Council of Practical Nurse Programs of New York State

New Coordinator's Manual

This manual is intended to be a resource for new Practical Nurse Program Coordinators Spring 2014

Table of Contents

| Welcome |
|--------------------------------------------------------|
| Council of Practical Nurse Programs of New York State |
| Program Coordinators Job Description |
| Instructional Staff Job Descriptions4 |
| Orientation of New Faculty |
| Evaluation of Staff & Faculty |
| Reports/Surveys |
| Handbooks/Program Guides |
| Graduation Requirements – NCLEX & Licensure |
| |
| Attachments |
| Attachments CPNPNYS Membership Form |
| |
| CPNPNYS Membership Form14 |
| CPNPNYS Membership Form |
| CPNPNYS Membership Form |

Welcome to the role of Coordinator of your Practical Nurse Program. There are over seventy (70) Practical Nurse Programs in New York State and each one differs in some way; length of program, full time, part time, admission requirements, staffing, courses, clinical rotations, etc. Hopefully this manual provides you with information to make your transition into your new role easier.

The information contained is what previous or current Coordinator's thought most beneficial. If you have any questions there are points of contact attached for you to reach out to.

Best of luck as you shape the future of Nursing through your students!

Council of Practical Nurse Programs of New York State (CPNPNYS)

The organization of Practical Nurse Programs in New York State is called the *Council of Practical Nurse Programs of New York State* (CPNPNYS). The council operates under a set of by-laws. A school has the option of enrolling as a member of the organization. Enrollment information is included

The organization provides; a medium for exchange of information between various stakeholders, provides updates on current trends and regulation changes, staff development opportunities, and promotes the career ladder for practical nurses. An organizational chart is attached with contact information and a list of other important points of contact. Also, a timeline of important dates has been attached.

CPNPNYS executive board is composed of the following members:

Chairperson Vice Chairperson Secretary Treasurer Region Representatives (8)

- Central
- Genesee Valley
- Long Island
- Metropolitan
- Mid-Hudson
- Northeast
- Northern
- Western

Parliamentarian By-Laws Representative Ex-Officio Legislative Representative Web Page Representative Program Representative Nomination Committee Representative Decal Representative Historian

The Executive Board meets at least four times a year and organizes a Coordinator's Meeting every Fall and a Staff Development Conference every Spring.

Within the Council, several schools meet from the Central, Genesee Valley and Western Regions (GRIBB) three to four times a year and organize a Staff Development Day in March every year in March.

Website: <u>http://pnpnys.org</u>

Facebook: <u>https://www.facebook.com/?sk=welcome#!/pages/Practical-Nurse-</u> Programs/277052362419289?ref_type=bookmark

Program Coordinators

A general definition of the Program Coordinator's job would be to oversee the Practical Nurse Program (and possibly other health career related programs) as it relates to the needs of students, your organization, instructional staff, NYSED and other accrediting bodies, clinical affiliates, community partners especially health care industry partners and employers. This, of course, may vary with the educational institution you are employed by. Included is an example of a coordinators job description and set of duties.

Nurse Instructor Job Description

Job descriptions for clinical and classroom instructors can vary from one program to another as much as each program varies. Each instructor needs to fully understand their job duties and responsibilities; this can be accomplished through a good orientation and providing as much supporting information as possible. An instructor's handbook may be beneficial. Included are examples of a job descriptions for clinical and classroom instructors.

Orienting New Faculty

Getting your new staff member off to the right start is very important in helping them transition from the great nurse they are, to being an effective nursing instructor. This can be a harder transition than you might think and any guidance you can provide the new staff member will be very beneficial. If they have an appropriate orientation to the position and truly enjoy teaching, they may stick around a while. If they don't make a successful transition, you may not want them to stick around awhile.

Orientation of the new staff member is key. This provides a good base of information for them to build on. An orientation outline and checklist are attached for you to adapt as you need for your program.

New Instructor Orientation

- 1. Meet with Supervisor to discuss the following:
 - Organizational chart
 - Job description/role expectations
 - Policies and procedures in the BOCES Faculty Handbook and the Health Instructor Guidebook
 - Practical Nurse Program Guidebook, classroom and clinical policies
 - Documentation and record keeping/binders
 - Evaluation process
 - Developing classroom or clinical expectations for students
- 2. Classroom/Lab Skills Instructors Meet with senior full time instructors to review and provide assistance with the following:
 - Lesson plan development
 - Teaching schedule
 - Resources textbook instructor resources, test generators
 - Test construction
 - Syllabuses

- Orientation to lab and lab skills; review of skills in textbook, collaborate on the instruction of skills in the lab
- Observation of senior instructors during classroom instruction
- Grading
- 3. Clinical Instructors Meet with senior full time instructors to review the following:
 - Arrange to meet with Nurse Manager of the unit
 - Arrange to shadow an RN on the clinical unit prior to start of clinical rotations
 - Arrange orientation with facility Nurse Educator
 - Provide 1-on-1 clinical support from a senior instructor, as necessary
- 4. Professional Development:
 - FT instructors will participate in biweekly meetings
 - FT instructors will attend a monthly staff meeting with Supervisor
 - PT instructors will attend approx. 4-5 staff meetings a year with Supervisor
 - Outside professional development offerings will be offered through staff meetings, webinar offerings, handouts, or meetings.

New Instructor Orientation Checklist

Name: _____

Program: _____

| Supervisor | Date |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| Organizational chart | |
| Job Description/Expectations | |
| Policies & Procedures: | |
| BOCES Faculty Handbook | |
| Health Instructor Handbook | |
| Practical Nurse Program Guide | |
| Documentation/Record Keeping | |
| Evaluation/Observation Process | |
| Developing clinical/classroom Expectations | |
| | |
| | |
| Mentor | Date |
| Mentor Lesson Plan Development | Date |
| | Date |
| Lesson Plan Development | Date |
| Lesson Plan Development Teaching Schedule | Date |
| Lesson Plan Development Teaching Schedule Resources – Textbook Resources | Date |
| Lesson Plan Development Teaching Schedule Resources – Textbook Resources Test Construction | Date |
| Lesson Plan Development Teaching Schedule Resources – Textbook Resources Test Construction Syllabuses | Date |
| Lesson Plan Development Teaching Schedule Resources – Textbook Resources Test Construction Syllabuses Lab Orientation | Date |
| Lesson Plan Development Teaching Schedule Resources – Textbook Resources Test Construction Syllabuses Lab Orientation Observe Class/Clinical Colleagues | Date |

| Clinical Instructors | Date |
|---------------------------------------|------|
| Meet Unit Nurse Manager | |
| Shadow Unit RN | |
| Meet with Facility Nurse Educator | |
| 1-on-1 Clinical Support, if indicated | |
| | |
| Professional Development | Date |
| FT Biweekly Staff Meetings | |
| FT Monthly Meeting w/ Supervisor | |
| PT 4-5 Staff Meetings/Year | |
| Other Professional Development: | |
| Webinars | |
| Handouts | |
| Conferences/Workshops | |
| Staff Meetings | |
| | |

Evaluating Staff Members

Depending on your institution, the evaluation process for your staff members may be predetermined (i.e. if they are a full time staff member and belong to a particular union at your agency). If not, it is important to provide your staff with annual evaluations; direct observation should be a part of the evaluation process, if your position allows you to evaluate your instructors. If providing annual evaluations is not part of your job description, than at least offer input to the evaluator for consideration.

Student evaluations of staff can be helpful, but should not be the only means for evaluating your staff. You need to take into consideration personality differences between a student and instructor that occasionally occur, but trends, repeated characteristics noted or student comments can be helpful in the evaluation process. Below are some guidelines for evaluating staff members, student evaluations of staff members and a sample of an evaluation for a part time hourly staff member.

Considerations for Evaluations of Instructors: Teaching techniques, timely submission and completeness of grades and attendance records, observations in the classroom/clinical setting, completeness of personnel file, and attendance.

| Part - | Time | Instructor | Evaluation |
|--------|------|------------|-------------------|
| | | | Lunaation |

| Instructor: | Da | te: | | | | | |
|---------------------------------------------------------------------|----|-----|---|---|---|-----|--|
| Course/Clinical Site: | | | | | | | |
| 1 = Lowest 5 = Highest | | | | | | | |
| Adequately prepared to cover lecture material/clinical requirements | 1 | 2 | 3 | 4 | 5 | N/A | |

| Uses innovative approaches to instruction | 1 | 2 | 3 | 4 | 5 | N/A |
|----------------------------------------------------------------------------------------|---|---|---|---|---|-----|
| Provides a professional role model for students | 1 | 2 | 3 | 4 | 5 | N/A |
| Communicates effectively with students and other staff members | 1 | 2 | 3 | 4 | 5 | N/A |
| Provides meaningful patient/classroom assignments | 1 | 2 | 3 | 4 | 5 | N/A |
| Maintains legible, well-organized paperwork (Grades, Attendance, Evaluations, etc.) | 1 | 2 | 3 | 4 | 5 | N/A |
| Timely submission of paperwork | | | | | | |
| (Time sheets, Grades, Evaluations) | 1 | 2 | 3 | 4 | 5 | N/A |
| Attendance (including Staff Meetings) | 1 | 2 | 3 | 4 | 5 | N/A |
| Comments: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Instructor's Signature: | | | | | | |
| Evaluator's Signature: | | | | | | |

Reports/Surveys

Every Practical Nurse Program is required to complete and submit various reports or surveys throughout the year that collects various data from their programs. Some of the more common ones are listed below.

- 1. IPEDS Integrated Post-Secondary Education Data System
- 2. NYSED Annual Report
- 3. NLN Survey
- 4. Campus Security Survey
- 5. Institutional Reports

IPEDS Integrated Post-Secondary Education Data System

These web-based surveys are required to be completed in Fall, Winter and Spring. They are linked to your ability to provide federal financial aid to students. The notification of the surveys and sign on password is usually sent to the program administrator/director who then sends it to the program coordinator. The surveys can change from year to year, but below are examples of the titles for the various surveys.

- IPEDS 12-month Enrollment
- IPEDS Completions
- IPEDS Institutional Characteristics
- IPEDS IC Header (Institutional Characteristics Header Overview)
- IPEDS Finance
- IPEDS Fall Enrollment
- IPEDS Student Financial Aid
- IPEDS Graduation Rates
- IPEDS Graduation Rates 200
- IPEDS Human Resources

Read the directions for each survey carefully; some information is for the current year, some is for previous years and some requires data only for first-time first-degree students. It will be helpful once you are familiar with the data they are asking for; to set up a system of keeping track of the data so it is easily accessible when you are trying to complete the surveys.

An **IPEDS Data Feedback Report** becomes available each year comparing your program to others similar to yours. They send it to you electronically.

NYSED Annual Report

The request for data and information is generally emailed to you early to mid-November. The form is set-up so you can fill it in electronically and return it electronically. There is a due date for its completion, usually early February. There are some pieces of data that, if you don't have electronically, you will need to mail to them, but most items can at least be scanned and e-mailed with the rest of the information. This information is also tied to your ability to provide Title IV funding to your students through the accreditation of the program by NYSED.

Site Visits

Approximately every five years, a program receives a site visit from NYSED. They are required for accreditation of your program through New York State Education Department (NYSED) allowing you to provide financial aid to your students. A self-study is provided to you ahead of time to be completed and submitted with attachments prior to the scheduled site visit.

If there are issues or concerns with your program, NYSED may make a visit at any time to help resolve these issues.

NLN Survey

This report is usually emailed to program coordinators by the middle of November. This report asks for numbers of students as of October 15th and institutional characteristics. Additionally the report requests numbers of graduates in the previous period by race, age, gender and ethnicity.

Handbooks/Program Guides

A Program handbook or guidebook contains an overview of your program and the established policies and procedures that assists with your student's successful completion of the program.

Information that should be accessible in your handbook and other potential student materials:

- Make sure the HEGIS code is on all Documents
- Table of Contents
- Philosophy and conceptual Framework for the nursing program education
 - Legal notices

.

- o DASA
- o Bullying
- Nondiscrimination documentation
- Name and information for contacts regarding complaints
- Policy for grievance procedures (Step by Step)
- Student Right to Know Act
- Campus Security act (list of crimes that may have occurred on campus)
- Student Expectations
 - o Behaviors
 - o Dress code
 - Interactions among others
- Attendance policy (state education recommends no more than 10% of total hours)
- Student Health (physicals)
- Grading policies
- Drug and Alcohol policy
- Dismissal from the program
- Readmission to program after dismissal
- Transfer student
- Procedure for review of student records
- Clinical
 - Preparation
 - Dress code (be specific about what is unacceptable and reason to send student home)
 - Expectations
- Criteria for admission and progression
- Criteria for Graduation
- Financial aid information
 - o Tuition
 - Refund policy
 - Federal financial aid
 - Title IV Satisfactory academic progress
 - o Student Loan consumer information
- List of faculty and credentials
- List of administrators

Program accreditation

Coordinator's Role in Graduation Requirements

The licensure and NCLEX registration process can be very daunting for students. Our recommendation is that you review some of the information below with the students as a group so everyone has the same information and a full understanding of the timeline and process for application of licensure and registration for the NCLEX. You will need to provide your NCLEX-PN code to your students for registration of the exam. A sample handout for students is attached.

Per the Office of Professions; to be licensed as a practical nurse in New York State you must:

- be of good moral character;
- be at least seventeen years of age;
- be a high school graduate or the equivalent;
- meet education requirements; and
- meet examination requirements

Licensed Practical Nursing

To meet the professional education requirements for licensure as a licensed practical nurse, you must have completed high school or the equivalent, and present satisfactory evidence of either a, b or c below.

- a. graduation from at least a nine-month program in practical nursing registered by the New York State Education Department as licensure qualifying or recognized as preparatory for practice as a licensed practical nurse by the licensing authority or appropriate governmental agency in the jurisdiction where the school is located;
 - or
- b. completion of at least a nine-month program of study that is satisfactory to the New York State Education Department in a program conducted by the armed forces of the United States;
 or
- c. graduation from an approved program in **general** professional nursing.

In addition to the professional education requirement, every applicant for licensure or limited permit as a licensed practical nurse must also complete approved coursework or training appropriate to the professional's practice in infection control and barrier precautions, including engineering and work practice controls, to prevent the transmission of the human immunodeficiency virus (HIV) and the hepatitis b virus (HBV) in the course of professional practice.

Website for forms and application for licensure information: <u>http://www.op.nysed.gov/prof/nurse/nurseforms.htm</u>

It may be beneficial to print the Nursing Licensing Application Packet off for your students or provide them with the website for review before they apply.

Fees:

The fee for licensure and first registration is \$143. The fee for a limited permit is \$35. The fee for the NCLEX-PN exam is \$200. Fees are subject to change. The fee due is the one in law when the application is received (unless fees are increased retroactively). A student will be billed for the difference if fees have been increased.

The completed Nurse Form 1NYS application must be signed in the presence of a notary. A copy of the high school transcript or full GED report <u>must</u> be included with the application.

- Do not send cash.
- Make your personal check or money order payable to the New York State Education Department. Your cancelled check is your receipt.
- Mail your application and fee to: NYS Education Department Office of the Professions PO Box 22063 Albany, NY 12201

Verifying educational requirements:

The **Nurse Form 2-PG** is used for current year graduates and allows you to list the names and identifying data for each graduate of a specific nursing program on one form. Form verifies that hours for a program have been completed and required child abuse and infection control requirements have been met. The form is signed by the program coordinator and stamped with school seal. It is mailed only on the day of graduation or after. The column that reads "date of faculty approval" is the last day of classes or the date students have completed all necessary program requirements.

Examination Requirements:

To meet the examination requirements for licensure as a licensed practical nurse, you must successfully complete the NCLEX examination developed by the National Council of State Boards of Nursing (NCSBN) and administered by Pearson VUE. To qualify to take the NCLEX-PN examination, you must:

- 1. Submit an Application for Licensure using Nurse Form 1 (Nurse Form 1NYS to expedite) and the \$143 licensure and first registration fee to the New York State Education Department.
- 2. Ask your school to verify your education directly to the New York State Education Department on Form 2PG (New York State programs completed prior to 4/1/98 or other U.S. programs), or Form 2AF (for graduates who are applying for an LPN license based on completion of equivalent education in a program conducted by the U.S. armed forces) or have your educational credentials verified by CGFNS (non-U.S. programs). This from cannot be mailed in until you have met all educational requirements, usually follows graduation.
- 3. Register directly with Pearson VUE to take the NCLEX examination. To register for the examination, you will need the program code for your nursing education program that is listed in the NCLEX Candidate Bulletin. The NCLEX Candidate Bulletin and additional information regarding the examination are available on the Web at www.vue.com/nclex and or ncsbn.org/nclex.htm and register for the examination online at www.vue.com/nclex and or by calling Pearson VUE at 1-866-496-2539

4. Payment for the NCLEX exam may only be made with credit card or debit card, even if payment is made by third party (nursing school). We are no longer able to print out confirmation page and attach a paper check to be mailed.

Reasonable Testing Accommodations:

If you have a disability and may require reasonable testing accommodations for the examination, you must complete and submit a <u>Request for Reasonable Testing Accommodations form</u> (23 KB). You may also request a copy of the form by calling 518-474-3817 ext. 320 or by faxing 518-473-8222. You must mail the Request for Reasonable Testing Accommodations form to the address printed on that form, along with the required documentation. You will be notified in writing as to whether or not your request for accommodations has been approved. A copy of your accommodation approval must be attached to your NCLEX examination registration form. You may not test until your request for accommodations has been processed by the Department. If you schedule a test before your request for accommodations has been processed, you may lose any fee paid to the examination administrator. Please be sure to check the box in item 7 of your Application for Licensure (Form 1) if you are requesting accommodations.

Limited Permits:

NOTE: If you have never taken the NCLEX-PN examination, you are not eligible for an LPN limited permit.

A limited permit authorizes an individual who has met all requirements for licensure as licensed practical nurse (LPN), except the licensing examination, to practice as a LPN provided that the individual is under the immediate and personal supervision of a licensed, currently registered, professional nurse, with the endorsement of the employer. To be eligible for a limited permit, you must:

- submit an Application for Licensure (Nurse Form 1) and the \$143 licensure and first registration fee;
- ask your school to verify your education directly to the New York State Education Department on Form 2PG (New York State programs completed prior to 4/1/98 or other approved U.S. programs), or Form 2AF (for graduates who are applying for an LPN license based on completion of equivalent education in a program conducted by the U.S. armed forces) or have your educational credentials verified by CGFNS (non-U.S. programs).
 - and
- be at least 17 years of age and be of good moral character.

Applications for Limited Permit (Form 5) may be submitted at the same time or any time after you submit your Application for Licensure (Form 1). The fee for a limited permit is \$35. A limited permit is valid for one year from date of issue <u>or</u> until ten days after the applicant is notified of failure on the licensing examination, whichever occurs first.

The "starting date" cannot be changed once a limited permit is issued. If you change employment or have additional employers after your permit is issued, you must obtain a new permit. You need to have your prospective employer complete and return a new Application for Limited Permit (Form 5) to the Office of the Professions at the address on the form. A new fee is not required. You must be employed by the facility in which you are working. You may not be employed by a third party.

You school does not fill out any portion of the Limited Permit application.

NCLEX-PN

School NCLEX-PN Code – xx-xxx

Website: www.ncsbn.org

Click on NCLEX Examinations Click on Candidates

Read:

Basic Information Registration – <u>www.pearsonvue.com/nclex</u> Authorization to Test & Scheduling Test Day Results

Must register online.

Testing site:

Fill in addresses of closest Pearson VUE test sites to your school

LICENSURE INFORMATION

http://www.op.nysed.gov/prof/nurse/nurseforms.htm

Read entire booklet:

- 1. Pg. 1-3 Very important!!
- 2. Pg. 5-10 Applying for a License READ COMPLETELY! Especially pgs. 7-10.
- **3.** Pg. 11-16 Completing the Application Process
- Nurse Form 1 (<u>Use Nurse Form 1NYS to expedite</u>) Make sure your name is exactly as you gave it to your Coordinator for Licensure. It must match what is submitted to the State.
 Form 1 (Nurse Form 1NYS) must be notarized by a Notary Public.
 Sign it in front of the Notary.
- 5. Nurse Form 5 (<u>Use Nurse Form 5NYS to expedite</u>) Application for Limited Permit (Reread Pg. 10 before filling out)
- 6. Form AD/Name Address/Name Change Form

You are responsible for reading both documents in their entirety.

*****Both applications can be sent in anytime**. Once the board of nursing declares you eligible (they have received Nurse Form 2PG following graduation with your name on it, certifying your education), you will receive an Authorization to Test (ATT). You need to have the ATT when you schedule your test. This can be done online or by phone.

We hope this helps as your start in your new role as a Practical Nurse Program Coordinator

Please don't hesitate to contact one of us with any questions. We look forward to working with you.



Annual Membership Dues

COUNCIL OF PRACTICAL NURSE PROGRAMS OF NEW YORK STATE

DATE:

SCHOOL:

ITEM (S):

| FALL COORDINATORS CONFERENCE \$50.00 |
|--------------------------------------------|
| ANNUAL EDUCATIONAL CONFERENCE \$200.00 |
| One Day Conference Fee \$100 |
| Decals \$1.00 each |
| EXECUTIVE BOARD MTG \$25.00 |
| ANNUAL DUES \$150.00 |
| ONE DAY CONFERENCE FEE |
| OTHER: |
| |

TOTAL COST: \$ 150.00

*** EIN # 16-1073149

Checks should be made payable to: COUNCIL OF PRACTICAL NURSE PROGRAMS OF NEW YORK STATE (CPNPNYS)

Send Remittance to: Council of Practical Nurse Programs NYS Linda Seekamp PO Box 601 Port Ewen, NY 12466 845-331-5050 ext. 2829 Iseekamp@ulsterboces.org

Signed:

Linda Seekamp, Treasurer

Points of Contact

NYSED's Office of Professions contact for Practical Nurse Programs: **Marilyn T. Caldwell, MS, ANP, CNE** Associate of Nursing Education New York State Education Department Office of the Professions Professional Education Program Review 89 Washington Ave. 2nd Floor, West Wing Albany, NY 12234 Department: (518) 474-3817 ext.360 Desk: (518) 486-2963 email: <u>Mcaldwel@mail.nysed.gov</u>

Council of Practical Nurse Programs of New York State (CPNPNYS) Chairperson – **Bonnie Hand** Supervisor of Health Careers Broome Tioga BOCES 435 Glenwood Road Binghamton, NY 13905 P: 607-763-3465 C: 607-760-0684 F: 607-763-3654

CPNPNYS Membership Enrollment Treasurer – Linda Seekamp PO Box 601 Port Ewen, NY 12466 845-331-5050 ext. 2829 Iseekamp@ulsterboces.org

Textbook/Vendor Reps: Cengage - Textbooks Elsevier – Textbooks FA Davis - Textbooks Lippincott – Textbooks - PrepU, DocuCare, Lippincott Advisor, Lippincott's Procedures and Skills Pearson – Textbooks ATI – TEAS Exam, PN Comprehensive Predictor, Real Life Clinical Reasoning Scenarios, ATI Skills Modules, Comprehensive Assessment & Review Program (CARP), Customized Live NCLEX Review, etc. Pocket Nurse - Supplies Moore Medical – Supplies Medline – Supplies Balfour – School Pins Emblem Enterprise – School Patches Jostens – Diploma covers, graduation caps & gowns IPEDS Reporting – The Integrated Postsecondary Education Data System (IPEDS) of the National Center for Education Statistics (NCES) https://surveys.nces.ed.gov/IPEDS/

Practical Nurse Program Timeline

January

Update Net Price Calculator Gainful Employment Submission

February

GRIBB Meeting NYSED PN Program Annual Report due (February or March) Winter IPEDS surveys close

March

GRIBB Staff Development Day

April

CPNPNYS Spring Conference Executive Council Board meeting Spring IPEDS closes

May

GRIBB Meeting

June

Executive Council Board Meeting Graduation

July

August Campus Security Survey opens

September GRIBB Meeting

Fall IPEDS Surveys open

October

CPNPNYS Coordinator's Meeting Executive Council Board meeting Campus Security Survey closes Fall IPEDS closes

November

**NSLDS updates every month – Financial aid

PN Coordinator's Job Description – Sample

The function of the Coordinator is to oversee the PN Program as it relates to the needs of the:

- Students
- Organization
- Instructional Staff
- State Education Department and other accrediting bodies
- Clinical Affiliates
- Community Partners
- Health Care industry partners
- Employers

The areas of responsibility shall include, but are not necessarily limited to the following:

Oversight management of:

- a. Advertisement Develop and maintain recruiting materials, participate in recruiting campaigns
- b. Enrollment Retain students by providing guidance, support, resources and agency referrals to maximize student success.
- c. Assist in the hiring process, mentoring and support of instructional staff.
- d. Evaluation and adjustment of curricula to meet NYSED requirements. Effective delivery of curricula.
- e. Determination of equipment needs, supplies and other necessary items for program operation
- f. Purchasing, budget preparation and reconciliation
- g. Daily problem solving
- h. Functioning as a liaison with:
 - Student financial aid matters
 - Funding agencies: Access VR, VA, CSEA, 1199 SEIU, Workforce, etc.
 - Business office matters
 - NYSED, other accrediting agencies
 - NYS Office of Professions
- i. Complete various reports required annually; IPEDS, Annual NYS Report, Site Visit Self-Study, Campus Security, etc.
- j. Network with community agencies; secure clinical site affiliations, coordinate clinical rotations with neighboring nursing programs, seek opportunities for additional clinical experiences that enhance student learning.
- k. Report to administration about program successes, failures, strengths, weaknesses and statistical data.
- I. Instruct as needed.

Coordinator Task List:

- Student issues
- Program Guides
- Payroll/ Budget
- Instructor interviews
- Student interviews
- Contracts, affiliation agreements
- Personnel files
- Instructor observations/evaluations
- Recruiting /Job fairs
- Student Selection Committee
- Order supplies/Approve PO's
- Data/reports
- Grants
- Curriculum development/review
- Program reapproval
- Proctor TEAS exams
- Staff meetings
- Subs for classroom & clinical
- Maintain binders: course, lab, clinical
- Tracks attendance
- Oversee Lab
- Coordinate Graduation Ceremony
- PE/CPR Review and Tracking
- New Instructor Orientation/Mentoring

Practical Nurse Classroom Instructor Job Description – Sample

The PN Instructor has the responsibility of working as a team member to develop and facilitate the philosophy and objectives of the Practical Nurse Program, identifying present and potential needs as related to the ongoing growth of the educational program and student success.

Responsibilities:

- 1. Teach approved curriculum; utilize curriculum resources to ensure consistency
- 2. Preparation of daily lesson plans
- 3. Maintain accurate log of student attendance.
- 4. Refer students to appropriate resources.
- 5. Provide student advisement as needed.
- 6. Maintain accurate grades, calculate averages.
- 7. Attend PN/Health Careers staff meetings.
- 8. Adhere to and reinforce policies and procedures outlined in the PN Student Handbook.
- 9. Adhere to policies and procedures outlined in the Health Instructor Handbook.
- 10. Attend professional development activities related to professional nursing education and practice.
- 11. Adhere to policies and procedures of Broome Tioga BOCES.

Practical Nurse Clinical Instructor Job Description – Sample

The PN Instructor has the responsibility of working as a team member to develop and facilitate the philosophy and objectives of the Practical Nurse Program, identifying present and potential needs as related to the ongoing growth of the educational program and affect student success.

Responsibilities:

- 1. Role model for students.
- 2. Orient self to staff and unit prior to student rotation.
- 3. Orient students to staff and unit.
- 4. Complete required facility trainings.
- 5. Obtain patient assignments prior to student arrival as the clinical unit and student progress dictates. Patient assignments should be in alignment with a student's capabilities and knowledge level.
- 6. Be present at all times on the clinical unit while students are performing hands-on care.
- 7. Provide very close supervision during every step of the medication pass.
- 8. Provide beneficial pre &/or post conferences.
- 9. Maintain accurate student attendance.
- 10. Provide student evaluations according to policy.
- 11. Review and give input to students on clinical paperwork; care plans, med cards, data collections sheets, etc.
- 12. Have a current PE on file with no medical restrictions and complete immunization information.
- 13. Maintain CPR certification
- 14. Keep unit/facility updated on any schedule changes.
- 15. Be consistent.
- 16. Ensure students functioning within the LPN scope of practice.

| Nurse | The University of the State of New York THE STATE EDUCATION DEPARTMENT Office of the Professions | Department Use Only |
|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Form 1NYS | Division of Professional Licensing Services www.op.nysed.gov | |
| Applicat | ion for Licensure | |
| | ved Nursing Program Graduates | |
| | om a NYS approved nursing program | |
| | <u>OT</u> use this form e All Pages of This Application <u>In Ink</u> | |
| | complete this form and submit it with the appropriate licensure and | |
| registration fee (\$143) directly to the Office of the Pr NYS. You must answer all questions and provide all | ofessions at the address at the end of this form to apply for licensure in information requested unless otherwise indicated. Failure to complete all | |
| Check what you are applying for: | Your signature on this form must be notarized by a Notary Public. | VYS License Number |
| Registered Nurse License | 22 \$143 ER LPN Applicants: Be sure to | Date Issued |
| Licensed Practical Nurse License | attach a copy of your High | |
| 2 Social Security Number | | nitials |
| | | |
| 3 Birth Date Month Day | Year | 6 Telephone/E-Mail Address |
| 4 Print Name | | Daytime phone |
| Last | | |
| First | | Area Code Phone |
| Middle | | E-mail Address (please print clearly) |
| | Department promptly of any address or name changes using in be found on our Web site at www.op.nysed.gov/anchange.pdf.) | |
| Line 1 | | |
| Line 2 | | 7 New York State DMV ID Number |
| Line 3 | | (Driver or Non-Driver ID) |
| City | | |
| State Zip C | Code | (Leave this blank if you do not have a New York State DI/IV ID Number) |
| Country/ Province | | |
| 8 REASONABLE TESTING ACCOM | IODATIONS FOR INDIVIDUALS WITH DISABILITIES. (C | heck the box below if applicable) |
| | Itly and require accommodations for testing. I am separately submitting the raminations Unit, Education Building, Room 304EB, 89 Washington Avenue, | |
| | y request form and documentation have been submitted and my request is a | |
| 9 Name of nursing school and city wh | | |
| Name as it appears on degree or of | (Reminder: DO NOT use this form unless you gradua ner credentials (if different from item 4): | neu nom a NYS approved nursing program) |
| | V York State licensure in any profession? | 🗌 Yes 🗌 No |
| If "yes", in what profession(s)? | | |
| 11 Have you ever been found guilty after (felony or misdemeanor) in any court | er trial, or pleaded guilty, no contest, or nolo contendere to a t? | a crime 🗌 Yes 🗌 No |
| 12 Are criminal charges pending agains | t you in any court? | 🗌 Yes 📃 No |
| | hority refused to issue you a license or ever revoked, annul used to renew a professional license or certificate held by y disciplined you? | |
| | Nurse Form 1NYS, Page 1 of 3, Rev. 12/11 | |

| Nurse Form 5NYS | The University of the State of New York THE STATE EDUCATION DEPARTMENT Office of the Professions Division of Professional Licensing Services www.op.rysed.gov | Department Use Only | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--|--|--|
| Application | for Limited Permit | | | | |
| ONLY for NYS Appro | ved Nursing Program Graduates | | | | |
| | om a NYS approved nursing program <u>OT</u> use this form | | | | |
| | | Date Approved/Rejected | | | |
| licensed, currently registered, registered profes Section I. Be sure to sign and date item 9. It is | licensed, currently registered, registered professional nurse and with the endorsement of the employer. Complete Section I. Be sure to sign and date item 9. It is your responsibility to ensure that your prospective employer fully | | | | |
| to begin practice when you apply for the limited | completes Section II. Note: Once a limited permit is issued, it may not be adjusted. You should be certain you are ready to begin practice when you apply for the limited permit. You may not begin practice until your limited permit is issued unless you meet the practice exemption deblated in the instructions to the Employer in Section II of this form. | | | | |
| 2. You may apply for a limited permit either at the | same time as or after submitting an Application for Licensure (Form | Date Issued | | | |
| approved. You are not eligible for an RN perm | ed until all required documentation has been received and t if you have ever taken the NCLEX-RN examination. You are not | | | | |
| | n the NCLEXFIN examination. Office of the Professions, at the address at the end of this form. ssued, you must obtain a new permit by completing a new Form 5 with | Date Expires | | | |
| your prospective employer. A new fee is not re- | uired for a permit issued as a result of a change in employment. | nitials | | | |
| Section I: Applicant Information | ' | nitiais | | | |
| Check what you are applying for: Registered Nurse (Limited Permi | 22 \$35 PR | 6 Telephone/E-Mail Address | | | |
| | | Daytime phone | | | |
| Licensed Practical (Limited Perm | | | | | |
| 2 Social Security Number | | Area Code Phone | | | |
| 3 Birth Date Month Day | Year | E-mail Address (please print clearly) | | | |
| 4 Print Name Exactly as You Wish It | to Appear on Your Limited Permit | | | | |
| Last | | | | | |
| First | <u>++-</u> | | | | |
| Middle | <u> </u> | 7 I am applying for | | | |
| 5 Mailing Address (You must notify the Department promptly of any address or name changes using the Address/Name Change Form which can be found on our Web site at www.co.msed.gov/anchange.pdf.) | | | | | |
| | | Additional supervisor/employer | | | |
| Line 2 | | Change of supervisor/employer | | | |
| Line 3 | | | | | |
| City | | | | | |
| State Zip C | ode | | | | |
| Country/ Province | | | | | |
| 8 Name of nursing school and city who | ere located: | | | | |
| | (Reminder: DO NOT use this form unless you gradua | ated from a NYS approved nursing program.) | | | |
| Name as it appears on degree or oth | er credentials (if different from item 4): | | | | |
| 9 Attestation | | | | | |
| I Declare and affirm that the stateme information in, or in connection with prosecution. | nts made in the foregoing application are true, complete ar my application may be cause for denial of permit and licens | nd correct. Any false or misleading sure and may result in criminal | | | |
| Applicant's signature | | Date | | | |
| | Nurse Form 5NYS, Page 1 of 3, Rev. 12/10 | | | | |

| Nurse Form 2PG | The University of the State of New York | Page 1 of |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Nursing Program Graduates | THE STATE EDUCATION DEPARTMENT Office of the Professions Division of Professional Licensing Services | (check one) |
| | www.op.nysed.gov | RN Graduates |
| | | LPN Graduates |
| | uation* from an RN or LPN Pr | |
| the State Edu | cation Department as Licensu | ure Qualifying |
| | Instructions | |
| and licensed practical nursing is re | fork State licensure-qualifying registered program in esponsible for using this form to certify program gra Professions, Division of Professional Licensing Ser | aduates* to the New York State |
| | only those individuals who have satisfactorily compl o receive their certificate, diploma, or degree. | leted all program requirements and |
| regarding the school, degree, program degree. Sign and date each page you | PN program graduates, making sure you comple m, and NCLEX code at the top of each page. A seg u submit. Return this page and the completed lists ecords in case we need to verify information. | parate page should be used for each |
| NOTE: The date you indicate below certificate, diploma, or deg | w must be on or after the date of faculty approv ree. | val for the awarding of the |
| "The term "graduation" as used herei program, <u>not</u> the ceremony at which | in means approval by the faculty to award the certi the diplomas are awarded. | ficate, diploma, or degree of the |
| | attached page(s) has satisfactorily completed all re LPN program and has been approved by the facul or degree. | |
| IN WITNESS WHEREOF, I hereunto | set my hand and the seal of this school of nursing | |
| this day of | (month) (year) | |
| | (nonur) (year) | |
| Signature of Registrar | | |
| Print or type name | | |
| | | |
| Title of position | | |
| Title of position | | (Institution Seal) |
| Title of position | | (Institution Seal) |
| Title of position | | (Institution Seal) |
| Title of position Official school name Address | | |
| Title of position Official school name Address Telephone | | |

To: Directors of New York State Registered Nursing Programs

From: Susan Naccarato, Acting Director of DPLS

Re: Licensure Applications from Graduates of NYS Registered RN and LPN Programs

Date: March 2014

The New York State Education Department has had an expedited licensure process for all graduates of New York State registered RN programs since 2007 utilizing special forms. Since 2011, graduates of New York Registered LPN programs are also able to apply using the expedited process. Those forms are included as separate attachments to this e-mail message. Please be aware that forwarding/distributing the forms electronically decreases the security of the special forms and increases the likelihood that non- NYS graduates will obtain and use the forms, thus slowing the expedited process.

To ensure that students will benefit from this expedited process the following is required:

- The attached application form (1NYS) must be used and submitted with a fee of \$143.00.
- If a Limited Permit is needed, the attached permit form (5NYS) must be used.
- Only students whose names appear on your program's 2PG are eligible to use these forms. (The revised 2PG is attached for your convenience.)

Please copy the forms as needed for your students and supply them only to those graduates whose names appear on your program's 2PG list as only those graduates will be eligible for licensure based upon use of these streamlined forms. (These forms are not available on our Web site. The expedited forms [1NYS and 5NYS] are different from the standard Application for Licensure - Form 1 and Application for Limited Permit-Form 5.)

Please note that:

- Students are required to send completed application form (1NYS) and, if needed, a Limited Permit form (5NYS) with the appropriate payment(s) as indicated on the forms.
- Please direct students to apply to Pearson VUE (<u>http://www.vue.com/nclex/</u>) for the NCLEX examination as soon as they send in the license application form.

VERY IMPORTANT!!! Please remind students that when they apply to Pearson VUE, not including a Social Security Number may result in delays of testing approval.

If needed, the Request for Reasonable Testing Accommodations form can be downloaded at: <u>http://www.op.nysed.gov/pls1ra.pdf</u>

Thank you so much for your cooperation and participation in this expedited process. If you have any questions, please contact me by telephone at (518) 474-3817 extension 340 or by email at <u>snaccara@mail.nysed.gov</u>. <u>Students/graduates seeking information regarding the status of their</u> application should contact the Nurse Unit at (518) 474-3817 extension 280 or opunit4@mail.nysed.gov.

Thank you again for your collaboration and leadership.

Suggested Resources to Support Sustaining Rigor and Currency in the Curriculum

| Agency for Healthcare Research & | |
|---------------------------------------|----------------------------------------------------------------------------|
| Quality | http://www.ahrq.gov/ |
| Center for Disease Control (CDC) | http://www.cdc.gov/ |
| Chronic Disease Prevention from CDC | http://www.cdc.gov/chronicdisease/index.htm |
| Healthy People 2010/2020 (HP) | http://www.healthypeople.gov/2020/default.aspx |
| Institute for Healthcare Improvement | http://www.ihi.org/knowledge/Pages/AudioandVideo/default.aspx |
| Institute of Medicine (IOM) | http://www.iom.edu/ |
| Institute of Medicine (IOM) on Aging | http://www.iom.edu/Global/Topics/Aging.aspx |
| Leading Causes of Death in NYC | http://www.health.ny.gov/statistics/leadingcauses/leadingcauses_death/ |
| National Center for Health Statistics | http://www.cdc.gov/nchs/ |
| National Council State Board (NCSBN) | https://www.ncsbn.org/index.htm |
| National Council Test Plan (NCLEXTP) | https://www.ncsbn.org/1287.htm |
| | https://www.ncsbn.org/FINAL_2014_PN_DTP_Educator_Version.pdf |
| National Institute of Mental Health | http://www.nimh.nih.gov/index.shtml |
| National Institute on Minority Health | http://www.nimhd.nih.gov/ |
| National Patient Safety Goals (NPSG | |
| | http://www.jointcommission.org/mobile/standards information/national patie |
| | nt safety goals.aspx |
| Quality & Safety Education (QSEN) | http://www.aacn.nche.edu/faculty/gsen |
| The National League for Nurses (NLN) | http://www.nln.org/ |
| Accreditation Commission for | |
| Education in Nursing (ACEN) | http://acenursing.org/ |

Educator Resources

The Joint Commission (TJC)

Ambrose, S. A., Bridges, M. W., DiPietro, M., Lovettt, M. C. & Norman, M. K. (2010). *How learning works: Seven research-based principles for smart teaching*. Jossey-Bass A Wiley Imprint: San Francisco, CA.

http://www.jointcommission.org/`

- Benner, P., Sutphen, M., Leonard, V., & Day, L. (2010). *Educating nurses: A call for radical transformation* Jossey-Bass A Wiley Imprint: San Francisco, CA.
- Billings, D. M. & Halstead, J. A. (2012). *Teaching in nursing: A guide for faculty, 4th ed*. Saunders an imprint of Elsevier: St. Louis, MO.
- Frei, S., Gammill, A. & Irons, S. (2009). *Integrating technology into the curriculum*. Shell Education: Huntington Beach, CA.
- Hermin, J. W. (2008). Creative teaching strategies. F.A. Davis Company. Philadelphia: PA.
- Hetzel Campbell, S. & Daley, K. M. (2009). *Simulation scenarios for nurse educators*. Springer Publishing Company: New York, NY.
- Oermann, M. H., & Gaberson, K. B. (2014). *Evaluation and testing*, 4th ed. Springer Publishing Company: New York, NY.
- Zabat Kan, E. & Stabler-Haas, S. (2009). Fast facts for the clinical nursing instructor: Clinical teaching in a nutshell. Springer Publishing Company: New York, NY.

Council of Practical Nurse Programs of New York State

