looked at in light of foregoing comments in this area and any editing done should include this section as well.

2. "(d) Instructional materials shall be appropriate to assure implementation of the curriculum." What is the definition of instructional materials? Broadening of the rule takes away more specific criteria to be met by the program and thus takes away a standard to be met as in the level of library acqusitions necessary for support of the nursing program.

What criteria will determine their appropriateness

NSG. RN 92 EVALUATION

1. The rule as it stands seems to refer only to curriculum evaluation (nursing only or all courses?) in terms of graduate competencies. I was hard pressed to find any statement in these rules that referred to "evaluation of students," although there are to be records kept on the student's progression. As far as I could determine, when the term evaluation is used it is directed at the nursing program, objectives, courses, etc. I am sure that when a program is reviewed it is expected that there are evaluation tools used and these are looked at in the context of the total program. I should think that there would be expectations stated in the rules to this end. The former RN 92 does make reference to "student progress and outcomes" but it is being repealed. I think it should be retained as it does not seem to me to be covered in the new statements.

2. "(b) By July 1, 1978 and thereafter there shall be evidence of the implementation of the evaluation findings."

   a. Implementation of the findings of evaluation may not be totally in the control of the nursing program. For example, our graduate follow-up's, presently coming in, indicate that employers are saying the students need more clinical exposure. We are confined, at present, to a 6 quarter program and have a professional contract that defines faculty load. What can I do to implement this finding on my own? Not much. I would need approval and monies to lengthen the program. I would have to find faculty to work these additional times because some of my present faculty have already indicated they do not want to teach longer than 9 months when we have discussed this feedback about including more clinical time. Consideration must be given as to what decisions a nursing program can make and what they cannot make without approval from controlling bodies. How much implementation of findings is necessary

to meet this rule, total or partial?

NSG. RN 92 cont.

b. I would recommend that the old "(b) & (c) remain. They say the same thing, without a date attached. I do not understand why a date was attached in the first place. If the rule presently says that evaluation shall provide the basis for change, programs should be held to it now, not in 1978.

RECEIVED
MAY 27 1975
Minn. Board of Nursing

MANKATO STATE COLLEGE
Division of Nursing

Comments Regarding Proposed Rules and Regulations for Registered Nurse Preparing Programs, Minnesota Board of Nursing

1. Nsg. R.N. 50 Definitions

1.1 (g) "Faculty": suggest retention of old rule, substituting the word "program" for "school". (The guidance and research functions are appropriate and should be retained in the definition.)

1.2 (l) "Survey": could the term "other methods" be clarified?

2. Nsg. R.N. 61 Controlling Institution

2.1 (a) "...but not be limited to universities, senior colleges, or community/junior colleges...." (The question was raised as to what other educational institution could there be?)

2.2 (a) In the same paragraph, the statement "only those general hospitals...these regulations." It seems to us to be appropriate at this time to include this statement in the proposed new rules. (Our rationale for this is based on the difficulties in terms of time and effort in regard to career mobility.)

2.3 (b) "...program shall be accredited by a national or regional accrediting body...." Does this statement imply mandatory accreditation? Our concern is also in regard to which specific accrediting bodies are "recognized by the Board"?

2.4 (d) Suggest that this statement include "The board and the administrative officers of the controlling institution..." and that the word "sound" be clarified.

3. Nsg. R.N. 63 Records and Reports

3.1 (a) We question the repeal of the old rule "Adequate clerical and secretarial staff shall be provided...." We suggest the retention of this old rule since otherwise these support staff positions may not be provided by the administration without the "clout" of the rule.

4. Nsg. R.N. 71 Minimum Qualifications

4.1 (b) "...with state and federal laws on non-discrimination." The faculty merely wishes to point out here the difficulty of recruiting qualified faculty from all minority groups.

5. Nsg. R.N. 81 Educational Progression Opportunity

The faculty urges that (a), (b), and (c) be referred to the Task Force studying career mobility.

6. Nsg. R.N. 82 Progression and Graduation Requirements

6.1 (b) We are concerned about the exact definitions of the terms "competencies" and "essential requirements". Could the Board clarify and define these terms? Suggest that these be defined in Nsg. R.N. 50 Definitions.

6.2 (c) Suggest that the statement read: "Evidence of progression toward..." Does the Board suggest that the records contain evidence <u>other</u> than grades?

7. Nsg. R.N. 90 Philosophy and Goals

7.1 (c) The word "shall" should be changed to "may". In addition, a faculty may want to develop a philosophy in a way that would make these statements restrictive. (4) under (c) The faculty felt that they were not clear as to the intent of this statement.

7.2 (d) The faculty felt that the statements under "d" are not a part of philosophy. Additionally, we are again not clear as to the meaning of the word "competencies".

7.3 (e) We are concerned about the wording here which implies <u>mandatory</u> discussions between these two groups. Suggest: "...faculty makes an effort to have periodic discussions with...."

8. Nsg. R.N. 92 Instruction

8.1 Old R.N. 91 (a) Should be changed to read "...all learning experiences in nursing courses..." (The statement implies that nurse faculty would also be responsible for the supporting courses.)

8.2 Old R.N. 102, Library Should be retained. (The need for this is based on the fact that administration may not allocate sufficient funds for the library without the influence of the old rule.)

9. Nsg. R.N. 93 Evaluation

9.1 Suggest retention of old R.N. 92.

9.2 Concern was expressed about (a) (1) and (b), both in regard to the intent of the new rule, how it was to be implemented, and the deadline date.

9.3 We felt that the statements under old rule R.N. 92 reflect faculty beliefs about the evaluation process.

SAINT CLOUD HOSPITAL ▫ ST. CLOUD, MINNESOTA 56301
TELEPHONE 251-2700
1406 SIXTH AVENUE NORTH

RECEIVED
JUN 16 1975
Minn. Board of Nursing

June 14, 1975

Minnesota Board of Nursing
717 Delaware Street S.E.
Minneapolis, MN 55414
Attn: Ms. Joyce M. Schowalter
Executive Secretary

Dear Ms. Schowalter:

The following statements are submitted as testimony relating to the "Proposed Amendments to School Approval Rules: Educational Mobility", covering several issues identified below.

1. Proposed New Rule, Chapter 7: Nsg. R.N. 60-69 Approval of R.N. Preparing Programs: Controlling Institutions.

   At a previous hearing, the legal counsel for the Board of Nursing raised the question regarding the responsibility and authority of the Board of Nursing to approve R.N. Preparing Programs based on the ability of a program to provide credits for all courses taught. Would this not, in fact, designate which controlling institution should be authorized for conducting programs preparing nurses for admission to R.N. licensure examinations? Should not the scope of the Board of Nursing be limited to assuring the citizens of Minnesota of minimum compliance of licensed nurse practitioners, whether R.N. or L.P.N.? We would urge the Board of Nursing to clarify this legal issue by requesting a ruling from the Attorney General.

2. Career Mobility Task Force, appointed by the Executive Committee of the Board of Nursing, charged with preparing specific proposals to implement career mobility in nursing education within Minnesota.

We expressed disastisfaction with the composition of the Task Force assigned to study the educational progression opportunity proposal rules. Of the three types of R.N. programs, two (BSN and ADN), each have two representatives on the Task Force under the guise of one public and one private representative, respectfully. To a degree, this distinction seems discriminatory. The diploma programs adversely affected by the proposed rule changes were assigned only one representative, Peggy Strivers, of Abbott-Northwestern Hospital School of Nursing. This school is in the process of converting to a Baccalaureate program. We request that diploma programs have the same number of representatives as the other types of R.N. programs and that at least one of these be a representative who is employed in a setting that represents a viable diploma program. We previously submitted the name of Lois Finch of St. Luke's Hospital School of Nursing in Duluth as a candidate for representing diploma programs. We urge your reconsideration and appointing Lois Finch to the Task Force.

Thank you.

Harry J. Knevel
Associate Administrator

HJK: mas

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St. Luke's Hospital
DULUTH • MINNESOTA 55805



RECEIVED
JUN 16 1975
Minn. Board of Nursing

June 12, 1975

Ms. Joyce M. Schowalter, Exec. Secretary
Minnesota Board of Nursing
717 Delaware Street S.E.
Minneapolis, Minnesota 55414

State Board of Nurses:

St. Luke's Hospital School of Nursing Faculty would like to go on record protesting some of the proposed changes in Approval Rules: RN Preparing Programs.

For example ... NSG RN 61 ... The sentence which ends paragraph (a) "Only those general hospitals which have existing programs as of July 1, 1976 shall constitute a controlling institution within these regulations", we consider to be arbitrary if not downright illegal. It should not be the role of the State Board of Nursing in Minnesota to terminate a school from operating if it meets established criteria and is nationally accredited.

Regarding NSG RN 81 ... Even if the proposed rules were feasible, the time limit stated would be absolutely unrealistic. The total curriculum plan is already set for the entire next year, and to scurry about making changes to meet a July 1, 1976 deadline would disrupt and, of necessity, "water down" efforts to maintain a quality program already in existence. Mobility is easy to talk about and easy to endorse but, in fact, it is difficult to achieve. The use of proficiency exams presupposes either universally acceptable pre-packaged exams such as the NLN achievement tests, or some widely available tests for which it would be difficult to maintain security and therefore quickly become obsolete, or individual schools would need to set up their own competency tests. This would necessitate devoting one or more persons full time for the setting up of tests. The clinical aspect would need to be done on a one-to-one basis, whereby one instructor would be available for a pre-set number of days per prospective mobilist. The faculty must be concerned that sampling of all essential components is incorporated into each test used, that levels of expectations are realistic, and that the integrity of each course is preserved. Preparing valid tests of cognition and of clinical performance is a burdensome task. The time necessary for the clinical assessment of each individual mobilist is costly since it needs to be done prior to the first day of classes each term. Students entering and moving at accelerated or decelerated paces would present problems to our already overburdened Admissions Director. We are processing upwards of 300 applications a year. Tailoring special plans for a wide variety of potential mobilists would necessitate hiring another person to carry the overload.

Ms. Joyce Schowalter, Exec.Secretary

Regarding NSG RN 102 (old) .... this should still stand. It could be anyone's guess as to what might be considered "appropriate instructional materials". The description of the well organized library and personnel to staff it can be very helpful in securing just that, when budget cuts might sacrifice some real essentials, were it not spelled out.

We also object to several of the uses of the "mandatory, shall" which does not allow for flexibility, creative variation and in some instances mandates what appears to be non achievable. There might better be a very strong "should".

Very truly yours,

P. Boyd

Ms. P. Boyd, Director
School of Nursing

PB:vr
cc: Attorney General's office, State of Minnesota

ST. CLOUD HOSPITAL ▫ ST. CLOUD, MINNESOTA 56301
1406 SIXTH AVENUE NORTH
TELEPHONE 251-2700

RECEIVED
JUN 16 1975
Minn. Board of Nursing

June 13, 1975

TO: Joyce Schowalter, Executive Secretary &
Members of the Board of Nursing
Minnesota Board of Nursing

FROM: Connie Moline
Director of Nursing Service

RE: PROPOSED RULES AND REGULATIONS FOR REGISTERED NURSE AND LICENSED PRACTICAL NURSE PREPARING PROGRAMS

I would like to express my thanks to you and the Board for the opportunity to speak at the hearing held on May 27th. The following are my thoughts regarding the proposed changes in the regulations. Some of these I expressed at the hearing and others are an expansion of issues discussed at the hearing.

RN Licensure Rule - RN1 - Qualifications - A

Excellent rule change if Boards can be given at appropriate times. Example: Graduation in May - should be able to take Boards in April.

RN Preparing Programs - RN-61 and RN-81

These changes should be referred to the MBN task force. We now have the MBN task force, MNA Continuing Education and Career Mobility Committee and the Nursing Advisory Committee of HECC, all discussing issues relating to career mobility. I would like to see these forces combine and re-evaluate the following issues.

1. Nurse - need for career mobility has been expressed by nurses yet when programs are proposed the committment is not always there. What per cent of RN's want a degree, B.S. or M.S.? Will we price ourselves out of the labor market? Look what is happening to teachers now.

2. Employer - have we really looked at what the employer will pay for? Many areas hire RN's under one job description with one salary scale. Cost controls in the hospital and nursing homes become tighter each year and is an issue that can really affect the product nursing is producing.

3. Consumer - what type of care is the consumer willing to pay for? How does the consumer evaluate the care he receives? In this situation many times it is the individual's personality that shines, not always the educational background.

4. Present programs - what are programs doing now toward career mobility and if programs are producing sound practitioners, why not build on these and work toward giving nursing credits for these courses regardless of where programs are based.

The politics that go on in our educational institutions make me angry. Why can't standards for a class be established and met by all institutions so credits can be transferred and thus aide mobility? I feel that nursing has been trying to build career mobility but that the road blocks we run into constantly are rediculous.

I feel the issues I have mentioned need time to evaluate. I think forums around the State to involve the small hospitals, nursing homes and nurses in outlying areas would be beneficial in gathering the data needed to make the best decisions for nurses and patients/clients.

Thank you for listening to me.

CM/cs

RECEIVED

JUN 16 1975

Minn. Board of Nursing

Mrs. Lois J. Finch
3616 Greysolon Road
Duluth, Minnesota 55804

June 14, 1975

Miss Joyce Schowalter, Executive Secretary
Minnesota Board of Nursing
717 Delaware Street S.E.
Minneapolis, Minnesota 55414

Dear Miss Schowalter,

This letter is being written in reference to the amendments to the Approval Rules: RN Preparing Programs. There are two sections that are especially disturbing to me.

1. The Proposed New Rule Nsg 61 Controlling Institutions.
   It would seem possible under the new rule that if a general hospital which has a diploma program combined with another hospital, it might be expected to terminate its program under this rule. While I recognize that nursing education is in a state of transition and that changes will occur, I do not believe it is the function of the State Government and State Board of Nursing to legislate out of existence State Board approved and National League for Nursing accredited programs. DELETE a of the proposed new rule Nsg RN 61 and maintain a of the old rule.

2. The Proposed New Rule Nsg 81 Educational Progression Opportunity.
   Since a task force has been formed by the Board of Nursing to study RN 90 f,g,h and RN 91 c concerned with educational mobility, it seems that this rule should be referred to that task force. Most, if not all faculties are already pressured and have neither the time nor expertise to carry out the rule easily or efficiently within the stated time limit. Support, governmental or other in terms of money for additional faculty members and for consutative assistance needs to parallel this rule. I believe to push this rule with its time limits will compound the problems we already face in nursing education, with less assurance of quality nursing care for the consumer.

Comments made by members of the EACT section of MNA to other statements in the [illegible] amendments are pertinent and it is hoped they will be carefully considered by the Board.

Sincerely yours,

Lois J. Finch

Lois J. Finch

cc. Warren Spannus, Attorney General

6015 190th Street North
Forest Lake, Minnesota 55025
29 May 1975

RECEIVED
JUN 9 1975
Minn. Board of Nursing

Miss Joyce Schowalter
Executive Director
Minnesota Board of Nursing
717 Delaware Street, S. E.
Minneapolis, Minnesota 55440

Dear Miss Schowalter:

I am writing to express some of my concern about the Minnesota Board of Nursing Amendments to the Approval Rules: Registered Nurse Preparation Programs, April 1975.

No doubt, the proposed new rules represent a desire to strengthen the nursing profession and the education of persons who wish to practice this profession. I share that desire, and recognize some valuable suggested changes, e.g., deletion of some unnecessarily limiting (and/or outdated) old rules, however, as I read some of the proposed rules I am disturbed and must ask: Does this eliminate or make excessively difficult the possibility that nursing education exercise creative responses to current and future needs of society? Does this reflect failure to appreciate the unique contribution of the private college in developing a well-educated person to practice professional nursing? Do we have valid tools for carrying out so many mandates specifying how admission and progression be controlled and timed?

A few specific comments may clarify some of my concern:

re: Chapter 9, Nursing R.N. 80 Admission: Items a, b, and c seem to me to require that within a very limited period of time policies be set which cannot be sound in assuring benefits to either the student or the program. How can a student who tests out of many or possibly all nursing courses absorb the philosophy of a school?....integrate benefits of supportive courses into her/his use of the nursing process?....meet other requirements for graduation as established by a college? I do not see these 3 as an improvement over the 2 pervious rules.

re: Chapter 10, Nursing R.N. 90 Philosophy and Goals: I feel b is adequate and that c is unnecessary, for a philosophy that is worthy of the name should be distinctive to an individual program and not controlled by rules. Suggestions may be made to those seeking help with stating a philosophy, but not mandated. In the program with which I am associated, carrying out e is highly impractical, since as a department of a college which draws students from all parts of the United States and many foreign countries, our students return as graduates to such widely dispersed areas that such communication, e.g., between faculty, employers and consumers, is impossible. I feel such a rule is neither needed nor useful.

re: Chapter 10; Nursing R.N. 94: b seems to need a better definition of "clinical facility", for with changes as rapid as we experience today, many valuable learning opportunities could be lost and progress be delayed by the necessity of requesting and obtaining Board approval before any new facility could be utilized. Guidelines as to the quality of the facility should be sufficient here.

I have much respect for rules. I do not think they should be taken lightly nor side-stepped. Therefore, I would urge that before new rules be set up, a broad over-view of nursing and its goals be considered, that input from nursing education, nursing service and consumers of nursing service be invited and studied and that then the setting of controls be such that creative, progressive, society-conscious development be implemented, not impeded.

Sincerely,

Ruth Dannehl

(Mrs. Rodney Dannehl)
Assistant Professor of Nursing
Gustavus Adolphus College

3610 Druid Lane,
Minnetonka, Minn
June 4, 1975

RECEIVED
JUN 6 1975
Minn. Board of Nursing

Miss Joyce Schowalter, Exec. Secretary
Minnesota Board of Nsg,
717 S. E. Delaware Street, Minneapolis, Minn.

Dear Miss Schowalter,

I am writing you regarding my personal feelings on the proposed new rules in Nursing education in Minnesota.

Nsg RN 93 Evaluation:

(b) By July 1, 1978 there shall be evidence of the implementation of the evaluation finding.

* I believe the word implementation is too confusing, should be crossed out and the word "reviewed" substituted for it.

Nsg RN 94 Major Change:

The program shall request and obtain Board approval before instituting major changes

(b) addition or deletion of a clinical facility utilized for student learning.

* As an experienced teacher (seven years - Nsg of Children in diploma programs and currently completing the third year - psychiatric nursing in a four year baccalaureate nsg program) I strongly feel this would be most unconceivable. I have spent so much of my time seeking adequate, useful facilities in the Twin City area for good learning experiences for my students that I find it not only frustrating but it is imperative at the exact time I have finally reached the actual person who can make a decision (whether or not a group of students, several students - or mostly just one student is accepted for an clinical experience), that I can also

immediately tell that individual who the student is, when she will be coming to the facility, objectives, evaluation etc etc. If I need to wait to get a Minnesota Board of Nsg approval before I can accept this facilities generousity to give my student experiences she needs - then I might well forget even placing the calls to the facility. And believe me the planning, the meetings, the "turn-downs" are so many that I join the many other educators in nursing whom I assume are equally discouraged, frustrated, and disappointed that our well prepared students cannot gain the selected experiences she needs. Having to wait for board approval would cancel agreements to take stude

May I suggest that the Minnesota Board of Nsg, instead of evaluating these facilities regarding experiences - spend time designing a end to the competition between schools of nursing (to seek clinical experiences for their students) by formulating a Minnesota Nursing Clearinghouse - where all Minnesota schools of Nursing would be given equal opportunity to share the clinical facilities fairly, in an organized manner, with out-of-state nursing programs given choices left over. I feel you as a Board of Nursing have responsibility and capability to end many of our problems in this area. It is a gigantic task, however could be a model for other states with similar needs.

Sincerely,

Verne C. Carlson, R.N., M.S.,

Asst Prof of Nsg, Gustavus Adolphus College -

St. Peter, Minn.

RECEIVED
MAY 29 1975
Minn. Board of Nursing

35 Birchwood Lane
White Bear Lake, MN 55110
May 23, 1975

Miss Joyce Schowalter, Executor Director
Minnesota Board of Nursing
717 Delaware Street SE
Minneapolis, Minnesota 55440

Dear Miss Schowalter:

This letter is written to express my views regarding the proposed drule changes of the Board of Nursing with respect to Registered Nurses.

As to Rule 81:

I believe it is not possible to provide means of placement in or progression through all courses of a professional nursing curriculum. Is not academic experience within the frame-work of the nursing school curriculum necessary to fully educate the profesional nurse? Would we expect to see a comparable rule applied in the education of physicians, lawyers, dentists, etc.? Because the philosophy of each school is unique, it would seem necessary that a student be enrolled in some nursing courses in order to reflect the philosophy of that school.

As to Rule 90 (c):

I believe there are other means of stating a philosophy than those on the list. This should be at the discretion of the school of nursing and not prescribed by the rule of the Board of Nursing.

Respectfully,

Elizabeth A. Emery

Department of Nursing
Gustavus Adolphus College

Elizabeth A. Emery, R.N.,M.S.
Reg. No. 0098193

Anoka–Hennepin Independent School District No. 11

AREA VOCATIONAL TECHNICAL INSTITUTE

Box 191 • Anoka, Minnesota 55303
612 - 427 - 1880

RECEIVED
MAY 29 1975
Minn. Board of Nursing

May 27, 1975

Ms. Joyce M. Schowalter
Executive Secretary
Minnesota Board of Nursing
717 Delaware Street S.E.
Minneapolis, MN 55414

Dear Ms. Schowalter:

Please submit this letter as a statement to be entered into the record at the time of the RN public hearing.

The faculty of the Anoka-Hennepin Practical Nursing Program is in full support of the proposed changes in the RN Rules and Regulations on Licensure and Approval. We especially would like to support Nursing RN 81 Educational Progression Opportunity a, b, & c. This is at least a beginning in providing for career mobility. Persons who are allowed to demonstrate competencies and progress at their own rate in nursing education will ultimately result in better nurse practitioners and nurse educators. Nurses who are happy in their job provide better quality of care to patients. We would urge the adoption of this change as well as urge the task force on career mobility to proceed in the direction of allowing for transfer of credits and competencies in all levels of nursing education as soon as possible.

Sincerely yours,

Bette Struck/js
Joan Schmer
Jon Schmit
Verna E. Lane
Laura J. Olson
Norma J. Anderson
Glenda Jensen
Mary Ann Blechinger
Vera L. Jensen

Bette Struck
Director of Practical Nursing and Faculty Members

BS/sx/Aq

Anoka-Hennepin Independent School District No. 11

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RECEIVED
MAY 29 1975
Minn. Board of Nursing

May 19, 1975

Joyce M. Schowalter, Executive Secretary
Minnesota Board of Nursing
717 Delaware Street S.E.
Minneapolis, MN 55440

Re: In the Matter of Proposed Rules and Amendments Relating to Registered Nurse-Preparing Programs and Licensure of Registered Nurses.

Dear Ms. Schowalter:

As students in the Anoka-Hennepin PN program, we are in favor of the proposed rule:

Nursing RN 81
Educational Progression Opportunity
(a), (b), and (c)

contained in the Amendments to the Approval Rules Registered Nurse Preparing Programs, April, 1975.

As PN graduates of 1975, we do support this proposed new rule. We would also take advantage of its provisions to better ourselves in the field of nursing if it is passed.

We feel that the nursing profession would benefit greatly by allowing LPN's to show their competency and be allowed to progress at their own speed through the RN programs.

In the future we would also support any new proposed rules that would allow for transferring credits or classes from one school, LPN or RN, to another.

Sincerely yours,

Nancy Johnson

Nancy Johnson, Class Secretary

NJ/sy/Eq

Enclosure

Anoka–Hennepin Independent School District No. 11

AREA VOCATIONAL TECHNICAL INSTITUTE

Box 191 • Anoka, Minnesota 55303
612 - 427 - 1880

The following signatures are the names of the students supporting Nursing RN 81 Educational Progression Opportunity (a), (b), and (c):

Delores G. Huber
Ruth Bonney
Renée Burman
Sue Nowacki
Marla K. Hill
Virginia Rivard
Kathleen Lanier
Judith Stanock
Mary Berg
Mario Warren
Linda Roush
Patricia Hammes
Nancy Sigurdson
Cyndi Smith
Wendy Nelson
Cathy Wojciechowski
Diane Geye
Dione Smith
Dolores M. Schumacher
Beverly Bakos
Rosmc McNilly
Diane Severtson
Elaine Hudallo
Joane Schneeg

Robin a. Heggare
Dorothy Wenndt
Linda Keiser
Jackie Craig
Debbie Schmeg
Chris Zimmerman
Marlene Skoglund
Marcia Sandall
Robin Beaumont
Linda Eisenbeis
Dianne Bentley
Pam Klein
JoAnn Pratt
Mary Rodnick
Vicki Gardner
Carla Peterson
Debbie Duggan
Linda Carlson
Beth Nelson
Cheryl Roepke
Jan Lundeen
Shauna Lueck
Kathi Donnelly
Mary Collins
Linda M. Christianson

Roderica L. Sullivan
Vikki Erickson
Julie Graham
Leanne Lee
Linda Hjort
Terri Roehl
Jill Schanhaar
Bev Larson
Roberta Otto
Carol Thorny
Theresa Etzel
Susan Hopke
Henrietta Davidson
Pat Kesler
Cheryl Braun
Debbie DeMorett
Lindsey Burgin
Susan Buckholz
Barb Gurdeen
Glenda Ahrens
Jan Tiden
Patsy Carlson
Bernice Burnett
Joann Thomajan
Teri Ciniston
Beverly Rogers
Cynthia Fedorchek
Vicki Blank

Alandra M. Lijodin
Goldeaxx Larson
Avis Aptman
Janice L. Anderson
Dorothy Lilyendahl
Jean Robinson
Heide Mac Dermott
Pauline Jenson
Sue Stuebenberg
Beth Kanthak
Kathy Weller
Wanda Oswaldson
Norma M. Rolland
Cynthia Hultman
Pam Hecod
Mary Ramberg
Cheryl Rudolph
Erma Grinde
Sandra K Mckay
Anne Marie Haynes
Hilde Miller
LoreAnn Brown
Barbara J. Nelsel.

NORTH HENNEPIN
COMMUNITY COLLEGE
7411 85th Avenue North
Minneapolis, Minnesota 55445
425-4541

RECEIVED
JUN 2 1975
Minn. Board of Nursing

May 28, 1975

Ms. Joyce Schowalter, Executive Secretary
Minnesota Board of Nursing
717 Delaware St. S.E.
Minneapolis, Minnesota 55414

To : Joyce Schowalter
Executive Secretary

From : Miriam Hazzard, Nursing Director
A. D. Nursing Program, N.H.C.C. Miriam Hazzard

Re : Comments on Ammendments to the Registered Nurse Licensure Rules

1. Nursing RN 4 Examination and Re-Examination
I support the changes in part d, relating to the re-examination process. I concur that it is necessary to set these time limits in order to realistically validate the individual's abilities. The change also requires effort on the part of the individual to prepare themselves to be successful when recruiting. Application of some form and amount of external motivation seems to be necessary in certain situations in order to achieve the desired outcome.

2. I support the inclusion of the requisite that evidence of competency be submitted by RN's who have been out of active nursing practice for five or more years that occurs in Nsg. RN 10 and Nsg. RN 33. I believe we need to emphasize to RN's our responsibility and accountability to be a competent practitioner needs to take precedence over a right to practice because we were once judged "safe" by an examination.

MH:rs

AN EQUAL OPPORTUNITY EMPLOYER

Gustavus Adolphus College
St. Peter, Minnesota 56082 • Telephone (507) 931-4300

RECEIVED
MAY 27 1975
Minn. Board of Nursing

Department of Nursing

May 23, 1975

Miss Joyce Schowalter
Executive Director
Minnesota Board of Nursing
717 Delaware Street, S. E.
Minneapolis, Minnesota 55440

Dear Miss Schowalter:

My comments regarding the proposed changes in NSG RN 81a, 90c, and 93 follow. I am expressing my own opinions, not those of the nursing faculty or the College administration.

*NSG RN 81(a) By July 1, 1977 and thereafter there shall be written evidence of opportunities for student placement in, and/or progression through all of the courses of the curriculum based on satisfactory establishment of competency, however acquired.

The change that would make it possible (at least theoretically) to test out of all courses would nullify a college's residence requirement, usually at least one year. I see two significant problems: 1) the legislating of college policy by an agency whose authority is limited to regulating of one major and 2) the ignoring of the part that the philosophy of a college should play in the students' right to be designated ever after as graduates of that institution. It seems to imply either that the philosophy is not important or that it can be absorbed with minimum exposure.

Nursing has tried very hard and has met with some success in establishing a place in higher education by stressing that nurses need an education comparable to that of individuals in other professions. Now suddenly we would be saying that for some students we really don't need the services of the institution after all - except to grant the degree.

*Nsg. RN 90 PHILOSOPHY AND GOALS
(c) The philosophy shall include, but not be limited to a clear description of the faculty's beliefs regarding:
1. Man,
2. Society,
3. Health,
4. Nursing including the relationship of the practitioner being prepared to that from the other types of programs,
5. Teaching and learning.

I do not disagree with the listed components for a philosophy, but I believe that any list is inappropriate in a set of rules. Certainly educators know what should be included in a philosophy.

*NSG. RN 93 EVALUATION

(a) There shall be written evidence of on-going evaluation that shall include but not be limited to:

(1) The curriculum in terms of the exit competencies.

(2) Employment functioning of the graduates.

I would suggest that the statement should read: "There shall be written evidence of ongoing evaluation." I am not convinced that we should commit ourselves to exit competencies at this time (or perhaps ever) when there is little agreement on how detailed they should be and to what use they will be put. Data on employment functioning of graduates is not so readily obtained in useable form that we should mandate that as a requirment of the evaluation process.

(b) By July 1, 1978 there shall be evidence of the implementation of the evaluation findings.

I submit that implementation is too strong a word. I have yet to see evaluation findings that give such clear direction that we should include this statement in the rules. If it must be there, changing implementation to consideration would be a more reasonable expectation. A faculty would be irresponsible if they spent time in evaluating, then ignored their findings; I believe the statement should be deleted.

Again, please understand that I am not against career mobility, but I am very much concerned about granting degrees which mean something quite different from the usual baccalaureate degree. A standard principle of curriculum planning is related to continuity and sequence: the proposed plan encourages grouping uncoordinated activities with the intent of substituting them for a planned curriculum.

I concede that knowledge, skills and attitudes can be acquired in different ways, but the state of the art of evaluation is not perfected enough to make such significant judgments on the basis of a limited sample of behavior. By approving the proposed rules we make all baccalaureate degrees suspect; such a degree will no longer mean that a graduate has been enrolled in a program which met certain standards related to faculty, admission, philosophy and goals, curriculum development and objectives, an. instruction. In other words the Board of Nursing Rules on education would all be compromised.

Yours truly,

Hazel M. Johnson

Hazel M. Johnson, Ph. D.
Chairman

HMJ:ji

St. Peter, Minnesota
May 24, 1975

RECEIVED
MAY 28 1975
Minn. Board of Nursing

Joyce M. Schowalter
Executive Director
Minnesota Board of Nursing
717 Delaware St. S.E.
Minneapolis, Minnesota 55414

Dear Ms Schowalter:

Recent proposals to come before the Board of Nursing are of some concern to me. Therefore, I am providing you with my feelings of opposition, hoping these thoughts will have some influence as you deliberate upon the issues.

Reagrding (c) under "Nursing RN 81 Educational Progression Opportunity," I do not believe it is possible for a student to graduate from any program without enrolling in at least a percentage of the courses as a participating person. I feel the student should share in classroom sessions, seminars and clinical experiences with other students to actually be a graduate of a specific program. As a diploma RN at the University of Minnesota a few years ago I found my own experiences to be extremely valuable and in my own situation it would have been impossible to feel worthy of a degree without class participation and interactions with faculty and fellow students.

Regarding "Nursing RN 90 Philosophy and Goals" I have one basic objection. To have a Philosophy it must be something you believe in. In suggesting what the Philosophy should include could be interferring with a program's individual autonomy.

"Nursing RN 93 Evaluation" (a) could be simplified by deleting everything after evaluation, therefore, the proposal would read "There shall be evidence of on-going evaluation."

Also in regard to "Nursing RN 93 Evaluation" I feel employing hospitals, agencies and institutions have an orientation responsibility for new graduates and for newly employed nurses of all levels. The basic program can teach the student techniques, theories and principles, employers have to work at teaching specific equipment and procedures which apply to the particular hospital, agency or institution.

The above statements are my own ideas and do not in any way reflect the feelings of Gustavus Adolphus College or the Department of Nursing.

Sincerely,

Kay Berg

Kay Berg, Assistant Professor of Nursing
Gustavus Adolphus College.

MINNESOTA BOARD OF NURSING
PUBLIC HEARING MAY 27, 1975
(RN) Licensure and Nursing Program

SPEAKER'S SHEET

NAME	ADDRESS	GROUP REPRESENTING
Dr. Rita Kroska	Division of Nursing	Mankato State College
Connie Maline	- D.N.S. - St. Cloud —	St. Cloud Hosp & School of Nursing
Mary Blair	St Luke Sch Nsg. Duluth	St Luke Hospital + School of Nursing
Helen Hansen	4525 Clinton Mpls 55409	— U of M Sch of Nsg
Doris Yokie	5636 Bryant Ave So	Dunwoody Institute
Marian Hoggard	7411 - 83rd Ave N Mpls. Minn.	North Hennepin Comm College
Dorris Allison	Luth Deac. Hosp Mpls	
Judy Gustafson	Norman & Ale Comm College	9700 France Ave So, Bloom. 55431
Theda Corcoran	U of M School of Nursing 3313 Powell Hall U of M, Mpls, Minn 55455	U of M School of Nursing
Sharon Findley	Box 2088 Rt. 3 Buffalo, Mn. 55313	N. Hennepin J.C.
Mary Mugno	2078 Eleanor Ave St. Paul Minn. 55116	Dower Hills / Lakewood Comm. Colleges
Ellen C. Lyon	3313 Powell Hall U of M School of Nsg	U of M School of Nursing + self
M C Lentz Sister	St. Joseph, MN	College of St. Benedict

Information on lobbyist registration is on the table at the door.

MINNESOTA BOARD OF NURSING
PUBLIC HEARING MAY 27, 1975
(RN) Licensure and Nursing Program

REGISTRATION SHEET

NAME	ADDRESS	GROUP REPRESENTING
Catherine Closway	403 Holly Lane Mankato, Mn.	Mankato State College
Ruth Timonio	8 Capri Drive, Mankato	" "
Eleanor Preus	1809 E. 41st St, Mpls.	Ug M-Nsng Reg Sec.
Naima Blasius	4615 Caffey Jane	Grad. Students
Janie Glass	7720 Penn Ave S. #109.	U of M Sch of Nsg
Sheila Corcoran	6329 St. John's Drive Eden Prairie 55343	U of M. Sch. of Nsg.
Jean Beske	Lakeland Minn. 55043	
Maureen Brinkman	Box 491 St. Joseph, Mn. 56374	St. Cld. Hosp. Sch. of Nsng.
Sister Mary Jo Meyer	St. Cloud Hospital School of Nursing St. Cloud, Minn	St. Cloud Hosp School of Nsng
Janie Shipy	Rte. 2 Sauk Rapids	St. Cloud Hosp Cont. Ed.
Donna Peterson	6600 81st Ave N Brklyn Park	
Sharon Findley	Box 208 B Rt. 3 Buffalo, Mn 55313	No. Hennepin J. C.
Adella Espelien	1000 24th Ave No	Minn Board.
Karen Brand	8200 Dris Drive Brooklyn Pk, 55428	Grad Student U of M
Maureen Hakanson	1073 Lincoln Ave. St. Paul 55105	Minn Bd. Nursing
Mary Mergens	2078 Eleanor Ave St Paul, Minn 55116	Inver Hills / Lakewood A.D. Program

MINNESOTA BOARD OF NURSING
PUBLIC HEARING MAY 27, 1975
(RN) Licensure and Nursing Program

REGISTRATION SHEET

NAME	ADDRESS	GROUP REPRESENTING
Jeff Paurus	5110 Russell No. Mpls	Mn. Nursing Student Assoc,
Martha Scheeling	50 Willow St.	Metro Community College
Mary-Charles Santospirito	St Joseph, MN	College of St. Benedict
Ruby C Hasa	St Marys Jr College —	
Kathleen Hartmann	" " "	
Ellen L. Egan	3813 Powell Hall Univ of Minn	U of M School of Nursing
Jane Kellija	Board Member	

ADMIN. 1000

STATE OF MINNESOTA

DEPARTMENT ATTORNEY GENERAL

Office Memorandum

TO : Michael Miller
Special Assistant Attorney General
Department of Administration

DATE: October 29, 1975

FROM : Terry P. O'Brien
Special Assistant
Attorney General

SUBJECT: Minn. Regs. NSG R.N. 1-109 Relating to R.N. - Preparing Programs and Licensure of Registered Nurses

Enclosed are three files containing the necessary documents in support of the Board of Nursing's adoption of NSG R.N. 1-109 relating to preparing programs and licensure of registered nurses. Authority to adopt these regulations is contained in Minn. Stat. §§ 148.191, 148.211, 148.231 and 148.251 (1975).

You will note that the Board declined to adopt proposed R.N. 81(c). Paragraph 22 of the Findings of Fact address this deletion.

I would appreciate it if you would return the files numbered 1 and 2 to me if and when the rules are finally filed.

If you have any questions, please don't hesitate to contact me.

Thank you.

TPO:ss
enclosures