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**Alabama Board of Nursing**

**Out of State Didactic and Clinical Compliance Checklist**

**Name of Program/Degree Type**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Location**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alabama Clinical Site Name/Location**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dates of Planned Clinical Activity:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| **Documents for Approval** | **Submission of Documents** | **Y/N** |
| \*U.S. Department of Education Approval | Attach Approval Notice |  |
| \*SARA Program Approval | Attach Approval Notice |  |
| \*ACHE Approval (if non SARA) | Attach Approval Notice |  |
| \*Board of Nursing Program Approval State of Origin | Attach Approval Notice |  |
| Course Faculty, Licensure Status and Alabama License Number (Master’s Degree in Nursing or Higher) | Faculty License Number and CV |  |
| Course Objectives and Learning Outcomes | Objectives and Learning Outcomes |  |
| Clinical Facility Approval Letter | Attach Student Clinical Agreement |  |
| Clinical/Practicum’s Faculty Alabama License Information | Faculty License Number and CV |  |
| Preceptor’s Alabama License Number | Preceptor’s License Number |  |
| Plan of Study | Plan of Study |  |
| Course Syllabi | Didactic and Practicum Syllabi |  |

**When an Alabama resident is enrolled in a course of study leading to a degree or certification via a distance education platform – Faculty in didactic and clinical courses must be licensed in Alabama. Reference - Alabama Administrative Code 610-X-3, Nursing Education Programs.**

1. Is the program registered through SARA? \_\_\_\_\_\_\_\_ If not, is there evidence of

ACHE approval? \_\_\_\_\_\_\_ yes \_\_\_\_\_\_ no. Submit approval documents by all

entities. (\*Annual submission of approval documents required)

2. Is the nursing program fully approved in the state of origin? \_\_\_\_\_\_ yes \_\_\_\_\_ no

3. Assigned didactic faculty’s name and Alabama license number: \_\_\_\_\_\_\_\_\_\_\_\_

4. Assigned practicum faculty’s name and Alabama license number: \_\_\_\_\_\_\_\_\_\_

5. Does faculty member have a master’s degree or higher? \_\_\_\_\_\_ yes \_\_\_\_\_\_ no

6. Applicable course objectives/learning outcomes attached? \_\_\_\_\_ yes \_\_\_\_\_\_ no

7. Preceptor’s credentials and Alabama License number: \_\_\_\_\_\_yes \_\_\_\_\_\_\_no

8. Clinical facility letter of support attached? \_\_\_\_\_\_ yes \_\_\_\_\_\_ no

9. Plan of study attached? \_\_\_\_yes \_\_\_\_no

**\*Documents are to be submitted annually prior to beginning clinical or didactic coursework.**