Section 301.1605 of the Texas Occupations Code, enacted by Senate Bill 718 in the 78th Texas Legislature, Regular Session, authorizes the adoption of rules for innovative applications. 22 Tex. Admin Code Chapter 227 Pertaining to Pilot Programs for Innovative Applications to Vocational and Professional Nursing Education was passed by the Texas Board of Nursing in January 2014 and became effective on April 22, 2014, and allows nursing education programs to submit an application for an innovative pilot project for implementation in their program.

An application for an innovative pilot program is required when it is necessary to request a Board-approved waiver from specific statutory or education rule requirements in order to implement the innovative project. Thus, the design of the pilot program requires an exception or waiver to Rule 214 for Vocational Nursing Education or to Rule 215 for Professional Nursing Education, or to an educational requirement in Tex. Occ. Code Chapter 301 (Nursing Practice Act or NPA).

The application process is designed to encourage the development, implementation, and study of innovative applications that support the efforts of nursing education programs to graduate competent, safe nurses. Approved innovative pilot programs will be monitored and evaluated by Board Staff to determine if continuation of the innovative program is appropriate.

Since the mission of the Board is to “protect and promote the welfare of the people of Texas by ensuring that each person holding a license as a nurse in the State of Texas is competent to practice safely,” it is vital that any innovative pilot program is focused on safety in nursing practice. It is important to note that since Texas nursing education programs must ensure that the curriculum and program outcomes prepare students to demonstrate the Differentiated Essential Competencies of Graduates of Texas Nursing Programs (DECs), a waiver of this requirement will not be considered in the application.

Application Process for a Pilot Program for Innovative Applications:

- All sections of the application must be completed and submitted in a narrative format to the Nursing Education Department, Texas Board of Nursing, 333 Guadalupe, Suite 3-460, Austin, Texas, 78701.
- The application must be submitted to the Board at least four months prior to the applicant’s projected implementation date of the pilot program.
- The application will be presented at a regularly scheduled Board meeting for approval by the Board.
REQUIRED CONTENT OUTLINE FOR APPLICATION NARRATIVE:

1. **Nursing Program Identification Information – Use Form Provided**
   - Name of nursing program;
   - Type of nursing program (VN, ADN, BSN, Alternate Entry MSN);
   - Name of program director;
   - Mailing address of nursing program;
   - Current NCLEX examination pass rate;
   - Contact information for individual submitting application to the BON; and
   - Verification of truth and accuracy of information in the application.

2. **Requested Exception to Rule or NPA:**
   - Exception is requested for: ___Rule 214 ___Rule 215 ___NPA
     (An application for an exception to the NPA must include an alternate, but substantially equivalent requirement);
   - Identification of specific rule or section of the NPA to which the exception applies; and
   - Description of necessary exception (or waiver) to rule or NPA.

3. **Rationale and Support for the Innovative Pilot Program**
   - Description of the rationale for the pilot program;
   - Description of state and regional needs and priorities that affect the pilot program;
   - Letter of support from the governing entity;
   - Financial support for the pilot program;
   - Indication that state and regional needs and priorities are addressed; and
   - Evidence that the applicant is able to continue the pilot program on a long-term basis.

4. **Full Description and Methodology of the Innovative Pilot Program**
   - Detailed description of the pilot program;
   - Methodological design of the pilot program with details about full implementation;
   - Expected outcomes of the pilot program including how the success of the pilot program will improve nursing education and enhance nursing practice;
   - Methods to measure expected outcomes; and
   - Timeline for pilot program. [The life of a pilot program is not to exceed two (2) years in length without Board approval.]

5. **Controls to Maintain Quality Education and Ensure Delivery of Safe and Competent Nursing Care**
   - Description of methods incorporated into the pilot program to ensure that students in the pilot program receive an equivalent, quality education compared to students in the standard program (control group);
   - Ongoing evaluation plan to determine the students’ progress in the pilot program; and
   - Plan for corrective measures to remediate students if evidence indicates that students are not meeting objectives.

**ONGOING MONITORING AND EVALUATION TO ENSURE THAT PROGRAM OBJECTIVES ARE MET**
- Regular program reports as required in the Board Order approving the pilot program may include:
Progress reports evaluating outcomes of selected aspects of the pilot program;
Quarterly reports of students’ performance in courses and clinical learning experiences; and
Table of attrition rates with remediation strategies, if needed.

Additional requirements in the monitoring plan may include:
- A requirement for the applicant to reimburse the Board for the cost of monitoring and evaluating a pilot program;
- A third party contracted to perform the monitoring and evaluation of the pilot program; and
- Direct reimbursement to a third party to perform the monitoring and evaluation of the pilot program.

Survey visits may be conducted by Board representatives, as appropriate.

GENERAL SELECTION CRITERIA FOR APPROVAL OF PILOT PROGRAM

Criteria for evaluation of application for the pilot program:
- Quality of the pilot program;
- Rationale for the pilot program;
- Financial support for the pilot program;
- Soundness of the methodological design of the pilot program;
- Pilot program outcomes including how the program will improve nursing education and enhance nursing practice;
- Pilot program innovation;
- Acceptable timeline for the pilot program;
- Controls to maintain quality education and ensure delivery of safe and competent nursing care;
- How pilot program addresses state and regional needs;
- Ability of the applicant to continue the pilot program on a long term basis; and
- Past performance of the applicant in nursing education (i.e., NCLEX examination pass rates, Board-issued requirements, complaints about the program).

BOARD ACTION FOLLOWING STAFF REVIEW OF APPLICATION

Applicants will be reviewed and evaluated to determine if they meet the requirements of Rule 227.
Qualified applications will be forwarded to the Board for deliberation and vote.
The Board may:
- Approve the application;
- Defer action on the application, pending receipt of further information;
- Approve the application with conditions and/or restrictions, such as changes in the design of the pilot program; or
- Deny approval of the application.

If the application is approved, the applicant must submit a written report of outcomes resulting from the pilot program to the Board within ninety (90) days of completion of the program.
The Board reserves the right to request additional and/or more frequent written reports of program outcomes during the duration of the pilot program.
If an application is denied approval by the Board, an applicant must wait at least one (1) calendar year from the date of the Board’s denial before submitting a new application for Board consideration.
Nursing Program Identification Information

Name of Program:______________________________________________________________

Type of Program:  _____VN  _____ADN  _____BSN  _____Alternate Entry

Name of Program Director:______________________________________________________

Mailing address of nursing program:
________________________________________________________________________
________________________________________________________________________

BON Approval Status:  _____Full  _____Full with Warning  _____Conditional
_____Initial  _____Initial with Warning

Name and Contact information for Individual Submitting Application to the BON:

Name:_______________________________________________________________________

Address:___________________________________________________________________

City and State:_______________________________________________________________

Phone Number:_____________________________________________________________ 

Email Address:______________________________________________________________

FAX:______________________________________________

I, ________________________________, hereby attest to the truth and accuracy of the
Information in the application.

Signature of Individual Submitting Application
___________________________________________________________________________

Print Name__________________________________________________________________