Non-Traditional Nursing Education Program

1. Contents List and Mailing Information............................................................. 1 page
2. Program Licensing Requirements...................................................................2 pages
3. Preceptor and Facility Agreements..................................................................1 page
4. Preceptor Evaluation with Skills Checklist.......................................................4 pages
5. RCW/WAC and Online Website Links ............................................................... 1 page

In order to process your request:

Email your application and other documents to (no zip folders):
NCQAC.Education@doh.wa.gov

OR

Submit on a flash drive or CD to:
Nursing Care Quality Assurance Commission
Nursing Educator Advisor
PO Box 47864
Olympia, WA 98504-7877

Contact us:
360-236-4700
NCQAC.Education@doh.wa.gov
Non-Traditional Nursing Education Program Licensing Requirements

A non-traditional nursing education program means a school that has a curriculum which does not include a faculty supervised teaching/learning component in clinical settings. See WAC 246-840-010.

Students must complete at least 200 hours of supervised clinical experience (preceptorship) in the role of a registered nurse. See WAC 246-840-010.

Students have completed the coursework of a non-traditional nursing education program, must complete and submit the required documents and forms, to qualify to take the NCLEX-Registered Nurse (RN) examination:

- Application for Registered Nurse by Examination Application Packet with the application fee to the Nursing Commission. Mail your completed application to:
  Department of Health
  P.O. Box 1099
  Olympia, WA 98507

- Verification of a current Licensed Practical Nurse License in Washington State.

- Verification of a current Registered Nurse License of the preceptor.

- Official transcripts with Associate Degree in Nursing (ADN) posted on it, sent directly from the nursing program to the Nursing Commission.

- The preceptor work schedule. If the applicant is employed as an LPN at the site, the applicant must also submit the LPN work schedule in addition to the precepted hours in the RN role.

- Original written agreements between the preceptor, facility and the applicant confirming approval of the applicant to complete preceptor experience. WAC 246-840-035(3(a)(d)

- The original signed preceptor evaluation indicating if the applicant has satisfactorily completed all of the stated required RN skills on the skills checklist at the level of an RN graduate, within six months of graduation from the non-traditional nursing program.

If you have any questions or need any other information, contact:
Department of Health
Nursing Care Quality Assurance Commission
P.O. Box 47864
Olympia, WA 98504-7864
360-236-4703
Selecting a Preceptor

A preceptor is defined as a practicing RN who gives personal instruction, training, and supervision to you as you seek experience in the RN role. The preceptor needs to be available to advice, teaching, and must be available to critique your performance. The preceptor must not be a family member or friend.

It takes a special person to be a good preceptor. Your experience must be supervised one-on-one during the learning process. Close supervision will provide you ample opportunity to gain guidance and learning.

The minimum number of 200 hours is required. However, it may be necessary to extend your experience in order to complete the objectives or to allow you to gain more confidence in the role of a registered nurse.

You may not pass the precepted experience if in the judgement of the RN preceptor, you did not complete all of the objectives in the role of the RN and would not be safe or capable of being licensed as a registered nurse.

Preceptor Qualifications and Responsibilities

The preceptor must:

- Be licensed as an RN in Washington State with no history of disciplinary action.
- Have a minimum of two years of experience in the same area of practice as the precepting will occur (acute care or skilled nursing home facility).
- Understand the role of preceptor in providing experiences to the student in the RN scope of practice (remember non-traditionally educated students do not have any clinical experience in an RN role).
- Be clinically competent in the RN role and viewed as a ‘competent nurse’ by employers and peers.
- Be extremely competent in both written and oral communications.
- Meet continuing competency requirements.
- Show compassion and patience towards others.
- Maintain a good attendance record.
- Complete a written letter of agreement between preceptor and student.
- Provide a copy of preceptor work schedule and student work schedule, if employed at the facility of the preceptorship.
- Review learning objectives (goals) with the student.
- Guide student through critical thinking and problem solving situations.
- Give student responsibility as abilities expand.
● When appropriate, refer staff members to the student for direction.
  o Experiences must include delegation and supervision, decision making and critical thinking, patient assessment and evaluation of care and communication with health team members in the Registered Nurse role. See WAC 246-840-035(3)(f).

● Provide an evaluation of the performance of the applicant to the Nursing Commission on forms provided. The preceptor is not obligated to submit a satisfactory evaluation should the student’s performance not rise to the level of an RN, skills are deemed deficient, or the preceptor in any way feels the student is not safe to practice in an RN role.

Note:

Since the application has no clinical student practice in the registered nurse (RN), be certain this precepted experience by the applicant is in the registered nurse (RN) role. The facility and the preceptor must emphasize this as a requirement. For the best learning experience, the preceptor and applicant must not be a friend or family member.
Agreements
Complete the written agreement below between the preceptor, the applicant, and the facility administration. The applicant must send the signed agreements to the Nursing Commission.

Preceptor and Facility Agreement

<table>
<thead>
<tr>
<th>Preceptor Name:</th>
<th>Preceptor title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective date:</td>
<td>Number of years practicing as an RN:</td>
</tr>
<tr>
<td>Preceptor Washington RN License Number:</td>
<td>Date license granted:</td>
</tr>
<tr>
<td>Applicant Name:</td>
<td></td>
</tr>
<tr>
<td>Acceptable clinical site name:</td>
<td></td>
</tr>
<tr>
<td>Acceptable clinical site address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
</tbody>
</table>

The preceptorship shall entail no less than 200 hours of supervised learning and implementation of the objectives as outlined by the Washington State Nursing Commission. Approved clinical sites include acute care or skilled nursing facilities. At the end of the preceptorship, the preceptor shall provide a written evaluation of the applicant’s performance using the forms provided by the commission.

I certify that I have agreed to precept the above named applicant in the role of Registered Nurse at the listed acceptable clinical site.

Preceptor Signature __________________________ __________________________ Date

Preceptor’s Supervisor Signature __________________________ Print Name __________________________ Date

I approve the precepting of the applicant by the preceptor listed above.

Title of Facility Director/Administrator/Other __________________________ Facility Name

Facility Director/Administrator/Other Signature __________________________ Facility Director/Administrator/Other Printed Name __________________________

Date __________________________

Applicant Signature __________________________ Date
Preceptor Evaluation with Skills Checklist

Facility Name:
Facility Address:
City: State: Zip Code:
Applicant Name:
Dates of Experience From: To:
Preceptor Name: Title / Position:
Number of experience hours completed: Type of facility:
Preceptor daytime phone:

Note: The minimum number of hours required is 200. It may take some individuals a longer period to complete the experience at a satisfactory level.

Preceptor Experience for Non-Traditional Nursing Program Graduates

Objectives

These objectives are to assist you in identifying experiences you will need to complete the skills checklist developed by the Nursing Commission. You should share additional objectives you want to include with your preceptor, so they can select the appropriate experiences for you.

The Nursing Commission appreciates your cooperation with evaluating RN students who completed a non-traditional program. The commission wants to know this student nurse is safe to practice in the role of an RN. You will be evaluating this graduate as a preceptor for RN licensure in Washington State. Please fill in S, U, or NO for each learning objective. Please give a specific practice example for each learning objective. Sign the document indicating you evaluated this nurse and the information is accurate. It is possible that you will decide that the applicant is not safe or capable practicing as a registered nurse.

Codes: S = Satisfactory, U = Unsatisfactory, NO = Not Observed

Place a check (√) in the appropriate column for each item. Make appropriate comments in the fourth column to provide examples of behaviors supporting the satisfactory or unsatisfactory evaluation of all the numbered items. Safety of the patient is the primary consideration throughout the experience. See page 9 for evaluation tool example.
# Skills Checklist

## I. Nursing Process

### Learning Objectives

Describe **specific examples** of demonstrated competence or lack of success in the experience /date.

<table>
<thead>
<tr>
<th>A. Assessment-reflective of the RN role</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrate collection of data from a variety of appropriate and relevant sources in order to identify nursing diagnosis.</td>
</tr>
<tr>
<td>2. Demonstrate that attention is paid to systems relevant to patient condition/diagnoses</td>
</tr>
<tr>
<td>3. Demonstrate review lab work and diagnostic test results</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Planning-reflective of the RN role</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrate collaboration with patient and family; develop a plan of care, include nursing intervention, setting priorities, needed services from other health care providers and outcome criteria. State appropriate rationale for interventions</td>
</tr>
<tr>
<td>2. Identify modifications needed to individualize care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Planning-reflective of the RN role</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrate nursing care in the role of the RN</td>
</tr>
<tr>
<td>2. Provide nursing interventions safety and competently according to plan and established priorities reflecting decision making and understanding of significant patient problems</td>
</tr>
<tr>
<td>a. Administer medications safely</td>
</tr>
<tr>
<td>b. Document care accurately</td>
</tr>
<tr>
<td>c. Demonstrate competency in skill performance</td>
</tr>
<tr>
<td>3. Demonstrate application basics of sciences, humanities and nursing theory in care of patients</td>
</tr>
</tbody>
</table>
### D. Evaluation

1. Evaluate effectiveness of nursing interventions and compare to patient goals and outcomes

2. Revise plan as necessary

3. Demonstrate follow up with assessment and response to intervention

### II. Patient Teaching

**Learning Objectives**

- Identify education needs of the patient and/or family taking into consideration patient beliefs, knowledge level and learning style
- Develop a plan for teaching that will answer the needs
- Demonstrate effective teaching methods for patient learning levels with culturally sensitive care
- Evaluate effectiveness of the teaching activity

**Describe specific examples of demonstrated competence or lack of success in the experience/date**

### III. Delegation and Supervision

**Learning Objectives**

- Demonstrate effective and appropriate assignment and delegation after making an assessment of the abilities of the staff
- Demonstrate providing instructions to auxiliary staff as necessary. Encourage teamwork.
- Demonstrate ability to supervise and evaluate the performance of the person assigned to the tasks
- Demonstrate communication with health care team

### IV. Critical Thinking

**Learning Objectives**

- Apply critical thinking, assessment, care and evaluation of nursing process
- Identify patient care problem
- Identify a number of possible solutions to the problem
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td>Demonstrate selection of an approach to solve the problem and provide rationale for the solution</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Evaluate the effectiveness of the selected solution and revise the approach if necessary</td>
<td></td>
</tr>
<tr>
<td>V.</td>
<td><strong>Professionalism</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Learning Objectives</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Exhibit ethical standards that are compatible with the nursing profession</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Applies legal and ethical aspect of nursing practice</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Assess responsibility of care within the Washington State Nurse Practice Act <strong>RCW 18.79</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>S</strong> <strong>U</strong> <strong>NO</strong></td>
</tr>
</tbody>
</table>

**Summary evaluation**

Complete a summary of the applicant’s experience.

As a Registered Nurse in Washington State, I certify the above is accurate to the best of my knowledge. The applicant satisfactorily completed all of the objectives functioning in the RN role and was not functioning in the role of an LPN during the required 200 hours. I am not a close friend or family member of the applicant. I believe that the applicant is safe and capable of practicing in a registered nurse role.

Preceptor Signature

Date

Applicant Signature

Date

**Please mail or Email to:**

Department of Health
Nursing Care Quality Assurance Commission
P.O. Box 47864
Olympia, WA 98504-7864

NCQAC.Education@DOH.WA.GOV

DOH 669-379 April 2016 Page 9 of 10
RCW/WAC and Online Website Links

**RCW/WAC Links**

- [Nursing Care Rules, RCW 18.79](#)
- [Uniform Disciplinary Act, RCW 18.130](#)
- [Administrative Procedure Act, RCW 34.05](#)
- [Advanced registered nurse practice programs in Washington State, WAC 246-840-455](#)
- [Nursing Education programs Laws, WAC 246-840-550 to WAC 246-840-575](#)

**Online**

- [Nursing Care Quality Assurance Commission Webpage](#)