



# PEPPERDINE

## School of Nursing

2025-2026  
Policies and Procedures Manual

For More Information  
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## Welcome Letter

Dear Esteemed Faculty,

Welcome to Pepperdine University's School of Nursing!

As the Founding Dean, it is my great honor to welcome you to this transformative journey of shaping the future of nursing education. Together, we will create a Christ-centered academic community that is guided by a caring heart and a commitment to excellence. At Pepperdine, our shared mission is the foundation of everything we do. You have been chosen to join this team because of your exceptional skills, dedication to education, and passion for making a difference in the lives of students and the patients they will serve. Here, you will mentor and shape the next generation of nurses.

Our commitment to innovation, cultural humility, and holistic care will challenge and inspire you as much as it will our students. I encourage you to bring your unique talents, ideas, and experiences to the forefront. Together, we will cultivate a collaborative environment that fosters resilience through a growth mindset that supports both personal and professional development.

This Faculty Handbook outlines the policies, procedures, and expectations that guide our work together. It is an essential resource to ensure that we operate consistently and ethically in alignment with the university's mission. Please take time to read it thoroughly and reflect on how these principles support our vision of excellence in nursing education.

I look forward to working alongside each of you as we build a legacy of compassionate care, academic rigor, and innovation. My door is always open, and I welcome your input, questions, and ideas as we embark on this journey together.

Thank you for joining our team and for your commitment to shaping the future of healthcare through education, service, and leadership.

With gratitude,

A handwritten signature in cursive script that reads "Angela Coaston". The ink is a dark grey or black, and the signature is fluid and elegant.

Dr. Angel Coaston, PhD, RN, FNP, PHN  
*Founding Dean*  
*Pepperdine University School of Nursing*

## Introduction

### Pepperdine University Mission

Pepperdine is a Christian university committed to the highest standards of academic excellence and Christian values, where students are strengthened for lives of purpose, service, and leadership.

### College of Health Science Mission

Pepperdine University's College of Health Science commits itself to the highest standards of academic excellence, clinical preparation, and Christian values to develop skilled and caring healthcare professionals who seek to lead while serving our communities and the world.

### School of Nursing Mission

Grounded in Christian values, Pepperdine University School of Nursing's mission is to develop compassionate and caring nurse leaders who will positively influence the nursing profession, transform healthcare systems, and impact communities locally and globally.

### School of Nursing Vision

Pepperdine University School of Nursing has a vision to be a leading force in transforming healthcare by developing compassionate nurse leaders who excel in academic achievement, scholarship, and clinical practice. We aspire to shape the future of nursing, while advancing the profession and improving healthcare systems worldwide, through excellence, innovation, and compassionate care. Honoring the sacred community, we, Pepperdine faculty, staff, and students, will create an environment that embraces belonging and meets individuals where they live, work, play, and pray. Through community-based and family-centered healthcare experiences, we will promote high-quality, holistic, and compassionate care that nurtures the mind, body, and spirit.

### School of Nursing Core Values

In harmony with the core values of Pepperdine University, the School of Nursing embraces seven Core Values, rooted in the Christian mission of the University, that guide our collective commitment to academic excellence and service. These values are integral to the mission of Pepperdine University and shape the educational experience of its students.

1. **Purpose, Service, and Leadership:** Pepperdine encourages students to pursue lives of purpose and service while developing as leaders who will positively impact the world.
2. **Faith and Christian Mission:** The university is grounded in Christian values and emphasizes spiritual formation and development, integrating faith with learning and life.
3. **Academic Excellence:** Pepperdine promotes rigorous scholarship and academic achievement, fostering an environment where students can reach their full potential.
4. **Belonging:** The university is committed to creating a community that values diversity

- and practices inclusion, ensuring that all students have a strong sense of belonging.
5. **Community:** Pepperdine cultivates a sense of community where individuals are connected through shared Christian values, a love of neighbor, and a devotion to service.
  6. **Honor and Integrity:** The university upholds a commitment to honesty, responsibility, accountability, and ethical behavior in all aspects of life.
  7. **Care and Compassion:** Pepperdine School of Nursing nurtures a healing environment where there is a sensitivity to self and others, enabling a presence of an intersection of faith, hope, and love.

### **Philosophy**

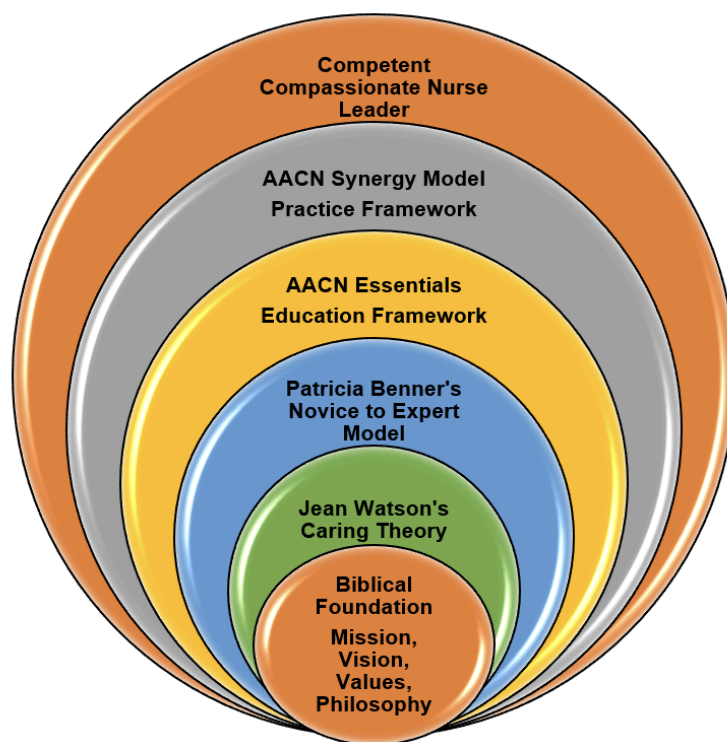
The philosophy of the nursing program and the program learning outcomes of the BSN and ELM-CNL programs have guided the development of their respective curricula. The nursing curricula are consistent with the School of Nursing's mission, vision, and values, and their respective learning outcomes because both programs were methodically and intentionally built in a systematic hierarchy using a bidirectional top-down and bottom-up approach.

From the top-down approach, Pepperdine University's mission and institutional learning outcomes (ILOs) and the College of Health Science mission were used to write the School of Nursing's mission, vision, values, and learning outcomes. The theories of Patricia Benner's *Novice to Expert Model* and Jean Watson's *Caring Science* were also integral in the top-down approach and provide the framework for development and sequencing each nursing curriculum. In addition, the Synergy Model for patient care and nurse competency provides the practice framework for nursing care. With the aforementioned serving as foundational elements, Program Learning Outcomes (PLOs), which were also aligned with the American Association of Colleges of Nursing (AACN) Core Competencies for Professional Nursing Education (2021), were developed for both the BSN and ELM-CNL programs.

From a bottom-up approach, all course student learning outcomes (SLOs) were written based upon the California Board of Registered Nursing (BRN) regulations and the Commission on Collegiate Nursing Education (CCNE) accreditation standards, including the 2021 AACN Essentials and grounded in the AACN Synergy Model for Patient Care Competencies. The SLOs were then used to refine the Program Learning Outcomes (PLOs), ensuring alignment with BRN requirements, the American Association of Colleges of Nursing (AACN) Essentials, CCNE standards, and Pepperdine University's mission and ILOs.

For all nursing courses, each syllabus has student learning outcomes (SLOs) aligned with the PLOs. These programs and student outcomes are grounded in the nursing process, start with foundational concepts and topics, and progress in sequence from simple to complex throughout the curriculum to build on previous learning. Each nursing course incorporates cognitive development, skill acquisition, and affective understanding. Interactive learning and simulation/skills learning are integrated throughout the program to promote the attainment of nursing competencies.

The following figure highlights the integration of the aforementioned elements into an integrated program philosophy and curricula.



## Individual Differences

### *Cultural and Ethnic Backgrounds*

Pepperdine University celebrates the diverse cultural, ethnic, sociological, and personal variables that each student brings to the program. We are committed to fostering belonging and creating an educational environment where every individual feels valued and supported. Our faculty are dedicated to helping students grow in self-awareness and achieve their professional and personal goals with honesty, integrity, and compassion.

### *Learning Styles, Goals, and Support Systems*

We believe learning is an intentional process shaped by individual goals, motivation, and readiness. Every student possesses innate potential, influenced by their internal characteristics and external environments. At Pepperdine, we provide individualized support, including counseling and learning enrichment programs, to help students achieve academic success, personal growth, and professional excellence.

### *Teaching and Learning Process*

The teaching and learning process at Pepperdine University reflects our commitment to faith-driven innovation, academic excellence, and academic rigor. Faculty members act as role models, mentors, and facilitators, creating a collaborative learning environment that inspires students to grow intellectually, emotionally, and spiritually. By integrating evidence-based learning experiences, ongoing assessment, and critical reflection, students develop the skills and resilience needed to excel in complex healthcare systems. Teaching and learning are dynamic,

reciprocal processes where students and faculty learn and interact with one another, fostering a culture of mutual respect and continuous growth.

*Distinctive Focus on Leadership and Global Impact*

At Pepperdine, nursing education goes beyond clinical competence to develop compassionate leaders who will influence healthcare systems globally. Our graduates will be equipped to advocate for health equity, innovate in the face of healthcare challenges, and lead with integrity. Guided by faith and driven by a commitment to service, Pepperdine nurses will impact communities worldwide, transforming healthcare through excellence, innovation, and love. This philosophy, reflecting the Christian mission and values of Pepperdine University, serves as the foundation for our curriculum. It integrates biblical principles (Proverbs 2:6, Isaiah 61:1-3, and Matthew 9:36), the AACN Essentials, and evidence-based practices to prepare nurse leaders who excel in a globalized and ever-changing healthcare landscape.

## Policies and Procedures

Effective Date: 2025	Revisions/Re-approval:
<b>I. Administration of Nursing: Program Philosophy and Objectives Policy (Section 1421(a))</b>	Responsible Department: <b>School of Nursing Faculty</b>

### Policy:

The nursing program shall maintain a written statement of philosophy and objectives that considers the diversity and individual differences of students. The philosophy will align with the concepts of nursing and the health-illness continuum, integrating relevant interdisciplinary knowledge.

### Procedure:

1. The philosophy and objectives statement will be developed by faculty and
  - a. reviewed annually.
2. The statement will address:
  - a. Cultural and ethnic diversity.
  - b. Individual learning styles, goals, and support systems.
  - c. Nursing concepts related to patient care, the environment, and the health-illness continuum.
3. The final statement will be disseminated to students, faculty, and stakeholders.



Effective Date: 2025	Revisions/Re-approval:
<b>I. Administration of Nursing: Program Evaluation Policy (Section 1424(b)(1))</b>	Responsible Department: <b>School of Nursing Faculty</b>

**Policy:**

The nursing program shall implement a written plan to evaluate the total program, focusing on admission procedures, attrition and retention rates, and graduate performance.

**Procedure:**

1. Plan Development:
  - a. Faculty will create an evaluation plan outlining methods and timelines for data collection and analysis.
2. Annual Review:
  - a. Conduct annual reviews to assess program effectiveness and identify areas for improvement.
  - b. Annual evaluations will be conducted by faculty, with results documented and used for program improvements.
3. Documentation:
  - a. Maintain evaluation records for review by the Board of Registered Nursing (BRN) and stakeholders.
4. The total evaluation plan will include at minimum the following:
  - a. Admission and selection criteria review.
  - b. Analysis of attrition and retention data.
  - c. Assessment of graduate success in meeting community healthcare needs.

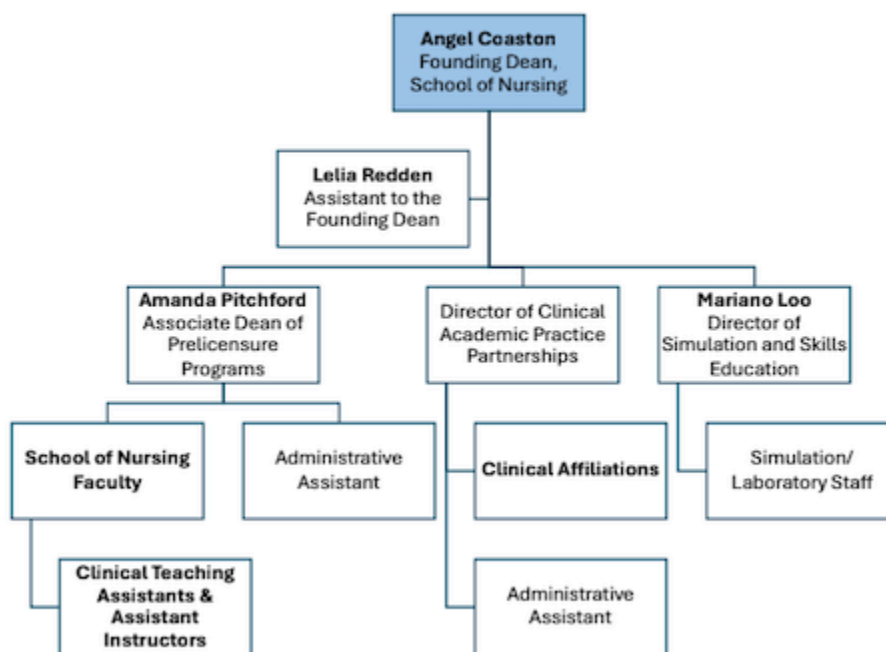
Effective Date: 2025	Revisions/Re-approval:
<b>I. Administration of Nursing: Program Organizational Chart and Communication Policy (Section 1424(c))</b>	Responsible Department: <b>School of Nursing Faculty</b>

**Policy:**

The program will maintain an organizational chart that outlines relationships, authority lines, and communication channels within the program and its affiliated institutions.

**Procedure:**

1. Develop and update the organizational chart annually or as changes occur.
2. The chart will include:
  - a. Relationships within the program.
  - b. Lines of communication with the institution and clinical agencies.
3. Distribute the chart to faculty, staff, and students.



Effective Date: 2025	Revisions/Re-approval:
<b>I. Administration of Nursing Program: Resource Allocation and Sufficiency Policy (Section 1424(d))</b>	Responsible Department: <b>School of Nursing Faculty</b>

**Policy:**

The program shall ensure adequate resources to support its objectives, including faculty, staff, space, equipment, and technology.

**Procedure:**

1. Conduct an annual resource needs assessment.
2. Allocate resources based on program requirements, ensuring compliance with BRN standards.
3. Submit resource improvement requests to administration as needed.
4. Maintain an adequate number of qualified faculty and provide professional development opportunities.
5. Provide access to library resources, simulation labs, and advanced technologies.
6. Ensure the availability of dedicated physical spaces and support services for student success.
7. Maintain records of resources and assessments for review during accreditation and BRN audits.

Effective Date: 2025	Revisions/Re-approval:
<b>I. Administration of Nursing Program: Faculty Responsibilities Policy (Section 1424(g))</b>	Responsible Department: <b>School of Nursing Faculty</b>

**Policy:**

Faculty members shall have primary responsibility for developing policies, planning, implementing, and evaluating the program.

**Procedure:**

1. Faculty committees will oversee the following:
  - a. Policy and curriculum development.
  - b. Program evaluations and updates.
2. Annual faculty meetings will be held to discuss program improvements.
3. Faculty will collaboratively create and revise program policies to meet BRN standards and community requirements.

Effective Date: 2025	Revisions/Re-approval:
<b>I. Administration of Nursing Program: Faculty Competence and Staffing Policy (Section 1424(h))</b>	<b>Responsible Department: School of Nursing Faculty</b>

**Policy:**

Faculty shall be sufficient in number and competence to meet program needs. Each content area will have at least one expert instructor, clinically competent in their assigned area.

**Procedure:**

1. Verify faculty qualifications and clinical competencies annually.
2. Employ faculty with expertise in required nursing specialties.
3. Ensure clinical faculty maintain current practice competence and fulfill continuing education requirements.
4. Assign content experts for the following areas:
  - a. Medical-Surgical, Obstetrics, Pediatrics, Geriatrics, and Psychiatric-Mental Health nursing.
5. Maintain records of faculty credentials and training.

Effective Date: 2025	Revisions/Re-approval:
<b>I. Administration of Nursing Program: Non-Faculty Clinical Roles Policy (Section 1424(i))</b>	Responsible Department: <b>School of Nursing Faculty</b>

**Policy:**

Non-faculty individuals participating in clinical instruction shall have their roles and responsibilities described in writing.

**Procedure:**

1. Develop and maintain written role descriptions for non-faculty clinical staff.
2. Document and maintain written responsibilities for non-faculty instructors.
3. Supervise non-faculty instructors to ensure quality instruction.
4. File role descriptions annually for BRN review and compliance.

Effective Date: 2025	Revisions/Re-approval:
<b>I. Administration of Nursing Program: Supervision Hierarchy Policy (Section 1424(j))</b>	Responsible Department: <b>School of Nursing Faculty</b>

**Policy:**

Supervisory roles within the nursing program will adhere to the hierarchy outlined by BRN standards.

**Procedure:**

1. Assign supervisory roles as follows:
2. Assistant directors under the director's supervision.
  - a. Instructors under the director or designee.
  - b. Clinical teaching assistants under instructors.
3. Document roles and distribute them in the organizational chart annually.

Effective Date: 2025	Revisions/Re-approval:
<b>I. Administration of Nursing Program: Student/Teacher Ratio Policy (Section 1424(k))</b>	Responsible Department: <b>School of Nursing Faculty</b>

**Policy:**

The student/teacher ratio in clinical settings will be determined by patient acuity, learning objectives, and agency requirements.

**Procedure:**

1. Evaluate the following criteria each semester to determine ratios:
  - a. Patient acuity and care needs.
  - b. Learning objectives and student class levels.
  - c. Clinical site placement and agency requirements.
2. Document and adjust ratios as needed to maintain compliance and optimize student learning.
3. Adhere to clinical agency contractual agreements and policies.



Effective Date: 2025	Revisions/Re-approval:
<b>II. Faculty Qualifications and Changes Policy: Faculty Approval and Notification Policy (Section 1425)</b>	Responsible Department: <b>School of Nursing Faculty</b>

**Policy:**

All faculty members, including the dean/director, associate dean/assistant director, and clinical instructors, shall meet the qualifications outlined in Section 1425 and be approved by the Board of Registered Nursing (BRN). The program shall report all faculty changes, including teaching area assignments, new hires, and terminations, to the BRN using the required forms within specified timeframes.

**Procedure:**

1. Faculty Approval:
  - a. Submit completed Faculty Approval/Notification Form (EDP-P-02) and Director or Assistant Director Approval Form (EDP-P-03) for BRN review.
  - b. Ensure that all faculty hold clear and active California RN licenses issued by the BRN.
2. Reporting Changes:
  - a. Report all faculty changes, including teaching area adjustments, to the BRN prior to employment or within 30 days after termination, using BRN-provided forms.
3. Documentation:
  - a. Maintain records of faculty qualifications, approvals, and changes in the program's administrative files for BRN audits and reviews.
  - b. Faculty records shall be securely maintained, accessible only to authorized personnel, and managed in compliance with applicable privacy laws, institutional policies, and confidentiality standards.

Effective Date: 2025	Revisions/Re-approval:
<b>II. Faculty Qualifications and Changes Policy: Instructor Qualifications Policy (Section 1425(c))</b>	Responsible Department: <b>School of Nursing Faculty</b>

**Policy:**

Instructors assigned to teach nursing courses shall meet the following qualifications:

1. Hold a master's or higher degree from an accredited college or university, including courses in nursing or related sciences.
2. Possess direct patient care experience within the previous five (5) years in the designated nursing area, which can be met by:
  - a. One (1) year of continuous, full-time experience providing direct patient care as an RN in the designated area.
  - b. One (1) academic year of RN-level clinical teaching experience in the designated area or its equivalent demonstrating clinical competency.
3. Have completed at least one (1) year of experience teaching courses related to registered nursing or a post-baccalaureate course with practice in teaching registered nursing.

**Procedure:**

1. Verify all qualifications, including academic degrees, licenses, and clinical experience, before hiring.
2. Ensure instructors meet continuing education and clinical competency requirements annually.
3. Assign instructors to areas where their expertise aligns with program needs.
4. Maintain documentation of compliance with qualifications and provide updates to the BRN as needed.
5. Document compliance in personnel files and provide verification during BRN reviews.

Effective Date: 2025	Revisions/Re-approval:
<b>II. Faculty Qualifications and Changes Policy: Assistant Director Qualifications Policy (Section 1425(b))</b>	Responsible Department: <b>School of Nursing Faculty</b>

**Policy:**

Assistant directors shall meet the same educational and experience requirements as outlined for directors and faculty in Section 1425(a), with equivalency determined by the BRN as needed.

**Procedure:**

1. Verify qualifications and submit assistant director qualifications and supporting documentation to the BRN for approval prior to hiring.
2. Ensure assistant directors meet ongoing professional development and competency standards.

Effective Date: 2025	Revisions/Re-approval:
<b>II. Faculty Qualifications and Changes Policy: Assistant Instructor Qualifications Policy (Section 1425(d))</b>	Responsible Department: <b>School of Nursing Faculty</b>

**Policy:**

Assistant instructors shall meet the following qualifications:

1. Hold a baccalaureate degree from an accredited institution, including nursing or relevant sciences.
2. Have direct patient care experience within the previous five (5) years, met by:
  - a. One (1) year of continuous, full-time RN-level direct patient care experience.
  - b. One (1) academic year of RN-level clinical teaching experience demonstrating clinical competency.

**Procedure:**

1. Verify educational credentials and clinical experience upon hiring.
2. Assign assistant instructors only to roles matching their expertise and documented competencies.
3. Maintain records of compliance in personnel files.

Effective Date: 2025	Revisions/Re-approval:
<b>II. Faculty Qualifications and Changes Policy: Clinical Teaching Assistant Qualifications Policy (Section 1425(e))</b>	Responsible Department: <b>School of Nursing Faculty</b>

**Policy:**

Clinical teaching assistants shall have at least one (1) year of continuous, full-time RN-level direct patient care experience in the designated nursing area within the previous five (5) years.

**Procedure:**

1. Confirm clinical experience through employment verification before assigning clinical teaching responsibilities.
2. Assign teaching responsibilities that align with the assistant's area of clinical expertise.
3. Maintain written documentation of clinical teaching assistants' qualifications in personnel files.

Effective Date: 2025	Revisions/Re-approval:
<b>II. Faculty Qualifications and Changes Policy: Content Expert Qualifications Policy (Section 1425(f))</b>	Responsible Department: <b>School of Nursing Faculty</b>

**Policy:**

A content expert shall:

1. Hold a master's degree in the designated nursing area or a master's degree in another field and meet one of the following:
  - a. Complete 30 hours of continuing education or two (2) semester units or three (3) quarter units in nursing education related to the designated area.
  - b. Hold national certification in the designated nursing area.
2. Have either:
  - a. 240 hours of clinical experience in the designated area within the previous three (3) years.
  - b. One (1) academic year of RN-level clinical teaching experience in the designated nursing area within the previous five (5) years.

**Procedure:**

1. Verify qualifications through transcripts, certifications, and clinical experience records.
2. Assign content experts to specific areas based on their documented qualifications and competencies.

Effective Date: 2025	Revisions/Re-approval:
<b>III. Faculty Responsibility Policy: Faculty Position Description and Administrative Duties Policy (Section 1425.1(a))</b>	Responsible Department: <b>School of Nursing Faculty</b>

**Policy Statement:**

The nursing program shall define the roles, responsibilities, and administrative duties of key positions, including directors, assistant directors, and faculty members. Position descriptions shall specify the appointment or election process, term of office, time allocated for administrative functions, and the scope of administrative responsibilities in compliance with CCR Sections 1420(c) and 1420(e).

**Procedure:**

1. Appointment of Positions
  - a. Director and Assistant Director:
    - i. Appointments are made by the institution in alignment with BRN requirements.
    - ii. Selection criteria include academic qualifications, leadership experience, and clinical expertise.
  - b. Faculty Leadership Roles (e.g., Committee Chairs):
    - i. Roles may be appointed by the program dean/director or elected by faculty through a majority vote, as determined by the Dean.
  - c. Documentation:
    - i. Maintain records of appointments or elections in personnel files.
2. Term of Office
  - a. Dean/Director and Associate Dean/Assistant Director:
    - i. The term of office shall align with institutional policies, with renewal based on performance evaluations and institutional needs.
    - ii. Terms are typically set for five years unless otherwise specified.
  - b. Faculty Leadership Roles:
    - i. Committee Chair appointment terms determined by the Dean are one to two years, with opportunities for reappointment or reelection.
3. Time Allocated for Administrative Functions
  - a. Dean/Director and Associate Dean/Assistant Director:
    - i. A minimum of 90% of assigned time shall be allocated to administrative functions, including program planning, evaluation, and compliance with BRN standards.
    - ii. The remaining time may be dedicated to teaching, research, or other responsibilities as outlined in their contract.
  - b. Faculty Leadership Roles:
    - i. Faculty with administrative responsibilities, such as committee leadership, shall allocate a portion of their workload (typically 10%) to administrative tasks.
  - c. Documentation and Monitoring:

- i. Workload allocation, including administrative time, will be documented in position contracts and reviewed annually during performance evaluations.
- 4. Administrative Duties and Responsibilities
  - a. Dean/Director:
    - i. Overall leadership and management of the nursing program.
    - ii. Ensure compliance with BRN regulations and institutional policies.
    - iii. Supervise faculty and staff, oversee curriculum development, and manage program evaluations.
    - iv. Represent the program in institutional and external stakeholder meetings.
  - b. Associate Dean/Assistant Director:
    - i. Assist the director in program oversight, including faculty supervision and curriculum implementation.
    - ii. Manage specific program areas as delegated by the director.
    - iii. Ensure compliance with clinical site agreements and support student progress and represent the School of Nursing when the Dean/Director is unavailable.
  - c. Faculty Members:
    - i. Participate in curriculum planning, policy development, and program evaluation.
    - ii. Supervise and evaluate students in clinical, laboratory, and classroom settings.
    - iii. Serve on committees and contribute to program governance.
  - d. Director of Clinical Academic Practice Partnerships:
    - i. Coordinate clinical placements and ensure alignment with program objectives.
    - ii. Maintain communication with clinical site representatives and faculty supervisors.
    - iii. Ensure compliance with clinical site agreements and support student progress.
  - e. Director of Simulation and Skills Education:
    - i. Coordinate Simulation and Skills Education and ensure alignment with program objectives.
    - ii. Maintain communication with faculty and staff for curriculum alignment and scheduling.
- 5. Duty Statements/Job Descriptions
  - a. Duty statements for all roles shall include:
    - i. Title: Role and reporting structure.
    - ii. Duties: Specific administrative and instructional responsibilities.
    - iii. Time Allocation: Proportion of time dedicated to each duty.
    - iv. Performance Metrics: Criteria for evaluating role effectiveness.
  - b. Statements will be reviewed and updated annually to ensure alignment with program needs and regulatory requirements.

### **Oversight and Accountability:**

1. The Director of Nursing Programs will ensure all position descriptions and administrative duties are clearly defined and comply with BRN standards.
2. Duty statements and workload allocations will be reviewed during annual evaluations to



ensure roles are fulfilled effectively.

3. The Director of Nursing Programs will ensure compliance with faculty qualifications and BRN reporting requirements.
4. Faculty qualifications and changes will be reviewed annually to ensure alignment with BRN standards.

Effective Date: 2025	Revisions/Re-approval:
<b>III. Faculty Responsibility Policy: Faculty Instruction and Curriculum Responsibilities Policy (Section 1425.1(a))</b>	Responsible Department: <b>School of Nursing Faculty</b>

**Policy:**

Each faculty member shall assume responsibility and accountability for:

1. Delivering instruction to students in theoretical, laboratory, and clinical settings.
2. Evaluating student performance through established assessment methods.
3. Planning, implementing, and revising curriculum content to ensure alignment with the program's philosophy, objectives, and BRN requirements.

**Procedure:**

1. Faculty shall:
  - a. Develop and deliver course content, ensuring alignment with approved curriculum objectives.
  - b. Use evidence-based teaching strategies to promote student learning and success.
  - c. Evaluate student performance through formative and summative assessments, providing timely feedback to support student growth and improvement.
2. Faculty committees will review and update the curriculum annually to reflect current nursing practices and regulatory changes.

Effective Date: 2025	Revisions/Re-approval:
<b>III. Faculty Responsibility Policy: ATI Policy and Procedure</b>	Responsible Department: <b>School of Nursing Faculty</b>

**Policy:**

The School of Nursing is committed to providing students with multiple testing modalities that simulate the NCLEX-RN Examination. The purpose of Assessment Technologies Institute, LLC. (ATI) is to simulate the NCLEX-RN Examination to help students successfully pass on the first attempt. ATI helps nursing faculty identify the specific content needs for each nursing cohort and student so that areas of weakness can be strengthened. Additionally, ATI helps students identify their personal strengths and weaknesses within content areas throughout the program, so that students can focus on their individualized needs.

1. There are 3 proficiency levels for proctored assessments, and the Pepperdine School of Nursing benchmark is Level 2.
2. Students will have two attempts to reach the Level 2 benchmark.
3. Failure to complete non-proctored and proctored ATI assessments and adhere to remediation plans set by course faculty may result in program dismissal and/or delay for the student to take the NCLEX-RN exam.
4. The ATI assessment will not exceed 10% of the total points offered in any course.

**Procedure**

The following courses have ATI assessments as a part of the Content Mastery Series. (Attachment A: ATI Resource Leveling with all Pre-Licensure Courses for BSN and ELM-CNL)

- NURS 210 Health Assessment (Critical Thinking Entrance)
- NURS 230 Community & Population Health (Community Health)
- NURS 260 Pathopharmacology (Nutrition)
- NURS 270 Advanced Pathopharmacology (Pharmacology)
- NURS 300 Adult Health Nursing (Fundamentals)
- NURS 320 Psychiatric-Mental Health Nursing (Mental Health)
- NURS 330 Family-Centered Maternity Nursing (Maternal newborn)
- NURS 340 Family-Centered Pediatric Nursing (Care of Children)
- NURS 400 Advanced Adult Health Nursing (Dosage Calculation/Critical Care)
- NURS 420 Transitional Care Management (Leadership)
- NURS 470 Advanced Professionalism in Nursing Practice (Critical Thinking Exit)
- NURS 480 Professionalism in Clinical Practicum (Proctored Dosage Calculation)

For each course, students are required to complete the following:

- Non-proctored assessment A & B @ 25 points each (4 weeks & 2 weeks before proctored assessment), Focused Review, Handwritten Remediation and Post-Remediation Quiz when applicable (1 week before proctored assessment).

### Proctored Assessment

The following grading scale pertains to all assessments:

- Will be administered during the designated class session (or on the designated day for students requiring testing accommodations).
- Proctored Assessments and Retests will be administered during the designated semester.
- The Retest will be administered within 2 weeks after the original exam.

Points for the proctored assessment are awarded as follows:

Level 3	Level 2	Level 1	Below Level 1
Student will receive 100 points	Students will receive 85 points	Students will receive 0 points	Student will receive 0 points
Handwritten Remediation by Due Date (Within 1 week from exam)			
Complete Remediation and focused Review before receiving a grade	Complete Remediation and focused Review before receiving a grade	Complete Remediation and focused Review and prepare for retake The student will retake the exam within 2 weeks:	Complete Remediation and focused Review and prepare for retake The student will retake the exam within 2 weeks:
First Time Testing	Retest	Total Points	
Level 3	NONE	100 points	
Level 2	NONE	85 points	
Level 1	Level 3	85 points	
Level 1	Level 2	75 points	
Level 1	Level 1	50 points	
Level 1	Level 0	0 points	
Level 0	Level 3	75 points	
Level 0	Level 2	65 points	
Level 0	Level 1	50 points	
Level 0	Level 0	0 points	

### Process for Faculty

Proctored assessment points are factored in the test/quiz average, in which 75% is required to pass the course.

- All grades will be held until remediation and/or retesting is completed.
- Retest will be scheduled by the assigned course faculty or by an assigned substitute proctor and will not be held in lieu of a regularly scheduled curriculum.
- No remediation will be required for retest.
- ATI Champion or designee will be contacted regarding any student who has accommodations through disability services.
- ATI Champion or designee will be contacted regarding any student who cannot test/retest when scheduled due to a schedule conflict.

### Student Process for Non-Proctored Assessment, Focused Review, and Remediation

#### Focused Review

- Log in to [atitesting.com](https://atitesting.com)
- Access Focused Review after completing assessment:
  - > MY ATI
  - > IMPROVE
  - STUDY MATERIALS
- After clicking Study Materials, you will see a list of major content areas. The content areas listed are the same as the Topics to Review on your Results report.
  - Click BEGIN or CONTINUE button to access the content area review.  
(This is timed by ATI and faculty can see the time spent by each student)
- Review each missed item, following all links provided, watching the short videos, and accessing all of the content links with the NCLEX-RN test plan, the nursing process, Clinical Judgment, etc.
- As students work through the Focused Review, encourage self-reflection on what content items were missed. Students should use ATI e-books and class notes as needed.

#### Written Remediation

Students must decide on the three most important things to know about the missed topics and write them in bulleted format. In addition, provide a self-reflection statement in a fourth bullet explaining the knowledge deficit that may have caused the item to be missed. Written remediation should be in the following format:

#### NCLEX Category of Client Need Topic Missed

- Point One
- Point Two
- Point Three
- Self-Reflection

#### Post Remediation Quiz

If a student completes a Content Mastery Series practice assessment and the score is below 75% on a major content area, a quiz will be generated for that content area. The number of quiz items ranges between 1 and 50.

#### Non-Proctored Assessment Process Online

- Take practice assessment (1 attempt)
- Remediate using Focused Review for the practice assessment (1 attempt) and complete written remediation.
- Take quiz (if applicable)
  - If no quiz, the student has completed assessment.
  - Take quiz and achieve >75%, the student has completed assessment.
  - Take quiz and achieve <75%, then the student will remediate using Focused Review for further remediation.

#### Student Process for Proctored Assessment, Focused Review, and Remediation

##### Focused Review

- Log in to atitesting.com
- Access Focused Review after completing the assessment:
  - > MY ATI
  - > IMPROVE
- STUDY MATERIALS
- After clicking Study Materials, you will see a list of major content areas. The content areas listed are the same as the Topics to Review on your Results report.
  - Click BEGIN or CONTINUE button to access the content area review.  
(This is timed by ATI and faculty can see the time spent by each student.)
- Review each missed item, following all links provided, watching the short videos, and accessing all of the content links with the NCLEX-RN test plan, the nursing process, Clinical Judgment, etc.
- As students work through the Focused Review, encourage self-reflection on what content items were missed. Students should use ATI e-books and class notes as needed.

##### Written Remediation

Students must decide on the three most important things to know about the missed topics and write them in bulleted format. In addition, provide a self-reflection statement in a fourth bullet explaining the knowledge deficit that may have caused the item to be missed. Written remediation should be in the following format.

NCLEX Category of Client Need

Topic Missed

- Point One
- Point Two
- Point Three
- Self-Reflection

Level 3	Level 2	Level 1	Below Level 1
Handwritten Remediation by Due Date (Within 1 Week from Assessment).			
Complete remediation and Focused Review before receiving a grade	Complete remediation and Focused Review before receiving a grade	Complete remediation and Focused Review, and prepare for Retest	Complete remediation and Focused Review, and prepare for Retest

**\*\*Final grade in each course will only be given after the retest is completed\*\***

#### Proctored Comprehensive Predictor

- Proctored Test and Retest will be administered within the designated semester.
- The Retest will be given at least 2 weeks after the original exam.

Points for the proctored Comprehensive Predictor are awarded as follows:

Individual Score 98-99% probability of passing NCLEX	Individual Score 95-97% probability of passing NCLEX	Individual Score 90-94% probability of passing NCLEX	Individual Score Below 90% probability of passing NCLEX
100 points	95 points	90 points	0 Points *No further points will be added for the 2nd attempt.
Handwritten Remediation by one week from the exam			
Complete remediation and focused Review before receiving a grade	Complete remediation and focused Review before receiving a grade	Complete remediation and focused Review before receiving a grade	Earn 0 points Remediate, begin VATI, and prepare for Retest

- If a student does not achieve 90% probability of passing NCLEX, the student will receive 0/100 points, remediate, and be enrolled in Virtual ATI (VATI).
- Students enrolled in VATI must complete at least 75% of the VATI content (through Medical Surgical) by the date on the course calendar (required to pass the course). If those enrolled in VATI do not complete 75% of the VATI content by the date on the course calendar, they cannot pass the course.
- Those enrolled in VATI will take the Retest on the date on the course calendar.
- If, after the Retest, a student still does not achieve 90% probability of passing NCLEX, they will pass the course but will be strongly counseled to finish VATI before attempting to take the NCLEX.

ATI Resource Leveling with Pre-Licensure Courses  
BSN & ELM-CNL

Pre-Licensure Course	Recommended ATI Resources
NURS 170 Professionalism in Nursing Practice	Civility Mentor Modules 1, 2, 3, 4 Skills Modules: HIPAA? Achieve: Modules 1, 2, 3, 4 Nurse Logic: Modules 1, 2, 3, 4 Nurse's Touch: Modules 1, 2, 3 Self-Assessment Inventory
NURS 220 & NURS 220P Fundamentals of Nursing Fundamentals of Nursing Clinical Practicum	Learning System Practice Quizzes Fundamentals 1 Learning System Practice Quizzes: Fundamentals 2 Skills Modules: NG Tube Skills Modules: Airway Management Skills Modules: Ambulation, Transferring, Range of Motion Skills Modules: Infection Control Skills Modules: Enteral Tube Feeding Skills Modules: Medication Administration 1 Skills Modules: Ostomy Care Skills Modules: Oxygen Therapy Skills Modules: Personal Hygiene Skills Modules: Specimen Collection Skills Modules: Surgical Asepsis Skills Modules: Urinary Catheter Care Skills Modules: Wound Care Skills Modules: Enemas Dosage Calculation: Dimensional Analysis-Safe Dosage Dosage Calculation: Dimensional Analysis-Medication Administration Dosage Calculation: Dimensional Analysis-Oral Medications Dosage Calculation: Dimensional Analysis-Injectable Medications
NURS 210 Health Assessment	Skills Modules: Physical Assessment of an Adult Skills Modules: Nutrition, Feeding, and Eating Skills Modules: Pain Management Skills Modules: Vital Signs Proctored Assessment: Critical Thinking Entrance
NURS 230 & 230P Community & Population Health Community & Population Health Clinical Practicum	Learning System Practice Quizzes: Community Health Learning System Final Quizzes: Community Health Final Community Health non-proctored A & B Community Health proctored assessment
NURS 260 & 270 Pathopharmacology Advanced Pathopharmacology	Pharmacology Made Easy: Intro, Neuro (parts 1 and 2), MS, Respiratory, Cardiovascular, Hematologic, GI, Repro and GU, Endocrine, Immune, Pain and Inflammation, Infection



	<p>Learning System Practice Quizzes: Pharmacology</p> <p>Learning System Final Quizzes: Pharmacology Final</p> <p>Pharmacology non-proctored A &amp; B</p> <p>Pharmacology proctored assessment</p> <p>Nutrition non-proctored A &amp; B</p> <p>Nutrition proctored assessment</p>
<p>NURS 300 &amp; 300P</p> <p>Adult Health Nursing</p> <p>Adult Health Nursing</p> <p>Clinical Practicum</p>	<p>Learning System Final Quizzes: Fundamentals Final</p> <p>Skills Modules: Closed-Chest Drainage</p> <p>Skills Modules: Diabetes Management</p> <p>Skills Modules: Blood Administration</p> <p>Skills Modules: IV Therapy</p> <p>Skills Modules: Medication Administration 2</p> <p>Skills Modules: Medication Administration 3</p> <p>Skills Modules: Medication Administration 4</p> <p>Dosage Calculation: Dimensional Analysis-Powdered Medications</p> <p>Dosage Calculation: Dimensional Analysis-Parenteral (IV) Medications</p> <p>Dosage Calculation: Fundamentals Proctored Assessment</p> <p>Non-proctored:</p> <ul style="list-style-type: none"> <li>• Fundamentals A &amp; B</li> <li>• Targeted Medical-Surgical: Cardiovascular</li> <li>• Targeted Medical-Surgical: GI</li> <li>• Targeted Medical-Surgical: Perioperative</li> <li>• Targeted Medical-Surgical: Neurosensory/Musculoskeletal</li> <li>• Targeted Medical-Surgical: Endocrine</li> <li>• Targeted Medical-Surgical: Renal/Urinary</li> <li>• Targeted Medical-Surgical: Respiratory</li> <li>• Targeted Medical-Surgical: Fluid/Electrolyte/ Acid-base</li> <li>• Targeted Medical-Surgical: Immune</li> </ul> <p>Fundamentals proctored assessment</p> <p>Targeted Medical-Surgical</p>
<p>NURS 310 &amp; 310P</p> <p>Gerontological Nursing</p> <p>Gerontological Nursing</p> <p>Clinical Practicum</p>	<p>Learning System Practice Quizzes: Gerontology</p> <p>Learning System Final Quizzes: Gerontology Final</p>
<p>NURS 320 &amp; 320P</p> <p>Psychiatric-Mental Health Nursing</p> <p>Psychiatric-Mental Health Nursing Clinical Practicum</p>	<p>Learning System Practice Quizzes: Mental Health 1</p> <p>Learning System Practice Quizzes: Mental Health 2</p> <p>Learning System Final Quizzes: Mental Health Final</p> <p>Dosage Calculation: Mental Health Proctored Assessment</p> <p>Mental Health non-proctored A &amp; B</p> <p>Mental Health proctored assessment</p>
<p>NURS 330 &amp; 330P</p> <p>Family-Centered</p> <p>Maternity Nursing</p>	<p>Learning System Practice Quizzes Maternal Newborn 1</p> <p>Learning System Practice Quizzes Maternal Newborn 2</p> <p>Learning System Final Quizzes Maternal Newborn Final</p> <p>Skills Modules: Maternal Newborn</p>

Family-Centered Maternity Nursing Clinical Practicum	Dosage Calculation: Maternal Newborn Proctored AssessmentMaternal Newborn non-proctored A & B Maternal Newborn proctored assessment
NURS 340 & 340P Family-Centered Pediatric Care Family-Centered Pediatric Care Clinical Practicum	Skills Modules: Physical Assessment of a Child Dosage Calculation: Dimensional Analysis-Dosages by Weight Dosage Calculation: Dimensional Analysis-Pediatric Medications Dosage Calculation: Nursing Care of Children Proctored Assessment Learning System Practice Quizzes: Care of Children 1 Learning System Practice Quizzes: Care of Children 2 Learning System Final Quizzes: Care of Children Final Care of Children non-proctored A & B Care of Children proctored assessment
NURS 350 Health Promotion	N/A
NURS 360 Ethics, Policy & Communication in Nursing	Achieve Modules 1, 2, 3, 4 Nurse Logic Advanced Modules 1, 2, 3, 4 Learning System Practice Quizzes: Communication Learning System Final Quizzes: Communication Final Skills Modules: Healthcare Fraud, Waste, and Abuse Prevention
NURS 370 Healthcare Technology Systems & Information	Learning System Practice Quizzes: Communication Learning System Final Quizzes: Communication Final Skills Modules: Healthcare Fraud, Waste, and Abuse Prevention
NURS 400 & 400P Advanced Adult Health Nursing Advanced Adult Health Nursing Clinical Practicum	Skills Modules: Central Venous Access Devices Learning System Practice Quizzes Medical Surgical: Cardiovascular and Hematology Learning System Practice Quizzes Medical Surgical: Dermatological Learning System Practice Quizzes Medical Surgical: Musculoskeletal Learning System Practice Quizzes Medical Surgical: Neurosensory Learning System Practice Quizzes Medical Surgical: Renal and Urinary Learning System Practice Quizzes Medical Surgical: Gastrointestinal Learning System Practice Quizzes Medical Surgical: Immune and Infectious Learning System Final Quizzes: Medical Surgical Dosage Calculation: Dimensional Analysis-Critical Care Medications Dosage Calculation: Critical Care Proctored Assessment Non-proctored: Adult medical-surgical A & B Adult medical-surgical proctored assessment
NURS 420 Transitional Care Management	Learning System Practice Quizzes: Leadership Learning System Final Quizzes: Leadership Final Leadership non-proctored A & B

	Leadership proctored assessment
NURS 450 Spiritual Foundations of Compassionate Healthcare	N/A
NURS 460 Evidence-Based Practice and Nursing Scholarship (Research)	N/A
NURS 470 Advanced Professionalism in Nursing Practice (NCLEX)	Proctored Assessment: Critical Thinking Exit Learning System Final Quizzes: Comprehensive Final Comprehensive non-proctored A & B Comprehensive predictor
NURS 480P Professionalism Clinical Practicum (Capstone)	Dosage Calculation: Dimensional Analysis-Case Studies and Finals  Dosage Calculation: Adult Medical Surgical Proctored Assessment

Effective Date: 2025	Revisions/Re-approval:
<b>III. Faculty Responsibility Policy: Notice of Course Failure and Program Dismissal</b>	Responsible Department: <b>School of Nursing Faculty</b>

**Policy:**

Program Dismissal is an administrative withdrawal from the nursing program. Reasons for academic dismissal may include, but are not limited to the following:

1. Failure of two (2) courses (courses failed a second time or two separate courses in the program).
2. Violation of the Pepperdine Honor Code, Pepperdine Student Code of Conduct, or School of Nursing Student Handbook
3. Each faculty member shall provide a Notice of Course Failure to the course Faculty Lead.

**Procedure:**

1. Complete the Notice of Course Failure form and remit it to the course Faculty Lead.
2. Course Faculty Lead will notify the Associate Dean of secondary course failure.
3. The Associate Dean will make a recommendation for program dismissal to the Student Disciplinary Committee.
4. Dismissed students may reapply after twelve months from the date of dismissal based on admission criteria if a provision for reapplication is noted in the dismissal notice. Students may be readmitted to the School of Nursing once.

Effective Date: 2025	Revisions/Re-approval:
<b>III. Faculty Responsibility Policy: Faculty Orientation Responsibilities Policy (Section 1425.1(b))</b>	Responsible Department: <b>School of Nursing Faculty</b>

**Policy:**

All faculty members shall participate in a comprehensive orientation program to ensure familiarity with the program's curriculum, policies, teaching strategies, and student supervision and evaluation methods.

**Procedure:**

1. Orientation Program Components:
  - a. Overview of the nursing program's philosophy, objectives, and curriculum structure.
  - b. Review of policies and procedures, including academic standards and student evaluation processes.
  - c. Training on teaching strategies, clinical supervision practices, and available instructional resources.
2. New Faculty Orientation:
  - a. Schedule orientation for all new faculty prior to their first teaching assignment.
  - b. Assign a mentor to new faculty for the first academic year to support their integration into the program.
3. Maintain attendance records for orientation sessions in personnel files.

Effective Date: 2025	Revisions/Re-approval:
<b>III. Faculty Responsibility Policy: Clinical Supervision Responsibility Policy (Section 1425.1(c))</b>	Responsible Department: <b>School of Nursing Faculty</b>

**Policy:**

Registered nurse faculty members shall provide clinical supervision exclusively for students enrolled in the registered nursing program.

**Procedure:**

1. Assignment of Supervision:
  - a. Assign clinical supervision duties to RN faculty based on their area of expertise and student needs.
2. Clinical Oversight:
  - a. Faculty shall monitor student performance in clinical settings to ensure safety and adherence to program objectives.
  - b. Address and resolve any issues related to student performance or clinical site operations.
3. Compliance:
  - a. Ensure clinical supervision aligns with program policies and BRN regulations.

Effective Date: 2025	Revisions/Re-approval:
<b>III. Faculty Responsibility Policy: Impaired Nursing Students (BPC Section 2762 &amp; Section 2770)</b>	Responsible Department: <b>School of Nursing Faculty</b>

**Policy:**

The University's Policy for alcohol and drugs is found in the [Alcohol and Drug Policy](#) in the Student Code of Conduct. The policy includes, but is not limited to, the following restrictions:

1. The consumption or possession of alcoholic beverages or possession of empty containers is prohibited on University property or at any off-campus undergraduate University-sponsored event or activity, regardless of the student's age.
2. Absent a limited set of exceptions indicated in the Alcohol and Drug Policy in the Student Code of Conduct, it is a violation for any student to be in the presence of alcohol, alcohol containers, controlled substances, or drug-related paraphernalia on any University campus.
3. The attempt to obtain, use, possess, distribute, or sell any potentially harmful or illegal drug (e.g., prescription drugs, marijuana, cocaine) or drug-related paraphernalia (including hookahs) is strictly prohibited. Anyone involved in the sale or distribution of drugs on or off campus may be dismissed immediately.
4. The possession or presence of any amount of a controlled substance, as defined by federal law (which includes marijuana and cannabis related products, including CBD), is prohibited on or off campus. This includes but is not limited to the presence of marijuana smoke or odor, small "roaches," or residue found in baggies, pipes, or other paraphernalia. The possession or use of medicinal or recreational marijuana in any form is prohibited on or off campus. The possession or presence of marijuana, cannabis, or other controlled substances may result, minimally, in suspension.

The Pepperdine School of Nursing considers the violation of the University's Alcohol and Drugs Policy, student use of controlled substances, dangerous drugs or devices, and the student use of alcohol or alcoholic beverages, when permissible, to an extent or in a manner injurious to self or others to constitute unprofessional conduct. Each faculty member shall take immediate corrective action regarding a student violating this policy or standard in any University setting, including a clinical setting. This includes removing the impaired student from the patient care area until the student is deemed medically safe to return to patient care activities.

**Procedure:**

1. Remove nursing student to a private area.
2. Observe and document the sign(s) and behavior(s) of concern and allow the student to provide a brief verbal explanation. Observable unusual behaviors include, but are not limited to: slurred speech, impaired motor abilities, changes in attitude, changes in

personality, scent of alcohol or other chemicals, frequent absenteeism, not meeting obligations, and others.

3. Refer student to designated treatment location (if applicable).
4. Contact the course Faculty Lead to provide a succinct verbal report.
5. Submit the completed Incident Report form to the course Faculty Lead.
6. Course Faculty Lead to submit signed Incident Report form to Director of Clinic and Academic Practice Partnerships for signature.
7. Also needs to be reported to Community Standards.



Effective Date: 2025	Revisions/Re-approval:
<b>III. Faculty Responsibility Policy: Faculty Clinical Competence Policy (Section 1425.1(d))</b>	Responsible Department: <b>School of Nursing Faculty</b>

**Policy:**

Each faculty member shall demonstrate clinical competence in the nursing area they teach, as defined by the “Faculty Remediation Guidelines” (EDP-R-08 Rev. 01/09).

**Procedure:**

1. Competence Verification:
  - a. Faculty members must provide documentation of clinical experience in their designated nursing area.
  - b. Maintain active California RN licensure and relevant certifications.
2. Ongoing Competency:
  - a. Participate in professional development activities to maintain clinical expertise.
  - b. Engage in continuing education specific to their teaching area.
3. Remediation:
  - a. Faculty members identified as needing additional clinical competency development will follow a remediation plan as outlined in the BRN guidelines.
  - b. Completion of the remediation plan will be documented and filed by the program director.

**Oversight and Accountability:**

- The Dean/Director of Nursing Programs will ensure faculty responsibilities are clearly defined and adhered to.
- Faculty performance evaluations will include a review of instructional quality, clinical supervision, and clinical competence.
- Noncompliance with faculty responsibilities will result in corrective actions, including remediation plans as necessary.

Effective Date: 2025	Revisions/Re-approval:
<b>IV. Required Curriculum and Prior Approval Policy: Curriculum Requirements Policy (Section 1426(c)(1))</b>	Responsible Department: <b>School of Nursing Faculty</b>

**Policy:**

The nursing program shall include 36 semester units in the art and science of nursing, divided equally between theory and clinical practice.

**Procedure:****1. Curriculum Design:**

- a. Allocate a minimum of 18 semester units to theory courses.
- b. Allocate a minimum of 18 semester units to clinical practice courses.

**2. Curriculum Review:**

- a. The Associate Dean and the Faculty curriculum committee will review course distribution annually to ensure compliance with unit requirements and alignment with BRN standards.
- b. Submit major curriculum changes to the BRN for approval before implementation.

Effective Date: 2025	Revisions/Re-approval:
<b>IV. Required Curriculum and Prior Approval Policy: Student Evaluation Policy (Section 1426(f))</b>	Responsible Department: <b>School of Nursing Faculty</b>

**Policy:**

The program shall utilize tools directly related to course objectives to evaluate students' academic progress, performance, and clinical learning experiences.

**Procedure:**

1. Development of Evaluation Tools:
  - a. Faculty will design evaluation tools that align with course objectives and BRN standards.
  - b. Tools may include rubrics, checklists, clinical performance evaluations, written exams, and simulation assessments, or other tools as needed.
2. Ongoing Assessment:
  - a. Evaluate students at regular intervals throughout each course using approved tools.
  - b. Conduct formative and summative evaluations to monitor student progress.
  - c. Provide students with timely feedback to promote growth and address deficiencies and opportunities for improvement based on evaluation results.
3. Documentation and Review:
  - a. Maintain records of student evaluations and progress in a secure database.
  - b. Conduct annual reviews of evaluation tools to ensure relevance and effectiveness.

Effective Date: 2025	Revisions/Re-approval:
<b>IV. Required Curriculum and Prior Approval Policy: Clinical Practicum Course Approval Policy (Section 1426.1(a))</b>	Responsible Department: <b>School of Nursing Faculty</b>

**Policy:**

All clinical practicum courses shall be approved by the BRN prior to their implementation.

**Procedure:**

1. Submission for Approval:
  - a. Submit new clinical practicum courses to the BRN for review and approval, including detailed course objectives, syllabi, and evaluation tools.
  - b. Ensure submissions meet BRN requirements and include clinical placement agreements.
2. Implementation Timeline:
  - a. Clinical practicum courses may only be implemented after written approval from the BRN is received.
  - b. Notify students and faculty of newly approved courses and their objectives.
  - c. Maintain records of approved courses for BRN audits.

Effective Date: 2025	Revisions/Re-approval:
<b>IV. Required Curriculum and Prior Approval Policy: Faculty/Student Ratio for Preceptorship Policy (Section 1426.1(c))</b>	Responsible Department: <b>School of Nursing Faculty</b>

**Policy:**

The faculty/student ratio for preceptorships shall be based on student and preceptor needs, faculty supervision capacity, the nursing area of assignment, and clinical agency requirements.

**Procedure:**

1. Determination of Ratios:
  - a. Assess preceptorship needs based on:
    - i. Student learning objectives and preceptor capabilities.
    - ii. Faculty's ability to supervise and provide support.
    - iii. Clinical site requirements and policies.
    - iv. Evaluate each preceptorship placement to determine appropriate ratios.
    - v. Consider factors such as patient acuity, preceptor experience, and agency guidelines.
  - b. Maintain a ratio that ensures effective supervision and meets BRN and agency standards.
2. Preceptor Assignment:
  - a. Assign preceptors based on their expertise in the student's designated nursing area.
  - b. Provide preceptors with orientation to program objectives, evaluation tools, and expectations for student supervision.
3. Faculty Oversight:
  - a. Faculty will monitor preceptor-student interactions and provide additional support as needed.
  - b. Document preceptor feedback and student progress during clinical placements.
4. Documentation:
  - a. Faculty will review and document updates to the School of Nursing Preceptor Handbook annually to ensure alignment with the program needs.
  - b. Maintain records of preceptorship ratios and supervision plans for BRN review.
  - c. Privacy and security of records.

Effective Date: 2025	Revisions/Re-approval:
<b>V. Clinical Facilities Policy: Clinical Facility Agreements Policy (Section 1427(c))</b>	Responsible Department: <b>School of Nursing Faculty</b>

**Policy:**

The nursing program shall maintain written agreements with all clinical facilities used for student learning experiences. These agreements must ensure the availability of appropriate learning environments, clearly define roles and responsibilities, and provide for safe and effective student education.

**Procedure:**

1. Establishing Agreements:
  - a. Develop and maintain written agreements with clinical facilities used for student placements.
  - b. Agreements shall include the following provisions:
    - i. Assurance of the availability and appropriateness of the learning environment in relation to program objectives.
    - ii. Orientation requirements for faculty and students at the facility.
    - iii. Responsibilities and authority of the facility's staff related to the educational experience.
    - iv. Assurance of adequate staffing to ensure safe and continuous patient care.
    - v. Provisions for ongoing communication between the program and the facility.
    - vi. Description of faculty responsibilities while assigned to the facility.
2. Review and Renewal of Agreements:
  - a. Agreements will be reviewed and renewed at regular intervals, at least annually, or as specified in the agreement.
  - b. Ensure updates reflect changes in program objectives, clinical placements, or facility policies.
3. Orientation Provisions:
  - a. Collaborate with facilities to provide comprehensive orientation sessions for faculty and students.
  - b. Orientation will include facility policies, safety procedures, and expectations for educational activities.
4. Communication:
  - a. Establish regular communication channels (e.g., meetings, emails, or reports) with clinical facilities to address concerns and evaluate collaboration.
5. Documentation and Access:
  - a. Maintain signed agreements in the program's administrative files.
  - b. Provide faculty and students access to relevant agreement details during clinical orientations.

Effective Date: 2025	Revisions/Re-approval:
<b>V. Clinical Facilities Policy: Student Placement and Agency Impact Policy (Section 1427(d))</b>	Responsible Department: <b>School of Nursing Faculty</b>

**Policy:**

When selecting student placements in new clinical facilities, the program shall consider the potential impact on students from other nursing programs already assigned to the facility.

**Procedure:**

1. Assessment of Facility Capacity:
  - a. Evaluate the facility's capacity to accommodate additional students without compromising the educational experience or patient care biannually [Program Placement Year 1-5], annually [Program Year Placement 6+], and ad lib when recommended.
  - b. Collaborate with the facility to determine the maximum number of students that can be safely supervised.
2. Coordination with Other Programs:
  - a. Communicate with other nursing programs utilizing the facility to coordinate placements and minimize scheduling conflicts.
  - b. Participate in consortiums and joint advisory meetings, discussions, or agreements facilitated by the clinical agency, if applicable.
3. Approval Process:
  - a. Obtain approval from the clinical agency for any new student group placements.
  - b. Document the approval and any agreed-upon placement schedules.
4. Monitoring and Adjustments:
  - a. Regularly review the impact of placements on facility operations and student learning outcomes.
  - b. Adjust placements as needed to maintain the quality of the educational experience and collaboration with the facility.

**Oversight and Accountability**

- The Director of Clinical Academic Practice Partnerships and the Director of Nursing Programs will ensure that clinical facility agreements are developed, reviewed, and maintained in compliance with BRN requirements.
- Faculty assigned to clinical facilities will monitor the appropriateness of the learning environment and communicate concerns to program leadership.
- The Director of Clinical Academic Practice Partnerships will assess and address potential conflicts with other programs when selecting new placement sites.

Effective Date: 2025	Revisions/Re-approval:
<b>VI. Student Participation Policy: Student Participation in Program Development Policy (Section 1428(a))</b>	Responsible Department: <b>School of Nursing Faculty</b>

**Policy:**

Students shall have opportunities to collaborate with faculty in identifying, reviewing, and shaping policies and procedures related to the nursing program. This participation includes areas such as program philosophy and objectives, learning experiences, curriculum design, instructional strategies, and evaluation of program components, including clinical facilities.

**Procedure:**

1. Student Representation:
  - a. Elect or appoint student representatives to participate in relevant program committees (e.g., curriculum, evaluation, or joint advisory committees)
  - b. Include student representatives in program meetings where policies, curriculum, and evaluations are discussed.
2. Opportunities for Feedback:
  - a. Conduct surveys, focus groups, or town hall meetings each semester to collect student input on:
    - i. Philosophy and objectives of the program.
    - ii. Effectiveness of learning experiences.
    - iii. Curriculum design, instruction, and evaluations.
  - b. Provide anonymous methods for students to submit feedback to ensure inclusivity and honesty.
3. Review and Integration of Feedback:
  - a. Faculty committees will review student feedback during regular meetings.
  - b. Use student input to make informed decisions about policy updates, curriculum changes, and improvements to clinical experiences.
4. Communication of Changes:
  - a. Notify students of updates to policies, learning experiences, or curriculum changes resulting from their feedback.
  - b. Publish changes through accessible channels, such as the program's learning management system, or during class meetings.
5. Evaluation of Participation Process:
  - a. Annually review the effectiveness of student participation mechanisms.
  - b. Adjust processes to increase student engagement and representation as needed.

**Oversight and Accountability:**

1. The Director of Nursing Programs will ensure student participation opportunities are integrated into program processes.
2. The Associate Dean/Assistant Director and Faculty will document student input and demonstrate how it has been considered in decision-making.



3. The program will provide an annual report summarizing student contributions and subsequent changes to policies, learning experiences, and curriculum.

Effective Date: 2025	Revisions/Re-approval:
<b>VII. Policies Relating to Establishing Eligibility for Examination: Submission of Student Eligibility Roster Policy (Section 1428.6(a))</b>	Responsible Department: <b>School of Nursing Faculty</b>

**Policy:**

At least four (4) weeks prior to the established graduation date, the nursing program shall submit to the Board of Registered Nursing (BRN) a roster of students who are expected to successfully complete the required coursework. Students will be deemed eligible to take the examination upon successful completion of the required coursework.

**Procedure:**

1. Preparation of the Roster:
  - a. Compile a list of students expected to complete the program's required coursework.
  - b. Verify the academic and clinical progress of each student to ensure eligibility.
2. Submission to the BRN:
  - a. Submit the roster, including student names and expected completion dates, to the BRN at least four (4) weeks prior to the program's established graduation date.
  - b. Retain a copy of the submitted roster in program records for verification purposes.
3. Student Notification:
  - a. Inform students of their eligibility status and provide instructions on the next steps for licensure examination application.

Effective Date: 2025	Revisions/Re-approval:
<b>VII. Policies Relating to Establishing Eligibility for Examination: Notification of Ineligible Students Policy (Section 1428.6(b))</b>	Responsible Department: <b>School of Nursing Faculty</b>

**Policy:**

The nursing program shall notify the BRN immediately via telephone, facsimile, or email of any student who fails to maintain eligibility for the licensure examination. Such individuals will be deemed ineligible to take the examination.

**Procedure:**

1. Monitoring Student Eligibility:
  - a. Faculty and program administration will monitor student progress throughout the program.
  - b. Identify students who fail to meet program requirements or maintain eligibility status.
2. Immediate Notification to the BRN:
  - a. Notify the BRN immediately of any ineligible students using the most expedient method (telephone, facsimile, or email).
  - b. Provide the student's name, program details, and reason for ineligibility.
3. Student Communication:
  - a. Inform the student of their ineligibility status and the reason for the determination.
  - b. Provide guidance on addressing deficiencies, if applicable, and options for remediation if available.

**Oversight and Accountability:**

- The Director of Nursing Programs will ensure timely submission of the eligibility roster and compliance with BRN notification requirements.
- Program administrators will maintain accurate and up-to-date records of student eligibility for licensure examinations.
- Faculty will promptly report any changes in student eligibility status to program leadership for appropriate action.

Effective Date: 2025	Revisions/Re-approval:
<b>VII. Licensed Vocational Nurse (LVN) - Thirty (30) Semester or Forty-Five (45) Quarter Unit Option Policy: Eligibility for Registered Nurse Licensure Policy (Section 1429(a))</b>	Responsible Department: <b>School of Nursing Faculty</b>

**Policy:**

Licensed Vocational Nurses (LVNs) in California may apply for licensure as Registered Nurses (RNs) upon successfully completing the prescribed courses and meeting all additional requirements set forth in Section 2736 of the Nursing Practice Act. LVNs must provide evidence, including transcripts, demonstrating successful completion of:

1. Courses prescribed in Section 1429(c).
2. Courses in physiology and microbiology comparable to those required for RN licensure.

**Procedure:**

1. Application Review:
  - a. Verify that applicants hold a current California LVN license.
  - b. Review transcripts and academic records to ensure required coursework, including physiology and microbiology, has been completed.
2. Coursework Completion:
  - a. Ensure LVNs complete any additional prescribed courses necessary to meet RN licensure requirements.
  - b. Maintain records of coursework and program progress in compliance with Board of Registered Nursing (BRN) standards.
3. Submission to the BRN:
  - a. Assist applicants in preparing and submitting their application for licensure to the BRN, including all required documentation such as transcripts and proof of coursework completion.

Effective Date: 2025	Revisions/Re-approval:
<b>VII. Licensed Vocational Nurse (LVN) - Thirty (30) Semester or Forty-Five (45) Quarter Unit Option Policy: Objective Counseling and Individual Evaluation Policy (Section 1429(b))</b>	Responsible Department: <b>School of Nursing Faculty</b>

**Policy:**

The nursing program shall provide objective counseling for the Thirty (30) Semester or Forty-Five (45) Quarter Unit Option to all LVN applicants and evaluate each applicant individually. Prerequisite course requirements for LVN applicants shall be determined based on an analysis of each applicant's academic history and deficiencies, irrespective of when the courses were taken.

**Procedure:**

1. Objective Counseling:
  - a. Provide clear and unbiased information about the Thirty (30) Semester or Forty-Five (45) Quarter Unit Option during admissions counseling sessions.
  - b. Include details on program requirements, prerequisite courses, and the application process.
2. Individual Evaluation:
  - a. Conduct a comprehensive evaluation of each LVN applicant's academic records to identify any prerequisite courses or academic deficiencies.
  - b. Consider all relevant coursework, regardless of when it was completed, for determining prerequisites.
3. Development of an Academic Plan:
  - a. Develop an individualized academic plan for each applicant based on their evaluation.
  - b. Clearly outline the additional courses or requirements necessary for program completion and RN licensure eligibility.
4. Documentation:
  - a. Maintain records of counseling sessions, academic evaluations, and individualized plans in the applicant's file.
  - b. Provide a summary of the evaluation and requirements to the applicant in writing.
5. Follow-Up:
  - a. Offer ongoing support and guidance throughout the program to ensure LVN applicants meet program and licensure requirements.

Effective Date: 2025	Revisions/Re-approval:
<b>VIII. Previous Education Credit Policy: Publication of Credit Transfer Information Policy (Section 1430(a))</b>	Responsible Department: <b>School of Nursing Faculty</b>

**Policy:**

The nursing program shall make information about previous education credit opportunities available to applicants and the public. This information shall be published in the following:

1. The college catalog.
2. The student handbook.
3. The program's official website.

**Procedure:**

1. Content Development:
  - a. Develop clear and comprehensive information about credit transfer policies, eligibility criteria, and application processes.
  - b. Include examples of accepted previous education and pathways for transfer credits.
2. Publication:
  - a. Publish the information in the college catalog, student handbook, and online resources.
  - b. Regularly update the published materials to reflect changes in policy or procedure.
3. Accessibility:
  - a. Ensure materials are accessible to all applicants, including those with disabilities.
  - b. Provide translated versions or additional assistance as needed to meet diverse applicant needs.

Effective Date: 2025	Revisions/Re-approval:
<b>VIII. Previous Education Credit Policy: Alternative Entry and Completion Options Policy (Section 1430(b))</b>	Responsible Department: <b>School of Nursing Faculty</b>

**Policy:**

The program shall have policies and procedures for alternative entry and completion options for applicants who meet one of the following criteria:

1. Hold a license or certificate in a healthcare field.
2. Have previous education in a registered nursing program.
3. Have earned a baccalaureate or higher degree from a regionally accredited institution.

**Procedure:**

The nursing program is committed to providing accessible pathways for applicants with diverse educational and professional backgrounds.

- Applicants holding a license or certificate in a healthcare field may qualify for academic credit through challenge examinations, Credit by Examination (CLEP), and/or Prior Learning academic policies or proficiency testing. Each of these mechanisms provides an avenue to recognize applicants' acquired knowledge and skills.
- Individuals with prior education in an accredited registered nursing program are eligible for transcript evaluation to transfer applicable credits, ensuring a seamless continuation of their education.
- Applicants with an earned baccalaureate or higher degree from a regionally accredited institution may benefit from credit for previously completed coursework, particularly in core curriculum and foundational requirements. These applicants may also be eligible for consideration for admission into the ELM-CNL program.

The aforementioned policies and procedures provide alternative entry and completion options for all applicable students. They ensure that all eligible applicants can build on their prior learning and experience in the Pepperdine nursing programs. These policies are published in the School of Nursing Academic Catalog.

Effective Date: 2025	Revisions/Re-approval:
<b>IX. Licensing Examination Pass Rate Standard: Licensing Examination Pass Rate Compliance Policy (Section 1431)</b>	Responsible Department: <b>School of Nursing Faculty</b>

**Policy Statement:**

The nursing program shall maintain a minimum pass rate of 75% for first-time candidates taking the licensing examination. The program will monitor, evaluate, and implement strategies to ensure compliance with this standard, as required by the Board of Registered Nursing (BRN).

**Procedure:**

1. Monitoring Pass Rates
  - a. Data Tracking:
    - i. Collect and review pass rate data after each licensure examination testing period.
    - ii. Identify trends and areas requiring improvement based on results.
  - b. Annual Reporting:
    - i. Submit first-time candidate pass rate data to the BRN annually.
    - ii. Share pass rate performance with faculty, students, and stakeholders to ensure transparency.
2. Response to Substandard Pass Rates
  - a. Trigger for Action:
    - i. If the pass rate falls below 75% for an academic year, conduct
      1. a Comprehensive Program Assessment to identify factors contributing to the substandard rate.
  - b. Corrective Measures:
    - i. Develop and implement a corrective action plan addressing identified issues.
    - ii. Include specific steps, resources, and timelines for improvement.
  - c. BRN Reporting:
    - i. Submit findings and the corrective action plan to the BRN for review.
3. Continuous Improvement Efforts
  - a. Curriculum Review:
    - i. Regularly review and update curriculum to align with licensing examination content.
  - b. Student Support Services:
    - i. Provide test preparation workshops, remediation programs, and
      1. individualized support for at-risk students.
  - c. Faculty Development:
    - i. Offer ongoing training for faculty to improve instructional strategies and licensure examination preparation.



Effective Date: 2025	Revisions/Re-approval:
<b>IX. Licensing Examination Pass Rate Standard: Comprehensive Program Assessment and Reporting Policy for Substandard Licensing Examination Pass Rates (Section 1431(a))</b>	Responsible Department: <b>School of Nursing Faculty</b>

**Policy Statement:**

If the nursing program's first-time licensure examination pass rate falls below 75% in an academic year, the program shall conduct a comprehensive assessment to identify factors contributing to the substandard pass rate. A written report detailing the findings, corrective measures, required resources, and a timeline for improvement shall be submitted to the Board of Registered Nursing (BRN).

**Procedure:**

1. Initiate a comprehensive program assessment if the first-time licensure examination pass rate for an academic year is below 75%.
2. Conducting the Assessment
  - a. Evaluate curriculum alignment with current licensure examination content and standards.
  - b. Assess teaching methods, faculty training, and instructional strategies.
  - c. Review remediation programs, test preparation resources, and academic advising services.
  - d. Analyze the adequacy of staffing, technology, and other resources critical to student success.
  - e. Ensure clinical placements and experiences adequately prepare students for licensure requirements.
3. Data Collection:
  - a. Gather quantitative data, such as student performance metrics and course completion rates.
  - b. Collect qualitative feedback from students, faculty, and clinical partners.
4. Developing the Corrective Action Plan
  - a. Summarize the variables identified during the assessment.
  - b. Specify actions to address the identified issues (e.g., curriculum updates, enhanced faculty training, additional test preparation resources).
  - c. Identify personnel, technology, or funding required for implementation.
  - d. Include specific milestones for implementing corrective measures and expected outcomes.
5. Report Submission to the BRN
  - a. Report Content
    - i. Findings from the comprehensive assessment.
    - ii. Detailed corrective action plan.
    - iii. Resource allocation and timeline for compliance.

6. Submit the report to the BRN by the specified deadline.
  - a. Retain a copy of the report for program records and future review.
7. Implementation and Monitoring
  - a. Implement corrective measures as outlined in the action plan.
  - b. Continuously monitor progress toward meeting compliance goals.
  - c. Provide updates to faculty, students, and stakeholders on corrective actions and improvements.

Effective Date: 2025	Revisions/Re-approval:
<b>IX. Licensing Examination Pass Rate Standard: Board-Approval Visit Policy for Consecutive Substandard Pass Rates (<i>Section 1431(b)</i>)</b>	Responsible Department: <b>School of Nursing Faculty</b>

**Policy Statement:**

If the nursing program's first-time licensure examination pass rate falls below 75% for two consecutive academic years, the Board of Registered Nursing (BRN) will conduct a board-approval visit. The program will collaborate fully with the BRN, provide required documentation, and demonstrate efforts taken to address the substandard pass rate.

**Procedure:**

1. The BRN will conduct a board approval visit if the program's pass rate for first-time licensing examination candidates remains below 75% for two consecutive academic years.
2. The Program will prepare all relevant records including:
  - a. Previous comprehensive assessment findings and corrective action plans.
  - b. Curriculum revisions and updates.
  - c. Records of faculty development and training programs.
  - d. Evidence of enhanced student support services (e.g., tutoring, remediation, test preparation resources).
  - e. Data on student performance and outcomes, including course grades, clinical evaluations, and exam preparation metrics.
3. The Program will conduct preparatory meetings with faculty, staff, and administrators to review:
  - a. Key findings from assessments.
  - b. Progress made on corrective actions.
  - c. Roles during the BRN visit.
  - d. Ensure all physical facilities, learning environments, and technological resources are prepared for review.
4. During the Board-Approval Visit, the program will:
  - a. Provide an overview of the program, focusing on efforts to address pass rate deficiencies and improve student outcomes.
  - b. Facilitate the review of program records and resources, including:
    - i. Curriculum documents.
    - ii. Faculty qualifications and performance evaluations.
    - iii. Student support service records.
  - c. Arrange interviews with faculty, staff, and students as requested by the BRN.
  - d. Showcase classrooms, laboratories, and clinical training resources.
5. Post-Visit Actions the program will:
  - a. Address any recommendations or requirements issued by the BRN.
  - b. Submit additional reports or data to the BRN as required to demonstrate continued progress.

- c. Continue tracking pass rates and evaluating corrective measures to ensure sustained compliance.

Effective Date: 2025	Revisions/Re-approval:
<b>IX. Licensing Examination Pass Rate Standard: Warning Status and Revocation of Program Approval Policy (Section 1431(c))</b>	Responsible Department: <b>School of Nursing Faculty</b>

**Policy Statement:**

If the nursing program fails to maintain a first-time licensure examination pass rate of 75% or higher, the Board of Registered Nursing (BRN) may place the program on warning status with intent to revoke its approval. Continued failure to meet the required pass rate may result in the revocation of the program's approval, as outlined in Section 1431(c) and Section 2788 of the Code. The BRN will formally notify the program of its warning status and intent to revoke approval.

**Procedure:**

1. The program director will inform faculty, staff, and students about the status and actions being taken to address the deficiencies.
2. The program dean/director and associate dean/assistant will conduct a thorough reassessment of the program to identify persistent issues. Focusing on areas such as curriculum, faculty, student preparation, and resource adequacy.
3. The program dean/director and associate dean/assistant will develop a detailed plan that includes additional corrective measures, resource needs, and a timeline for implementation.
4. The program dean/director and associate dean/assistant will address all concerns outlined by the BRN in the warning status notification.
5. The program dean/director and associate dean/assistant will maintain detailed records of all actions taken to address the substandard pass rate and submit progress updates and reports to the BRN as required.

If the program fails to demonstrate improvement or maintain compliance with the 75% pass rate standard **while on warning status**, the BRN may revoke the program's approval.

1. The program dean/director and associate dean/assistant will compile all documentation of efforts made to address deficiencies, including:
  - a. Assessment findings.
  - b. Corrective action plans.
  - c. Evidence of implementation and progress.
2. The program dean/director and associate dean/assistant will facilitate communication with the BRN to explore all options for improvement before revocation occurs.

Preventative and Proactive Measures that the program will have in place include:

1. Regularly track licensure examination pass rates to identify potential issues before warning status is triggered.

2. Provide enhanced test preparation, remediation programs, and academic support services for students.
3. Offer continuous professional development for faculty to strengthen instructional effectiveness.
4. Maintain transparency with students, faculty, and clinical partners regarding program status and improvement efforts.

**School of Nursing Policies and Procedures Manual Acknowledgment**

Please read, sign, and return to the School of Nursing Office of the Dean:

I, \_\_\_\_\_, have received a copy of the School of Nursing  
(Print Name)

Policies and Procedures Manual. I understand that I will be held accountable for the information it contains and will abide by the School of Nursing policies and procedures pertaining to the BSN and ELM-CNL programs. I further understand that refusal to abide by these policies and procedures may be grounds for my dismissal from the nursing program.

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date Signed

## Appendices

Appendix A - [Example Faculty Meeting Agenda](#)

Appendix B - [Example Faculty Meeting Notes](#)

Appendix C - [Example Joint Advisory Meeting Agenda](#)

Appendix D - [Example Joint Advisory Meeting Notes](#)

Appendix E - [Student End of Program Survey](#)