Distance Learning Nursing Education Checklist

Definitions from Title 17 DCMR Chapter 56

**Clinical** - faculty planned and guided learning activities designed to assist students in meeting course objectives and to apply nursing knowledge and skills in the direct care of patients, including clinical conferences and planned learning activities in acute care facilities, and other community resources.

**Clinical Preceptor** - an individual meeting the requirements of this chapter that is an employee of a clinical agency who works with a nursing student in a clinical setting to facilitate student learning in a manner specified in a signed written agreement between the agency and the educational institution.

**Clinical preceptorship**: an organized system of clinical experiences which allows a nursing student to be paired with a clinical preceptor for the purpose of attaining specific learning objectives.

**Direct care clinical experiences** - Direct care clinical experiences take place in the relevant clinical setting where students, under the supervision of qualified faculty, actively provide care for patients.

**Distance education in nursing** - Distance education in nursing is a planned educational process that is part of an overall curriculum where the majority of teaching and learning (interaction between students and instructors and among students) occurs when students and faculty are not in the same place. Education may be synchronous or asynchronous, utilizing a variety of modalities to facilitate and evaluate learning in compliance with nursing approval and accreditation standards. (Adapted from the Southern Association of Colleges and Schools [SACS])

**Legally licensed** - Nurse holds an active, unencumbered license or privilege to practice.

**Physical Presence** - The distance education program is located where the administrative building is located. If it is a virtual university, with no buildings, the location is the institution’s state of legal domicile.

Contact person at DC BON that requires this form: **Bonita Jenkins** Email: bonita.jenkins@dc.gov
Phone # 202 724-8846

1. Program
   Name __________________________________________________________
   Program Address ________________________________________________
   Program Contact Person (must be an RN) __________________________________________
   Program Contact Person’s Phone # ____________________________________________
   Program Contact Person’s Email _____________________________________________

2. State/jurisdiction where approved _________________________________________

3. Status of BON approval from state/jurisdiction where the program is located: ___________________
   If no BON approval, status of Higher Education approval _____________________
4. Type of program

- LPN/VN
- Diploma Nursing
- ADN
- BSN
- Master's entry pre-licensure program
- Advanced Practice Registered Nursing program

5. Which approved Department of Education regional organization accredits this college/university?

___________________________________________________________________________

6. If the nursing program has any conditions related to its approval status, please explain:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

7. Brief description of the clinical activity, its location, and the plan for faculty or preceptor selection and supervision of student(s):

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

8. Date range of clinical activity

   a. Approximate number of students

   b. Do you have a clinical affiliation agreement? Y N

**Pre-licensure Programs:** All faculty supervising clinical experiences in the District of Columbia must meet the following requirements:

   a. Current and active license to practice nursing in the District of Columbia.
   b. LPN educators must have a minimum BSN with a graduate degree or master's degree in nursing. Experience and knowledge of teaching and learning principles for adult education, nursing curriculum, course evaluation and a minimum of two years of patient care experience.
   c. RN educators must have a graduate degree in nursing. Experience and knowledge of teaching and learning principles for adult education, nursing curriculum, course evaluation and a minimum of two years of patient care experience.

**On-site supervision of preceptors used in clinical experiences with pre-licensure students by faculty shall occur a minimum of two (2) times within a semester.**

**Clinical Preceptor requirements:**

Preceptors must have an unencumbered license at or above the level of licensure for which the students are being prepared and must be competent in the area of assigned clinical teaching responsibilities.
9. Do all clinical faculty and preceptors meet the above qualifications? Y ___ N ___

10. Are clinical preceptors legally licensed in the District of Columbia where the students have clinical experiences? Y N

**APRN Programs:** Registered nurse students completing clinical experiences in the District of Columbia for advanced practice registered nursing programs must possess an active unencumbered license in the District of Columbia.

11. Indicate nursing accreditation status, accrediting organization, and expiration date.

________________________________________________________________________________
________________________________________________________________________________

Signature of Authorized Program Administrator (must be an RN who holds an active, unencumbered license or privilege to practice in the state where the program is physically present)

I hereby attest and represent that, to the best of my knowledge, the above information is complete, true and accurate and does not exclude any information that is material and responsive to the checklist questions.

________________________________________________________________________
Name and Title printed

________________________________________________________________________
Signature Date