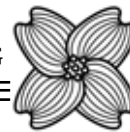




RULES OF  
**Department of Commerce and  
Insurance**  
**Division 2200—State Board of Nursing**  
**Chapter 2—Minimum Standards for Approved  
Programs of Professional Nursing**

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**TITLE 20 – DEPARTMENT OF COMMERCE AND  
INSURANCE**

**Division 2200 – State Board of Nursing  
Chapter 2 – Minimum Standards for Approved  
Programs of Professional Nursing**

**20 CSR 2200-2.001 Definitions**

*PURPOSE: This rule defines terms used in 20 CSR 2200 and throughout this chapter.*

(1) When used in 20 CSR 2200-2, the following terms mean:

(A) Accredited – The official authorization or status granted by an agency for a program or sponsoring institution through a voluntary process;

(B) Administrator – Registered professional nurse with primary authority and responsibility for administration of program, regardless of job title;

(C) Approved – Recognized by the board as meeting or maintaining minimum standards for educational programs preparing professional nurses;

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

(E) Appeal policy and procedure – An established procedure for processing complaints; may also be known as a complaint procedure, due process, appeals procedure, or problem resolution;

(F) Associate degree program – Program leading to associate degree in nursing conducted by an accredited degree granting institution;

(G) Baccalaureate degree program – Program leading to baccalaureate degree in nursing conducted by an accredited degree granting institution;

(H) Board – Missouri State Board of Nursing;

(I) Campus – A specific geographic program location with a distinct student body and coordinator at which all appropriate services and facilities are provided;

(J) Certificate of approval – Document issued by the board to programs of nursing which have met minimum standards;

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

(L) Clinical simulation – Any activity that models direct patient care in a controlled environment, led by a qualified facilitator with oversight by nursing faculty. Activities include assessment, competencies, terminology, evaluation, and debriefing, based on standards of best nursing practice. The purpose of simulation as a teaching pedagogy is to mimic and practice competencies not able to be acquired in a clinical setting or to augment direct patient care experiences;

(M) Clinical skills laboratory – Designated area where skills and procedures can be demonstrated and practiced;

(N) Cohort – A discrete group of students admitted to a nursing program, designed to begin a course of study together on a specific date and to graduate together on a specific date;

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

(P) Cooperating agency – A corporation, hospital, or other

organization which has a written agreement with the program to provide clinical education opportunities;

(Q) Coordinator – Registered professional nurse with authority and responsibility for a campus nursing program as delegated by the administrator of the nursing program;

(R) Course objectives – Measurable statements that guide experiences and activities that help learners meet established requirements for a specific course;

(S) Curriculum – Planned studies and learning activities designed to lead students to graduation and eligibility for application for licensure;

(T) Debriefing – An activity that follows a simulation experience that encourages participant's reflective thinking and provides feedback regarding the participant's performance;

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

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

(W) Distance education – Education that uses one (1) or more technologies to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between the students and the instructor synchronously or asynchronously;

(X) Distance education course – A course in which the instructional content is delivered via distance education. Requirements for coming on campus for orientation, testing, or academic support services do not exclude a course from being classified as distance education;

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

(Z) Faculty – Individuals designated by sponsoring institution with responsibilities for development, implementation, and evaluation of philosophy and/or mission, objectives, and curriculum of nursing program;

(AA) Full-time – Those individuals deemed by sponsoring institution to meet definition for full-time employment;

(BB) Governing body – Body authorized to establish and monitor policies and assume responsibility for the educational programs;

(CC) Graduate competency – Individual graduate behaviors;

(DD) Information technology – The development, implementation, support, or management of computer-based information systems, particularly software applications and computer hardware;

(EE) Initial approval – Status granted a program of professional nursing until full approval status is granted or denied;

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

(GG) Mission – Overall statement of purpose that faculty accept as valid and is directly related to curriculum practices;

(HH) Multiple campuses – Distinct and separate geographic locations offering the same program, providing the same services, and operated by the same sponsoring institution;

(II) National Nursing Accreditation – Accreditation by a national agency specific to nursing education that is recognized by the board;

(JJ) NCLEX-RN® examination – National Council Licensure Examination for Registered Nurses;

(KK) Objectives – Measurable statements describing anticipated outcomes of learning;

(LL) Observational experiences – Planned learning experiences designed to assist students to meet course



objectives through observation;

(MM) Part-time – Individuals deemed by the sponsoring institution to meet the definition for part-time employment;

(NN) Philosophy – A composite of the beliefs that the faculty accepts as valid and is directly related to curriculum practices;

(OO) Pilot program/project – Educational activity planned for a trial period. Pilot programs/projects that would otherwise be out of compliance with minimum standards must have board approval prior to implementation;

(PP) Preceptor – Registered professional nurse who is not employed by the nursing education program but provides clinical supervision for nursing students during select clinical learning experiences as directed by nursing faculty;

(QQ) Pre-licensure – Initial educational program in nursing leading to entry-level licensure;

(RR) Program – Course of study leading to a degree or diploma;

(SS) Program outcomes – Measurable statements defining aggregate student achievements;

(TT) Proper supervision – The general overseeing and the authorizing to direct in any given situation including but not limited to orientation, initial and ongoing direction, procedural guidance, periodic inspection, and evaluations;

(UU) Quantitative Reasoning – The application of basic mathematics skills, such as algebra, to the analysis and interpretation of real-world information in the context of a discipline or an interdisciplinary problem to draw conclusions that are relevant to students in their daily lives;

(VV) Requirement – A mandatory condition that a school or program meets in order to comply with minimum standards;

(WW) Satellite location – A site geographically separate from but administered and served by a primary program campus;

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

(YY) Sustainability plan – A plan for the purchase, replacement, and maintenance of skills lab supplies, furnishings, and equipment to meet program outcomes;

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

(AAA) Written agreement – Formal memorandum of understanding or contract between a nursing education program and a cooperating agency, which designates each party's responsibilities for the education of nursing students.

*AUTHORITY: section 335.036, RSMo Supp. 2021, and section 335.071, RSMo 2016.\* This rule originally filed as 4 CSR 200-2.001. Original rule filed Sept. 25, 1991, effective March 9, 1992. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Amended: Filed Dec. 1, 2000, effective May 30, 2001. Moved to 20 CSR 2200-2.001, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013. Amended: Filed Feb. 5, 2018, effective Aug. 30, 2018. Amended: Filed Feb. 14, 2022, effective Aug. 30, 2022.*

*\*Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011, 2018, and 335.071, RSMo 1975, amended 1981, 1999.*

## 20 CSR 2200-2.010 Approval

*PURPOSE: This rule defines the approval status and process for programs of professional nursing.*

(1) Pre-licensure programs granting diploma, associate degree, baccalaureate degree, or master degree with a major in

nursing shall obtain approval from the board.

(2) Purposes of Approval.

(A) To promote the safe practice of professional nursing by setting minimum standards for programs preparing entry-level professional nurses.

(B) To assure that educational requirements for admission to the licensure examination have been met and to facilitate endorsement in other states, territories, countries, or a combination of these.

(C) To encourage continuing program improvement through assessment, evaluation, and consultation.

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

(3) Classification of Approval.

(A) Initial approval is the status granted a program of professional nursing until full approval is granted or approval is withdrawn.

(B) Full approval is the status granted a program of professional nursing after the program has met and continues to meet regulations or requirements.

(C) Conditional approval is the status of a program that has failed to meet or maintain the regulations or requirements set by the board.

(4) Initial Approval Status.

(A) Process for Obtaining Initial Approval –

1. An accredited institution of higher education desiring to establish a program of professional nursing shall submit a proposal;

2. Prior to submission of the proposal, nursing programs operating under the institution's sponsorship shall meet requirements for full program approval;

3. Each sponsoring institution shall have only one (1) program proposal under consideration for initial approval at any one time;

4. The program proposal shall be written and presented to the board by the administrator of the proposed program. The proposal shall comply with the Minimum Standards for Programs of Professional Nursing as prescribed in 20 CSR 2200-2.050 through 20 CSR 2200-2.130 and bear the signature of the administrator who meets the criteria in 20 CSR 2200-2.060(1)(B) and has been active in the position on a full-time basis at least nine (9) months prior to the entry of the first class;

5. The required application fee of three thousand dollars (\$3,000) shall be submitted with the proposal;

6. The proposal shall include each component as indicated in paragraph (4)(A)8. of this rule. The proposal shall remain active for no more than one (1) calendar year from the date of review by the board. Members designated by the board will review the proposal and make recommendations prior to presentation of the proposal to the board;

7. Board approval of the proposal shall be obtained no later than six (6) months prior to the anticipated opening date;

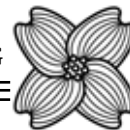
8. The proposal shall contain the following information:

A. Sponsoring institution –

(I) Name and location of the sponsoring institution;

(II) Evidence of accreditation by an agency recognized by the United States Department of Education;

(III) Evidence of authorization to conduct the program of professional nursing by the governing body of the sponsoring institution;



(IV) Proposed program location (and satellites) in relation to the administrative offices of the sponsoring institution;

(V) Current organizational chart(s) illustrating the relationship of the program to the sponsoring institution and the faculty structure within the proposed program;

(VI) Mission statement of the sponsoring institution and philosophy and/or mission statements of the proposed program;

(VII) Type and length of the nursing program proposed; and

(VIII) Evidence of financial stability and resources of the sponsoring institution and the program of nursing to include a sustainability plan for the purchase, replacement, and maintenance of skills lab supplies, furnishings, and equipment to meet program outcomes;

B. Curriculum.

(I) Philosophy and/or mission.

(II) Graduate competencies.

(III) Curriculum sequence.

(IV) Course descriptions and objectives with number of credit hours for all courses. Credit and clock hour allocations specific to theory, lab, and clinical portions shall be included.

(V) Systematic evaluation plan.

(VI) Evidence of eligibility for articulation of credits related to baccalaureate completion programs;

C. Students.

(I) Maximum number of students per class.

(II) Number of classes admitted per year.

(III) Number of students anticipated in initial class.

(IV) Plan for increase to maximum enrollment, if applicable.

(V) Admission criteria.

(VI) Plans for progression and retention of students.

(VII) Appeal policies and procedures.

(VIII) Availability and accessibility of student services;

D. Faculty.

(I) Plan for hiring full-time and part-time theory and clinical faculty. This plan shall include full-time equivalents, student to faculty ratios, and full-time to part-time faculty ratios to meet initial and increasing enrollment.

(II) Position descriptions;

E. Support services personnel.

(I) Number of full-time and part-time ancillary support services personnel.

(II) Position descriptions; and

F. Facilities.

(I) Description of educational facilities to be used by the professional nursing program such as classrooms, library, offices, clinical skills and simulation laboratories, and other facilities.

(II) Description of planned or available learning resources to include such items as equipment, supplies, library services, computers, simulation technology, and online educational resources to be utilized for instructional purposes.

(III) Letter(s) of intent from potential clinical sites stating ability to provide appropriate educational experiences to meet objectives and outcomes of the proposed program. A description of each potential clinical site, average daily patient census, and the ability to provide clinical placements to potential students in addition to those of existing nursing programs shall be included;

9. The board will electronically notify existing pre-licensure nursing programs approved by this board that a proposal for establishment of a new nursing program is under review;

10. Site survey. Representatives from the board will make an on-site survey to verify implementation of the proposal and compliance with 20 CSR 2200-2.050 through 20 CSR 2200-2.130; and

11. The board's decision to grant initial approval is contingent upon evidence from the site survey that the program is being implemented in compliance with 20 CSR 2200-2.050 through 20 CSR 2200-2.130.

(B) Initial program approval contingent on the site survey shall remain active for no more than one (1) calendar year prior to program start.

(C) Throughout the period of initial approval, the program shall submit an annual report, an annual registration, and the annual registration fee as set by the board.

(D) Upon graduation of the program's first class and receipt of results of the first official National Council Licensure Examination for Registered Nurses (NCLEX-RN®) program pass rate, as reported after completion of the fourth quarter of the respective calendar year, the board will review the following:

1. The program's compliance with minimum standards during initial approval including the program's adherence to the approved proposal and changes authorized by the board;

2. Report of an on-site survey;

3. Report of National Council Licensure Examination for Registered Nurses (NCLEX-RN®) results (see 20 CSR 2200-2.180(1));

4. Identification and analysis of class graduation rate; and

5. Submission of program's ongoing systematic evaluation plan with available data.

(E) After its review, the board shall decide to continue initial approval for a specific period of time determined by the board, withdraw approval, or grant full approval.

(F) On-Site Surveys. At least two (2) representatives of the board will make on-site surveys on a regular basis throughout the initial approval period. A program may request additional visits. Programs retained on initial approval status will have on-site surveys on an annual basis and as directed by the board.

(G) A program's approval may be withdrawn pursuant to section 335.071.3., RSMo, for noncompliance with minimum standards. A program which fails to correct identified deficiencies to the satisfaction of the board will, after notice and hearing, be removed from the board's listing of approved programs.

(5) Full Approval Status.

(A) Annual Report. Each program and each campus of each program shall complete and submit the board's annual report by the established deadline. Following review by the board, each program will be notified of the board's action(s).

(B) A program's approval status is subject to review by the board if the required annual report, annual registration, or annual registration fee is not received by the established deadline.

(C) On-Site Surveys. On-site surveys will be made on a scheduled basis, at the direction of the board, or upon request of the nursing program. Each nursing program will be surveyed typically at five- (5-) year intervals. If the program is accredited by a national nursing accreditation agency, the nursing program may request that the on-site survey be scheduled in coordination with a national nursing accreditation agency visit. Representatives of the board will form a survey team to conduct each on-site survey. Each survey team shall consist of two (2) or more persons qualified to conduct on-site surveys. The program shall solicit public comments in preparation for each routine on-site survey. Evidence of solicitation of public



comments shall be available for review during the on-site survey.

(D) Additional Visits/Surveys. At least two (2) representatives of the board will make additional visits/surveys as deemed necessary by the board. A program may request additional visits.

(6) Conditional Approval Status.

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

(B) A program may be placed on conditional approval status if it has failed to meet or maintain the rules/regulations or requirements, or both, set by the board. The program will remain on conditional approval status until such time as the deficiencies are corrected to the satisfaction of the board.

(C) On-Site Surveys. At least two (2) representatives of the board will make on-site surveys. On-site surveys are conducted on regular basis throughout the conditional approval period as directed by the board. A program may request additional visits.

(D) Throughout the period of conditional approval, the program shall submit an annual report, an annual registration, and the annual registration fee as set by the board.

(E) A program's approval may be withdrawn pursuant to section 335.071.3., RSMo, for noncompliance with minimum standards. A program which fails to correct identified deficiencies to the satisfaction of the board shall, after notice and hearing, be removed from the board's listing of approved programs.

(7) Moratorium on Student Admissions.

(A) Should circumstances be such that instructional quality and integrity of the program is jeopardized as determined by the board, the board may impose a moratorium on student admissions. A moratorium on student admissions may be imposed by the board during initial, full, and conditional approval status of the program. The moratorium may be lifted by the board upon proof submitted to the board that the program has cured any deficiencies in the instructional quality and integrity of the program.

(8) Annual Registration Requirements.

(A) The board will send an application for annual registration to each approved program. Failure to receive the annual registration form does not relieve the program of its obligation to register.

(B) A separate annual registration form and designated fee as established in 20 CSR 2200-4.010(1)(F) shall be submitted to the board for each approved program prior to June 1 of each year. Satellite locations do not qualify as a campus of an approved program.

(C) A program's approval status is subject to review by the board if the required registration fee is not received by the June 1 deadline.

*AUTHORITY: section 335.036, RSMo Supp. 2022, and section 335.071, RSMo 2016.\* This rule originally filed as 4 CSR 200-2.010. This version of rule filed April 20, 1973, effective May 1, 1973. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Readopted: Filed March 12, 1981, effective June 11, 1981. Amended: Filed Oct. 14, 1981, effective Jan. 14, 1982. Amended: Filed Dec. 10, 1981, effective March 11, 1982. Emergency rescission filed Oct. 22, 1981, effective Nov. 1, 1981, expired Feb. 19, 1982 (Original Rule). Rescinded: Filed Oct. 22, 1981, effective Feb. 11, 1982 (Original rule).*

*Amended: Filed Oct. 14, 1987, effective Jan. 29, 1988. Rescinded and readopted: Filed Sept. 25, 1991, effective March 9, 1992. Amended: Filed Dec. 14, 1994, effective May 28, 1995. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Amended: Filed Dec. 1, 2000, effective May 30, 2001. Moved to 20 CSR 2200-2.010, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013. Amended: Filed Feb. 5, 2018, effective Aug. 30, 2018. Amended: Filed Feb. 14, 2022, effective Aug. 30, 2022. Amended: Filed March 23, 2023, effective Sept. 30, 2023.*

*\*Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011, 2018, and 335.071, RSMo 1975, amended 1981, 1999.*

## 20 CSR 2200-2.020 Discontinuing and Reopening Programs

*PURPOSE: This rule establishes the procedures for discontinuing and reopening programs of professional nursing.*

(1) Program Discontinuation.

(A) A plan for closure shall be submitted to the board, at least six (6) months and, preferably, one (1) year prior to closing the program and shall include:

1. Closing date; and

2. Plans for completion of program for currently enrolled students.

(B) The plan for closure shall be approved by the board prior to implementation.

(C) Date of completion on the diploma or degree shall be on or before the official closing date of the program.

(D) Application for registration with the required fee shall be submitted annually to the board as long as there are students in the program.

(E) Classroom and clinical instruction approved by the board shall be provided until the designated date of closing. The sponsoring institution shall be responsible for providing a complete educational program for the currently enrolled students or shall provide a mechanism for transfer.

(F) Records for all graduates and for all students who attended the program shall be filed in the manner used by the institution conducting the program.

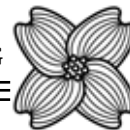
1. Transcripts of all courses attempted or completed by each student attending the program shall be maintained by the designated custodian. Provisions for obtaining copies of transcripts shall be maintained.

2. If the program closes but the sponsoring institution continues, that institution shall assume the responsibility for the records and notify the board, in writing, of the location of the storage of the records.

3. If both the program and the sponsoring institution close, the transcripts shall be given permanent custodial care and the board shall be notified in writing of the name and address of the custodian.

(G) A program closure summary indicating compliance with the requirements of this rule shall be submitted to the board no later than thirty (30) days after the actual date for program closure.

(2) Program Reopening. The procedure for reopening a program is the same as for initial approval in 20 CSR 2200-2.010(4)(A). An accredited institution of higher education that has lost the board's approval of a nursing program due to deficiencies identified by the board may not petition the board for establishment of a new nursing program for a minimum



of one (1) calendar year from the time of the actual date for program closure.

*AUTHORITY: sections 335.036 and 335.071, RSMo 2016.\* This rule originally filed as 4 CSR 200-2.020. This version of rule filed April 20, 1973, effective May 1, 1973. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Readopted: Filed March 12, 1981, effective Jan. 11, 1981. Emergency rescission filed Oct. 22, 1981, effective Nov. 1, 1981, expired Feb. 19, 1982 (Original Rule). Rescinded: Filed Oct. 22, 1981, effective Feb. 11, 1982 (Original Rule). Rescinded and readopted: Filed Sept. 25, 1991, effective March 9, 1992. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Amended: Filed Dec. 1, 2000, effective May 30, 2001. Moved to 20 CSR 2200-2.020, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013. Amended: Filed Feb. 5, 2018, effective Aug. 30, 2018.*

*\*Original authority 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011 and 335.071, RSMo 1975, amended 1981, 1999.*

### 20 CSR 2200-2.030 Change of Sponsorship

*PURPOSE: This rule defines the procedure for a change of sponsorship of a professional nursing program.*

(1) The institution assuming the sponsorship of an approved program shall notify the board in writing within ten (10) working days after the change of sponsorship.

(2) A change in sponsorship form shall be completed and returned to the board within thirty (30) days of the change in sponsorship. Written notification shall include proposed changes to the program.

(3) Proposed changes that affect the criteria included in 20 CSR 2200-2.010(4)(A)1.-8. shall be approved by the board prior to implementation.

(4) Program documents shall be changed to indicate the appropriate sponsor.

*AUTHORITY: section 335.036, RSMo Supp. 2021, and section 335.071, RSMo 2016.\* This rule originally filed as 4 CSR 200-2.030. This version filed April 20, 1973, effective May 1, 1973. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Readopted: Filed March 12, 1981, effective June 11, 1981. Emergency rescission filed Oct. 22, 1981, effective Nov. 1, 1981, expired Feb. 19, 1982 (Original Rule). Rescinded: Filed Oct. 22, 1981, effective Feb. 11, 1982. (Original Rule). Rescinded and readopted: Filed Sept. 25, 1991, effective March 9, 1992. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Amended: Filed Dec. 1, 2000, effective May 30, 2001. Moved to 20 CSR 2200-2.030, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013. Amended: Filed Feb. 5, 2018, effective Aug. 30, 2018. Amended: Filed Feb. 14, 2022, effective Aug. 30, 2022.*

*\*Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011, 2018, and 335.071, RSMo 1975, amended 1981, 1999.*

### 20 CSR 2200-2.035 Multiple Campuses

*PURPOSE: This rule defines the procedures for multiple campuses.*

(1) Each nursing program under sponsorship of the same institution will be treated independently for purposes of compliance with the minimum standards set forth by the board.

(2) Each nursing program under the sponsorship of the same institution is required to submit a separate annual report, annual registration, and annual registration fee.

(3) The sponsoring institution shall submit a proposal as indicated in 20 CSR 2200-2.010(4)(A) and receive approval from the board before opening an additional nursing program at a different campus or expand an approved nursing program to additional satellite location(s). Each additional campus and satellite location will be surveyed.

(4) Each nursing program location at any campus and satellite location shall have a full-time faculty person designated as the coordinator who reports to the program administrator and meets the faculty requirements for appointment.

(5) Discipline of one (1) nursing program will not automatically result in discipline of other nursing program(s) under the same institutional sponsorship. Discipline of a nursing program will apply to satellite expansion site(s) of the program.

(6) Each nursing program will be evaluated individually concerning licensure examination results. Licensure examination results for satellite expansion sites will be part of the approved nursing program.

*AUTHORITY: section 335.036, RSMo Supp. 2021, and section 335.071, RSMo 2016.\* This rule originally filed as 4 CSR 200-2.035. Original rule filed Aug. 6, 1998, effective Feb. 28, 1999. Moved to 20 CSR 2200-2.035, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013. Amended: Filed Feb. 5, 2018, effective Aug. 30, 2018. Amended: Filed Feb. 14, 2022, effective Aug. 30, 2022.*

*\*Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011, 2018, and 335.071, RSMo 1975, amended 1981, 1999.*

### 20 CSR 2200-2.040 Program Changes Requiring Board Approval, Notification, or Both

*PURPOSE: This rule defines program changes which require board approval, notification, or both.*

(1) Board approval is required for changes of the following:

(A) Substantial revision of curriculum;

(B) Length of program;

(C) Increase in number of students by enrollment, transfer, or readmission by more than one (1) beyond the number approved by the board –

1. Any program expansion that would increase annual student admissions by twenty (20) or more students and/or establish a new satellite location shall be considered a major program expansion; and

2. The board will electronically notify nursing programs of requests for major program expansion;

(D) Pilot program/project;

(E) Relocation of the program or any of its components; and

(F) Substantial change in program delivery modalities.



(2) The request for board approval of program changes shall include:

- (A) Narrative description of proposed change(s);
- (B) Rationale for proposed changes including consistency with the program's philosophy and/or mission and graduate competencies;
- (C) Side by side comparison of proposed changes and current practice when applicable;
- (D) Timetable for implementation;
- (E) Narrative of the impact of proposed changes on the program;
- (F) Explanation of the impact of the proposed changes on currently enrolled students, faculty, graduates, or resources; and
- (G) Methods of evaluation to be used to determine the effect of the change.

(3) The request shall be submitted by a deadline established by the board.

(4) A change in name and/or address of the program shall be submitted in writing to the board within thirty (30) days of the change.

(5) A change in a program's accreditation status by any accrediting body, to include national nursing accreditors, shall be submitted in writing to the board within thirty (30) days of the program's notification of such.

*AUTHORITY: section 335.036, RSMo Supp. 2021, and section 335.071, RSMo 2016.\* This rule originally filed as 4 CSR 200-2.040. This version of rule filed April 20, 1973, effective May 1, 1973. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Readopted: Filed March 12, 1981, effective June 11, 1981. Emergency rescission filed Oct. 22, 1981, effective Nov. 1, 1981, expired Feb. 19, 1982 (Original Rule). Rescinded: Filed Oct. 22, 1981, effective Feb. 11, 1982 (Original Rule). Rescinded and readopted: Filed Sept. 25, 1991, effective March 9, 1992. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Moved to 20 CSR 2200-2.040, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013. Amended: Filed Feb. 5, 2018, effective Aug. 30, 2018. Amended: Filed Feb. 14, 2022, effective Aug. 30, 2022.*

*\*Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011, 2018, and 335.071, RSMo 1975, amended 1981, 1999.*

### 20 CSR 2200-2.050 Organization and Administration of an Approved Program of Professional Nursing

*PURPOSE: This rule defines the organization and administration of an approved program of professional nursing.*

(1) Philosophy and/or mission of the program shall be in writing and be consistent with the philosophy and/or mission statement of the sponsoring institution.

(2) Graduate competencies shall be derived from the program's philosophy and/or mission.

(3) The philosophy and/or mission and the graduate competencies shall be the basis on which the curriculum is developed.

(4) There will be a faculty governance structure with responsibility for the nursing curriculum and the admission, readmission, progression, and graduation of students.

- (A) Meetings shall be scheduled at stated intervals.
- (B) Written minutes of all meetings shall be maintained.
- (C) Meeting minutes shall reflect faculty decision making within the program. Documentation shall include evidence that program evaluation data are utilized to make program decisions.

(5) The program shall have a current organizational chart(s) illustrating the relationship of the program to the sponsoring institution and the coordinator and faculty structure within the nursing program.

(6) Finance.

(A) There shall be an annual budget to support the program. Financial resources shall be sufficient to support program outcomes and operations.

(B) The administrator of the program shall manage the budget.

(C) The administrator, with input from the coordinators and faculty, shall make recommendations for the budget.

(7) Clerical Assistance.

(A) Each program and satellite location shall have secretarial and other support services sufficient to meet the needs of the program.

*AUTHORITY: sections 335.036 and 335.071, RSMo 2016.\* This rule was originally filed as 4 CSR 200-2.050. This version of rule filed April 20, 1973, effective May 1, 1973. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Readopted: Filed March 12, 1981, effective June 11, 1981. Emergency rescission filed Oct. 22, 1981, effective Nov. 1, 1981, expired Feb. 19, 1982 (Original Rule). Rescinded: Filed Oct. 22, 1981, effective Feb. 11, 1982 (Original Rule). Rescinded and readopted: Filed Sept. 25, 1991, effective March 9, 1992. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Amended: Filed Dec. 1, 2000, effective May 30, 2001. Moved to 20 CSR 2200-2.050, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Feb. 5, 2018, effective Aug. 30, 2018.*

*\*Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011 and 335.071, RSMo 1975, amended 1981, 1999.*

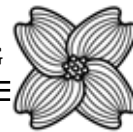
### 20 CSR 2200-2.060 Administrator/Faculty

*PURPOSE: This rule defines the categories, qualifications and competencies, responsibilities, and employment policies of administrator/faculty.*

(1) Program Administrator.

(A) The administrator shall have the primary responsibility and the authority for the administration of the nursing program and be employed full-time.

- (B) Criteria for Appointment –
  1. Current, active RN license or privilege to practice. No current disciplinary action in the state of Missouri on licensee's RN license. No past disciplinary action in the state of Missouri or any other U.S. state or territory unless the disciplinary action has no nexus to patient safety. For example, failure to pay taxes or file tax returns, practice on an expired license, failure to pay child support, or default on a student loan;



2. Graduate degree in nursing with a clinical component in either the bachelor's or master's degree; a doctoral degree is recommended;

3. Academically and experientially qualified and maintains expertise in area of responsibility; and

4. Approved by the board prior to appointment. Academic transcript(s) that reflects eligibility for the position shall be submitted to the board for approval prior to appointment.

(C) Program administrators with responsibility for two (2) or more educational programs and/or additional campus and satellite location(s) shall designate full-time faculty as program coordinators at each site. The coordinator's workload shall allow time for day-to-day management of one (1) nursing program at the home campus, an additional campus, or satellite location under the direction of the program administrator. Each program coordinator shall meet faculty requirements for appointment.

(2) Nursing Faculty.

(A) Nurse faculty shall have responsibility for developing, implementing, and evaluating the nursing program.

(B) Criteria for Appointment –

1. Current, active RN license or privilege to practice. No current disciplinary action in the state of Missouri on licensee's RN license. No past disciplinary action in the state of Missouri or any other U.S. state or territory unless the disciplinary action has no nexus to patient safety. For example, failure to pay taxes or file tax returns, practice on an expired license, failure to pay child support, or default on a student loan;

2. Educational requirements –

A. Nursing faculty teaching in associate degree or diploma programs shall have a minimum of a baccalaureate degree in nursing with a clinical component. A graduate degree in nursing is recommended; or

B. Nursing faculty teaching in baccalaureate programs shall have a minimum of a graduate degree. Seventy-five percent (75%) of full-time faculty shall have a graduate degree with major in nursing. A doctoral degree is recommended. Faculty without a nursing major in their graduate degree shall have a bachelor's degree in nursing with a clinical component;

3. Academically and experientially qualified and maintain expertise in areas of responsibility;

4. Contingent faculty approval may be granted if –

A. The program meets requirements for full board program approval;

B. The program presents sufficient evidence that all options to fill the respective position with a candidate who meets academic requirements have been exhausted;

C. The candidate has current, active RN license or privilege to practice. No current disciplinary action in the state of Missouri on licensee's RN license. No past disciplinary action in the state of Missouri or any other U.S. state or territory unless the disciplinary action has no nexus to patient safety. For example, failure to pay taxes or file tax returns, practice on an expired license, failure to pay child support, or default on a student loan;

D. The candidate is experientially qualified and maintains expertise in areas of responsibility;

E. The candidate is projected to receive the required degree within twelve (12) months of hire; faculty candidates working on a doctoral degree shall complete the required degree within twenty-four (24) months of hire; and

F. Faculty approved on contingency shall work under the direction of a board-approved faculty; and

5. Academic transcript(s) that reflects eligibility for the

position shall be submitted to the board. Faculty candidates shall be approved by the board prior to appointment.

(3) Responsibilities. The administrator and faculty of the program shall be responsible for, but not limited to –

(A) Compliance with minimum standards;

(B) Ongoing systematic development, implementation, and evaluation of the total program in relation to stated philosophy and/or mission and graduate competencies of the program;

(C) Instruction and evaluation of students;

(D) Providing input on program related policies regarding recruitment, admission, retention, promotion, and graduation of students;

(E) Availability of academic advisement and guidance of students;

(F) Maintenance of student records in compliance with institutional policy;

(G) Ensuring confidentiality of student records;

(H) Maintenance of clinical and educational competencies in areas of instructional responsibilities. Professional competence activities may include nursing practice, continuing education, writing for publication, and/or participation in professional associations; evidence of ongoing professional competence related to specialty area instruction shall be maintained;

(I) Faculty involved in clinical simulation will have documented ongoing professional development in clinical simulation;

(J) Participation in the development of program and institutional policies and decision making; and

(K) Experienced faculty shall serve as assigned mentors for less seasoned and new faculty. Records of assigned mentors shall be maintained.

(4) Minimum Number of Faculty. One (1) full-time nursing faculty in addition to the program administrator with sufficient faculty to achieve the objectives of the educational program and such number shall be reasonably proportionate to: number of students enrolled; frequency of admissions; education and experience of faculty members; number and location of clinical sites; and total responsibilities of the faculty. Records indicating student to faculty ratios in theory, lab, and clinical instruction shall be maintained.

(5) Faculty workload, as documented in a policy or procedure, shall allow time for class and laboratory preparation, instruction, program evaluation, and professional development.

(6) Non-nurse faculty shall have professional preparation and qualifications in the specific areas for which they are responsible.

(7) Employment Policies.

(A) To the extent required by law, age, marital status, sex, national origin, race, color, creed, disability, and religion shall not be determining factors in employment.

(B) Nursing Program.

1. Personnel policies shall be available in writing and consistent with the sponsoring institution.

2. Position descriptions shall be in writing and shall detail the responsibilities and functions for each position.

3. A planned orientation and mentoring support for new full-time, part-time, clinical, and adjunct faculty shall be in writing and implemented. It shall include review of the Missouri Nursing Practice Act (NPA). Completed faculty orientation documents shall be maintained.





*AUTHORITY: section 335.036, RSMo Supp. 2021, and section 335.071, RSMo 2016.\* This rule originally filed as 4 CSR 200-2.060. This version of rule filed April 20, 1973, effective May 1, 1973. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Readopted: Filed March 12, 1981, effective June 11, 1981. Emergency rescission filed Oct. 22, 1981, effective Nov. 1, 1981, expired Feb. 19, 1982 (Original Rule). Rescinded: Filed Oct. 22, 1981, effective Feb. 11, 1982 (Original Rule). Rescinded and readopted: Filed Sept. 25, 1991, effective March 9, 1992. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Moved to 20 CSR 2200-2.060, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013. Amended: Filed Feb. 5, 2018, effective Aug. 30, 2018. Amended: Filed Feb. 14, 2022, effective Aug. 30, 2022.*

*\*Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011, 2018, and 335.071, RSMo 1975, amended 1981, 1999.*

**20 CSR 2200-2.070 Physical Facilities and Instructional Resources**

*PURPOSE: This rule defines the physical facilities and instructional resources required by professional nursing programs.*

(1) Office Space and Equipment.

(A) The institution shall provide space and equipment to fulfill the purpose of the program.

(B) The administrator of the program shall have a private office.

(C) The coordinator(s) and faculty shall have office space sufficient to carry out responsibilities of their respective positions.

(D) Private areas shall be provided for faculty/student conferences.

(2) Library.

(A) Each program and each campus of each program shall have access to library resources with current and available resources to meet the educational needs of the students and the instructional and scholarly activities of the faculty.

(B) Management of library resources shall include:

1. Budget for acquisition of appropriate resources;
2. System for identifying or deleting outdated resources;
3. Policies and procedures governing the administration and the use of the library resources shall be in writing and available to students and faculty; and
4. Established process of library orientation for students.

(3) Quiet area designated for study.

(4) Classrooms.

(A) Classrooms shall be of size, number, and type for the number of students and teaching methodology.

(B) Classrooms shall have climate control, ventilation, lighting, seating, furnishings, and equipment conducive to learning.

(C) Storage space shall be available for equipment and supplies.

(5) Clinical Skills and Simulation Laboratories.

(A) Each program and each campus of each program shall have a clinical skills laboratory sufficient to meet learning outcomes. Instructional resources shall be sufficient to meet program objectives and outcomes. Should clinical simulation be utilized, physical space and resources designated for clinical

simulation and debriefing shall be sufficient to meet program outcomes.

(B) Management of clinical skills and simulation laboratories shall include:

1. Designated faculty or staff time to manage skills and simulation lab resources;
2. Budget allocation for equipment and supplies;
3. Sustainability plan for acquisition and maintenance of equipment, supplies, and emerging instructional technologies; and
4. Policies and procedures governing the administration and the use of the clinical skills and simulation laboratories. These policies and procedures shall be in writing and available to students and faculty.

(6) Technology Resources/Computers.

(A) Each program and each campus of each program shall have access to current and available resources to meet the educational needs of the students and the instructional and scholarly activities of the faculty.

(B) Management of technology resources shall include:

1. Budget for acquisition of current technology, including computers;
2. System for identifying, deleting, and/or replacing resources;
3. Policies and procedures governing the administration and the use of the technology/computers. These policies and procedures shall be made available to students and faculty; and
4. Technology (IT) support for students and faculty shall be sufficient to meet educational and instructional needs of students and faculty.

*AUTHORITY: section 335.036, RSMo Supp. 2021, and section 335.071, RSMo 2016.\* This rule originally filed as 4 CSR 200-2.070. This version of rule filed April 20, 1973, effective May 1, 1973. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Readopted: Filed March 12, 1981, effective June 11, 1981. Emergency rescission filed Oct. 22, 1981, effective Nov. 1, 1981, expired Feb. 19, 1982 (Original Rule). Rescinded: Filed Oct. 22, 1981, effective Feb. 11, 1982 (Original Rule). Rescinded and readopted: Filed Sept. 25, 1991, effective March 9, 1992. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Moved to 20 CSR 2200-2.070, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013. Amended: Filed Feb. 5, 2018, effective Aug. 30, 2018. Amended: Filed Feb. 14, 2022, effective Aug. 30, 2022.*

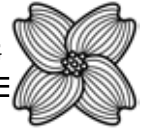
*\*Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011, 2018, and 335.071, RSMo 1975, amended 1981, 1999.*

**20 CSR 2200-2.080 Clinical Experiences**

*PURPOSE: This rule defines selection and use of clinical experiences by the programs of professional nursing.*

(1) Clinical sites shall be selected which will provide direct care and observational learning experiences to meet the objectives of the course.

(A) Select interprofessional educational experiences may be utilized to provide learning experiences to meet course and program objectives and outcomes. Clinical personnel with professional licensure or certification in a health-related field may be utilized to augment student learning in their respective areas. Observational/interprofessional experiences



may not exceed twenty percent (20%) of the total clinical program hours. Orientation to the facility does not contribute to the twenty percent (20%).

(B) Clinical simulation and clinical skills lab time is at the discretion of the nursing program. Records of allocation of clinical hours to simulation shall be maintained.

(C) Direct patient care experiences shall be sufficient to achieve identified competencies as well as course and program outcomes.

(D) The ratio of faculty to students in the clinical area shall be designed to promote patient safety and to facilitate student learning with the proper supervision.

(E) There shall be evidence of clinical orientation for each nursing course with a clinical component.

(2) Each program shall have written evidence of an agreement with each clinical site which includes time frames for a notification of termination and periodic review.

*AUTHORITY: section 335.036, RSMo Supp. 2021, and section 335.071, RSMo 2016.\* This rule originally filed as 4 CSR 200-2.080. This version of rule filed April 20, 1973, effective May 1, 1973. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Readopted: Filed March 12, 1981, effective June 11, 1981. Emergency rescission filed Oct. 22, 1981, effective Nov. 1, 1981, expired Feb. 19, 1982 (Original Rule). Rescinded: Filed Oct. 22, 1981, effective Feb. 11, 1982 (Original Rule). Rescinded and readopted: Filed Sept. 25, 1991, effective March 9, 1992. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Moved to 20 CSR 2200-2.080, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013. Amended: Filed Feb. 5, 2018, effective Aug. 30, 2018. Amended: Filed Feb. 14, 2022, effective Aug. 30, 2022.*

*\*Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011, 2018, and 335.071, RSMo 1975, amended 1981, 1999.*

### 20 CSR 2200-2.085 Preceptors

*PURPOSE: This rule defines the utilization of preceptors.*

(1) Preceptors may be used as role models, mentors, and supervisors of students in professional nursing programs.

(A) Preceptors do not replace faculty in the education of the student but serve to assist faculty and the student in achieving designated objectives of a nursing course.

(B) Preceptors shall not be utilized in fundamentals of nursing or introductory nursing courses.

(C) Preceptors shall supervise no more than two (2) students during any given shift. Supervision by a preceptor means that the preceptor is present and available to the student(s) in the clinical setting.

(2) Each nursing program shall have written policies for the use of preceptors which incorporate the criteria listed in this rule.

(3) Responsibilities of preceptors shall include:

(A) Possess current license to practice as a registered professional nurse with at least one (1) year experience in the area of clinical specialty for which the preceptor is used;

(B) Perform the responsibilities as determined by the nursing program; and

(C) Provide written documentation to faculty regarding the student's performance in relation to meeting designated course objectives.

(4) Responsibilities of the nursing program faculty in regards to utilization of preceptors shall include:

(A) Select the preceptor in collaboration with the clinical site;

(B) Provide the preceptor with information as to the duties, roles, and responsibilities of the faculty, the student, and the preceptor including the communication processes;

(C) Provide the preceptor a copy of the objectives of the course in which the student is enrolled and directions for assisting the student to meet objectives specific to the clinical experience;

(D) Assume responsibility for each student's final evaluation and the assigning of a performance rating or grade;

(E) Be readily available to students and clinical preceptors during clinical learning experiences; and

(F) Periodic meetings with the clinical preceptors and student(s) for the purpose of monitoring and evaluating learning experiences.

*AUTHORITY: section 335.036, RSMo Supp. 2021, and section 335.071, RSMo 2016.\* This rule originally filed as 4 CSR 200-2.085. Original rule filed May 4, 1993, effective March 10, 1994. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Moved to 20 CSR 2200-2.085, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013. Amended: Filed Feb. 5, 2018, effective Aug. 30, 2018. Amended: Filed Feb. 14, 2022, effective Aug. 30, 2022.*

*\*Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011, 2018, and 335.071, RSMo 1975, amended 1981, 1999.*

### 20 CSR 2200-2.090 Students

*PURPOSE: This rule defines admission, readmission, and transfer criteria and services provided students.*

(1) Admission, Readmission, and Transfer.

(A) The educational program shall comply with the state and federal laws regarding discrimination in the admission of students.

(B) Policies for admission, readmission, transfer, and advanced placement shall be written, implemented, and evaluated by the faculty.

(C) Admission and readmission criteria shall reflect consideration of –

1. Potential to complete the program;

2. Ability to meet the standards to apply for licensure (see sections 335.046.1 and 335.066, RSMo);

3. Policies for admission and readmission shall be stated in writing and accessible to applicants, students, and faculty. Time limits for acceptance of credits earned during prior enrollment(s) should be stated. Potential to complete the program shall be reassessed prior to readmission to the program. Documented evidence is to be maintained; and

4. Program admission, readmission, retention, and graduation data shall be tracked. Documented evidence of such data is to be maintained.

(D) Students who are readmitted or transferred shall complete the same requirements for graduation as other members of the class to which they are admitted.

(E) The board shall approve the maximum number of students enrolled in each program. The criteria for approval of the maximum number will be based on:

1. Availability of qualified faculty;

2. Available clinical experiences; and



3. Educational facility's ability to accommodate students.

(F) Students for whom English is a second language shall meet the same general admission requirements as other students.

(2) Student Services.

(A) Housing. If the school provides housing for students, there shall be written policies governing the facilities.

(B) Health. If the school provides health services for students, there shall be information available regarding a process for accessing and obtaining health care.

(C) Academic Advisement and Financial Aid Services. Academic advisement and financial aid services shall be accessible to all students. Academic advisement records are to be maintained.

(3) Appeal Procedure. Policies and procedures which afford students due process shall be available for managing academic and nonacademic appeals. Due process for student appeals shall include the providing of written notice of all decisions affecting an individual student. An opportunity to contest facts serving as the basis for decisions and opportunities to appeal decisions to a higher level than the original decision-maker shall be included.

*AUTHORITY: sections 335.036 and 335.071, RSMo 2016.\* This rule originally filed as 4 CSR 200-2.090. This version of rule filed April 20, 1973, effective May 1, 1973. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Readopted: Filed March 12, 1981, effective June 11, 1981. Emergency rescission filed Oct. 22, 1981, effective Nov. 1, 1981, expired Feb. 19, 1982 (Original Rule). Rescinded: Filed Oct. 22, 1981, effective Feb. 11, 1982 (Original Rule). Rescinded and readopted: Filed Sept. 25, 1991, effective March 9, 1992. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Moved to 20 CSR 2200-2.090, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013. Amended: Filed Feb. 5, 2018, effective Aug. 30, 2018.*

*\*Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011 and 335.071, RSMo 1975, amended 1981, 1999.*

## 20 CSR 2200-2.100 Educational Program

*PURPOSE: This rule defines the educational program, curriculum plan and requirements, simulation, and distance education requirements for programs of professional nursing.*

(1) General Purpose.

(A) The program shall have a philosophy and/or mission which guides the curriculum practices.

(B) The curriculum incorporates established professional standards, guidelines, and competencies with clearly stated objectives, graduate competencies, and program outcomes.

(C) The educational program shall provide planned learning experiences essential to the achievement of the stated philosophy and/or mission and graduate competencies and demonstrate logical progression.

(D) The educational program shall provide clinical education to facilitate transition to professional nursing practice with focus on clinical decision making, leadership, and management.

(E) A nursing program that uses clinical simulation shall adhere to model standards of best practice. Mapping of clinical simulation experiences to course and clinical objectives as well

as graduate competencies should be documented.

(2) Curriculum Organization and Development.

(A) The nursing faculty shall have the authority and the responsibility to develop, implement, and evaluate the curriculum. Student learning experiences shall be directed and evaluated by the faculty and be consistent with the curriculum plan.

(B) There shall be a written curriculum plan that is logically structured to achieve expected individual and aggregate student outcomes.

(C) Curriculum design of programs of professional nursing shall foster seamless academic articulation.

(D) The curriculum shall be planned so that the number of hours/credits/units of instruction are distributed between theory, lab, and clinical. The curriculum plan shall indicate credit and clock hours allocated to theory, lab, and clinical instruction.

(E) Curriculum shall be planned so that each division of the curriculum (whether it be a quarter, term, or semester) has a reasonably equal number of credit hours of instruction and has a beginning and ending date.

(F) The number of credit hours required for completion of the nursing program shall not exceed the number of credit hours required for a comparable degree program.

(3) Curriculum Requirements. Content may be developed as a separate course or integrated. Integrated concepts shall be evident in the course objectives. Coursework shall include, but is not limited to:

(A) Content in the biological, physical, social, behavioral sciences, and quantitative reasoning to provide a foundation for competent, safe, and effective professional nursing practice;

(B) Didactic content and supervised clinical experience in the prevention of illness and the promotion, restoration, and maintenance of health in patients across the life span and in a variety of clinical settings or simulation, to include:

1. Using information technology to communicate, manage knowledge, mitigate error, and support decision-making;

2. Employing evidence-based practice to integrate best research with clinical expertise and patient values for optimal care, including skills to identify and apply best practices to nursing care;

3. Considering moral, legal, and ethical standards in decision-making processes;

4. Understanding quality improvement processes to measure patient outcomes, identify hazards and errors, and develop changes in processes to provide safe patient care;

5. Considering the impact of policy and finance of the healthcare system;

6. Involving patients in decision-making and care management;

7. Coordinating and managing continuous patient care;

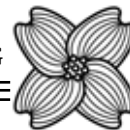
8. Promoting healthy lifestyles for patient(s) and populations;

9. Working in interdisciplinary teams to cooperate, collaborate, communicate, and integrate patient care and health promotion;

10. Providing patient-centered culturally sensitive care with focus on respect for patient differences, values, preferences, and expressed needs; and

11. Equipping students to face unique psychosocial, spiritual, and physical stressors that healthcare professionals may encounter while carrying out their duties.

(C) External nursing examinations, if used, shall not be the



sole basis for program progression or graduation.

(4) Syllabus Construction. Syllabi shall be current and available to all faculty, students, and cooperating agencies. Each syllabus shall include:

- (A) Course title, current date and year the course is offered, and required pre-requisites;
- (B) Course description;
- (C) Course objectives;
- (D) Teaching or learning strategies;
- (E) Evaluation methodologies;
- (F) Grading scale;
- (G) Course policies; and
- (H) Clock and credit hour requirements related to theory, lab, and clinical instruction.

(5) Distance Education Measures and Opportunities.

(A) Nursing programs and courses delivered solely or in part through distance education technologies shall meet the same academic program and learning standards as programs provided in face-to-face format, to include the following:

- 1. Budgetary support specific to distant learning resources;
- 2. Course management/delivery platform(s) that are reliable and navigable for students and faculty including measures to ensure exam security shall be in place;
- 3. Sufficient technical support to assist students and faculty to consistently meet program outcomes including communication of available technical support should be provided to students;
- 4. Learning and technology resources, to include library resources, that are selected with input of the nursing faculty and are comprehensive, current, and accessible to students and faculty;
- 5. Student outcomes consistent with stated mission, goals, and objectives of the program;
- 6. Collaborative and interactive learning activities that assist students in achieving course objectives;
- 7. Planned, faculty-guided clinical learning experiences that involve direct contact with patients;
- 8. Learning opportunities that facilitate development of students' clinical competence and judgment, professional role socialization, and transition to a more advanced scope of professional nursing practice;
- 9. Evaluation of student outcomes at set intervals;
- 10. Tracking of student retention and completion rates on an ongoing basis;
- 11. Faculty and student input into the evaluation process; and
- 12. Evidence that outcome data are consistently utilized to plan and improve distance learning.

*AUTHORITY: section 335.036, RSMo Supp. 2021, and section 335.071, RSMo 2016.\* This rule originally filed as 4 CSR 200-2.100. This version of rule filed April 20, 1973, effective May 1, 1973. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Amended: Filed Jan. 8, 1981, effective April 11, 1981. Readopted: Filed March 12, 1981, effective June 11, 1981. Emergency rescission filed Oct. 22, 1981, effective Nov. 1, 1981, expired Feb. 19, 1982 (Original Rule). Rescinded: Filed Oct. 22, 1981, effective Feb. 11, 1982 (Original Rule). Rescinded and readopted: Filed Sept. 25, 1991, effective March 9, 1992. Amended: Filed Dec. 15, 1992, effective Sept. 9, 1993. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Moved to 20 CSR 2200-2.100, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013. Amended: Filed Feb.*

*5, 2018, effective Aug. 30, 2018. Amended: Filed Feb. 14, 2022, effective Aug. 30, 2022.*

*\*Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011, 2018, and 335.071, RSMo 1975, amended 1981, 1999.*

## 20 CSR 2200-2.110 Records

*PURPOSE: This rule defines student records required to be kept by programs of professional nursing.*

(1) Transcripts.

(A) Transcripts of all courses attempted or completed by each student attending the program shall be maintained permanently.

(B) The official transcript shall identify the following:

1. Date of admission, date of separation from the program, hours/credits/units earned, and the diploma/degree awarded; and

2. Transferred credits, including course titles and credits earned. Name and location of the credit-granting institution shall be maintained as part of official records.

(C) Transcripts, including microfiche and computer files, shall be stored in a secured area.

(2) School Records.

(A) Student records shall be stored in an area which is theft resistant and where confidentiality can be ensured or according to sponsoring institution policies for secure storage of records.

(B) The nursing program shall maintain records as required by institutional and nursing program policies.

(3) Compliance with the Family Education Rights and Privacy Act (FERPA) and any applicable regulations shall be strictly maintained.

*AUTHORITY: sections 335.036 and 335.071, RSMo 2016.\* This rule originally filed as 4 CSR 200-2.110. This version of rule filed April 20, 1973, effective May 1, 1973. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Readopted: Filed March 12, 1981, effective June 11, 1981. Emergency rescission filed Oct. 22, 1981, effective Nov. 1, 1981, expired Feb. 19, 1982 (Original Rule). Rescinded: Filed Oct. 22, 1981, effective Feb. 11, 1982 (Original Rule). Rescinded and readopted: Filed Sept. 25, 1991, effective March 9, 1992. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Amended: Filed Dec. 1, 2000, effective May 30, 2001. Moved to 20 CSR 2200-2.110, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013. Amended: Filed Feb. 5, 2018, effective Aug. 30, 2018.*

*\*Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011 and 335.071, RSMo 1975, amended 1981, 1999.*

## 20 CSR 2200-2.120 Publications

*PURPOSE: This rule defines what must be included in publications published by programs of professional nursing.*

(1) Publications shall be current, dated, and internally consistent.

(2) A nondiscrimination policy shall appear in publications specific to the nursing program.



(3) The following information shall be available to applicants and students by electronic or print publications:

- (A) Approval status as granted by the board (initial, full, or conditional approval status);
- (B) National nursing accreditation status, if applicable;
- (C) Admission criteria;
- (D) Section 335.066, RSMo, of the current Missouri Nursing Practice Act with an explanation that completion of the program does not guarantee eligibility to take the licensure examination;
- (E) Advanced placement policies;
- (F) Student services;
- (G) Curriculum plan;
- (H) Program costs;
- (I) Refund policy;
- (J) Financial assistance;
- (K) Distance learning measures and opportunities;
- (L) Philosophy and/or mission of the sponsoring institution and the nursing program;
- (M) Graduate competencies;
- (N) Grading, promotion, and graduation policies;
- (O) Faculty roster with credentials;
- (P) School calendar;
- (Q) Student policies;
- (R) Student's rights and responsibilities; and
- (S) Appeal policies and procedures.

*AUTHORITY: section 335.036, RSMo Supp. 2021, and section 335.071, RSMo 2016.\* This rule originally filed as 4 CSR 200-2.120. This version of rule filed April 20, 1973, effective May 1, 1973. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Readopted: Filed March 12, 1981, effective June 11, 1981. Emergency rescission filed Oct. 22, 1981, effective Nov. 1, 1981, expired Feb. 19, 1982 (Original Rule). Amended: Filed Oct. 14, 1981, effective Jan. 14, 1982. Rescinded: Filed Oct. 22, 1981, effective Feb. 11, 1982 (Original Rule). Rescinded and readopted: Filed Sept. 25, 1991, effective March 9, 1992. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Amended: Filed Dec. 1, 2000, effective May 30, 2001. Moved to 20 CSR 2200-2.120, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013. Amended: Filed Feb. 5, 2018, effective Aug. 30, 2018. Amended: Filed Feb. 14, 2022, effective Aug. 30, 2022.*

*\*Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011, 2018, and 335.071, RSMo 1975, amended 1981, 1999.*

### 20 CSR 2200-2.130 Program Evaluation

*PURPOSE: This rule provides for evaluation of the professional nursing program by students, faculty, and coordinating agencies.*

- (1) There shall be a written plan for systematic evaluation of all aspects of the program. The systematic evaluation of the program will document the following:
  - (A) Frequency of evaluation;
  - (B) Methods of evaluation;
  - (C) Person(s) responsible for the evaluation;
  - (D) Program-specific benchmarks;
  - (E) Actual outcomes with trended data; and
  - (F) Program planning and improvement based on analysis of the benchmarks and actual outcomes.
- (2) Systematic evaluation of the program shall include

evaluation of the following:

- (A) Student achievement of course objectives, graduate competencies, and program outcomes;
- (B) Adequacy of program resources to include, but not limited to, fiscal, human, physical, and technical learning resources;
- (C) Theory and clinical experiences to include, but not limited to, evaluation of:
  - 1. Clinical sites by students and faculty;
  - 2. Simulation activities by students and faculty;
  - 3. Course and faculty by students; and
  - 4. Students and faculty by representative(s) of clinical site(s); and
- (D) Multiple measures of program outcomes to include, but not limited to, National Council Licensure Examination (NCLEX®) pass rates, graduation and job placement rates, graduate and employer feedback about program preparation for new graduates at six (6) to twelve (12) months after graduation.

(3) Documentation shall indicate that data collected through systematic evaluation has been utilized in the planning and improvement of the program.

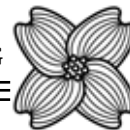
*AUTHORITY: section 335.036, RSMo Supp. 2021, and section 335.071, RSMo 2016.\* This rule originally filed as 4 CSR 200-2.130. This version of rule filed April 20, 1973, effective May 1, 1973. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Readopted: Filed March 12, 1981, effective June 11, 1981. Emergency rescission filed Oct. 22, 1981, effective Nov. 1, 1981, expired Feb. 19, 1982 (Original Rule). Amended: Filed Oct. 14, 1981, effective Jan. 14, 1982. Rescinded: Filed Oct. 22, 1981, effective Feb. 11, 1982 (Original Rule). Rescinded and readopted: Filed Sept. 25, 1991, effective March 9, 1992. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Moved to 20 CSR 2200-2.130, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013. Amended: Filed Feb. 5, 2018, effective Aug. 30, 2018. Amended: Filed Feb. 14, 2022, effective Aug. 30, 2022.*

*\*Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011, 2018, and 335.071, RSMo 1975, amended 1981, 1999.*

### 20 CSR 2200-2.180 Licensure Examination Performance

*PURPOSE: This rule defines the required examination pass rate for first-time candidates and its impact on program approval.*

- (1) The licensure examination performance of first-time candidates from each professional nursing program shall be no less than eighty percent (80%) for each calendar year (January 1 through December 31).
- (2) First-time candidates shall include only those graduates of the program who take the licensure examination for the first time within one (1) year of graduation.
- (3) Initial Program Approval –
  - (A) Upon graduation of the first student cohort and reporting of the first official NCLEX-RN® program pass rate, as reported upon completion of the fourth quarter of the respective calendar year, the board will review current licensure examination performance of first-time candidates. Pursuant to 20 CSR 2200-2.180(1) licensure examination performance for



first-time candidates shall be no less than eighty percent (80%) for each calendar year (January 1 through December 31);

(B) Should the required eighty percent (80%) benchmark not be attained and significant deficiencies identified, the board may apply an immediate moratorium on admissions pursuant to 20 CSR 2200-2.010(7)(A);

(C) The nursing program with a pass rate lower than eighty percent (80%) shall provide the board with a report analyzing all aspects of the education program, identifying areas contributing to the unacceptable pass rate, and plan of correction to resolve the low pass rate. The plan of correction is to be submitted to the board by the deadline indicated. The plan of correction shall include:

1. Mission or philosophy of the nursing program;
2. Program governance as defined in 20 CSR 2200-2.050(5);
3. General faculty resources and workload;
4. Student support services;
5. Program admission, progression, and graduation policies;
6. Program completion rates for each year of program operation, as applicable;
7. National Council Licensure Examination for Registered Nurses (NCLEX-RN®) pass rates for each year of program operation, as applicable;
8. Job placement rates for each year of program operation, as applicable;
9. Program satisfaction, to include student, graduate, and employer data, as applicable;
10. Number of nursing faculty teaching on full-time and part-time basis, to include part-time clinical faculty;
11. Use of systematic program evaluation data related to program planning and improvement; and
12. Measures put in place to restore instructional quality and integrity of the program;

(D) The program administrator shall appear before and present to the board or members designated by the board a current analysis of program effectiveness, problems identified, and plans of correction. The board may accept the plan of correction and decide to continue initial approval for a specific period of time determined by the board, may apply a moratorium on admissions pursuant to 20 CSR 2200-2.010(7)(A), or may withdraw approval pursuant to section 335.071.3, RSMo;

(E) The program administrator shall appear before and present to the board or members designated by the board a current plan of correction, which includes a current analysis of program effectiveness, resolution of problems identified, and current status of program outcomes for each year that program pass rates remain lower than eighty percent (80%). The board may accept the plan of correction and decide to continue initial approval for a specific period of time determined by the board, may apply a moratorium on admissions pursuant to 20 CSR 2200-2.010(7)(A), or may withdraw approval pursuant to section 335.071.3, RSMo, at any time during the initial approval period as deemed necessary by the board; and

(F) With an NCLEX-RN® pass rate below eighty percent (80%), a program shall have at minimum two (2) consecutive calendar years of NCLEX-RN® pass rates at or above the required eighty percent (80%) to move to full approval.

#### (4) Full Program Approval –

(A) The nursing program with a pass rate lower than eighty percent (80%) shall –

1. First year – Provide the board with a report analyzing all aspects of the education program, identifying areas contributing to the unacceptable pass rate, and plan of

correction to resolve low pass rate. The plan of correction shall be submitted to the board by the deadline indicated. The plan of correction shall include:

- A. Mission or philosophy of the nursing program;
- B. Program governance as defined in 20 CSR 2200-2.050(5);
- C. General faculty resources and workload;
- D. Student support services;
- E. Program admission, progression, and graduation policies;
- F. Program completion rates for the last five (5) years;
- G. National Council Licensure Examination for Registered Nurses (NCLEX-RN®) pass rates for the last five (5) years;
- H. Job placement rates for the last five (5) years;
- I. Program satisfaction, to include student, graduate, and employer feedback;
- J. Number of nursing faculty teaching on full-time and part-time basis; to include part-time clinical faculty and faculty on contingent approval;
- K. Use of systematic program evaluation data related to program planning and improvement; and
- L. Measures put in place to restore instructional quality and integrity of the program;

2. Second consecutive year – The program may be placed on conditional approval status. The program administrator shall appear before and present to the board or members designated by the board the current plan of correction, which includes a current analysis of program effectiveness, problems identified, and plans of correction; and

3. Side-by-side comparison of first-year and second-year analyses of program effectiveness shall be included. The plan of correction shall be submitted to the board by the deadline indicated; and

(B) The program administrator shall appear before and present to the board or members designated by the board a current plan of correction, which includes a current analysis of program effectiveness, resolution of problems identified, and current status of program outcomes for each year that program pass rates remain lower than eighty percent (80%).

#### (5) Conditional Program Approval.

(A) The nursing program placed on conditional approval shall remain on conditional approval (as per 20 CSR 2200-2.010(6)) until it has two (2) consecutive years of pass rates of at least eighty percent (80%) or until the board removes approval pursuant to section 335.071.3, RSMo.

(B) The nursing program shall provide a side-by-side comparison of plans of correction that includes program analyses for each consecutive year that NCLEX-RN® pass rates remain below eighty percent (80%). Each year the program administrator shall appear before and present to the board or members designated by the board a current analysis of program effectiveness, problems identified, and plans of correction. The board may, at any time, apply a moratorium on student admissions pursuant to 20 CSR 2200-2.010(7)(A).

(C) If, after two (2) years on conditional approval, a nursing program has not demonstrated consistent measurable progress toward implementation of the correction plan and NCLEX-RN® pass rates remain below eighty percent (80%), the board will withdraw approval pursuant to section 335.071.3, RSMo.

*AUTHORITY: section 335.036, RSMo Supp. 2021, and section 335.071, RSMo 2016.\* This rule originally filed as 4 CSR 200-2.180. Original rule filed Sept. 1, 1998, effective Feb. 28, 1999. Amended:*



*Filed Dec. 1, 2000, effective May 30, 2001. Moved to 20 CSR 2200-2.180, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013. Amended: Filed Feb. 5, 2018, effective Aug. 30, 2018. Amended: Filed Feb. 14, 2022, effective Aug. 30, 2022.*

*\*Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011, 2018, and 335.071, RSMo 1975, amended 1981, 1999.*