



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. Once you click **Next** or **Previous** 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** or **Previous** navigator buttons.
 - 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 and Accreditation Documents

- You will be required to download and complete three 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 and Faculty Entry

- The Director and Faculty from last year's compliance survey will be listed in the online survey. You will need to confirm, remove, or add new faculty as needed.
 - We tried to pull all the Director and Faculty information from last year's survey; however, due to data conversion issues, there may be some information that did not completely pull into the online system or is incorrect (PT/FT status, degree information). You will be able to make needed updates/additions when completing faculty entries. **Please review faculty entries carefully.**
- 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 number, **do not** include letters, or any other characters.

- Director and Faculty listing requires information for the highest nursing and terminal (highest academic) degrees earned. If a person's terminal degree is the same as their highest nursing degree you do not need to fill in the terminal degree boxes, just check the box **Same as Highest Nursing**.
- ***NOTE:** Individual faculty entries (changes, verifications, removal, or additions) should save automatically after clicking on the **✓OK** button from the **Faculty Review** or **Add Faculty** pages.

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.

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Sample – Online Annual Compliance Report for Practical 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 - PN) More >

CODE	US10100000	<div>NAVIGATE</div> <div><div>Annual Compliance</div><div>Approve Students</div></div>
TYPE	PN	
STATUS	Approved	
APPROVED	-	
NEXT SURVEY	12/31/2026	
PENDING STUDENTS	1	
PENDING ACTIVITY COUNT	-	

Section 1 – Annual Compliance Survey Overview

You will be required to download and complete three separate documents as part of the survey. The documents must be completed, converted to PDF, and then uploaded later in the survey. Download the three 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 (PN)

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;
- 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.

The 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 three 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 **Direct Student Clinical Learning Activities** document.
- Download the **Simulated Student Clinical Learning Activities** document.
- Download the **Worker's Compensation** document.

Link to access the three 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

06/16/2025

Cancel

Next >

When you click on the [Annual Compliance Forms](#) link, the page below displays. Directors of Practical, Associate, Baccalaureate, and Master's entry programs will need to download the top three forms. 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](#)

Download and complete forms as part of survey completion.

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](#)

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 column). **If there are no changes, you do not need to fill in anything on this page.**

Name	Sample University
Address	123 Main Street, Minneapolis, MN 55432
Web Address	www.sampleuniversity.edu
School Phone	612-111-0000
Toll Free Number	800-222-0000
Information for Extended Campus(es)	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

Name and Credentials	Mary Poppins, DNP, MSN, RN
Official Title	Program Director
Phone Number	612-111-2222
Email Address	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 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 questions #5 or #6, a text box will display below each question for you to type further information/explanation.

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 HAVE AN ASSISTANT/ASSOCIATE DIRECTOR?

4. DOES THE PROGRAM DIRECTOR HAVE DEDICATED ADMINISTRATIVE SUPPORT?

5. DOES THE PROGRAM DIRECTOR TEACH ANY NURSING COURSES?

6. DO YOU NEED ADDITIONAL SPACE TO CLARIFY RESPONSES?

Section 5 – Nursing Program Accreditation

Respond to the questions below related to program accreditation. 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.

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., Spring 2027 or Fall 2030).

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. ACCREDITING BODY

2. TYPE OF LAST ACCREDITATION VISIT

3. DATE OF LAST ACCREDITATION VISIT

4. TYPE OF UPCOMING ACCREDITATION VISIT

5. DATE OF UPCOMING ACCREDITATION VISIT. EXAMPLE: FALL 2025

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.

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

Section 6 – Director Qualifications

The Program Director 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 and [Faculty Qualifications](#) (next section of the survey).

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

6 Director Qualifications

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

- Faculty status as FT/PT should be determined based on the HR hiring practices at your college or university.
- If the director assignment is divided between this program and another offered by your institution, indicate FT/PT dedicated to this program only, in the **FT/PT for this program** column.
- Director and faculty tables now require **only** the highest nursing degree earned and highest non-nursing degree earned.
- When entering license numbers, do not enter a dash, list only the license number. (ex. 0123456).

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.**

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

FACULTY

Click to confirm if Director remains the same

LICENSEE	NAME	FIRST	TITLE	FT/PT (COLLEGE)	FT/PT (PROGRAM)	ACTION
123456	Poppins	Mary	Director	Full-Time	Part-Time	** none **

Cancel Previous Next

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

- The information pulled from last year's survey should display. ***Please note:** some fields may be incorrect or blank due to conversion issues when data was pulled from the previous year's survey. **Please review faculty entries carefully.**
- Review the information for FT/PT status, highest nursing and terminal (highest academic) degree. 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

FT/PT AT THE COLLEGE

FT/PT AT THIS PROGRAM

Full-Time
Full-Time

HIGHEST NURSING

DEGREE

YEAR

EDUCATION SPECIALTY

EDUCATION NAME

Masters
2016
Nursing Education
Disney University, Orlando, FL

TERMINAL DEGREE

DEGREE

YEAR

EDUCATION SPECIALTY

EDUCATION NAME

☒ Same As Highest Nursing

If the highest academic degree (**Terminal Degree**) is the same as the highest nursing degree, check the *Same as Highest Nursing* box.

ACKNOWLEDGEMENT

☒ I attest that this information is true and accurate



✓ Ok

✕ Cancel

- ❖ **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.
- ❖ **Highest Nursing** is the highest nursing degree type (baccalaureate, master's doctorate, etc.), and the year granted. The major or specialty of the degree under the **Education Specialty** field and the name and city/state of college/university where the degree was granted under the **Education Name** field.

- ❖ **Terminal Degree** is the highest academic degree type and year granted. The major or specialty of the degree under the **Education Specialty** field and the name and city/state of college/university where the degree was granted under the **Education Name** field. **If the person's terminal degree is the same as their highest nursing degree, you do not need to fill in the terminal degree boxes, just check the *Same as Highest Nursing Degree* checkbox.**
- ❖ Click on the **Acknowledgement** box at the bottom of the page and **✓ OK** to confirm/verify the Director.

FACULTY +

LICENSEE	NAME	FIRST	TITLE	FT/PT (COLLEGE)	FT/PT (PROGRAM)	ACTION
RN 123456	Poppins	Mary	123456 rector	Full-Time	Part-Time	Verified (with changes)  

- The Director should now display with an action of **Verified** or **Verified (with changes)** on the **Director Qualifications** page. Click **Next** button to move forward onto the [Faculty Qualifications](#) section of the survey.

B. Remove Director. If the Program Director has changed, delete the listed director by clicking on the Remove icon. The **Faculty Review** page will display.

6 Director Qualifications



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




- Faculty status as FT/PT should be determined based on the HR hiring practices at your college or university.
- If the director assignment is divided between this program and another offered by your institution, indicate FT/PT dedicated to this program only, in the **FT/PT for this program** column.
- Director and faculty tables now require **only** the highest nursing degree earned and highest non-nursing degree earned.
- When entering license numbers, do not enter a dash, list only the license number. (ex. 0123456).

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.**

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

FACULTY Click to remove listed Director

LICENSEE	NAME	FIRST	TITLE	FT/PT (COLLEGE)	FT/PT (PROGRAM)	ACTION
RN 123456	Poppins	Mary	Director	Full-Time	Part-Time	** none **  

FACULTY REVIEW

LICENSE

Registered Nurse

NUMBER

123456

✓

Mary Poppins

FT/PT AT THE COLLEGE

Full-Time

FT/PT AT THIS PROGRAM

Full-Time

HIGHEST NURSING

DEGREE

Masters

YEAR

2016

EDUCATION SPECIALTY

Nursing Education

EDUCATION NAME

Disney University, Orlando, FL

TERMINAL DEGREE

DEGREE

YEAR

EDUCATION SPECIALTY

EDUCATION NAME

☒ Same As Highest Nursing

ACKNOWLEDGEMENT

☒ I acknowledge the removal of this faculty

✓ Ok

✕ Cancel

- Click on the acknowledgement statement at the bottom of the page to confirm removal of the Director.

FACULTY							+	
LICENSEE	NAME	FIRST	TITLE	FT/PT (COLLEGE)	FT/PT (PROGRAM)	ACTION		
RN 123456	Poppins	Mary	Director	Full-Time	Part-Time	Removed	←	✓

- The Director should now display with an action of **Removed** on the **Director Qualifications** page. The current Director will now need to be added (follow step **C.** below).

C. Add New/Current Director. To add the new/current Program Director, click on the **+** symbol. There can only be one current Director per program.

FACULTY							Click to add new/current Director → +	
LICENSEE	NAME	FIRST	TITLE	FT/PT (COLLEGE)	FT/PT (PROGRAM)	ACTION		
RN 123456	Poppins	Mary	Director	Full-Time	Part-Time	Removed	✓	✕

- The **Add Faculty** box will display. Select **Registered Nurse** or **Temporary Permit – RN** from the **License** drop-down box and enter in Director's RN license or temporary permit (if they are not yet licensed) number (only numbers; no letters or other characters). Once license number is entered, click within the page and system will verify license number with a green check mark and the Director's name will display (see images below).
- If Director's name does not display, please verify that the correct license number was entered.

ADD FACULTY



LICENSE



NUMBER



FT/PT AT THE COLLEGE

FT/PT AT THIS PROGRAM

Enter license type and number and click somewhere within page for system to verify license number and faculty/Director's name (see image below).

HIGHEST NURSING

DEGREE

YEAR

EDUCATION SPECIALTY

EDUCATION NAME

TERMINAL DEGREE

DEGREE

YEAR

EDUCATION SPECIALTY

EDUCATION NAME

☐ Same As Highest Nursing

ACKNOWLEDGEMENT

☐ I acknowledge the addition of this faculty

✓ Ok

✗ Cancel

ADD FACULTY

LICENSE

NUMBER



Peter Pan



FT/PT AT THE COLLEGE

FT/PT AT THIS PROGRAM

License is verified as valid license number when green check mark and licensee's name displays

- Enter in the required information on the **Add Faculty** page (see image below of completed page):
 - **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.
 - **Highest Nursing** is the highest nursing degree type and the year granted. The major or specialty of the degree under the **Education Specialty** field and the name and city/state of college/university where the degree was granted under the **Education Name** field.
 - **Terminal Degree** is the highest academic degree type and year granted. The major or specialty of the degree under the **Education Specialty** field and the name and city/state of college/university where the degree was granted under the **Education Name** field. **If the person's terminal degree is the same as their highest nursing degree, you do not need to fill in the terminal degree boxes, just check the Same as Highest Nursing Degree checkbox.**
- Click on the **Acknowledgement** box at the bottom of the page and **✓ OK** to add the Director.

ADD FACULTY

LICENSE

Registered Nurse

NUMBER

987654



Peter Pan

FT/PT AT THE COLLEGE

Full-Time



FT/PT AT THIS PROGRAM

Part-Time



HIGHEST NURSING

DEGREE

Doctorate



YEAR

2010

EDUCATION SPECIALTY

Nursing

EDUCATION NAME

Sample University, Mpls, MN

TERMINAL DEGREE

DEGREE

YEAR

EDUCATION SPECIALTY

EDUCATION NAME

☒ Same As Highest Nursing

ACKNOWLEDGEMENT

☒ I acknowledge the addition of this faculty

✓ Ok

✗ Cancel

FACULTY							+	
LICENSEE	NAME	FIRST	TITLE	FT/PT (COLLEGE)	FT/PT (PROGRAM)	ACTION		
RN 987654	Pan	Peter	Director	Full-Time	Part-Time	New	✓	🗑️
RN 123456	Poppins	Mary	Director	Full-Time	Part-Time	Removed	✓	🗑️

- The new/current Director should now display along with the removed Director on the **Director Qualifications** page. Click **Next** button to continue onto the **Faculty Qualifications** section of the survey.

Section 7 – Faculty Qualifications

The 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 6 - Director 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.

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 nursing and terminal degrees (if applicable), and 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.

NOTE: We tried to pull all the Faculty information from last year’s survey; however, there may be some information that did not completely pull into the online system or is incorrect (PT/FT status, degree information). You will be able to make needed updates/additions when confirming faculty entries. **Please review faculty entries carefully.**

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.
- If the faculty assignment is divided between this program and another offered by your institution, indicate FT/PT dedicated to this program only, in the **FT/PT for this program** column.
- Director and faculty tables now require **only** the highest nursing degree earned and highest non-nursing degree earned.
- **Faculty list should only reflect faculty teaching fall term 2025.**

A list of faculty from the previous year's annual compliance survey is displayed below. If a faculty member is no longer with the college or is not teaching this term, click on the **Remove** icon and follow prompts to confirm removal. Add new faculty members by clicking on the **+** icon and follow the prompts to enter the new faculty's license and education information. 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 the Acknowledgement button to confirm information is true.

FACULTY

Add new faculty



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

- Once faculty entry is complete, the **Faculty Qualifications** page will display with the actions taken for each of the faculty members (see image below).

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.
- If the faculty assignment is divided between this program and another offered by your institution, indicate FT/PT dedicated to this program only, in the **FT/PT for this program** column.
- Director and faculty tables now require **only** the highest nursing degree earned and highest non-nursing degree earned.
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FACULTY



LICENSEE	NAME	FIRST	TITLE	FT/PT (COLLEGE)	FT/PT (PROGRAM)	ACTION
RN 121212	Robbins	Christopher	Faculty	Full-Time	Part-Time	New  
RN 999000	Arendelle	Elsa	Faculty	Part-Time	Part-Time	New  
RN 111222	Duck	Daisy	Faculty	Full-Time	Part-Time	Verified (with changes)  
RN 333444	Mouse	Mickey	Faculty	Part-Time	Part-Time	Verified  
RN 555666	Pooh	Winnie	Faculty	Full-Time	Part-Time	Verified (with changes)  
RN 777888	Wonderland	Alice	Faculty	Full-Time	Part-Time	Removed  

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 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 – Direct Student Clinical Learning Activities

The *Direct Student Clinical Learning Activities* 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 *Direct Student Clinical Learning Activities* form to this page before the system will allow you to move forward with the survey.

9 Direct Student Clinical Learning Activities

If you have not already done so, download the Direct Student Clinical 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	Direct Student Clinical Learning		

 Cancel  Previous  Next

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

Direct Student Clinical Learning



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.

4

+ Choose

Sample Univ - Direct Clinical.pdf

96 KB

NAME

Direct Student Clinical Learning

DESCRIPTION

Direct Student Clinical Learning 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.

UPLOAD DOCUMENTS

5

DOCUMENTS

+

FILE NAME	NAME	DATE	
Sample Univ - Direct Clinical.pdf	Direct Student Clinical Learning	05/01/2025	 

✓ Ok

✕ Cancel



NOTE: Only the *Direct Student Clinical Learning Activities* 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 **Direct Student Clinical Learning Activities** page. You will be instructed to upload the *Simulated Student Clinical Learning Activities* and *Worker's Compensation* forms later in the survey. There will also be a section for you to upload any additional documents, if needed.



Section 10 – Simulated Student Clinical Learning Activities

The *Simulated Student Clinical Learning Activities* 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 *Simulated Student Clinical Learning Activities* form to this page before the system will allow you to move forward with the survey. Follow the steps detailed in the [section above](#) for uploading the document(s).

10 Simulated Student Clinical Learning Activities

If you have not already done so, download the Simulated Student Clinical 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	Simulated Student Clinical Learning		

 Cancel  Previous  Next


NOTE: Only the *Simulated Student Clinical Learning Activities* 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 **Simulated Student Clinical Learning Activities** page.

Section 11 – Simulation Data


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

11 Simulation Data


1. ARE SIMULATION FACULTY CERTIFIED? THE SOCIETY FOR SIMULATION IN HEALTHCARE (SSH) PROVIDES THE CERTIFIED HEALTHCARE SIMULATION EDUCATOR (CHSE) CERTIFICATION.

No 

2. IS THE SIMULATION LAB ACCREDITED BY THE SOCIETY FOR SIMULATION IN HEALTHCARE (SSH)?

No 

3. DO YOU NEED ADDITIONAL SPACE TO CLARIFY RESPONSES? YES/NO

Yes 

EXPLANATION

One faculty currently pursuing certification.

3955 characters remaining

Section 12 – Education Data Set

For questions #1 and #2, select “yes” or “no” from drop down boxes; answer “yes” to the **one** that is the program’s method for demonstrating compliance for clinical learning activities (only one should be answered as “yes”).

If you answer “yes” to questions #5 or #6, a text box will display below each question for additional information/explanation. **Question #5:** when entering the states/jurisdictions where students complete clinical experiences, please abbreviate the states/provinces and separate entries by comma (e.g. WI, IA, ON, Mexico).

12 Education Data Set

PLEASE NOTE: For questions #1 and #2 related to clinical learning activities, answer "yes" to the **one** that is the program’s method for demonstrating compliance for clinical learning activities (only one of them should be answered as yes).

Question #5: If you answer "yes", a text box will display for you to type the states/jurisdictions where students complete clinical experiences. Please abbreviate the states/provinces and separate entries by comma (ex. WI, IA, ON, Mexico).

1. CLINICAL LEARNING ACTIVITIES ARE REQUIRED IN NURSING COURSES

2. INDIVIDUAL STUDENT RECORDS OF CLINICAL LEARNING ACTIVITIES

3. IDENTIFY THE TOTAL NUMBER OF CLINICAL LEARNING HOURS PROVIDED IN THE PROGRAM PLAN. ONE HOUR EQUALS 60 MINUTES. INCLUDE ALL CLINICAL EXPERIENCES STUDENTS COMPLETE.

4. IDENTIFY THE TOTAL NUMBER OF HIGH-FIDELITY SIMULATION HOURS THAT WERE USED TO REPLACE A CLINICAL HOUR. ONE HOUR EQUALS 60 MINUTES OF SIMULATION.

5. DO STUDENTS COMPLETE CLINICAL LEARNING EXPERIENCES IN OTHER STATES/JURISDICTIONS?

6. DO YOU NEED ADDITIONAL SPACE TO CLARIFY RESPONSES? Y/N

Section 13 – Student Data

The specified timeframes will be updated with each year’s survey. If you answer “**yes**” to question #5, a text box will display for further information/explanation.

13 Student Data

1. NUMBER OF ESTIMATED SLOTS AVAILABLE FOR NEW STUDENT ADMISSIONS FOR THE 2025/2026 ACADEMIC YEAR?

2. NUMBER OF ADMISSION SLOTS AVAILABLE FOR FALL 2025?

3. NUMBER OF ADMISSION SLOTS FILLED FOR FALL 2025?

4. HOW MANY QUALIFIED APPLICANTS APPLIED AND WERE NOT ACCEPTED INTO THE PROGRAM FOR FALL 2025?

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

Section 14 – Student Licensure Status – Licensure Completion

Report total number of graduates from the practical nursing program for the time period **July 1, 2024 – June 30, 2025**.

14 Student Licensure Status – Licensure Completion

Report the total number of graduates from the practical nursing program between **July 1, 2024**, through **June 30, 2025**.

1. FOR DATES INDICATED ABOVE, REPORT THE TOTAL NUMBER OF PERSONS COMPLETING THE LICENSURE-PREPARING PROGRAM?

Section 15 – 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 #9](#) above to upload the document(s).




15 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		

 Cancel  Previous  Next

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

Section 16 – 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 [Direct Student Clinical Learning Activities](#), [Simulated Student Clinical Learning Activities](#) and [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 #9](#) above to upload document(s).

The completed Direct Student Clinical Learning, Simulated Student Clinical Learning, 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. If you have additional supporting documents that need to be sent with the Annual Compliance Survey, please upload them here by clicking on the + icon and following the prompts to attach additional materials.

DOCUMENTS +

FILE NAME	NAME	DATE		
Sample Univ - Direct Clinical.pdf	Direct Student Clinical Learning	06/04/2025		
Sample Univ - Simulated Clinical.pdf	Simulated Student Clinical Learning	06/04/2025		
Sample Univ - Workers Comp.pdf	Workers Compensation	06/04/2025		



Section 17 – Review

To review your 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 the program card (see instructions on next page to locate **History** section).


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 (peter.pan@sample.edu) and make available in the **History** section of the program card.

REFERENCE # 3151

 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 in the document (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 - PN)

More

CODE	US10100000	NAVIGATE Annual Compliance Approve Students
TYPE	PN	
STATUS	Approved	
APPROVED	-	
NEXT SURVEY	12/31/2026	
PENDING STUDENTS	1	
PENDING ACTIVITY COUNT	-	

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	Pan, Peter	Online service (Education Program Annual Compliance Confirmation) (PN)	08/08/2025	