

1.1 **Board of Nursing**1.2 **Proposed Permanent Rules Relating to Board of Nursing Regulations**1.3 **6301.0100 DEFINITIONS.**

1.4 Subpart 1. **Scope.** For the purpose of parts 6301.0100 to ~~6301.2200~~ 6301.2410, the
1.5 following terms have the meanings given them.

1.6 [For text of subps 2 to 6, see M.R.]

1.7 Subp. 7. **Clinical setting.** "Clinical setting" means the place where, or through
1.8 which, faculty and students have access to one or more patients. ~~Classrooms~~ Simulated
1.9 clinical learning activities controlled by the faculty do not meet this definition.

1.10 Subp. 7a. **Competence.** "Competence" means the application of knowledge, ethics,
1.11 and the interpersonal, decision-making, and psychomotor skills expected for the practice
1.12 role, within the regulatory context of public health, safety, and welfare.

1.13 Subp. 8. **Controlling body.** "Controlling body" means a school or organization
1.14 falling within the provisions of Minnesota Statutes, sections 148.171 to ~~148.299~~ 148.285
1.15 and meeting the requirements of part ~~6301.0500~~ 6301.2340, subpart ~~2~~ 1.

1.16 [For text of subps 9 to 12, see M.R.]

1.17 Subp. 12a. **Learning activities.** "Learning activities" means the experiences
1.18 designed by faculty to meet the outcomes of the program including basic standards for
1.19 competence.

1.20 Subp. 13. [See repealer.]

1.21 Subp. 14. [See repealer.]

1.22 Subp. 15. **Nursing personnel.** "Nursing personnel" means those nurses and nursing
1.23 assistants, exclusive of nursing students, who provide care to patients. ~~An exception to~~

2.1 ~~this definition is permitted in part 6301.1900, subparts 6, 7, and 8 when complying with~~
2.2 ~~parts 6301.2000 and 6301.2100.~~

2.3 [For text of subp 16, see M.R.]

2.4 Subp. 17. **Patient.** "Patient" means a person or group of persons of any age,
2.5 including a pregnant person and a fetus, who is receiving or needs to receive care from a
2.6 nurse. ~~An exception to this definition is permitted in parts 6301.1800 and 6301.1900 when~~
2.7 ~~complying with parts 6301.2000 and 6301.2100.~~

2.8 [For text of subps 18 to 20, see M.R.]

2.9 Subp. 21. **Safety.** "Safety" means ~~protection~~ a condition resulting from nursing
2.10 actions that include the skill and judgment necessary to protect against physical or
2.11 psychosocial hurt, injury, loss, danger, or risk of harm.

2.12 [For text of subps 22 and 23, see M.R.]

2.13 **6301.2300 SCOPE OF RULES.**

2.14 This chapter applies to new applications for program approval and to currently
2.15 approved practical and professional programs offered in Minnesota. Nothing in this
2.16 chapter restricts faculty from designing or implementing curricula more comprehensively
2.17 than required under this chapter.

2.18 **6301.2310 PURPOSE OF NURSING EDUCATION PROGRAM APPROVAL.**

2.19 This chapter establishes requirements for practical and professional nursing programs
2.20 conducted under Minnesota Statutes, sections 148.171 to 148.285, in order to:

2.21 A. promote the safe practice of nursing by enforcing education and practice
2.22 standards for individuals seeking licensure as registered nurses and licensed practical
2.23 nurses;

2.24 B. grant approval to nursing education programs that the board determines
2.25 have met the standards;

3.1 C. provide information to graduates on meeting the educational and legal
3.2 requirements for licensure;

3.3 D. ensure continuous evaluation and improvement of nursing education
3.4 programs; and

3.5 E. provide the public and prospective students with a list of nursing programs
3.6 that meets the standards established by the board.

3.7 **6301.2320 PURPOSE FOR NURSING EDUCATION STANDARDS.**

3.8 The purpose for nursing education standards is to:

3.9 A. provide a framework for preparing safe and competent graduates for entry
3.10 into practical and professional nursing;

3.11 B. provide criteria for the development, evaluation, and improvement of new
3.12 and established nursing education programs; and

3.13 C. ensure candidates are educationally prepared for licensure and recognition
3.14 at the appropriate level.

3.15 **6301.2330 NURSING EDUCATION STANDARDS.**

3.16 All nursing education programs shall meet the standards in this part.

3.17 A. The controlling body and program have administrative and resource capacity
3.18 resulting in effective delivery of the nursing program and achievement of identified
3.19 outcomes.

3.20 B. The purpose and outcomes of the nursing program must be consistent with
3.21 the "Nurse Practice Act," other relevant statutes, and board rules.

3.22 C. The purpose and outcomes of the nursing program must be consistent with
3.23 evidence-informed standards of nursing practice appropriate for graduates of the type of
3.24 nursing program offered.

4.1 D. The input of stakeholders shall be considered in developing and evaluating
4.2 the purpose and outcomes of the nursing program.

4.3 E. The nursing program must perform periodic comprehensive self-evaluation
4.4 for quality improvement.

4.5 F. The curriculum must provide diverse learning activities, including learning
4.6 activities in clinical settings, that are consistent with program outcomes.

4.7 G. Faculty and students must participate in program planning, implementation,
4.8 evaluation, and continuous improvement.

4.9 H. The nursing program administrator must be a professionally and
4.10 academically qualified registered nurse with institutional authority and administrative
4.11 responsibility for the program.

4.12 I. Professionally, academically, and clinically qualified registered nurse faculty
4.13 must be sufficient in number and expertise to accomplish program outcomes and quality
4.14 improvement.

4.15 **6301.2340 REQUIRED CRITERIA FOR NURSING EDUCATION PROGRAMS.**

4.16 Subpart 1. Controlling body. The controlling body proposing a program or
4.17 continuing a program must:

4.18 A. be a Minnesota public or private postsecondary educational institution that is
4.19 accredited by a regional or national accrediting association for postsecondary institutions
4.20 recognized by the United States Department of Education; and

4.21 B. provide adequate fiscal, human, physical, clinical, and technical learning
4.22 resources to support program processes, security, and outcomes.

4.23 Subp. 2. Organization and administration. The organization, administration, and
4.24 implementation of the nursing education program shall be consistent with this chapter,
4.25 Minnesota Statutes, sections 148.171 to 148.285, and other applicable statutes and rules.

5.1 Subp. 3. Nursing education program. The nursing education program must:

5.2 A. be an integral part of a governing academic institution;

5.3 B. implement a comprehensive, systematic plan for ongoing evaluation that is
5.4 based on program outcomes and stakeholder input regarding competence and safety. The
5.5 ongoing evaluation plan must provide for continuous improvement;

5.6 C. provide a curriculum to enable the student to develop the competence
5.7 necessary for the level, scope, and standards of nursing practice consistent with the type of
5.8 licensure;

5.9 D. ensure students:

5.10 (1) have learning activities with faculty oversight to acquire and
5.11 demonstrate competence in clinical settings with patients across the life span and with
5.12 patients throughout the whole wellness, acute, and chronic illness continuum;

5.13 (2) have diverse learning activities including clinical simulations to
5.14 acquire and demonstrate competence. The faculty must have oversight over the learning
5.15 activities; and

5.16 (3) provide input into the development, implementation, and evaluation
5.17 of the program;

5.18 E. ensure the director:

5.19 (1) is academically and experientially qualified to accomplish the mission,
5.20 goals, and expected student and faculty outcomes;

5.21 (2) has a graduate degree in nursing from a regionally or nationally
5.22 accredited college or university recognized by the United States Department of Education
5.23 or by a comparable organization if the graduate degree is from an educational institution
5.24 from a foreign country;

6.1 (3) has a current unencumbered Minnesota registered nurse license and
6.2 current registration;

6.3 (4) is vested with the administrative authority to accomplish the mission,
6.4 goals, and expected program outcomes;

6.5 (5) provides effective leadership to the program in achieving its mission,
6.6 goals, and expected program outcomes;

6.7 (6) is given adequate time and resources to fulfill the roles and
6.8 responsibilities;

6.9 (7) communicates information about the program that is accurate,
6.10 complete, consistent, and readily available; and

6.11 (8) informs the board within 30 days of a change in the director, the name
6.12 of the program, the name of the controlling body, the address of the program at each
6.13 site where the program is offered, the addition or termination of a site of the program,
6.14 the address of the controlling body, or control of the program. Changes in control of the
6.15 program include sharing control with another body, deleting a body from sharing control,
6.16 transferring control in whole or in part to another body, or merging programs formerly
6.17 controlled by other bodies;

6.18 F. ensure general principles for faculty include:

6.19 (1) academic preparation for the areas in which they teach;

6.20 (2) experiential preparation in the area they teach;

6.21 (3) sufficiency in number to support the program outcomes;

6.22 (4) provision of opportunities for ongoing development in the science
6.23 of education;

7.1 (5) nursing faculty have a major in nursing at the baccalaureate or graduate
7.2 level and unencumbered licensure as a registered nurse with current registration in
7.3 Minnesota; and

7.4 (6) nonnursing faculty are sufficient in number, utilization, and credentials
7.5 to meet program goals and outcomes;

7.6 G. ensure practical nursing program faculty have a baccalaureate or graduate
7.7 degree in nursing from a regionally or nationally accredited college or university
7.8 recognized by the United States Department of Education or by a comparable organization
7.9 if the baccalaureate- or graduate-level degree is from a foreign country;

7.10 H. ensure professional nursing program faculty have a graduate degree for
7.11 full-time faculty and the majority of part-time faculty hold a graduate degree from a
7.12 regionally or nationally accredited college or university recognized by the United States
7.13 Department of Education or by a comparable organization if the baccalaureate- or
7.14 graduate-level degree is from a foreign country;

7.15 I. ensure responsibilities of nursing faculty include:

7.16 (1) developing, implementing, evaluating, and updating the purpose,
7.17 philosophy, objectives, and organizational framework of the nursing education program;

7.18 (2) designing, implementing, and evaluating the curriculum using a written
7.19 plan;

7.20 (3) developing, evaluating, and revising student admission, progression,
7.21 retention, and graduation policies within the policies of the governing body;

7.22 (4) participating in academic advising and guidance of students;

7.23 (5) planning and providing theoretical, clinical, and simulated clinical
7.24 learning activities that reflect an understanding of the philosophy, objectives, and
7.25 curriculum of the nursing education program; and

8.1 (6) evaluating student achievement of curricular objectives and outcomes
8.2 related to nursing knowledge and practice;

8.3 J. maintain minimum standard on the licensure examination of greater than 75
8.4 percent for candidates from the program who, during any January 1 through December 31
8.5 period, wrote the licensing examination for the first time; and

8.6 K. ensure associate degree professional nursing programs provide advanced
8.7 standing and transition experiences for qualified licensed practical nurses.

8.8 **6301.2350 GRANTING APPROVAL.**

8.9 Subpart 1. **Program accreditation.** All Board of Nursing-approved nursing
8.10 education programs must provide evidence of current accreditation by a national nursing
8.11 accrediting body recognized by the United States Department of Education by January
8.12 1, 2016, or must have achieved candidacy status leading to such accreditation and
8.13 demonstrated satisfactory progression toward obtaining the accreditation.

8.14 Subp. 2. **Initial program approval.** The board shall grant initial approval to nursing
8.15 education programs that demonstrate compliance with part 6301.2360, subpart 5.

8.16 Subp. 3. **Continuing program approval.** The board shall continue approval for
8.17 programs that comply with all applicable rules including the survey requirements in part
8.18 6301.2360, subparts 2 and 3.

8.19 **6301.2360 SURVEYS FOR DETERMINING COMPLIANCE WITH STANDARDS**
8.20 **AND CRITERIA.**

8.21 Subpart 1. **Board notification.** The board shall notify the director of the time
8.22 allowed for supplying the information regarding compliance with rules, including time
8.23 allowed for completing board-supplied forms and providing materials and reports. The
8.24 board shall give the director prior notice for all on-site surveys; however, notice may
8.25 not be given for all on-site observations.

9.1 **Subp. 2. Survey for evidence of compliance with nursing education standards.**

9.2 All Board of Nursing-approved nursing education programs must provide evidence of
9.3 current accreditation by a national nursing accrediting body approved by the United
9.4 States Department of Education by January 1, 2016, or must have achieved candidacy
9.5 status leading to such accreditation and demonstrated satisfactory progression toward
9.6 obtaining the accreditation. All reports and communication with accrediting bodies must
9.7 be submitted to the board including:

- 9.8 A. evidence of current accreditation;
9.9 B. accreditation reports; and
9.10 C. any correspondence related to the status of the program's accreditation.

9.11 **Subp. 3. Survey to evidence compliance with additional statutes and board**

9.12 **rules.** The program director must submit the following annual reports on:

- 9.13 A. advanced standing;
9.14 B. workers' compensation coverage;
9.15 C. affirmation of compliance with program approval rules including licensure
9.16 status of faculty and clinical requirements; and
9.17 D. minimum nursing education program data set recognized by the board.

9.18 **Subp. 4. Survey for licensure examination success rates.** If the success rates are 75
9.19 percent or less for candidates from the program who, during any calendar year, wrote the
9.20 licensing examination for the first time, the board must take one of the actions described in
9.21 items A to C and publish the actions, including a report to the accrediting agency.

9.22 A. Require a plan of corrective action: If success rates are 75 percent or
9.23 less for one period, the board shall require the director to identify factors that are
9.24 potentially affecting the low success rate on the licensure examination. The director shall
9.25 submit a plan of corrective action by a specified date. The plan of action must be on a

10.1 board-supplied form and include the signature of the director and another institutional
10.2 administrative academic representative. If in the following year the success rate is above
10.3 75 percent, no action by the board is required.

10.4 B. Survey for corrective action: If success rates are 75 percent or less for
10.5 any two consecutive periods, the board shall notify the director of an on-site survey to
10.6 identify additional factors affecting the low success rate and review progress on the plan
10.7 for corrective action submitted the previous year. The survey must include the director,
10.8 faculty, students, and an institutional administrative academic representative of the
10.9 institution. The director shall submit a revised plan of corrective action by a specified date.
10.10 The plan of corrective action must be on a board-supplied form and include the signature
10.11 of the director and another institutional administrative academic representative. If in the
10.12 following year the success rate is above 75 percent, no action is required by the board.

10.13 C. Survey for compliance with board rules: If success rates are 75 percent or
10.14 less for any three consecutive periods, the board shall require the director and another
10.15 institutional administrative academic representative to meet with a committee of board
10.16 members and board staff for an on-site survey for compliance with all applicable rules
10.17 and for the implementation of the plan for corrective action submitted the previous
10.18 year. Upon completion of the survey, the board shall take action in compliance with
10.19 part 6301.2360, subpart 9.

10.20 Subp. 5. **Survey for initial approval of new nursing education program.** An
10.21 educational institution intending to establish a nursing education program in Minnesota
10.22 must be surveyed as outlined in items A to C.

10.23 A. Phase I - Intent to establish program.

10.24 (1) An educational institution under Minnesota Statutes, section 148.251,
10.25 subdivision 1, must submit a letter of intent to establish a new nursing education program.

11.1 The letter of intent must be submitted by the qualified director of the proposed program.

11.2 Documentation in the letter of intent to establish a program must:

11.3 (a) be submitted 12 months prior to the intended start date of the
11.4 program;

11.5 (b) include name, address, and current accreditation of the governing
11.6 body;

11.7 (c) provide rationale for establishing the nursing education program;

11.8 (d) present a timetable for development and implementation of the
11.9 nursing program;

11.10 (e) provide evidence of adequate financial support and resources;

11.11 (f) document availability of adequate academic facilities;

11.12 (g) include impact of the proposed nursing education program on
11.13 other nursing programs in the area; and

11.14 (h) provide documentation of authorization by the designated review
11.15 board for that educational institution to develop and implement a program.

11.16 (2) The board must approve the document of intent.

11.17 (3) Until a controlling body has received initial approval to conduct a
11.18 program, representatives of the body shall use the term "proposed" in all references to
11.19 the nursing program.

11.20 B. Phase II - Program development leading to initial approval.

11.21 (1) The director of the proposed program must submit an application for
11.22 approval documenting compliance with education standards and criteria specified in
11.23 this chapter.

12.1 (2) Board members must conduct a site visit when the application
12.2 demonstrates compliance with nursing education standards and criteria specified in this
12.3 chapter.

12.4 (3) Board site visitors must submit a recommendation to the board to grant
12.5 initial approval or deny initial approval.

12.6 (4) The institution must not conduct nursing coursework until the board
12.7 approves the recommendation for initial approval. This restriction does not prevent the
12.8 controlling body from conducting nonnursing courses or from providing continuing
12.9 education to nursing personnel.

12.10 (5) After receiving initial approval, the director must submit all required
12.11 board annual reports including all reports and communication regarding candidacy for
12.12 national nursing education accreditation.

12.13 C. Phase III - Continuing approval. Under Minnesota Statutes, section 148.251,
12.14 subdivision 3, the board must survey initially approved nursing programs, and continue
12.15 approval for the program if the program is in compliance with board rules, including:

12.16 (1) meeting the minimum first-time licensure examination success rate as
12.17 required by part 6301.2360, subpart 4; and

12.18 (2) acquiring national nursing education accreditation as required by
12.19 subpart 6.

12.20 Subp. 6. **Survey required.** Under Minnesota Statutes, section 148.251, subdivision
12.21 3, the board must survey all nursing programs to determine if the board will continue
12.22 approval. For approval to be continued, a nursing program must be in compliance with
12.23 all board rules and must:

12.24 A. follow the accreditation cycle and process for initial or continuation of
12.25 accreditation of the national nursing education accrediting agency;

13.1 B. allow board members and board staff to accompany surveyors on the
13.2 accrediting site visit if the board chooses to conduct joint visits;

13.3 C. submit national nursing accrediting agency self-study to the board;

13.4 D. submit a copy of all communication between the program and the national
13.5 nursing accrediting agency; and

13.6 E. submit required annual board reports.

13.7 Subp. 7. **Approval.** The board must act to continue approval if the program:

13.8 A. receives initial or continuing national nursing education accreditation; and

13.9 B. is in compliance with all other board rules and statutes.

13.10 Subp. 8. **Program survey.** The board must survey the program for compliance with
13.11 one or more applicable rules if:

13.12 A. requirements for approval are changed or added;

13.13 B. the board has reason to believe there is a lack of compliance with the rules; or

13.14 C. the board has reason to believe program personnel are submitting false or
13.15 misleading information or engaging in fraudulent practices to obtain or maintain approval.

13.16 Subp. 9. **Board action following survey.** The board shall take one of the following
13.17 actions upon completion of a survey:

13.18 A. notify the director in writing that compliance with the rules has been
13.19 determined; or

13.20 B. notify the director in writing of allegations of lack of compliance with
13.21 one or more rules. The notice must inform the director that either a conference will be
13.22 held with a board review panel, or a contested case hearing will be held according to
13.23 Minnesota Statutes, chapter 14, and contested case rules in parts 1400.5010 to 1400.8400.

14.1 If a conference is held with a board review panel, and the review panel finds that the
14.2 allegations are:

14.3 (1) untrue, then the board shall dismiss the matter;

14.4 (2) true, and representatives of the program consent, then the panel shall
14.5 submit a report to the board; or

14.6 (3) true, but the representatives of the program do not consent to
14.7 submission of a report to the board, then the review panel must initiate a contested case
14.8 hearing according to Minnesota Statutes, chapter 14, and contested case rules in parts
14.9 1400.5010 to 1400.8400.

14.10 **Subp. 10. Board action following conference or hearing.**

14.11 A. Upon receipt of the report of the review panel or hearing officer, the board
14.12 shall take one of the following actions:

14.13 (1) notify the director in writing that compliance with all rules has been
14.14 determined;

14.15 (2) issue a reprimand without changing the approval status if the program
14.16 is in compliance either at the time of convening the review panel or hearing or by the time
14.17 the board reviews the report of the panel or hearing;

14.18 (3) revoke approval and remove the program from the list of approved
14.19 programs or deny approval to an applicant if the board finds the program has had a
14.20 reasonable opportunity to correct the deficiency and has failed to do so; or

14.21 (4) issue a correction order. The correction order shall specify the date by
14.22 which the deficiencies must be corrected. The correction order expires on that date.

14.23 B. If the deficiencies are corrected before the expiration of the correction order,
14.24 the director must be notified in writing that the board has found the program to be in
14.25 compliance with the applicable rules.

15.1 C. If the deficiencies are not corrected before expiration of the correction order,
15.2 the director must be notified that a conference with a board review panel may be held, or
15.3 that a contested case hearing may be held according to Minnesota Statutes, chapter 14,
15.4 and contested case rules in parts 1400.5010 to 1400.8400.

15.5 (1) The purpose of the review panel or hearing is to determine if the
15.6 deficiency was corrected prior to expiration of the correction order.

15.7 (2) If the deficiency was not corrected prior to expiration of the correction
15.8 order, the board shall either remove the program from the list of approved programs
15.9 or deny approval to an applicant.

15.10 **6301.2370 VOLUNTARY CLOSURE OF NURSING EDUCATION PROGRAMS.**

15.11 Subpart 1. **Voluntary closure.** If a nursing education program closes voluntarily,
15.12 the director must:

15.13 A. give notice to the board of the planned closing date within 15 days of a
15.14 decision to voluntarily close the program;

15.15 B. submit a written plan for terminating the nursing program with the notice
15.16 of closure;

15.17 C. ensure that the nursing program is maintained, including the nursing faculty,
15.18 until the last student is transferred or completes the program;

15.19 D. maintain standards for nursing education during the transition to closure;

15.20 E. provide placement for students who have not completed the program; and

15.21 F. notify the board of closure within 15 days after the actual date of closure.

15.22 Subp. 2. **Ending approval.** The board shall act to end approval after receipt of the
15.23 notice of voluntary closure, effective on the actual date of voluntary closure.

15.24 **6301.2380 DENIAL OR WITHDRAWAL OF APPROVAL.**

16.1 A. The board shall deny initial approval if it determines that a new nursing
16.2 education program will be unable to meet the standards for nursing education.

16.3 B. The board shall withdraw approval if it determines that a nursing education
16.4 program:

16.5 (1) fails substantially to meet the standards for nursing education; or

16.6 (2) fails to correct the identified deficiencies within the time specified.

16.7 C. If a nursing education program is removed from the approved list, the
16.8 governing body must provide for the completion of the program for students currently
16.9 enrolled by placing the students in an approved program.

16.10 **6301.2390 REINSTATEMENT OF APPROVAL.**

16.11 The board may reinstate approval if the program submits evidence of compliance
16.12 with nursing education standards within the specified time frame set by the board.

16.13 **6301.2400 ACADEMIC RECORDS.**

16.14 The director must identify arrangements for the secure storage and access to academic
16.15 records and transcripts for the next 50 years in the event that the program closes or the
16.16 approval of the program is revoked. This includes providing the name of the educational
16.17 institution, hospital, or other organization that will be responsible for furnishing copies of
16.18 the students' academic records to graduates for that period of time.

16.19 **6301.2410 INNOVATIVE APPROACHES IN NURSING EDUCATION**
16.20 **PROGRAMS; EXEMPTION FROM CERTAIN RULES.**

16.21 Subpart 1. **Application.** A nursing education program may apply to implement an
16.22 innovative approach by complying with this part. Nursing education programs approved
16.23 to implement innovative approaches shall continue to provide quality nursing education

16.24 that prepares graduates to practice safely, competently, and ethically within the scope of
16.25 practice as defined in Minnesota Statutes.

17.1 Subp. 2. **Purpose.** The purpose of applying for exemption from certain rules is to:

17.2 A. foster innovative models of nursing education to address the changing needs
17.3 in health care;

17.4 B. ensure that innovative approaches are conducted in a manner consistent with
17.5 the board's role of protecting the public; and

17.6 C. ensure that innovative approaches conform to the quality outcome standards
17.7 and core education criteria established by the board.

17.8 Subp. 3. **Eligibility.** To be eligible for the exemption, the program must:

17.9 A. hold full board approval without conditions;

17.10 B. have no substantiated complaints in the past two years; and

17.11 C. have no rule violations in the past two years.

17.12 Subp. 4. **Application.** The following information must be provided to the board at
17.13 least 30 calendar days prior to a board meeting:

17.14 A. identifying information, including name of nursing program, address,
17.15 responsible party, and contact information;

17.16 B. a brief description of the current program, including accreditation and board
17.17 approval status;

17.18 C. length of time for which the exemption is requested;

17.19 D. description of the innovative approach, including objectives;

17.20 E. brief explanation of why the program wants to implement an innovative
17.21 approach at this time;

- 17.22 F. explanation of how the proposed innovation differs from approaches in
17.23 the current program;
- 18.1 G. rationale with available evidence supporting the innovative approach;
- 18.2 H. identification of resources that support the proposed innovative approach;
- 18.3 I. expected impact the innovative approach will have on the program, including
18.4 administration, students, faculty, and other program resources;
- 18.5 J. plan for implementation, including timeline and the impact on current
18.6 students;
- 18.7 K. plan for evaluation of the proposed innovation, including measurable criteria
18.8 and outcomes, method of evaluation, and frequency of evaluation; and
- 18.9 L. additional application information as requested by the board.
- 18.10 Subp. 5. **Standards for approval.** The application must meet the following
18.11 standards:
- 18.12 A. the eligibility criteria in part 6301.2410, subpart 3, and application criteria in
18.13 part 6301.2410, subpart 4;
- 18.14 B. the innovative approach will not compromise the quality of education or
18.15 safe practice of students;
- 18.16 C. resources are sufficient to support the innovative approach;
- 18.17 D. rationale with available evidence supports the implementation of the
18.18 innovative approach;
- 18.19 E. the implementation plan is reasonable to achieve the desired outcomes of
18.20 the innovative approach;
- 18.21 F. the timeline provides for a sufficient period to implement and evaluate the
18.22 innovative approach; and

18.23 G. the plan for periodic evaluation is comprehensive and supported by
18.24 appropriate methodology.

19.1 **REPEALER.** Minnesota Rules, parts 6301.0100, subparts 13 and 14; 6301.0200;
19.2 6301.0300, subpart 1; 6301.0400; 6301.0500; 6301.0600; 6301.0700; 6301.0800;
19.3 6301.0810; 6301.0900; 6301.1000; 6301.1100; 6301.1200; 6301.1300; 6301.1400;
19.4 6301.1505; 6301.1600; 6301.1700, subpart 1; 6301.1800; 6301.1900, subparts 1, 2, 3, 4,
19.5 5, 6, 7, 8, 10, 11, and 12; 6301.2000; 6301.2100; and 6301.2200, are repealed.