

# CHAPTER 91

## Department of Labor, Licensing and Regulation— State Board of Nursing

(Statutory Authority: 1976 Code §§ 40-1-70, 40-33-10(E) and 40-33-10(I))

### ARTICLE 1 SPECIAL LICENSURE PRIVILEGES AND REQUIREMENTS

#### **91-1. Active, Unrestricted Practice of Nursing Required to Supervise Others.**

(Statutory Authority: 1976 Code §§ 40-1-70, 40-33-10(E), and 40-33-10(I))

Any licensee who supervises another person must hold an active, unrestricted authorization to practice in this state and be currently engaged in the active practice of nursing.

**HISTORY:** Amended by State Register Volume 11, Issue No. 5, eff May 22, 1987; State Register Volume 16, Issue No. 7, eff July 24, 1992; State Register Volume 23, Issue No. 6, eff June 25, 1999; State Register Volume 30, Issue No. 4, eff April 28, 2006; State Register Volume 30, Issue No. 5, eff May 26, 2006.

#### **91-2. Repealed.**

**HISTORY:** Former Regulation, titled Nurse Licensure Compact, had the following history: Amended by State Register Volume 11, Issue No. 5, eff May 22, 1987; State Register Volume 16, Issue No. 7, eff July 24, 1992; State Register Volume 30, Issue No. 4, eff April 28, 2006; State Register Volume 30, Issue No. 5, eff May 26, 2006; State Register Volume 38, Issue No. 3, eff March 28, 2014; repealed by SCSR 42-5 Doc. No. 4779, eff May 25, 2018.

### ARTICLE 2 NURSING EDUCATION PROGRAMS

#### **91-3. Definition of Terms Applying to Nursing Programs.**

A. Initial approval: means the official status granted to a newly established nursing program that shows evidence of meeting the Board's legal and educational requirements, and continues in effect until the results of the National Council Licensure Examination (NCLEX) for the first graduating class are published and a survey has been completed.

B. Full approval: means the official status granted to a nursing program that demonstrates continued compliance with the Board's legal and educational requirements.

C. Conditional approval: means an official status granted to a nursing program that fails to meet and/or maintain the Board's legal and educational requirements.

D. Deficiency: means written notification that an approved nursing program has failed to meet one or more of the Board's Nursing Education Standards.

E. Survey: means the process of evaluation of a nursing program that includes a written self evaluation report submitted by the nursing program to the Board and a site visit by the Board representative(s) to the nursing program.

F. Parent Institution: means the sponsoring institution authorized by the State of South Carolina to confer educational credentials in nursing.

G. Survey Report: means the documentation of findings from the self-evaluation study and site visit by the Board representative(s).

H. Progress Report: means documentation requested by the Board showing action taken toward addressing a deficiency or recommendation, following a survey or annual report.

I. Biennial Report: means documentation of continued compliance with the Nursing Program Standards in a format as prescribed by the Board.

J. Preceptor: means a registered nurse employed by the clinical agency who meets the requirements as set forth in R.91-11.C.(5).

K. Deficient NCLEX pass rate: means an annual pass rate of first-time takers on the NCLEX that is more than 5 percent below the annual national pass rate.

L. State of Origin means the state or jurisdiction in this country or territory or dependency of the United States in which the nursing program is located.

**HISTORY: Added by State Register Volume 31, Issue No. 5, eff May 25, 2007.**

#### **91-4. Mandatory Approval of Nursing Programs.**

All nursing programs located in South Carolina preparing students for initial practical and registered nursing licensure shall be Board approved.

**HISTORY: Added by State Register Volume 31, Issue No. 5, eff May 25, 2007.**

#### **91-5. Procedure for Survey and Initial Approval of Nursing Programs.**

A. A parent institution seeking to establish a nursing program in South Carolina preparing students for initial licensure shall:

1. Request consultation from the Board regarding the Nursing Education Standards required by state law to establish and maintain a nursing program.

2. Submit to the Board for approval a current feasibility study. This study shall be signed by the responsible administrative officers of the parent institution and submitted to the Board at least eighteen months in advance of the proposed opening date. The feasibility study shall include the following:

(a) Purpose for establishing the program.

(b) Type of educational program to be established.

(c) Relationship to the parent institution, including an organizational chart.

(d) Written evidence of support by the governing body of the parent institution for the program.

(e) Projected number of students for enrollment.

(f) Proposed timeline for program implementation.

(g) Information regarding proposed clinical facilities for student experiences, including letters of support from all major facilities expected to be used for full program implementation.

(h) Availability of the general education component of the curriculum or letter of agreement from another institution.

(i) A plan with a specified time frame for attainment of:

(1) qualified faculty as specified in the regulations;

(2) adequate financial resources;

(3) adequate physical resources to house the program; and

(4) support services available from the institution.

3. If the Board determines that a program is approved for development, the parent institution shall employ a nurse administrator and nurse faculty member(s) who meet the qualifications as established by the Board. The administrator and faculty member(s) will develop and submit a self evaluation report documenting evidence of compliance with the Nursing Education Standards set forth in R.91-11 or R.91-12 as applicable to the Board at least nine months in advance of the proposed opening date, to also include:

(a) mission statement;

(b) a projected five year budget which gives evidence of sufficient financial resources to permit the planning, implementation and continuation of the program, including faculty positions;

(c) curriculum vitae for the nurse administrator and the nurse faculty member(s) and consultants assisting with program development;

(d) evidence of a qualified faculty pool, recruitment plan, projected dates of appointment and a timeline for increases in faculty commensurate with student enrollment;

(e) evidence of availability of academic facilities to meet the purpose of the program as outlined in 91-11 E. or 91-12 E. as applicable;

(f) supplemental information as requested by the Board needed for clarification.

B. A survey team shall be appointed to review the submitted documentation as outlined in A3 above and conduct a site visit of the proposed nursing education program. The survey team shall prepare a written report with recommendations to the Board.

C. Following Board review of the self-evaluation and the recommendations of the site team, the Board may grant initial approval, deny initial approval or defer action for a maximum of six months.

D. When Board action is deferred, the institution will be notified of the reason(s) for deferral. The institution must submit to the Board documented evidence of compliance with the standards cited. If the institution does not comply within six months, the Board shall deny the initial approval.

E. When initial approval is denied, the institution will be notified of the reason(s) for denial. The institution may request a hearing before the Board and the provisions of the Administrative Procedures Act shall apply.

F. Following initial approval, biennial reports shall be submitted by the nursing program to the Board.

G. A nursing program must make application for full approval within six months following the taking of the NCLEX by the first graduating class. A survey shall be conducted and a written report prepared for the Board to determine the approval status of the program.

**HISTORY: Added by State Register Volume 31, Issue No. 5, eff May 25, 2007.**

### **91-6. Out-of-State Nursing Programs Conducting Clinical Experiences in South Carolina.**

A. A nursing program whose parent institution is located in another state and which conducts clinical experiences preparing students for initial licensure in South Carolina shall obtain South Carolina Board approval prior to conducting clinical experiences in South Carolina. Clinical experiences must be conducted within the scope of practice for the licensed practical nurse or the registered nurse as defined in the South Carolina Nurse Practice Act.

B. To obtain South Carolina Board approval, the program shall submit a letter of request to the Board including evidence that the following requirements have been met:

1. The program must be on full approval status in the state of origin.

2. Supervision of students in the clinical area is required.

(a) The program ensures that there will be on site, on shift direct supervision of students in the clinical area by a nursing faculty member licensed in South Carolina or another Compact state according to South Carolina regulations and policies;

(b) If precepted clinical experiences are requested, the program ensures that they will be conducted in accordance with South Carolina regulations and policies.

3. A written clinical affiliation agreement with the clinical facility is in place.

C. To maintain South Carolina Board approval, the program must remain on full approval status in the state of origin and must continue to comply with the requirements of this section. The program must notify the South Carolina Board in writing within fifteen days of any change in compliance.

**HISTORY: Added by State Register Volume 31, Issue No. 5, eff May 25, 2007.**

### **91-7. Review of Accredited and Board Approved Nursing Programs.**

A. Nursing programs that are currently accredited by a Board approved accrediting body will submit a copy to the Board of the accreditor's final report and letter confirming accreditation in lieu of

the Board self study and survey. Should a nursing program voluntarily or involuntarily lose accreditation status by the Board approved accrediting body the program shall immediately notify the Board and follow the process as outlined in B. below.

B. Nursing programs not accredited by a Board approved accrediting body shall be surveyed by the Board for continued approval at least every 8 years.

1. Notification of a survey will be provided to the program at least six months in advance.

2. Two months prior to the site visit, the program will submit a self evaluation report which provides evidence of compliance with the Nursing Education Standards set forth in R.91-11. or R.91-12. as applicable.

3. The date and agenda for the site visit will be mutually agreed upon by the representative(s) of the Board and the Chief Executive Officer, or designee, of the parent institution.

4. A draft of the written survey report will be submitted to the program for review and correction of factual data at least thirty days prior to the Board meeting during which the Board will take action on the report.

5. Written notification of Board action, including any recommendations, will be sent to the administrator of the parent institution and the administrator of the nursing program.

6. Following a review of the survey report, the Board may grant full approval, conditional approval, deny approval or defer action for a period not to exceed six months.

a. Full approval may be granted for a period not to exceed eight years.

b. When conditional approval is granted, the administrator of the parent institution and the administrator of the nursing program will be notified of the reason(s) and conditions approved by the Board. The nursing program must submit documented evidence of compliance with the standards cited. Conditional approval may be granted for a period not to exceed two years.

c. When Board action is deferred, the institution will be notified of the reason(s) for deferral. The nursing program must submit to the Board documented evidence of compliance with the standards cited. If the institution does not comply within six months, the program approval shall be deemed denied.

C. If at any time the Board is advised in writing that a nursing program may not be meeting the Nursing Education Standards set forth in R.91-11. or R.91-12., an interim visit may be conducted.

1. Based on the findings of the interim visit, the Board representative may decide that no further action is required.

2. Based on the findings of the interim visit, the Board may schedule a site visit in conjunction with the administrators of the nursing education program within 30 days. Based on the results of the site visit, the Board may continue full approval or change approval status to conditional approval, or defer action for a period not to exceed 6 months.

D. Progress reports must be submitted to the Board as requested.

E. A written biennial report shall be submitted to the Board.

F. The Board may deny approval when it determines that a nursing education program fails to meet the Nursing Education Standards set forth in R.91-11. or R.91-12.

G. When full approval is denied, the institution will be notified of the reason(s) for denial. The institution may request a hearing before the Board and the provisions of the Administrative Procedures Act shall apply.

H. The Board may cite a nursing program for a deficiency based on review of a survey report, biennial report, progress report, or a deficient NCLEX pass rate.

**HISTORY: Added by State Register Volume 31, Issue No. 5, eff May 25, 2007.**

## **91-8. Closing an Approved Nursing Program.**

A. Voluntary Closing

When a decision is made by the parent institution to close a nursing program, a report that fully describes the plan for closing is to be submitted to the Board. The report shall include:

1. the rationale for closing;

2. plans for an orderly phase out including a timetable and official closing date;
3. provisions for meeting the educational standards until the last student has graduated or been transferred;
4. provisions for safe storage, location and methods of access of permanent student records.

**B. Involuntary Closing**

When a program is denied approval by the Board the following procedures shall be followed:

1. no additional students shall be admitted;
2. the program shall assist in the transfer of students, if applicable, to other approved nursing programs within the time frame established by the Board;
3. a list of the names of all students who transferred to approved nursing programs and the date the last student transferred shall be submitted to the Board;
4. the date the last student was transferred shall become the official closing date;
5. the Board shall be notified in writing as to the custody of records to include provisions for safe storage, location and method of access of all permanent records and disposition of all other records.

**HISTORY: Added by State Register Volume 31, Issue No. 5, eff May 25, 2007.**

**91-9. Program Changes Requiring Board Approval.**

**A. Change of parent institution**

When the administrative control of a nursing program is to be transferred to another institution, the receiving institution shall comply with the Procedure for Survey and Initial Approval of Nursing Programs as set forth in R.91-7. and the following:

1. submit a letter of intent describing the proposed change;
2. anticipated effects on students, faculty and resources;
3. plans for the orderly transition of the program;
4. the institution relinquishing the program shall submit to the Board the information required of programs undergoing voluntary closure as set forth in Regulation 91-8.A.

**B. Experimental Projects**

A nursing program desiring to conduct an experimental project, which requires a deviation from these educational standards, must submit a written proposal to the Board. Board approval is required prior to implementation of the experimental project.

**C. Change in curriculum**

A nursing program, that is not currently accredited by a Board approved accrediting body, desiring to make a substantive change in the length, design or pattern of the curriculum or methods for meeting Curriculum Standards set forth in R.91-11. F. or R.91-12. F. must submit a written proposal to the Board. Board approval is required prior to implementation of the change(s).

**HISTORY: Added by State Register Volume 31, Issue No. 5, eff May 25, 2007.**

**91-10. Program Changes Requiring Board Notification.**

Written notification must be submitted to the Board when significant changes occur in administrative appointments and/or organizational structure that affect the nursing program.

**HISTORY: Added by State Register Volume 31, Issue No. 5, eff May 25, 2007.**

**91-11. Criteria for Initial and Continuing Approval of Basic Programs Preparing Registered Nurses.**

**A. Organization**

1. The nursing program is either affiliated with or a part of an institution of higher learning approved by the appropriate state authority.
  - (a) An organizational chart reflects the reporting mechanism of the administrator of the nursing program to the administrator of the parent institution.

(b) The relationship of the nursing program to other programs within the parent institution is delineated in the institution's bylaws or organizational policies.

(c) Institutional policies pertaining to salary, rank, promotion, tenure, leave, benefits, professional development and service are applicable to the faculty of the nursing program.

(d) Written statements of philosophy or mission, purpose and objectives of the nursing program are consistent with those of the parent institution and are periodically reviewed.

(e) Financial resources are sufficient to give assurance of stability of the program, educational resources and qualified administrative and instructional personnel.

(f) Criteria for budget allocation to the nursing programs are consistent with the criteria utilized for other programs.

(g) Nursing program faculty serve on the institution's central councils and committees.

2. The nursing program is organized with clearly defined authority, responsibility, and channels of communication.

(a) An organizational chart for the nursing program is available.

(b) Organizational policies, committee structure and corresponding minutes reflect how the business of the program is conducted.

3. The nursing program is administered by a qualified registered nurse licensed in the State or another Compact state.

(a) The nurse administrator meets parent institution requirements for administrative and faculty appointment.

(b) The nurse administrator meets Board requirements for nurse faculty appointment.

(c) A curriculum vitae indicates appropriate preparation and experience for administration.

(d) The nurse administrator is employed full time with adequate time designated for administrative responsibilities.

4. The position responsibilities of the nursing education program administrator are congruent in scope, authority and accountability with other administrative positions of the same level and are consistent with general institutional policies. There is a written position description that reflects the authority and responsibility for:

(a) Leadership within the faculty for the development and implementation of the curriculum;

(b) Creation and maintenance of an environment conducive to teaching and learning;

(c) Liaison with the central administration and other units of the parent institution;

(d) Participating in the preparation and administration of the budget;

(e) Facilitation of faculty development and performance review;

(f) Recommendation of faculty for appointment, promotion, tenure, and retention;

(g) Maintenance of relationships with central administration, other program administrators, clinical agencies, and appropriate state, regional, and national agencies.

#### B. Students

Student admission, readmission, progression and graduation are governed by the established policies and procedures of the parent institution and the nursing program.

1. The catalog and/or student handbooks of the institution and nursing program includes the admission, readmission, progression and graduation criteria.

2. Student admission, readmission, progression and graduation criteria policies are implemented and periodically reviewed.

3. The nursing program has written rationale for policies for admission, readmission, progression and graduation that differ from the parent institution.

#### C. Faculty

1. The number of qualified faculty is adequate to meet the goals and objectives of the nursing program.

(a) The maximum ratio of faculty to students in an acute inpatient setting where students are providing direct patient care is one faculty member to eight students (1:8). If the parent institution and the clinical affiliate determine that the safety of patients, nursing faculty and students can be insured, the maximum acceptable ratio in acute inpatient settings is no greater than one faculty to ten students (1:10).

(b) The maximum ratio of faculty to students in non-acute clinical settings where students are providing direct patient care is one faculty member to ten students (1:10).

(c) The maximum ratio of faculty to students in preceptored clinical learning experiences is one faculty to fifteen students (1:15).

(d) The majority of the faculty fulfill the full-time faculty role as defined by the parent institution and nursing program.

2. The academic and experience qualifications of the faculty are appropriate to support the goals and objectives of the nursing education program. Faculty appointed prior to June 30, 1992 and serving continuously since that time are recognized as meeting the academic and experience requirements of this section.

(a) All full and part-time faculty in the nursing program meet the parent institution's requirements for faculty appointment.

(b) Faculty teaching nursing courses must meet all the following requirements:

(1) hold an unencumbered active license as a registered nurse in South Carolina or another Compact state;

(2) have a minimum of a Master's (or higher) degree in nursing; and

(3) have a minimum of two years of clinical experience as a registered or advanced practice nurse related to the primary area of responsibility.

(c) All non-nursing faculty teaching courses under the nursing designation have (1) a Doctor's or Master's degree in the teaching discipline or (2) Doctor's or Master's degree with a concentration in the teaching discipline (a minimum of 18 graduate credit hours in the teaching discipline).

3. Faculty personnel policies for the nursing program are written and, consistent with those of the parent institution and implemented.

(a) Faculty personnel policies for the nursing program include criteria for the following:

(1) faculty qualifications;

(2) faculty rights and responsibilities;

(3) faculty appointment, reappointment, promotion and tenure requirements;

(4) faculty workload;

(5) continuing faculty professional development.

(b) There is a written rationale for faculty personnel policies or practices that differs from those of the parent institution.

4. The full time equivalent (FTE) of qualified clinical instructors will not exceed 30 percent of the full time equivalent faculty (FTE) filled positions for the nursing program.

(a) The clinical instructor must meet all the following:

(1) hold an unencumbered active license as a registered nurse in South Carolina or another Compact state; and

(2) hold a minimum of a Bachelor of Science degree in nursing; and

(3) have a minimum of two years of clinical experience related to the area of assigned clinical teaching responsibilities.

(b) The clinical instructor functions under the supervision of a nursing faculty member who has overall course responsibility.

(c) The clinical instructor's responsibilities and guidelines for supervision are in writing.

5. The qualifications of clinical preceptors are appropriate to support the goals and objectives of the nursing program.

(a) The preceptor will be employed by the clinical agency in which the preceptored experience occurs.

(b) The preceptor will be currently licensed as a registered nurse according to the laws of the state in which employed.

(c) The preceptor will have a minimum of two years of clinical experience and demonstrated competencies related to the area of assigned clinical teaching responsibilities.

(d) Preceptors meet the nursing program's requirements for preceptor appointment.

(e) Appointments are determined collaboratively between administration of the nursing program and nursing administration of the clinical agency.

(f) The preceptor shall complete an orientation to the preceptor role and course objectives.

6. The nursing program and clinical agency policies governing the role and responsibilities of clinical preceptors are written and consistent.

(a) The preceptor will be assigned no more than two students for any preceptor experience.

(b) Preceptors will function according to course guidelines/criteria developed by nurse faculty. Faculty must be available in person or by telecommunication for consultation.

(c) The preceptor will have a written description of preceptor responsibilities.

(d) The preceptor will be physically present in the agency and available to the student at all times during the clinical assignment.

#### D. Support Services

1. Support services and facilities are appropriate to support the goals and objectives of the nursing program.

(a) Learning resources include print, on-line and media materials which support the program of learning and are readily available to students and faculty.

(b) The physical environment is conducive to the use of the resources.

(c) The library has provisions to obtain in a timely manner those resources not available in the library.

(d) Policies and procedures allow for faculty participation in evaluation, selection and deletion of library holdings and other learning resources.

(e) Documentation reflects periodic reviews of learning resources by faculty.

2. Student services provided by the parent institution are available to nursing students and institutional documents reflect college-wide policies/procedures regarding student services.

3. The institution provides for a system, including policies and procedures, to maintain student records in a manner that is designed to prevent unauthorized access, use, loss, and/or destruction.

4. A system of permanent and cumulative records is maintained for each nursing student and each graduate commensurate with the policies of the parent institution.

(a) Policies and procedures governing compilation and use of student records are written and current.

(b) Permanent and cumulative records are complete.

(c) Permanent and cumulative records are accessible.

5. Secretarial/support services are sufficient to meet needs of nursing program, administrator and faculty.

#### E. Facilities

1. The facilities are adequate to meet the goals and objectives of the nursing program. The following facilities are provided:

(a) offices for administration, faculty and staff;

(b) classrooms, laboratories and conference rooms for nursing and nursing related courses;

(c) storage space for supplies, equipment and instructional materials;

(d) skills laboratory sufficient in size and equipment to meet the needs of students.



2. The nursing program has written agreements with all affiliating agencies used to achieve program objectives.

(a) Agreements are jointly developed with the affiliating agency and are current.

(b) Agreements are developed with clinical facilities that provide diverse clinical experiences with sufficient number and variety of patients to meet educational objectives.

(c) Affiliating agencies are licensed by the appropriate state or federal authorities.

3. Agreements reflect that faculty retain responsibility for student learning experiences.

#### F. Curriculum

1. The nursing education curriculum is logically organized and internally consistent.

(a) Curriculum requirements are published.

(b) The curriculum reflects the philosophy, conceptual framework, goals, and objectives of the nursing program.

(c) There is a rationale for the organization and sequencing of learning experiences for the progressive development of knowledge and skills.

(d) Preceptored learning experiences may be used after the student has successfully completed a fundamentals of nursing course and a medical/surgical nursing course as determined by the program nurse administrator.

(e) There is a rationale for the allocation of credit for clinical and non-clinical courses and for the ratio of nursing to non-nursing courses in the curriculum.

(f) There is rationale for the selection, organization and sequencing of the general education courses.

2. The curriculum is developed, implemented and evaluated by faculty with opportunity for input from students in a manner consistent with the policies of the parent institution.

(a) The process for curriculum decision making is clearly defined for the parent institution and the nursing program.

(b) There is documentation of student input into faculty decisions in curriculum matters.

3. The curriculum reflects and is consistent with the knowledge, skills, and abilities that are required for the practice of nursing.

(a) The curriculum includes learning experiences in the promotion, maintenance and restoration of health for clients across the life span.

(b) The curriculum provides learning experiences in the application of the nursing process, which includes the assessment and nursing diagnosis of human responses to actual or potential health problems and the planning, intervention and evaluation of care as utilized in nursing practice.

(c) The curriculum includes biophysical and social science principles basic to nursing practice.

(d) The curriculum includes the scope of practice for the registered nurse in South Carolina.

#### G. Program Evaluation

1. A written plan for the periodic evaluation of all components of the nursing program is developed and implemented.

(a) Written evaluations for the nursing education administrator(s), faculty and students are on file.

(b) Written evaluations from program graduates and their employers are on file.

(c) Records, reports and/or meeting minutes reflect evaluation of the curriculum and instruction.

(d) There is evidence that faculty and students participate in the evaluation of all major program components to include: clinical and campus facilities; learning resources and services; and instructional materials and equipment.

2. Findings from the evaluation of all components of the nursing program serve as the basis for program changes.

3. The nursing program prepares graduates that demonstrate competent practice at entry into nursing practice. The program's pass rate for first time takers of the National Council Licensure Examination for Registered Nurses (NCLEX-RN) will be maintained annually at no greater than 5 percent below the national pass rate.

**HISTORY:** Added by State Register Volume 31, Issue No. 5, eff May 25, 2007.

## **91-12. Criteria for Approval of Basic Programs Preparing Licensed Practical Nurses.**

### **A. Organization**

1. The nursing program is part of a college, university or public school system approved by the appropriate state authority.

(a) An organizational chart reflects the reporting mechanism of the administrator of the nursing program to the administrator of the parent institution.

(b) An organizational chart is available delineating lines of authority, responsibility, communication and relationships within the institution and to the community.

(c) Financial resources are sufficient to give assurance of stability of the program, educational resources and qualified administrative and instructional personnel.

(d) Criteria for budget allocation to the nursing programs are consistent with the criteria utilized for other programs.

(e) Written statements of philosophy or mission, purpose and objectives of the nursing program are consistent with those of the parent institution and are periodically reviewed.

(f) Personnel policies for the faculty are the same as those in effect for other members of the parent institution with regard to salary and benefits; selection, appointment, evaluation and promotion; recognition of professional competencies, and rights and responsibilities.

(g) Nursing program faculty serve on the parent institution's central councils and committees.

2. The nursing program is organized with clearly defined authority, responsibility and channels of communication.

(a) An organizational chart for the nursing program is available.

(b) Organizational policies, committee structure and corresponding minutes reflect how the business of the program is conducted.

3. The nursing program is administered by a qualified registered nurse licensed in the State or another Compact State.

(a) The nurse administrator meets parent institution requirements for administrative and faculty appointment.

(b) The nurse administrator has a minimum of a Master of Nursing degree. Administrators appointed prior to January 1, 2009 and serving continuously since that time are recognized as meeting educational requirements of the Board.

(c) The nurse administrator has appropriate preparation and experience for assuming administrative responsibilities to include a minimum of two years of clinical experience as a registered or advanced practice nurse.

(d) The nurse administrator is employed full time with adequate time designated for administrative responsibilities.

(e) A written job description reflects responsibility for the administration of the nursing program to include:

(1) Leadership within the faculty for the development and implementation of the curriculum;

(2) Creation and maintenance of an environment conducive to teaching and learning;

(3) Liaison with the central administration and other units of the parent institution;

(4) Participating in the preparation and administration of the budget;

(5) Facilitating faculty development and performance review;

(6) Recommendation of faculty for appointment, promotion and retention;

(7) Maintaining relationships with central administration, clinical agencies, and appropriate state, regional and national agencies.

B. Students

1. Student admission, readmission, progression and graduation are governed by the established policies and procedures of the parent institution and the nursing program.

(a) Policies and procedures for admission, readmission, progression and graduation criteria are written, implemented, periodically reviewed, and provided to students.

(b) The nursing program has written rationale for policies for admission, readmission, progression and graduation that differ from the parent institution.

C. Faculty

1. The number of qualified faculty is adequate to meet the goals and objectives of the nursing program.

(a) The maximum ratio of faculty to students in an acute inpatient setting where students are providing direct patient care is one faculty member to eight students (1:8). If the parent institution and the clinical affiliate determine that the safety of patients, nursing faculty and students can be insured, the maximum acceptable ratio in acute inpatient settings is no greater than one faculty to ten students (1:10).

(b) The maximum ratio of faculty to students in non-acute clinical settings where students are providing direct patient care is one faculty member to ten students (1:10).

(c) Faculty are available to students for guidance/ referral.

(d) The majority of the faculty fulfill the fulltime faculty role as defined by the parent institution and the nursing program.

(e) There are provisions for a substitute instructor(s).

2. The academic and experience qualifications of the faculty are appropriate to support the goals and objectives of the nursing education program and meet the criteria of the parent institution.

(a) Nurse faculty must meet all of the following requirements:

(1) hold an unencumbered active license as a registered nurse in South Carolina or another Compact state;

(2) have a minimum of a Bachelor of Science degree in Nursing. A Master of Nursing degree is preferred. (Faculty appointed prior to October 1977 and serving continuously since that time shall be recognized as meeting the requirements of the Board);

(3) have a minimum of two years of clinical experience as a registered or advanced practice nurse.

(b) The general education faculty meet or exceed the parent institution's requirements for appointment.

3. Faculty personnel policies for the nursing program are written, consistent with those of the parent institution and implemented.

(a) There are written job descriptions that define the responsibilities for instructional personnel.

(b) There are written policies related to salary, vacation, sick leave, leave of absence, continued competency, insurance and retirement.

(c) All faculty will be responsible to the nurse administrator of the nursing program.

(d) Faculty shall not have additional employment responsibilities during the hours in which they are charged with the education and supervision of students.

(e) Participation in regularly planned faculty meetings is documented in minutes.

(f) Participation in the activities of the parent institution in ways that benefit the institution, the nursing education program and the faculty is evidenced by committee membership and minutes.

(g) Policies allow for continued faculty development and pursuit of academic study.

4. Faculty participate in activities which promote continuing professional development.

5. The full time equivalent (FTE) of qualified clinical instructors teaching students will not exceed 30 percent of the full time equivalent faculty (FTE) filled positions for the nursing program.

(a) The clinical instructor must meet all the following:

(1) hold an unencumbered active license as a registered nurse in South Carolina or another Compact state; and

(2) hold a minimum of a Bachelor of Science degree in nursing; and

(3) have a minimum of two years of clinical experience related to the area of assigned clinical teaching responsibilities.

(b) The clinical instructor functions under the supervision of a nursing faculty member who has overall course responsibility.

(c) The clinical instructor's responsibilities and guidelines for supervision are in writing.

#### D. Support Services

1. Learning resource centers are equipped and managed to provide instructional and support services to students and faculty.

(a) Library holdings/learning resources are adequate in number, appropriate to the program and accessible to students and faculty.

(b) There is a regular schedule for evaluation and deletion of outdated books and audiovisual materials.

2. Student services provided (i.e. health services, counseling, financial aid) are available to nursing students based on established criteria of the parent institution.

3. The parent institution provides a system to maintain permanent and cumulative student records in a manner that is designed to prevent unauthorized access, use, loss, and/or destruction.

4. Policies governing release of information from records is documented.

5. Secretarial/support services are sufficient to meet the needs of the nursing program, administrator and faculty.

#### E. Facilities

1. The parent institution provides adequate facilities to conduct the nursing program.

(a) Offices for the nursing administration, faculty and staff are provided.

(b) Classrooms and conference rooms are sufficient to meet the needs of the program.

(c) Library/learning resource centers (audio/visual/computer technologies) are readily available to students and faculty.

(d) Storage space for equipment and instructional materials is provided.

(e) The skills laboratory is sufficient in size and equipment to meet the needs of students.

2. The nursing program has written agreements with all affiliating agencies used to achieve the program objectives.

(a) Agreements which delineate the responsibilities of the clinical agency and the nursing program are jointly developed and current.

(b) Agreements are developed with clinical facilities that provide diverse clinical experiences with sufficient number and variety of patients to meet educational objectives.

(c) Agreements reflect that faculty retain responsibility for student learning experiences.

(d) Clinical affiliating agencies are licensed by the appropriate state or federal authorities.

#### F. Curriculum

1. The nursing curriculum is logically organized and internally consistent.

(a) Curriculum requirements are published.

(b) The curriculum reflects the philosophy, conceptual framework, goals and objectives of the nursing program.

(c) The objectives of each course, module or segment reflect the philosophy and purpose of the program.

(d) There is rationale for the organization and sequencing of learning experiences for the progressive development of knowledge and skills.

(e) There is rationale for the allocation of credit for nursing, nursing related and general education courses in the curriculum.

(f) There are written behavioral objectives for each course.

(g) There is an evaluation system that reflects the students' ability in relationship to theoretical and clinical objectives.

(h) Appropriate clinical experiences are arranged for each student to develop the necessary skills and competencies to deliver safe, effective nursing care.

2. The curriculum is developed, implemented and evaluated by faculty with opportunity for input from students.

(a) The process for curriculum decision making is clearly defined for the parent institution and the nursing program.

(b) There is documentation of student input into faculty decisions in curriculum matters.

3. The curriculum reflects and is consistent with the knowledge, skills and abilities required for the practice of practical nursing.

(a) The curriculum includes selected learning experiences in the promotion, restoration and maintenance of health of clients across the life span.

(b) The curriculum includes learning experiences consistent with the practical nurses' role in assisting with assessment, planning, intervention and evaluation.

(c) The curriculum includes the scope of practice for the licensed practical nurse in South Carolina.

#### G. General Education

1. The nursing curriculum includes general education content.

(a) The general education content is relevant to the practice of practical nursing.

(b) The general education content requirements are published.

(c) There is written documentation of periodic review of general education content.

2. The general education component meets or exceeds the criteria for the institution.

#### H. Program Evaluation

1. A written plan for the periodic evaluation of all components of the nursing program is developed and implemented.

(a) Written evaluations for the nursing education administrator(s), faculty and students are on file.

(b) Written evaluations from program graduates and their employers are on file.

(c) Records, reports and/or meeting minutes reflect evaluation of the curriculum and instruction.

(d) There is evidence that faculty and students participate in the evaluation of all major program components to include: clinical and campus facilities; learning resources and services; and instructional materials and equipment.

2. Findings from the evaluation of all components of the nursing program serve as the basis for program changes.

3. The nursing program prepares graduates that demonstrate competent practice at entry into practical nursing. The program's pass rate for first time takers of the National Council Licensure Examination for Practical Nurses (NCLEX-PN) will be maintained annually at no greater than 5 percent below the national pass rate.

**HISTORY: Added by State Register Volume 31, Issue No. 5, eff May 25, 2007.**

### **91-13. Board Authority to Grant Waiver.**

Upon a satisfactory showing that the goals of these Regulations may be met by alternative means or methods, the Board may grant exceptions and waivers to these Regulations in its discretion.

**HISTORY: Added by State Register Volume 31, Issue No. 5, eff May 25, 2007.**

**ARTICLE 3**  
**LICENSES; REVOCATION AND SUSPENSION; RENEWAL**

**91-19. Procedure for Disciplinary Hearings.**

(Statutory Authority: 1976 Code Sections 40-33-10 et seq.)

19.a. Responsibilities of the State Board of Nursing for South Carolina. The State Board of Nursing is empowered by Section 40-33-10, Code of Laws of South Carolina, 1976, as amended, to make rules and regulations for the practice of nursing in South Carolina. Section 40-33-110 further empowers the Board to suspend or revoke the license of any advanced practice registered nurse, registered nurse or any licensed practical nurse, qualified under the provisions of Chapter 33, after notice, a hearing and presentation of evidence satisfactory to the Board that the holder of the license has violated one of the provisions of Section 40-33-110. Accordingly, the Board has adopted these rules for the conduct of investigations into and hearings concerning allegations of violations of Section 40-33-110.

19.b. Regulation Exclusive. All proceedings for the investigation of complaints concerning alleged misconduct and all proceedings for the discipline of nurses licensed to practice in South Carolina shall be brought, conducted and disposed of in accordance with the provisions of Section 40-33-10 et. seq. and this Regulation.

19.c. Initial Complaint. Any person who has sufficient information that a licensee has committed an offense for which a license may be revoked or may be suspended may file a complaint with the Department of Labor, Licensing and Regulation ("Department"). All allegations of misconduct made by any person against a nurse licensed to practice in South Carolina shall be in writing and shall plainly and substantially set forth the offense charged, including the approximate time and place the offense occurred or was observed and the name or names of witnesses, if any.

19.d. Investigations. Upon the filing of an initial complaint with the Department, the Department shall cause an initial investigation to be made into the charges for the purpose of recommending a course of action to the Board. Upon presentation of the Department's report, the Board shall make the determination as to whether or not to hold a formal hearing.

19.e. Notice and Formal Complaint. If the Board finds that the complaint does not state facts sufficient to charge misconduct or that the complaint is otherwise without merit, the said complaint shall be dismissed and the Department shall so notify the complainant. If the Board determines that the complaint merits a formal hearing, the Department shall forthwith refer the matter to the Office of General Counsel for preparation of a formal complaint pursuant to a complete investigation. The formal complaint shall state the facts in a manner sufficient to notify the accused (respondent) of the charge or charges against him. Following preparation of the formal complaint, the Department shall mail it to the respondent by registered or certified mail or cause it to be personally served upon the respondent. Attached to the complaint shall be a hearing notice, to include date, time, and place of hearing, requiring the respondent within thirty (30) days after the receipt of such complaint to file with the Board his answer to the complaint. The answer shall be signed by the respondent or by his counsel or by both, and may, but need not be verified.

19.f. Hearing by Panel. The hearing shall be conducted by a hearing panel appointed by the Board.

19.g. Rules of Evidence.

1. Irrelevant, immaterial, or unduly repetitious evidence shall be excluded. Evidence shall be accepted in accordance with the rules normally following in civil cases in the Court of Common Pleas. The Board shall give effect to the rules of privilege recognized by law. Objections to evidentiary offers may be made and shall be noted in the record. Subject to these requirements, when a hearing will be expedited and the interests of the parties will not be prejudiced substantially, any part of the evidence may be received in written form;

2. Documentary evidence may be received in the form of copies or excerpts, if the original is not readily available. Upon request, parties shall be given an opportunity to compare the copy with the original;

3. A party may conduct cross-examinations required for a full and true disclosure of the facts;

4. Notice may be taken of judicially cognizable facts. In addition, notice may be taken of generally recognized technical or scientific facts within the Board's specialized knowledge. The Board's experience, technical competence, and specialized knowledge may be utilized in the evaluation of the evidence.

19.h. Duty of the Panel. The panel or examiner shall hear testimony and receive evidence and shall then make a report of the proceeding before it, including its findings of fact, conclusions and recommendations to the Board.

19.i. Review by the Board. When the panel has filed a report the Office of General Counsel shall before the Board acts upon such a report, notify the respondent or his counsel, if any, of the time and place which the Board will consider the report for the purpose of determining its action thereon, such notice to be sent by registered or certified mail or personal service, to be given not less than fifteen (15) days prior to such meeting. The respondent and his counsel shall have the right and shall be so informed in said notice to appear before the Board at said meeting and to submit briefs and be heard in oral argument in opposition to or in support of the recommendation of the panel. Upon consideration of the report of the panel and of the showing made to the Board, the Board may:

1. refer the matter back to the panel for further hearing; or
2. order a further hearing before the said Board or panel; or
3. proceed upon the record of the prior proceeding before the panel.

Upon its final review, the Board may either dismiss the complaint or find that the respondent is guilty of misconduct. A majority vote of those present and voting shall be required to find a violation of 40-33-110 (for the purpose of such action a quorum shall be four (4) Board members). If the complaint is dismissed, the Department shall notify the respondent and all counsel of record.

19.j. Duty of the Board after review. If the Board shall determine that the respondent is guilty of misconduct meriting suspension or revocation, it shall issue an order, including its findings of fact, conclusions of law, and decision of sanction, and shall forthwith notify the respondent or his counsel of such action by registered or certified mail or personal service, enclosing with such notice a copy of the Board's order. The notice shall inform the respondent of his/her right to appeal the decision of the Board.

19.k. Service of Notices, etc. Wherever in this Regulation provision is made for the service of any notice, order, report, or other paper or copy thereof upon any complainant, respondent, or petitioner in connection with any proceeding involving a complaint, service may be made upon counsel of record for such complainant, respondent or petitioner, either personally or by registered or certified mail.

19.l. President of the Board is Agent for Service of Notices on Non-resident Nurses. Service of any notice provided for in this Regulation upon any non-resident respondent who has been admitted to the practice of nursing, or upon any resident respondent who, having been so admitted, subsequently becomes a non-resident or cannot be found at his usual abode or place of business in the State, may be made by leaving with the President of the Board a true and attested copy of such notice and any accompanying documents and by sending to the respondent, by registered or certified mail, a like, true and attested copy, with an endorsement thereon of the service upon the said President, addressed to such respondent at his last known address. The postmaster's receipt of the payment of such registered or certified mail postage shall be attached to and made a part of the return of service of such notice. The panel or Board before which there is pending any proceeding in which notice has been given as provided in this section may order such continuance as may be necessary to afford the respondent reasonable opportunity to appear and defend. The President of the Board shall keep a record of the day and hour of the service upon him of such notice and any accompanying documents.

19.m. The Board shall have discretionary power to reinstate licenses previously disciplined in accordance with Section 40-33-110 and these Regulations, provided that the established reinstatement fee is paid in full to the Board and other conditions imposed by the Board are met.

**HISTORY:** Amended by State Register Volume 6, eff March 26, 1982; State Register Volume 11, Issue No. 5, eff May 22, 1987; State Register Volume 13, Issue No. 6, eff June 23, 1989; State Register Volume 18, Issue No. 3, eff March 25, 1994; State Register Volume 36, Issue No. 6, eff June 22, 2012.

**ARTICLE 4**  
**FEES**

**91-31. Fees.**

a. Names, addresses and authorized statistical data of licensed nurses may be released upon written request of agencies, individuals, and organizations. This service will be provided electronically or via CD for a cost of \$10.00.

b. Refund of fees will be made at the discretion of the Board.

c. The Board may charge fees as shown in South Carolina Code of Regulations Chapter 10-25 and on the South Carolina Board of Nursing website at <http://www.lnr.state.sc.us/POL/Nursing/>.

**HISTORY:** Former 91-30, amended by State Register Volume 8, Issue No. 6, eff June 22, 1984; State Register Volume 10, Issue No. 5, eff May 23, 1986; State Register Volume 11, Issue No. 5, eff May 22, 1987; State Register Volume 12, Issue No. 5, eff May 27, 1988; State Register Volume 13, Issue No. 6, eff June 23, 1989; renumbered 91-31 and amended by State Register Volume 16, Issue No. 6, eff June 26, 1992; State Register Volume 18, Issue No. 3, eff March 25, 1994; State Register Volume 36, Issue No. 6, eff June 22, 2012; State Register Volume 39, Issue No. 6, Doc. No. 4510, eff June 26, 2015.

**ARTICLE 5**  
**CODE OF ETHICS**

**91-32. Code of Ethics.**

The Board adopts the American Nurses Association's Code of Ethics: 2015.

**HISTORY:** Added by State Register Volume 38, Issue No. 6, Doc. No. 4447, eff June 27, 2014. Amended by SCSR 43-5 Doc. No. 4863, eff May 24, 2019.

**ARTICLE 6**  
**SAFEGUARDING PATIENT RECORDS**

**91-33. Safeguarding Patient Medical Records When a Nurse Licensee is Incapacitated, Disappears, or Dies.**

A. Each Advanced Practice Registered Nurse (APRN) licensee actively practicing within the State of South Carolina, in a solo practice setting, shall designate a partner, personal representative, or other responsible party to assume responsibility for patient medical records in the case of incapacity, death or disappearance of the licensee, including any circumstances whereby the licensee is unable for any reason to provide continuity of care, appropriate referral or patient medical records upon a valid request of the patient. Each APRN nurse licensee must identify by name, address, and telephone number their designee required by this regulation upon each application for initial licensure, renewal, and reinstatement.

B. Where the APRN licensee is incapacitated, disappears, or dies, and no responsible party is known to exist, the Administrator of the Board of Nursing may petition the Board Chair for an order appointing another licensee or licensees to take custody of, inventory, and disperse the medical records to patients or other authorized parties in accordance with the Patient Records Act and to take all other actions as appropriate to protect the interests of the patients. The Order of Appointment shall be a public document.

C. The Board of Nursing appointed licensee shall:

(1) Take custody of and safeguard the APRN licensee's available and accessible medical records;

(2) Notify each patient at the patient's address shown in the file, by first class mail, of the patient's right to obtain his or her medical records to which the patient is entitled and the time and place at which the medical records may be obtained;

(3) Post a notice in a conspicuous location at the impaired or unavailable licensee's last known business address advising the time and place at which patient medical records may be obtained;

(4) Publish, in a newspaper of general circulation in the county or counties in which the licensee resided or engaged in any substantial practice, once a week for three consecutive weeks, and notice of the discontinuance or interruption of the APRN's practice. The notice shall include: the name and



address of the licensee whose practice has been discontinued or interrupted; the time, date and location where patients may obtain their medical records; and the name, address and telephone number of the appointed licensee. The notice shall also be mailed, by first class mail, to any malpractice insurer or other entity having reason to be informed of the discontinuance or interruption of the practice;

(5) Release to each patient the records to which the patient is entitled unless release directly to the patient is expressly prohibited by state or federal law. The appointed licensee shall obtain a receipt from the patient for the medical records before releasing the medical records. In the event the release of medical records directly to the patient is prohibited by state or federal law, the Board of Nursing appointed licensee may release the records to an appropriate licensed healthcare provider, healthcare facility or patient's representative upon receipt of authorization to release from the patient, patient's representative or a court of law and shall obtain a receipt from the receiving party prior to the release of the records;

(6) Perform any other acts directed in the Order of Appointment; and

(7) The Board of Nursing appointed licensee may seek reimbursement for reasonable expenses incurred pursuant to the discharge of duties imposed by the Order of Appointment from the assets or estate of the incapacitated, unavailable or deceased APRN licensee.

D. The Board of Nursing appointed licensee shall petition the Board Chair for authorization to dispose of unclaimed records no sooner than 1 year from the Order of Appointment's execution.

E. When the Board of Nursing appointed licensee has complied with the provisions of this regulation, he or she may petition the Administrator of the Board for termination of the Order of Appointment by the Board Chair.

F. Neither the Board of Nursing appointed licensee nor any other person or entity appointed to assist the appointed licensee shall disclose any information contained in the patient records without the consent of the patient or the patient's duly authorized representative, except as necessary to carry out the Order of Appointment.

G. Neither the Board of Nursing appointed licensee nor any other person or entity appointed to assist the appointed licensee shall be responsible for reviewing the content of the medical records or ensuring compliance with any records retention policy set forth in either state or federal law.

H. While acting pursuant to the Order of Appointment, the Board of Nursing appointed licensee and any other person or entity appointed to assist the appointed licensee shall be considered an extension and agent of the South Carolina Board of Nursing.

I. The term of an Order of Appointment shall be for a period of no longer than 12 months. Upon application by the Board of Nursing appointed licensee, the Board Chair may extend the term of the order as necessary.

**HISTORY: Added by SCSR 47-5 Doc. No. 5151, eff May 26, 2023.**