

**Government of the District of Columbia  
Department of Health**

**Health Regulation and Licensing Administration  
Board of Nursing**

**Distance Learning Nursing Education Checklist**

**Definitions from Title 17 DCMR Chapter 56**

**Clinical experience** - faculty planned and guided learning activities designed to assist students in meeting course objectives and to apply nursing knowledge and skills in the direct care of patients, including clinical conferences and planned learning activities in acute care facilities, and other community resources.

**Direct care clinical experiences** - Direct care clinical experiences take place in the relevant clinical setting where students, under the supervision of qualified faculty, actively provide care for patients.

**Online nursing education program** – a nursing education program that offers the majority of course instruction via internet or other distance modalities.

**Operate** – actively admit students and offer courses.

**Preceptor** - a licensed health professional meeting the requirements of this chapter who provides clinical supervision to a nursing student in a practice setting to facilitate student learning in a manner specified in a signed written agreement between the facility or practice setting and the educational institution.

**Registered nurse:** a person licensed to practice registered nursing pursuant to Chapter 54 of Title 17 DCMR.

Send completed form to: [education.bon@dc.gov](mailto:education.bon@dc.gov)

1. University/College

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Person (must be an RN) \_\_\_\_\_

Contact Person's Phone # \_\_\_\_\_

Contact Person's  
Email \_\_\_\_\_

2. State/jurisdiction where approved \_\_\_\_\_

3. Status of BON approval from state/jurisdiction where the program is located: \_\_\_\_\_

If no BON approval, status of Higher Education approval \_\_\_\_\_

4. Type of program

LPN/VN

Diploma Nursing

ADN

BSN

- RN to BSN
- Master's entry pre-licensure program
- Advanced Practice Registered Nursing program

5. Which approved Department of Education regional or national organization accredits this college/university?

\_\_\_\_\_

6. If the nursing program has any conditions related to its approval status, please explain:

\_\_\_\_\_  
\_\_\_\_\_

7. Brief description of the clinical activity, its location, and the plan for faculty or preceptor selection and supervision of student(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Date range of clinical activity \_\_\_\_\_

a. Approximate number of students \_\_\_\_\_

b. Do you have a clinical affiliation agreement? Y N

**Pre-licensure Programs:** All faculty supervising clinical experiences in the District of Columbia must meet the following requirements:

- a. Current and active license to practice nursing in the District of Columbia.
- b. LPN educators must have a minimum BSN with a graduate degree or master's degree in nursing. Experience and knowledge of teaching and learning principles for adult education, nursing curriculum, course evaluation and a minimum of two years of patient care experience.
- c. RN educators must have a graduate degree in nursing. Experience and knowledge of teaching and learning principles for adult education, nursing curriculum, course evaluation and a minimum of two years of patient care experience.

**On-site supervision of preceptors used in clinical experiences with pre-licensure students by faculty shall occur a minimum of two (2) times within a semester.**

Name of University Faculty who will conduct those visits: \_\_\_\_\_

DC License #: \_\_\_\_\_

**Clinical Preceptor requirements:**

Preceptors must have an unencumbered license at or above the level of licensure for which the students are being prepared and must be competent in assigned clinical teaching responsibilities.

9. Do all clinical faculty and preceptors meet the above qualifications? Y \_\_\_ N \_\_\_

10. Are clinical preceptors legally licensed in the District of Columbia where the students have clinical experiences? Y N

**RN to BSN and APRN Programs:** Registered nurse students completing clinical experiences in the District of Columbia for RN to BSN or advanced practice registered nursing programs must possess an active unencumbered license in the District of Columbia.

11. Indicate nursing accreditation status, accrediting organization, and expiration date.

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**Signature of Authorized Program Administrator** (must be an RN who holds an active, unencumbered license or privilege to practice in the state where the program is physically present)

I hereby attest and represent that, to the best of my knowledge, the above information is complete, true and accurate and does not exclude any information that is material and responsive to the checklist questions.

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Name and Title printed

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Signature

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Date

BON App: 1/2016  
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