Virginia Department of
Health Professions
Board of Nursing

VIRGINIA BOARD OF NURSING
PROGRAM SELF-STUDY

TO BE COMPLETED BY ADVANCED CERTIFICATION EDUCATION PROGRAMS

February 2024

ADVANCED CERTIFICATION EDUCATION PROGRAM SELF-STUDY

PROCESS: A Board of Nursing program inspector will contact the program coordinator to establish a date for the survey visit. The visit length and dates will be discussed with the program coordinator upon scheduling the visit.

A letter will be emailed to the program coordinator to confirm the date of the visit and provide additional instructions regarding the submission of the survey visit documents. Complete the following Self-Study and email it to the Board Inspector. In addition to the Self-Study, submit evidence of compliance with regulatory requirements along with the agenda for the visit by the date listed in your letter.

The program will establish the agenda to include the following**:**

Agenda Item	**Time allotted***
Meeting with program coordinator	45 minutes
Tour of program classroom/skills lab	45 minutes
Meeting with students	45 minutes
Meeting with instructors – all primary and other instructors, other persons that provide expertise	45 minutes
Time to review student records/files/supporting documents	1 hour
Meeting with program administration	30 minutes

*Agenda items and allotted times may differ. The Board inspector completing the survey will discuss the specifics with the program coordinator. A copy will be provided to the inspector by the date listed in your letter.

Supporting evidence to assist in inspector verification of regulatory compliance may include but is not limited to:

Prior to Survey Visit (emailed to inspector)	**Date of Survey Visit**
• Signed and dated letter of financial support specifically detailing financial support and resources or current annual budget • Written communication from **each** nursing facility indicating the facility has not been subject to penalty as provided in 42 CFR 483.151(b)(2) or has received a waiver from the state survey agency in accordance with federal law – within the past 2 years (***nursing facility-based programs only)*** • Advanced education program curriculum • Instructional calendar with classroom, skills lab and clinical hours • Clinical affiliation agreement(s) or other written communication verifying a clinical relationship with the program provider • Course Syllabus • Student policies	• Current student and graduate records • Current and past attendance rosters since last survey visit • Completed skills records • Certificates of completion • Document signed/dated by students that indicates they have received a certificate of completion and skills record • Form signed/dated by students that indicates they have received a copy of Virginia law regarding criminal history records • Course outline • Complaint Record • Resumes and/or proof of required coursework to teach in a nurse aide education program for all instructional staff • Documentation of substantive changes being provided to the Board • State NNAAP testing results

PROGRAM SELF-STUDY – Advanced Education Certification Program

NOTE: A separate form must be completed for each board approval number in your institution.

Program Name: _____ **Board Approval Number:** _____

Physical Address: _____ _____ _____
Street *City* *Zip*

Mailing Address: _____ _____ _____
Street *City* *Zip*

Coordinator: _____ **Email Address:** _____
*This will be the official email address listed in board records.

Program Phone Number: _____
*This will be posted publicly on the VBON website

Date of Visit: _____ **Date of Last Visit:** _____

BON Inspector: _____

Summary of Factual Data

Classroom Hours: _____ **Lab Hours:** _____ **Clinical Hours:** _____ **Total Hours:** _____

Current Student Enrollment: _____ **Start and End Dates of Current Class:** _____ - _____

Enter beginning and ending dates of classes since the last onsite survey inspection date:

Beginning Date (MM/DD/YYYY)	Ending Date (MM/DD/YYYY)	Number of Students Admitted	Number of Students Completing Course

FACULTY ROSTER

18VAC90-26-30

Following the example, list **all** instructors and resource personnel that have taught/assisted in the advanced certification education program since the last on-site survey visit and include all table contents.

Full Name	Hire Date (mm/dd/yyyy)	Resignation Date (mm/dd/yyyy)	Role	Area of Instruction (check all that apply)	Date of Course-Work or Refresher Training (mm/dd/yyyy)	Nursing Credential/State of Licensure/License Number/Expiration Date (mm/dd/yyyy)
Example: Mary Who	01/02/2016	02/05/2022	☒ Coordinator ☒ Primary Instructor ☐ Other Instructor ☐ Other	☒ Classroom ☒ Skills Lab ☒ Clinical	12/06/2018	RN VA 00011112 11/30/2024
			☐ Coordinator ☐ Primary Instructor ☐ Other Instructor	☐ Classroom ☐ Skills Lab ☐ Clinical		
			☐ Coordinator ☐ Primary Instructor ☐ Other Instructor	☐ Classroom ☐ Skills Lab ☐ Clinical		
			☐ Coordinator ☐ Primary Instructor ☐ Other Instructor	☐ Classroom ☐ Skills Lab ☐ Clinical		
			☐ Coordinator ☐ Primary Instructor ☐ Other Instructor	☐ Classroom ☐ Skills Lab ☐ Clinical		
			☐ Coordinator ☐ Primary Instructor ☐ Other Instructor	☐ Classroom ☐ Skills Lab ☐ Clinical		
			☐ Coordinator ☐ Primary Instructor ☐ Other Instructor	☐ Classroom ☐ Skills Lab ☐ Clinical		
			☐ Coordinator ☐ Primary Instructor ☐ Other Instructor	☐ Classroom ☐ Skills Lab ☐ Clinical		
			☐ Coordinator ☐ Primary Instructor ☐ Other Instructor	☐ Classroom ☐ Skills Lab ☐ Clinical		
			☐ Coordinator ☐ Primary Instructor ☐ Other Instructor	☐ Classroom ☐ Skills Lab ☐ Clinical		

Following the example, list **all** clinical facilities utilized by students since the last onsite survey visit.

CLINICAL AGENCIES ROSTER

Clinical Agency Name and Address Miles from Campus	Date of Last VDH Survey (mm/yyyy)	Agency Representative Name, Title, Phone Number and Email	Date of Contract/ Expiration Date (mm/dd/yyyy)	Date Last Used for Student Clinical Experiences (mm/dd/yyyy)	Number of Students/Hours per Clinical Unit per Day	Total Students/Hours in Direct Client Care
Example: The Best Nursing Home, 1010 Wonder Way, Richmond, VA 4 miles	01/2020	Mary Lou Who, RN Director of Nursing (331) 111-1111 mlw@Bestplace.com	03/10/2019- 03/10/2023	03/09/2022	6 students per day/8 hours each	12 students per term/80 clinical hours direct care per student

Complete the table below for those who should be copied on Board communications:

For high school programs, please include information for the CTE Coordinator, Principal, Superintendent and VDOE. For colleges, please include the college President.

Name	Title	Address	Phone number	Email
Example: Roberta Heart, RN	Coordinator	125 Lung Circle Richmond, VA 23233	(804)111-1111	rheart@htlg.com

ATTESTATIONS

***Initial* each box and sign the completed form.**

☐ I attest that the advanced certification education program is offered by an approved nurse aide education Program**.** **18VAC90-26-80(A)**

☐ I attest that the program develops and maintains individual student records of major skills taught and date of performance. At the completion of the program the student receives a copy of the record and a certificate of completion. **18VAC90-26-80(E)**

☐ I attest that a record that documents the disposition of complaints against the program is maintained. **18VAC90-26-80(E)**

☐ I attest that a record of the reports of graduates' performance on the NNAAP is maintained for a minimum of three years. **18VAC90-26-80(F)**

☐ I attest that the program coordinator shall prepare and submit a program evaluation report on a form provided by the board in the intervening year that a survey visit is not conducted. **18VAC90-26-80(G)**

By typing my signature below, I attest that the information submitted in this report is correct and demonstrates that advanced certification education program is in compliance with Board of Nursing regulations.

Name and Title of Person Completing this Report:

Date Signed:

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