

## Online Annual Compliance Survey Guidelines

The online Annual Compliance Survey includes the same questions and basic format as the previous year's compliance forms.

### Navigation, System Time-outs, and Multiple Sessions

- There are **Next** and **Previous** buttons on each page to navigate the survey. Each section must be completed before the system will allow you to move forward or backwards. When you click **Next** and move to the next page, the information entered will be saved in the system.
  - If you click **Next** and then realize that you need to edit the previous page, you will need to complete the information on the current page before the system will allow you to click on the **Previous** button.
- If you refresh your screen, get timed out, or log-out amid completing the survey, the system should save the data from when you last clicked on the **Next** navigator button.
  - There may be instances where the system brings you back to the beginning of the survey; however, the pages already completed should be saved, you will need to navigate through the survey to where you left off.

### Document Upload, Accreditation Documents, and Supporting Documents

- You will be required to download and complete two separate documents as part of the survey. The documents must be completed, converted to PDF, and then uploaded to the survey when instructed. The link to download the forms is available in the survey and found here: <https://mn.gov/boards/nursing/education/annual-compliance.jsp>.
- You do not need to submit your self-study/accreditation documents if they have previously been submitted to the Board. If you have recent accreditation correspondence or reports that have **not yet** been sent to the Board, you will be able to upload the documents under the **Supporting Documents** section of the online survey.
- Under the **Supporting Documents** section, you will be able to upload additional documents, if needed. To view all the documents that were uploaded during the survey, click the refresh button on your screen.

### Director, Lead Faculty, Faculty, and Non-nurse Faculty Entry

- The Director, Lead Faculty, Faculty, Non-nurse Faculty from last year's compliance survey should be listed in the online survey. You will need to confirm, remove, or add new faculty as needed.
  - **\*NOTE:** We tried to pull in all the Director, Lead Faculty, Faculty, and Non-nurse Faculty information from the previous year's survey; however, due to data conversion issues, information may be missing from some of the faculty records particularly related to degree, population foci, and program track information. You will be able to make updates to each faculty record. **Please review each record carefully to ensure the data is accurate and complete before confirming an individual's record.**
- Final Faculty list should include **only** those faculty teaching in fall term 2025. Faculty no longer employed or those not teaching during fall term 2025, will need to be removed from the faculty list.
- When entering faculty license or temporary permit numbers, enter only the RN number, **do not** include letters, or any other characters. You will not be required to enter in the APRN license number for APRN faculty, only the RN license number.

- You will need to identify the faculty as **APRN Faculty** (practicing/teaching as an APRN within their faculty role) or **RN Faculty** (practicing/teaching as an RN within their faculty role) under the **Faculty Type** field on the faculty entry page.
- Faculty listing requires information for the **Highest APRN Credential or Nursing Degree** and the **Highest Academic Degree** earned. The **Highest APRN Credential or Nursing Degree** should indicate the highest APRN credential if the person is practicing as an APRN in their role as Director/Lead Faculty/Faculty or the highest nursing degree, if they are practicing as an RN in their role as faculty.
- The **Highest Academic Degree** boxes may contain the same information as the **Highest APRN Credential or Nursing Degree** fields, if the APRN credential/nursing degree is the same as the person's highest academic degree.

## Confirmation Document and Review

- In the [Review](#) section of the survey, click on the **Download Confirmation** button to review a PDF copy of your survey responses before final submission. Once you click the **Finish** button, the *Annual Compliance Survey* will be submitted to the Board. A **Confirmation** document will be emailed to the Program Director, which includes a copy of the completed survey. You will also be able to access the **Confirmation** document under the **History** section of the program card.
- A sample of the online *Annual Compliance Survey* is detailed below, including directions and screen prints for each section of the survey. If you have questions, please contact the education department at [nursing.education@state.mn.us](mailto:nursing.education@state.mn.us).

### [Section 1 – Annual Compliance Survey Overview](#)

### [Section 2 – Program Contact Information](#)

### [Section 3 – Program Data Information](#)

### [Section 4 – Program Director Data](#)

### [Section 5 – Nursing Program Accreditation](#)

### [Section 6 – Affirm Student Clinical Learning](#)

### [Section 7 – APRN Pass Rate, Adm., Enroll, and Completion Data](#)

### [Section 8 – Faculty Data](#)

### [Section 9 – Director and Program Track Lead Qualifications](#)

### [Section 10 – Faculty Qualifications](#)

### [Section 11 – Non-Nurse Faculty who Teach](#)

### [Section 12 – Workers Compensation](#)

### [Section 13 – Supporting Documentation](#)

### [Section 14 – Review](#)

## Sample – Online Annual Compliance Report for Advanced Practice Nurse Programs

When a Program Director logs into their education account on the Board’s website, the **General** and **Program** card(s) will display. The Annual Compliance link will be available in the **Program** card(s) and will remain open until the compliance report has been submitted to the Board. The **More** link on the program card provides access to the **History** section which includes copies of materials submitted to the Board through Online Services, including the Annual Compliance Survey.

Only the Program Director will have online access to complete the compliance survey for their program; education users with an online account will **not** have access to the compliance survey.

PROGRAM (Sample University - APRN)		More >
CODE	APRN-01	<div>NAVIGATE</div> <div>Annual Compliance ←</div>
TYPE	APRN	
STATUS	Approved	
APPROVED	12/31/2026	
NEXT SURVEY	-	
PENDING STUDENTS	-	
PENDING ACTIVITY COUNT	-	

## Section 1 – Annual Compliance Survey Overview

You will be required to download and complete two separate documents as part of the survey. The documents must be completed, converted to PDF, and then uploaded later in the survey. Download the two documents by clicking on the [Annual Compliance Forms](#) link on this page. The Director's typed name will serve as an official signature under the **Acknowledgement** statement.

You must complete each section of the survey before the system will allow you to move forward to the next section.

### EDUCATION PROGRAM ANNUAL COMPLIANCE (APRN)

#### 1 Annual Compliance Survey

Minnesota Rules (MR) [6301.2360](#), subp. 2, subp. 3, and subp. 6 requires the Minnesota Board of Nursing to annually survey for evidence of compliance in the following matters regarding program approval:

- Evidence of current accreditation;
- Accreditation reports;
- Any correspondence related to the status of the program's accreditation;
- Worker's compensation coverage;
- Compliance with program approval rules including licensure and credential status of faculty ([MR 6301.2340 subp. 3A \(5\), 3A \(7\), 3A \(8\) and 3A \(9\), 3A \(12\), 3A \(13\), 3A \(14\), and 3A \(15\)\(e\)](#)); and
- Minimum nursing education data set as requested by the Board.

**The 2025 Annual Compliance Survey must be submitted to the Board by October 3, 2025.**

Failure to submit evidence of compliance by the specified date may result in an allegation of noncompliance with possible action by the Minnesota Board of Nursing in accordance with [MR 6301.2360, subp. 8, subp. 9, and subp. 10](#).

In accordance with Minnesota Statutes [section 13.03](#), subdivision 1, of the Government Data Practices Act, all data submitted in connection with this application is classified as public.

**The following two forms will need to be completed and uploaded as part of the survey.** Download the forms from this page: [Annual Compliance Forms](#), convert the completed forms to PDF, and then upload the forms later in the survey.

- Download the **APRN Pass Rate, Admission, Enrollment and Completion Data** document.
- Download the **Worker's Compensation** document.

Link to access the two forms that will need to be uploaded later in the survey.

#### ACKNOWLEDGEMENT

☒ By checking this box, I attest that the information provided in this survey for evidence of compliance is true and correct. **Please sign and date below.**

SIGNATURE

Program Director's typed name will serve as an official signature

DATE

07/17/2025

When you click on the [Annual Compliance Forms](#) link, the page below displays. Directors of Advanced Practice Nursing programs will need to download the [APRN Pass Rate, Admission, Enrollment and Completion Data](#) and [Worker's Compensation](#) documents. Complete the documents, convert to PDF, and upload them when instructed later in the survey.

# Annual Compliance

## PN and RN Compliance Forms

Directors of Practical, Associate, Baccalaureate, and Master's entry programs will need to download the following three forms. The forms must be completed, converted to PDF, and uploaded with submission of the Annual Compliance Survey for each pre-licensure program. During completion of the compliance survey, you will be directed on where to upload the appropriate document.

1. [Direct Student Clinical Learning Activities](#)
2. [Simulated Student Clinical Learning Activities](#)
3. [Worker's Compensation](#)

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## APRN Compliance Forms

Directors of Advanced Practice programs will need to download the following two forms. The forms must be completed, converted to PDF, and uploaded with submission of the Annual Compliance Survey. During completion of the compliance survey, you will be directed on where to upload the appropriate document.

1. [APRN Pass Rate, Admission, Enrollment, and Completion Data](#) 
2. [Worker's Compensation](#) 

Download and complete two forms as part of survey completion.

## Section 2 – Program Contact Information

The current Program and Director contact information on file with the Board will be listed on the left. If there are any changes, enter the updated information in the applicable box(es) located in the right-hand column (see sample below with phone and campus changes in the right-hand column). **If there are no changes, you do not need to fill in anything on this page.**

<b>Name</b>	Sample University
<b>Address</b>	123 Main Street, Minneapolis, MN 55432
<b>Web Address</b>	www.sampleuniversity.edu
<b>School Phone</b>	612-111-0000
<b>Toll Free Number</b>	800-222-0000
<b>Information for Extended Campus(es)</b>	St. Paul Campus, 456 College Drive, St. Paul, MN 55101

<i>Enter updated info, if applicable</i>
<i>Enter updated info, if applicable</i>
<i>Enter updated info, if applicable</i>
<i>Enter updated info, if applicable</i>
888-333-4444
Add campus: Duluth Campus, 789 University Blvd, Duluth, MN 55810

### PROGRAM DIRECTOR

<b>Name and Credentials</b>	Mary Poppins, DNP, MSN, RN
<b>Official Title</b>	Program Director
<b>Phone Number</b>	612-111-2222
<b>Email Address</b>	mary.poppins@sampleuniversity.edu

<i>Enter updated info, if applicable</i>
<i>Enter updated info, if applicable</i>
<i>Enter updated info, if applicable</i>
<i>Enter updated info, if applicable</i>

## Section 3 – Program Data Information

Respond “yes” or “no” to each of the items below to indicate if the nursing program has experienced any major organizational changes over the past year. If you answer “yes” to items #3, #4, or #8, a text box will display below each item for you to type further information/explanation.

### 3 Section 3: Program Data Information

Respond (Y/N) to the questions below to indicate if the Nursing Program has experienced any major organizational changes over the past year.

1. NEW DIRECTOR (YES/NO)

2. NEW ASSISTANT/ASSOCIATE DIRECTOR (YES/NO)

3. STAFF CHANGES (YES/NO, IF YES DETAIL THE STAFF CHANGES OVER THE PAST YEAR)

4. FACULTY CHANGES (YES/NO, IF YES DETAIL THE FACULTY CHANGES OVER THE PAST YEAR)

5. CHANGE IN UNIVERSITY/COLLEGE LEADERSHIP (E.G. PROVOST OR PRESIDENT) (YES/NO)

6. COLLAPSING PROGRAMS (YES/NO)

7. ECONOMIC EFFICIENCIES/BUDGET REDUCTIONS (YES/NO)

8. OTHER (YES/NO, IF YES, DETAIL THE ORGANIZATIONAL CHANGES OVER THE PAST YEAR)

## Section 4 – Program Director Data

Respond to each of the questions below. If you answer “**yes**” to question #4, a text box will display below the question for you to type further information/explanation.

4

### Section 4: Program Director Data

1. IN THE PAST FIVE YEARS, HOW MANY DIRECTORS, INCLUDING INTERIM DIRECTORS, HAS THE PROGRAM HAD?

2. DOES THE PROGRAM DIRECTOR HAVE ADMINISTRATIVE RESPONSIBILITY FOR ALLIED HEALTH PROGRAMS?

3. DOES THE PROGRAM DIRECTOR HAVE DEDICATED ADMINISTRATIVE SUPPORT?

4. DO YOU NEED ADDITIONAL SPACE TO CLARIFY RESPONSES?



## Section 5 – Nursing Program Accreditation

In **box #1**, report each agency with which the APRN program holds accreditation and identify the date(s) of the last accreditation visit(s) (e.g., CCNE: May 5-6, 2022; ACME: March 9-10, 2019).

In **box #2**, for each agency with which the APRN program holds accreditation, identify the date(s) of the upcoming accreditation visit(s). If you do not know the exact date of the last accreditation visit or upcoming accreditation visit, please input the general time period and year (e.g., CCNE: Spring 2027 or ACME: Fall 2030).

If you have recent accreditation documentation that has **not** yet been submitted to the Board, please upload those documents later in the survey under the [Supporting Documentation](#) section.

### 5 Section 5: Nursing Program Accreditation

All Board of Nursing-approved nursing education programs must provide evidence of current accreditation by a national nursing accrediting body approved by the United States Department of Education by January 1, 2018, or must have achieved candidacy status leading to such accreditation and demonstrated satisfactory progression toward obtaining the accreditation. ([MR 6301.2360 subp. 2.](#))

1. FOR EACH AGENCY, WITH WHICH THE APRN PROGRAM HOLDS ACCREDITATION, IDENTIFY THE AGENCY AND THE DATE OF THE LAST ACCREDITATION VISIT. EX. CCNE: APRIL 1, 2016; COA: NOVEMBER 6, 2021; ACME: MAY 9, 2018

2. FOR EACH AGENCY, WITH WHICH THE APRN PROGRAM HOLDS ACCREDITATION, IDENTIFY THE AGENCY AND THE DATE OF THE UPCOMING ACCREDITATION VISIT. EX. CCNE: MARCH 22-23, 2026; COA: FALL 2030; ACME: SPRING 2028

MR 6301.2360 subp. 2 also stipulates that "all reports and communication with accrediting bodies must be submitted to the board including: evidence of current accreditation; accreditation reports; and any correspondence related to the status of the program's accreditation."

Program Directors are responsible for providing copies of all accreditation documents and correspondence to the Board when submitted and/or received from the accrediting organization. If you have recent accreditation materials that have not yet been submitted to the Board, please upload the documents under the **Supporting Documentation** section of this survey.

## Section 6 – Affirm Student Clinical Learning

Respond “yes” or “no” to the questions below regarding clinical learning activities and integration of some form of simulation. If you answer “**yes**” to questions #5 or #6, a text box will display below each question for further information/explanation.

If you answer “yes” to question #6, please abbreviate the state(s)/province(s) and put a comma in between each entry, e.g., *WI, ND, IA, BC, Germany, Mexico*.

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### Section 6: Affirm Student Clinical Learning

For the time period of **January 1, 2025 through December 31, 2025**, provide compliance with [MR 6301.2340 subp. 3.A\(5\) \(a-d\)](#), regarding clinical learning activities and integration of some form of simulation by answering the questions below.

If you answer “**yes**” to question #6, please abbreviate the state(s)/province(s) and put a comma in between each entry, e.g., *WI, ND, IA, BC, Germany, Mexico*.

1. ALL STUDENTS HAVE BEEN PROVIDED LEARNING ACTIVITIES TO ACQUIRE AND DEMONSTRATE COMPETENCE IN CLINICAL SETTINGS WITH PATIENTS IN AT LEAST ONE AND THE APPROPRIATE POPULATION FOCUS.



2. THE FACULTY HAVE OVERSIGHT OVER CLINICAL LEARNING ACTIVITIES.



3. STUDENTS ARE PROVIDED DIVERSE LEARNING ACTIVITIES INCLUDING CLINICAL SIMULATION.



4. STUDENTS WHO ARE PREPARING FOR MORE THAN ONE POPULATION FOCUS OR COMBINED ROLES HAVE CONTENT AND CLINICAL EXPERIENCES IN BOTH FUNCTIONAL ROLES AND THE APPROPRIATE POPULATION FOCI.



5. DO YOU NEED ADDITIONAL SPACE TO CLARIFY RESPONSES (Y/N)?



6. DO STUDENTS COMPLETE CLINICAL LEARNING EXPERIENCES IN OTHER COUNTRIES, STATES, OR JURISDICTIONS (Y/N)?






## Section 7 – APRN Pass Rate, Adm., Enroll., and Completion Data

The [APRN Pass Rate, Admission, Enrollment and Completion Data](#) form is one of the documents downloaded at the beginning of the survey. Upload the completed document (converted to PDF) to this page by clicking on the **Upload** icon. You must upload the completed [APRN Pass Rate, Admission, Enrollment and Completion Data](#) form to this page before the system will allow you to move forward with the survey.

### 7 Section 7: APRN Pass Rate, Adm., Enroll. and Completion Data

1

If you have not already done so, download the **APRN Pass Rate, Admission, Enrollment and Completion Data** form by clicking on the following link: [Annual Compliance Forms](#). Convert the completed form to PDF and click the **Upload** icon on this page to attach the document. The completed form must be submitted as part of the Annual Compliance Survey.

STATUS	DESCRIPTION	MESSAGE	UPLOAD
Open	APRN Pass Rate, Admission, Enrollment and Completion Data		 

1. Click on the **Upload** icon.
2. The **Upload Documents** page will display (see image below). Click on the **+** symbol to add a document.

### UPLOAD DOCUMENTS

2

#### DOCUMENTS



FILE NAME	NAME	DATE
-----------	------	------

*No entries. Click (+) to add.*

✓ Ok

✗ Cancel

3. The **Document (New)** page will display. You can click on the **+ Choose** box to search for the document in your folders or you can drag and drop the document in the identified box.

DOCUMENT - {NEW}

3



+ Choose



Drag and drop files here



NAME

APRN Pass Rate, Admission, Enrollment and Completion Data



DESCRIPTION

✓ Ok

✗ Cancel

4. Once a document is added to the page, the document name will appear in the top box. Type a brief description in the **Description** box and click the **OK** button.

DOCUMENT - {NEW} **4**

---

+ Choose

Sample Univ - APRN Pass Rate\_Completion.pdf  82 KB

NAME

APRN Pass Rate, Admission, Enrollment and Completion Data 

DESCRIPTION

Compliance document 

✓ Ok

✕ Cancel

5. The **Upload Documents** page will display the document(s) ready for upload. If an edit of the description is needed, click on the **Pencil** icon. If the form needs to be removed, click on the **Remove** icon. If more than one document needs to be uploaded, click on the **+** symbol to upload additional documents. Once all applicable documents have been added to the **Upload Documents** page, click on the **OK** button.

## DOCUMENTS



FILE NAME	NAME	DATE		
Sample Univ - APRN Pass Rate_Completion.pdf	APRN Pass Rate, Admission, Enrollment and Completion Data	08/11/2025		

✓ Ok

✗ Cancel

6. Once the upload(s) are added, **Section 7 Upload** page will display with a ✓ indicating the upload will complete once you click Next.

## 7 Section 7: APRN Pass Rate, Adm., Enroll. and Completion Data

If you have not already done so, download the **APRN Pass Rate, Admission, Enrollment and Completion Data** form by clicking on the following link: [Annual Compliance Forms](#). Convert the completed form to PDF and click the **Upload** icon on this page to attach the document. The completed form must be submitted as part of the Annual Compliance Survey.

STATUS	DESCRIPTION	MESSAGE	UPLOAD
Open	APRN Pass Rate, Admission, Enrollment and Completion Data		✓

**NOTE:** Only the *APRN Pass Rate, Admission, Enrollment and Completion Data* form(s), should be uploaded to this page. You will not be able to make any edits or remove the form(s) once you leave the **APRN Pass Rate, Adm., Enroll., and Completion Data** page. You will be instructed to upload the *Worker's Compensation* form later in the survey. There will also be a section for you to upload any additional documents, if needed.

## Section 8 – Faculty Data

Select “yes” or “no” responses from the drop-down boxes. If you answer “**yes**” to question #3, a text box displays for further information/explanation.

8

### Section 8: Faculty Data

1. DOES THE PROGRAM OFFER FORMAL ORIENTATION FOR NEW NURSING FACULTY? FORMAL ORIENTATION OF NEW NURSING FACULTY INCLUDES AN OVERVIEW OF THE PROGRAM AND FACULTY RESOURCES, POLICIES AND PROCEDURES, WORKLOAD, FACULTY APPRAISAL, CURRICULUM AND SYLLABUS DEVELOPMENT, STUDENT ASSESSMENT, DIDACTIC AND CLINICAL TEACHING RESPONSIBILITIES, STUDENT ADVISEMENT, ETC.

2. DOES THE PROGRAM OFFER FORMAL MENTORING FOR NEW NURSING FACULTY? FORMAL MENTORING INCLUDES ASSIGNMENT OF A SEASONED (AT LEAST ONE YEAR OF TEACHING) FACULTY MEMBER WHO HAS TAUGHT AT THE SAME LEVEL FOR THE PURPOSE OF PROVIDING ONGOING SUPPORT, COACHING, GUIDANCE, AND FACULTY DEVELOPMENT FOR NEW FULL-TIME FACULTY.

3. DO YOU NEED SPACE BELOW TO CLARIFY THE RESPONSES FOR QUESTIONS 1 AND 2?

## Section 9 – Director and Program Track Lead Qualifications

The Program Director and Lead Faculty entered on the previous year’s compliance survey should appear on screen. There can only be **one** current Director listed for each program. The steps to confirm, remove, or add a member is the same for the Director Qualifications, Lead Faculty and Faculty Qualifications (next section of the survey).

**NOTE:** We did our best in pulling over the Director, Lead Faculty, and Faculty information from the previous year’s annual compliance survey; however, due to data retrieval issues, information may be missing from some of the faculty records particularly related to degree, population foci, and program track information. You will be able to make updates to each faculty record. **Please review each record carefully to ensure the data is accurate before confirming an individual’s record.**

Review the applicable steps below to confirm the listed Director/Lead Faculty (**A.**), remove the listed Director/Lead Faculty (**B.**), or add a new Director/Lead Faculty (**C.**).

## 9 Section 9: Director & Program Track Lead Qualifications

Provide information for compliance with [MR 6301.2340 subp. 3A \(6\), 3A \(9\), 3A \(10\) and 3A \(11\)](#) .

- Director and faculty tables require the highest APRN credential or nursing degree earned and the highest academic degree earned.
- The **Highest APRN Credential or Nursing Degree** boxes should indicate the highest APRN credential earned for APRN faculty and the highest nursing degree earned for RN faculty.
- Provide information for the Director of the nursing program employed to accomplish the mission, goals, and expected student and faculty outcomes. **There should only be one Director listed for the program.**
- Provide information for each Lead Faculty member employed to provide direct oversight for the advanced practice program in a role and population focus.

If the Program Director and/or Lead Faculty members have changed, click on the **Remove** icon and follow prompts to confirm removal. Add the new Program Director and/or Lead Faculty by clicking on the **+** icon and following the prompts to enter the new Director/Lead Faculty's information. If the Program Director and/or Lead Faculty are the same, click on the **Confirm** icon, review information and make changes if needed, click on the Acknowledgement button to confirm information is true.

Click checkmark to confirm if Director or Lead Faculty remains the same

### FACULTY

LICENSEE	NAME	FIRST	TITLE	FT/PT (COLLEGE)	FT/PT (PROGRAM)	ACTION	
RN 123456	Poppins	Mary	Director	Full-Time	Full-Time	** none **	  
RN 000111	Banks	Michael	Lead Faculty	Full-Time	Full-Time	** none **	 
RN 222555	Mouse	Minnie	Lead Faculty	Full-Time	Full-Time	** none **	 

**A. Confirm Director/Lead Faculty.** If the Program Director and/or Lead Faculty remains the same, verify the information by clicking on the ✓ checkmark symbol. The **Faculty Review** page will display (see image below).

**Review the information for FT/PT status, Nursing and Academic Degrees, Population Foci and Program Tracks.** Follow the numbered steps with the sample **Faculty Review** page pictured below:

1. Select the appropriate role from the **Faculty Type** box (Director or Lead Faculty).
2. **FT/PT at the College:** FT/PT status should be determined based on the HR hiring practices at your college or university. **FT/PT at this Program** should indicate the Director/faculty's status for this program only. For example, if the Director/faculty is hired FT at the college but their assignment is divided between this program and another offered by your institution, they may be considered PT for this program.



3. The **Highest APRN Credential or Nursing Degree** should indicate the highest APRN credential, if the person is practicing as an APRN in their role as Director/Lead Faculty/Faculty; **or** the highest nursing degree, if they are practicing as an RN in their role as faculty. **Education Specialty** field should indicate the degree major or specialty; **Education Name** field should include the name of the college or university, city and state of location.
4. The **Highest Academic Degree** boxes may contain the same degree information as the **APRN Credential or Nursing Degree** fields if the APRN credential/nursing degree is the same as the person's highest academic degree. **Education Specialty** field should indicate the degree major or specialty; **Education Name** field should include the name of the college or university, city and state of location.
5. If person is practicing as an APRN in their role as Director/Lead Faculty/Faculty, check the applicable **Population Foci** boxes for which they hold certification.
6. For each Director, Lead Faculty, and Faculty member, check all the applicable **Program Track** boxes for which the person serves as Director/Lead Faculty/Faculty.
7. If anything has changed, make the necessary updates and click on the attestation statement at the bottom of the page.

## FACULTY REVIEW



LICENSE		NUMBER	
Registered Nurse		123456	

Mary Poppins

FACULTY TYPE		1	
Director			

FT/PT AT THE COLLEGE	2	FT/PT AT THIS PROGRAM
Full-Time		Full-Time

HIGHEST APRN CREDENTIAL OR NURSING DEGREE				3	
DEGREE	YEAR	EDUCATION SPECIALTY	EDUCATION NAME		
Doctorate	2014	Nursing	Disney University, Orlando, FL		

HIGHEST ACADEMIC DEGREE				4	
DEGREE	YEAR	EDUCATION SPECIALTY	EDUCATION NAME		
Doctorate	2014	Nursing	Disney University, Orlando, FL		

## POPULATION FOCI

5

- ☒ 1 - Family/Individual Across the Lifespan
- ☒ 2 - Adult, Gerontology, or Adult/Gerontology
- ☐ 3 - Neonatal
- ☐ 4 - Pediatrics
- ☐ 5 - Women's Health/Gender Related Health
- ☐ 6 - Psychiatric/Mental Health

## ACKNOWLEDGEMENT

7

- ☒ I attest that this information is true and accurate

## PROGRAM TRACKS

6

- ☒ 1 - Adult/Gerontology Nurse Practitioner
- ☐ 2 - Adult/Gerontology Clinical Nurse Specialist
- ☒ 3 - Family Nurse Practitioner
- ☐ 4 - Nurse Anesthetist
- ☐ 5 - Nurse Midwife
- ☐ 6 - Pediatric Nurse Practitioner
- ☐ 7 - Pediatric Clinical Nurse Specialist
- ☐ 8 - Psychiatric/Mental Health Nurse Practitioner
- ☐ 9 - Women's Health Nurse Practitioner

- Follow the same steps to confirm the Director and/or Lead Faculty members that remain the same and are currently practicing/teaching in the program during fall semester 2025.

LICENSE

Registered Nurse

NUMBER

222555



Minnie Mouse

FACULTY TYPE

Lead Faculty



FT/PT AT THE COLLEGE

Full-Time



FT/PT AT THIS PROGRAM

Full-Time



HIGHEST APRN CREDENTIAL OR NURSING DEGREE

DEGREE

Masters



YEAR

2012

EDUCATION SPECIALTY

WHNP

EDUCATION NAME

Disney College, Anaheim, CA

HIGHEST ACADEMIC DEGREE

DEGREE

Doctorate



YEAR

2021

EDUCATION SPECIALTY

Nursing

EDUCATION NAME

Disney University, Orlando, FL

## POPULATION FOCI

- ☐ 1 - Family/Individual Across the Lifespan
- ☐ 2 - Adult, Gerontology, or Adult/Gerontology
- ☐ 3 - Neonatal
- ☐ 4 - Pediatrics
- ☒ 5 - Women's Health/Gender Related Health
- ☐ 6 - Psychiatric/Mental Health

## PROGRAM TRACKS

- ☐ 1 - Adult/Gerontology Nurse Practitioner
- ☐ 2 - Adult/Gerontology Clinical Nurse Specialist
- ☐ 3 - Family Nurse Practitioner
- ☐ 4 - Nurse Anesthetist
- ☐ 5 - Nurse Midwife
- ☐ 6 - Pediatric Nurse Practitioner
- ☐ 7 - Pediatric Clinical Nurse Specialist
- ☐ 8 - Psychiatric/Mental Health Nurse Practitioner
- ☒ 9 - Women's Health Nurse Practitioner

## ACKNOWLEDGEMENT

- ☒ I attest that this information is true and accurate

FACULTY
+

LICENSEE	NAME	FIRST	TITLE	FT/PT (COLLEGE)	FT/PT (PROGRAM)	ACTION
RN 123456	Poppins	Mary	Director	Full-Time	Full-Time	<div>Verified (with changes) </div> <div></div>
RN 222555	Mouse	Minnie	Lead Faculty	Full-Time	Full-Time	<div>Verified (with changes) </div> <div></div>
RN 000111	Banks	Michael	Lead Faculty	Full-Time	Full-Time	<div>** none ** </div> <div></div>

- The confirmed Director and Lead Faculty should now display with an action of **Verified** or **Verified (with changes)** on the **Director Qualifications and Program Track Lead Qualifications** page.

**B. Remove Director/Lead Faculty.** If the Program Director/Lead Faculty have changed, delete the listed person by clicking on the Remove icon. The **Faculty Review** page will display.

FACULTY +

LICENSEE	NAME	FIRST	TITLE	FT/PT (COLLEGE)	FT/PT (PROGRAM)	ACTION
RN 123456	Poppins	Mary	Director	Full-Time	Full-Time	Verified (with changes) ✓ 
RN 222555	Mouse	Minnie	Lead Faculty	Full-Time	Full-Time	Verified (with changes) ✓ 
RN 000111	Banks	Michael	Lead Faculty	Full-Time	Full-Time	** none ** ✓ 

Click to remove listed Director/Lead Faculty/Faculty member

## FACULTY REVIEW

LICENSE NUMBER

Registered Nurse ▼

222555 ✓

### Michael Banks

FACULTY TYPE

Lead Faculty ▼

FT/PT AT THE COLLEGE FT/PT AT THIS PROGRAM

Full-Time ▼

Full-Time ▼

### HIGHEST APRN CREDENTIAL OR NURSING DEGREE

DEGREE YEAR EDUCATION SPECIALTY EDUCATION NAME

Masters ▼

2010

Nursing FNP

U of North Dakota – Grand Forks, ND

### HIGHEST ACADEMIC DEGREE

DEGREE YEAR EDUCATION SPECIALTY EDUCATION NAME

Doctorate ▼

2025

Nursing

U of North Dakota, Grand Forks, ND


## POPULATION FOCI

- ☐ 1 - Family/Individual Across the Lifespan
- ☐ 2 - Adult, Gerontology, or Adult/Gerontology
- ☐ 3 - Neonatal
- ☐ 4 - Pediatrics
- ☐ 5 - Women's Health/Gender Related Health
- ☐ 6 - Psychiatric/Mental Health

## PROGRAM TRACKS

- ☐ 1 - Adult/Gerontology Nurse Practitioner
- ☐ 2 - Adult/Gerontology Clinical Nurse Specialist
- ☐ 3 - Family Nurse Practitioner
- ☐ 4 - Nurse Anesthetist
- ☐ 5 - Nurse Midwife
- ☐ 6 - Pediatric Nurse Practitioner
- ☐ 7 - Pediatric Clinical Nurse Specialist
- ☐ 8 - Psychiatric/Mental Health Nurse Practitioner
- ☐ 9 - Women's Health Nurse Practitioner

## ACKNOWLEDGEMENT


- ☒ I acknowledge the removal of this faculty 

- Click on the acknowledgement statement at the bottom of the page to confirm removal of the person from the Director/Lead Faculty list.

FACULTY							+	
LICENSEE	NAME	FIRST	TITLE	FT/PT (COLLEGE)	FT/PT (PROGRAM)	ACTION		
RN 123456	Poppins	Mary	Director	Full-Time	Full-Time	Verified (with changes)	✓	🗑️
RN 222555	Mouse	Minnie	Lead Faculty	Full-Time	Full-Time	Verified (with changes)	✓	🗑️
RN 000111	Banks	Michael	Lead Faculty	Full-Time	Full-Time	Removed	✓	🗑️

- The Lead Faculty who was removed should now display with an action of **Removed** on the **Director and Program Track Lead Qualifications** page. Follow the steps below (step **C.**) if you need to add a new Director or Lead Faculty member.

**C. Add New/Current Director/Lead Faculty.** To add the new/current Program Director/Lead Faculty, click on the **+** symbol.

FACULTY							Click to add new/current Director/Lead Faculty 
LICENSEE	NAME	FIRST	TITLE	FT/PT (COLLEGE)	FT/PT (PROGRAM)	ACTION	
RN 123456	Poppins	Mary	Director	Full-Time	Full-Time	Verified (with changes)	✓ 
RN 222555	Mouse	Minnie	Lead Faculty	Full-Time	Full-Time	Verified (with changes)	✓ 
RN 000111	Banks	Michael	Lead Faculty	Full-Time	Full-Time	Removed	✓ 

- The **Add Faculty** box will display. Enter the Director/Lead Faculty's RN license number (only numbers; no letters or other characters) under the **Number** box. Select the **Faculty Type** as Director or Lead Faculty. Click within the page and the person's name should appear with a green checkmark next to license number. (see image below)

#### ADD FACULTY

LICENSE	NUMBER
Registered Nurse 	444888 

Donald Duck 

FACULTY TYPE
Lead Faculty  


After entering the **License Number** and **Faculty Type**, click within the page and the person's name should appear with a green checkmark next to the license number to indicate a valid license number.

Follow the numbered steps with the sample **Add Faculty** page pictured below:

1. Select the appropriate role from the **Faculty Type** box (Director or Lead Faculty).
2. **FT/PT at the College:** FT/PT status should be determined based on the HR hiring practices at your college or university. **FT/PT at this Program** should indicate the Director/faculty's status for this program only. For example, if the Director/faculty is hired FT at the college but their assignment is divided between this program and another offered by your institution, they may be considered PT for this program.
3. The **Highest APRN Credential or Nursing Degree** fields should indicate the highest APRN credential if the person is practicing as an APRN in their role as Director/Lead Faculty/Faculty; or the highest nursing degree, if they are practicing as an RN in their role as faculty. **Education Specialty** field should indicate the degree major or specialty; **Education Name** field should include the name of the college or university, city and state of location.

4. The **Highest Academic Degree** fields may contain the same degree information as the **APRN Credential or Nursing Degree** fields if the APRN credential/nursing degree is the same as the person's highest academic degree. **Education Specialty** field should indicate the degree major or specialty; **Education Name** field should include the name of the college or university, city and state of location.
5. If the person is practicing as an APRN in their role as Director/Lead Faculty/Faculty, check the applicable **Population Foci** boxes for which they hold certification.
6. For each Director, Lead Faculty, and Faculty member, check all the applicable **Program Track** boxes for which the person serves as Director/Lead Faculty/Faculty.
7. Click on the **Acknowledgement** statement at the bottom of page to add faculty.

## ADD FACULTY



**LICENSE**

Registered Nurse
⌵

**NUMBER**

444888
✓

**Donald Duck**

**FACULTY TYPE**

Lead Faculty
✕ ⌵

**FT/PT AT THIS PROGRAM**

Full-Time
✕ ⌵

**FT/PT AT THE COLLEGE**

Full-Time
✕ ⌵

**HIGHEST APRN CREDENTIAL OR NURSING DEGREE**

**DEGREE**

Masters
✕ ⌵

**YEAR**

2010
⌵

**EDUCATION SPECIALTY**

Nursing - AGNP
⌵

**EDUCATION NAME**

Disney College, Anaheim, CA
⌵

**HIGHEST ACADEMIC DEGREE**

**DEGREE**

Doctorate
✕ ⌵

**YEAR**

2021
⌵

**EDUCATION SPECIALTY**

Education
⌵

**EDUCATION NAME**

Disney University, Orlando, FL
⌵

✓ Ok

✕ Cancel



## POPULATION FOCI

5

- ☐ 1 - Family/Individual Across the Lifespan
- ☒ 2 - Adult, Gerontology, or Adult/Gerontology
- ☐ 3 - Neonatal
- ☐ 4 - Pediatrics
- ☐ 5 - Women's Health/Gender Related Health
- ☐ 6 - Psychiatric/Mental Health

## PROGRAM TRACKS

6

- ☒ 1 - Adult/Gerontology Nurse Practitioner
- ☐ 2 - Adult/Gerontology Clinical Nurse Specialist
- ☒ 3 - Family Nurse Practitioner
- ☐ 4 - Nurse Anesthetist
- ☐ 5 - Nurse Midwife
- ☐ 6 - Pediatric Nurse Practitioner
- ☐ 7 - Pediatric Clinical Nurse Specialist
- ☒ 8 - Psychiatric/Mental Health Nurse Practitioner
- ☐ 9 - Women's Health Nurse Practitioner

## ACKNOWLEDGEMENT

7

- ☒ I acknowledge the addition of this faculty

- The new Lead Faculty should now display on the **Director and Program Track Lead Qualifications** page with an Action status as **New**. Once the Director and Lead Faculty list is completed, with all individuals having been verified, removed or added, click on the **Next** button to move onto the next section of the survey.

## FACULTY



LICENSEE	NAME	FIRST	TITLE	FT/PT (COLLEGE)	FT/PT (PROGRAM)	ACTION		
RN 444888	Duck	Donald	Lead Faculty	Full-Time	Full-Time	New		
RN 123456	Poppins	Mary	Director	Full-Time	Full-Time	Verified (with changes)		
RN 222555	Mouse	Minnie	Lead Faculty	Full-Time	Full-Time	Verified (with changes)		
RN 000111	Banks	Michael	Lead Faculty	Full-Time	Full-Time	Removed		

**Reminder:** Only one current Director should be listed; multiple Lead Faculty may be listed, depending on the program.

## Section 10 – Faculty Qualifications

The nursing faculty members entered on the previous year's compliance survey should appear on screen. You will need to confirm or remove each of the listed faculty members. Follow the steps/screenprints detailed under [Section 9 - Director and Program Track Lead Qualifications](#) to:

- **A. Confirm** a faculty member (faculty member on list is currently teaching during fall term 2025)
- **B. Remove** a faculty member (faculty member on list is **not** teaching during fall term 2025)
- **C. Add** a faculty member (faculty member does not appear on list but is teaching during fall term 2025)

**Final faculty list should only include nursing faculty currently teaching during fall term 2025. Non-nurse faculty will be entered separately in Section 11 of the survey.**

Faculty status as FT/PT should be determined based on the HR hiring practices at your college or university. If the faculty assignment is divided between this program and another offered by your institution, indicate FT/PT dedicated to this program in the **FT/PT at this Program** field.

- If the faculty is currently teaching during fall term 2025, verify the information by clicking on ✓ checkmark symbol, review and update information as needed and click the attestation statement at the bottom of the page.
- If the faculty is not teaching during fall term 2025, delete the faculty by clicking on the Remove icon and click on the acknowledgement statement to remove faculty at bottom of the page.
- To add new faculty currently teaching in fall term 2025, click on the + symbol, enter in faculty's RN license number, FT/PT status, highest APRN credential (APRN faculty) or highest nursing degree (RN faculty), highest academic degree, population foci (if applicable), and program track information. Acknowledge addition of faculty at bottom of the **Faculty Review** page.
- All listed faculty must be verified or removed before the system will allow you to advance with the survey.

Provide information for faculty compliance with [MR 6301.2340 subp. 3A \(8\), 3A \(9\), 3A \(12\), 3A \(13\) and 3A \(14\)](#).

- Provide information for each faculty member employed to teach and evaluate student understanding of nursing theory and practice.
- Faculty status as FT/PT should be determined based on the HR hiring practices at your college or university.
- Faculty list should only reflect faculty teaching **fall term 2025**.
- Director and faculty tables require the highest APRN credential or nursing degree earned and the highest academic degree earned.
- The **Highest APRN Credential or Nursing Degree** boxes should indicate the highest APRN credential earned for APRN faculty and the highest nursing degree earned for RN faculty.
- The **Faculty Type** box should indicate whether the person is practicing as an APRN (**APRN Faculty**) or an RN (**RN Faculty**) within their faculty role.

A list of faculty from the previous year's annual compliance survey is displayed below. If a faculty member is no longer with college or is not teaching this term, click on the **Remove** icon and follow prompts to confirm removal. If a listed faculty member is currently teaching, click on the **Confirm** icon, review FT/PT status and education information, make changes if needed, click on **Acknowledgement** button to confirm information is correct. Add new faculty members by clicking on the **+** icon and follow the prompts to enter the new faculty's license and education information.

### FACULTY

Add new faculty



LICENSEE	NAME	FIRST	TITLE	FT/PT (COLLEGE)	FT/PT (PROGRAM)	ACTION
RN 111222	Duck	Daisy	APRN Faculty	Part-Time	Part-Time	** none **
RN 333444	Mouse	Mickey	RN Faculty	Full-Time	Full-Time	
RN 555666	Pooh	Winnie	APRN Faculty	Part-Time	Part-Time	** none **
RN 777888	Wonderland	Alice	RN Faculty	Part-Time	Part-Time	

Confirm listed faculty



Remove listed faculty



**NOTE:** There are two differences in Faculty entry versus Director/Lead Faculty entry. The **License** field has options for **Registered Nurse** (RN license) or **Temporary Permit – RN** and the **Faculty Type** box has options for **APRN Faculty** (practicing/teaching as an APRN within their faculty role) or **RN Faculty** (practicing/teaching as an RN within their faculty role). (see images below)

### ADD FACULTY

LICENSE

NUMBER

Registered Nurse  
Temporary Permit - RN

RN Faculty

APRN Faculty

FACULTY							
LICENSEE	NAME	FIRST	TITLE	FT/PT (COLLEGE)	FT/PT (PROGRAM)	ACTION	
RN 333000	Pan	Peter	APRN Faculty	Full-Time	Part-Time	New	✓🗑
RN 111222	Duck	Daisy	APRN Faculty	Part-Time	Part-Time	Verified	✓🗑
RN 333444	Mouse	Mickey	RN Faculty	Full-Time	Full-Time	Removed	✓🗑
RN 555666	Pooh	Winnie	APRN Faculty	Part-Time	Part-Time	Verified	✓🗑
RN 777888	Wonderland	Alice	RN Faculty	Part-Time	Part-Time	Verified (with changes)	✓🗑

## Section 11 – Non-Nursing Faculty Who Teach

The non-nursing faculty members entered on the previous year's compliance survey should appear on screen. You will need to confirm or remove each of the listed faculty members.

- **A. Confirm** a non-nurse faculty member (faculty member on list is currently teaching during fall term 2025)
- **B. Remove** a non-nurse faculty member (faculty member on list is **not** teaching during fall term 2025)
- **C. Add** a non-nurse faculty member (faculty member does not appear on list but is teaching during fall term 2025)

**Final non-nurse faculty list should only include faculty currently teaching during fall term 2025.**

Faculty status as FT/PT should be determined based on the HR hiring practices at your college or university. If the faculty assignment is divided between this program and another offered by your institution, indicate FT/PT dedicated to this program in the **FT/PT at this Program** field.

- If the faculty is currently teaching during fall term 2025, verify the information by clicking on ✓ checkmark symbol, review and update information as needed and click the attestation statement at the bottom of the page.
- If the faculty is not teaching during fall term 2025, delete the faculty by clicking on the Remove icon and click on the acknowledgement statement to remove faculty at bottom of the page.
- To add new non-nurse faculty currently teaching in fall term 2025, click on the + symbol, enter FT/PT status, highest academic degree information including year degree was granted, name of college or university and city and state where college/university is located, and all program tracks for which the person serves as faculty. Acknowledge addition of faculty at bottom of the **Faculty Review** page.
- All listed faculty must be verified or removed before the system will allow you to advance with the survey.

If the program does not have any non-nurse faculty who are teaching within the program during fall term 2025, click **Next** button to move to the next section of the survey.

## 11 Non-Nursing Faculty who Teach

Provide information for non-nurse faculty members who teach in the APRN program.

- Faculty status as FT/PT should be determined based on the HR hiring practices at your college or university.
- Only include non-nurse Faculty who are teaching during **fall term 2025**.
- The **Highest Academic** fields should be filled in with the highest academic degree information earned by non-nurse faculty members.

A list of non-nursing faculty from the previous year's annual compliance survey is displayed below. If a faculty member is no longer with college or is not teaching this term, click on the **Remove** icon and follow prompts to confirm removal. If a listed faculty member is currently teaching, click on the **Confirm** icon, review FT/PT status and education information, make changes if needed, click on **Acknowledgement** button to confirm information is correct. Add new faculty members by clicking on the **+** icon and follow the prompts to enter the new faculty's license and education information.

FACULTY

Add new non-nurse faculty

➔

Verify faculty member

➔

✕

NAME	FIRST	TITLE	FT/PT (COLLEGE)	FT/PT (PROGRAM)	ACTION
Tremaine	Cinderella	Non-Nurse	Part-Time	Part-Time	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="background-color: yellow; padding: 5px;">Verify faculty member</div> <div style="color: red; font-size: 2em;">➔</div> <div style="color: blue; font-size: 1.5em;">✓</div> <div style="color: red; font-size: 2em;">✕</div> </div>

Cancel

← Previous

Next →

Remove faculty member

**A. Confirm Non-Nurse Faculty.** If the non-nurse faculty remains the same, verify the information by clicking on the ✓ checkmark symbol. The **Faculty Review** page will display (see image below).

**Review the information for FT/PT status, Highest Academic Degree, and Program Tracks.** Follow the numbered steps with the sample **Faculty Review** page pictured below:

- 1. FT/PT at the College:** FT/PT status should be determined based on the HR hiring practices at your college or university. **FT/PT at this Program** should indicate the faculty's status for this program only. For example, if the faculty is hired FT at the college but their assignment is divided between this program and another offered by your institution, they may be considered PT for this program.
- 2.** The **Highest Academic** fields should include the highest academic degree type and year granted. **Education Specialty** field should indicate the degree major or specialty; **Education Name** field should include the name of the college or university, city and state of location.
- 3.** Check all the applicable **Program Track** boxes for which the person serves as Faculty.
- 4.** Click on the **Acknowledgement** statement at the bottom of page to attest the information is accurate.



Cinderella Tremaine

FT/PT AT THE COLLEGE

1

Part-Time



FT/PT AT THIS PROGRAM

Part-Time



HIGHEST ACADEMIC

2

DEGREE

Diploma Program



YEAR

2004

EDUCATION SPECIALTY

Pharmacy

EDUCATION NAME

North Dakota State University, Fargo

PROGRAM TRACKS

3

- ☐ 1 - Adult/Gerontology Nurse Practitioner
- ☐ 2 - Adult/Gerontology Clinical Nurse Specialist
- ☒ 3 - Family Nurse Practitioner
- ☐ 4 - Nurse Anesthetist
- ☐ 5 - Nurse Midwife
- ☐ 6 - Pediatric Nurse Practitioner
- ☐ 7 - Pediatric Clinical Nurse Specialist
- ☒ 8 - Psychiatric/Mental Health Nurse Practitioner
- ☐ 9 - Women's Health Nurse Practitioner

ACKNOWLEDGEMENT

4

- ☒ I attest that this information is true and accurate

**B. Remove Non-nurse Faculty.** If a listed faculty member is not teaching during fall 2025, delete the record by clicking on the Remove icon. The **Faculty Review** page will display. (see image below). Click on the **Acknowledgement** statement at bottom to confirm removal of the faculty.

## FACULTY REVIEW

### CASPER GHOST

FT/PT AT THE COLLEGE

Part-Time

FT/PT AT THIS PROGRAM

Part-Time

### HIGHEST ACADEMIC

DEGREE

Doctorate

YEAR

2000

EDUCATION SPECIALTY

Sociology


EDUCATION NAME

Disney University, Orlando, FL

### PROGRAM TRACKS

- ☒ 1 - Adult/Gerontology Nurse Practitioner
- ☐ 2 - Adult/Gerontology Clinical Nurse Specialist
- ☒ 3 - Family Nurse Practitioner
- ☐ 4 - Nurse Anesthetist
- ☐ 5 - Nurse Midwife
- ☒ 6 - Pediatric Nurse Practitioner
- ☐ 7 - Pediatric Clinical Nurse Specialist
- ☒ 8 - Psychiatric/Mental Health Nurse Practitioner
- ☒ 9 - Women's Health Nurse Practitioner

### ACKNOWLEDGEMENT

- ☐ I acknowledge the removal of this faculty 



**C. Add New Non-nurse Faculty.** To add new/current Non-nurse Faculty, click on the **+** symbol. The **Add Faculty** page will display. (see image below). Fill in the required information fields and click on the **Acknowledgement** statement at the bottom of the page to add faculty.

## ADD FACULTY

LAST NAME

Lightyear

FIRST NAME

Buzz

FT/PT AT THE COLLEGE

Part-Time



FT/PT AT THIS PROGRAM

Part-Time



## HIGHEST ACADEMIC

DEGREE

Masters



YEAR

2010

EDUCATION SPECIALTY

Biology

EDUCATION NAME

Disney College, Anaheim, CA

## PROGRAM TRACKS

- ☒ 1 - Adult/Gerontology Nurse Practitioner
- ☐ 2 - Adult/Gerontology Clinical Nurse Specialist
- ☒ 3 - Family Nurse Practitioner
- ☐ 4 - Nurse Anesthetist
- ☐ 5 - Nurse Midwife
- ☐ 6 - Pediatric Nurse Practitioner
- ☐ 7 - Pediatric Clinical Nurse Specialist
- ☐ 8 - Psychiatric/Mental Health Nurse Practitioner
- ☐ 9 - Women's Health Nurse Practitioner

## ACKNOWLEDGEMENT

- ☒ I acknowledge the addition of this faculty

- The **Non-Nursing Faculty who Teach** page should now display with the actions completed for each non-nurse faculty member.

FACULTY						+	
NAME	FIRST	TITLE	FT/PT (COLLEGE)	FT/PT (PROGRAM)	ACTION		
Tremaine	Cinderella	Non-Nurse	Part-Time	Part-Time	Verified	✓	🗑️
Ghost	Casper	Non-Nurse	Part-Time	Part-Time	Removed	✓	🗑️
Lightyear	Buzz	Non-Nurse	Part-Time	Part-Time	New	✓	🗑️

## Section 12 – Workers Compensation

The [Certification of Compliance Minnesota Workers' Compensation Law \(Worker's Compensation\)](#) form is one of the documents downloaded at the beginning of the survey. Upload the completed document (converted to PDF) to this page by clicking on the **Upload** icon. You must upload the completed [Worker's Compensation](#) form to this page before the system will allow you to move forward with the survey.

Follow the screenprints/steps detailed in [Section #7 – APRN Pass Rate, Adm., Enroll. and Completion Data](#) above to upload the document(s).

### 12 Workers Compensation

#### CERTIFICATION OF COMPLIANCE MINNESOTA WORKERS' COMPENSATION LAW

Minnesota Statutes, [Section 176.182](#) requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of [section 176.181, subdivision 2](#). This information is required by law and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or falsely reported. Furthermore, if this information is not provided or is falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

If you have not already done so, download the Workers Compensation form by clicking on the following link: [Annual Compliance Forms](#). Convert the completed form to PDF and click the **Upload** icon on this page to attach the document. The completed form must be submitted as part of the Annual Compliance Survey.

STATUS	DESCRIPTION	MESSAGE	UPLOAD
Open	Workers Compensation	💬	📎

**NOTE:** Only the [Worker's Compensation](#) document(s) should be uploaded to this page.

## Section 13 – Supporting Documentation

The documents uploaded throughout the survey should display on this page; you may need to refresh your screen to view all documents. Please ensure the completed [APRN Pass Rate, Admission, Enrollment, and Completion Data](#) and the [Worker's Compensation](#) documents are attached. You will not be able to edit or remove the documents that were already uploaded; however, you can add additional documents, if needed.

If you have additional supporting documentation that needs to be submitted with the compliance survey, upload the documents to this page by clicking on the **+** symbol. The documents must be PDF. Follow the screenprints/steps detailed in [Section #7 – APRN Pass Rate, Adm., Enroll. and Completion Data](#) above to upload additional document(s), if needed.





### 13 Supporting Documentation

The completed **Pass Rate, Admission, Enrollment, and Completion Data** and **Worker's Compensation** documents must be included with submission of the Annual Compliance Survey. Please upload the documents to this page if you did not upload them earlier in the survey.

Click the Refresh button on your screen to view all of the documents that have been uploaded during the survey. If you have additional supporting documentation that needs to be sent with the Annual Compliance Survey, please upload the materials to this page by clicking on the **+** button and following the prompts.

#### DOCUMENTS



FILE NAME	NAME	DATE	
Sample Univ - APRN Pass Rate_Completion.pdf	APRN Pass Rate, Admission, Enrollment and Completion Data	06/17/2025	 
Sample Univ - Workers Comp.pdf	Workers Compensation	06/17/2025	 

[Cancel](#)[< Previous](#)[Next >](#)

## Section 14 – Review

To review the survey responses before final submission, click on the Download Confirmation button to download a PDF copy of the completed survey.


Once you click the Finish button, the *Annual Compliance Survey* will be submitted to the Board for review. The confirmation, which includes the completed survey, will be emailed to you and made available under the **History** section of your account.

### 14 Section 14: Review

To review the survey responses before final submission, click on the **Download Confirmation** button to download a PDF document of the completed survey. Once you click the **Finish** button, the Annual Compliance Survey will be submitted to the Board for review. The Board will be in contact with you if there are any questions regarding the survey.


A confirmation will be emailed to the email address on file ([m.poppins@sampleu.edu](mailto:m.poppins@sampleu.edu)) and made available in the History section under the program card.


REFERENCE # 4768


 Download Confirmation



To review your survey responses before final submission, click on the **Download Confirmation** button to download a PDF copy of the completed survey.

 Cancel

 Previous

 Finish

**NOTE:** Due to conversion issues with the **Confirmation** document, apostrophes will appear as unusual symbols (see image below).

- Evidence of current accreditation;
- Accreditation reports;
- Any correspondence related to the status of the program's accreditation;
- Advanced standing, if applicable;
- Worker's compensation coverage;
- Compliance with program approval rules including licensure and credential status of faculty ([MR 6301.2340 subp. 3A \(6\), 3A \(9\), 3A \(10\) and 3A \(11\)](#)) and clinical requirements [[MR 6301.2340 subp. 3A \(4\) \(a\)](#)]; and
- Minimum nursing education data set as requested by the Board.



History Section of Program Card

To access the **History** section, click on the **More** link from the program card.

PROGRAM (Sample-University--APRN)¶

More

CODE	APRN-01
TYPE	APRN
STATUS	Approved
APPROVED	12/31/2026¶
NEXT SURVEY	-
PENDING STUDENTS	-
PENDING ACTIVITY COUNT	-

NAVIGATE

Annual Compliance

The **Education Program Information** page will display. The **History** section is located at the bottom of the page and will include a copy of the submitted Annual Compliance Survey.

HISTORY

SUBTYPE	SUBMITTER ↑↓	DOCUMENT	DATE	DOWNLOAD
Annual Compliance	Poppins, Mary	Online service (Education Program Annual Compliance (APRN) Confirmation	8/12/2025	