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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

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ACTING DIRECTOR

**MICHIGAN BOARD OF NURSING
RULES COMMITTEE WORK GROUP
MEETING MINUTES
October 19, 2023**

The Michigan Board of Nursing Rules Committee Work Group, met on October 19, 2023. The meeting was held via Zoom.

CALL TO ORDER

Kerry Przybylo, Manager, Boards and Committees Section, called the meeting to order at 1:00 p.m.

ATTENDANCE

Members Present: Grace Jacek, DNP
Ricky Kreuzer, Public Member
Jessica Lannon, BA, RN, C-EFM
Kimberly Lindquist, PhD, RN, CNE
Larissa Miller, PhD, RN, MSN, CNE, CS

Members Absent: Carolyn Clemons, RN
Lori Glenn, DNP, CNM, RN
Lois MacEntyre, Public Member
Toni Schmittling, CRNA

Staff Present: Rebecca Flores, Analyst, Licensing Division
LeAnn Payne, Board Support, Boards and Committees Section
Kerry Przybylo, Manager, Boards and Committees Section
Jennifer Shaltry, Departmental Specialist, Boards and Committees Section

Public Present: Monica Miner
Lisa Singletary

WELCOME

Przybylo stated that the rules committee will be discussing the public comments received during the open comment period:

RULES DISCUSSION

NURSING – GENERAL RULES – Public Comment Summary (A copy of the summary is attached along with the rules committee recommendations).

R 338.10303 Initial program approval; procedure.

Subrule (a)(ii)(D) and (E): Przybylo stated that commenters suggested providing clarifying information regarding the impact on programs within a 50-mile radius.

Discussion was held.

The rules committee determined that specific questions were not needed nor was collaboration needed in this situation. It determined that providing suggested topics would be a better approach. Suggested language addition is as follows:

(D) Impact on all existing nursing education programs in a 50-mile radius of the proposed program.

The applying institution is responsible for surveying schools the radius to determine the perceived impact the proposed program will have on the availability of the existing program's clinical placements, faculty, and student recruitment.

Subrule (a)(ix): The commenter indicated that plans to recruit faculty needed clarification.

Discussion was held.

The committee agreed that clarification was needed and suggested the following language.

(ix) Plans to recruit and employ a program director and other **nursing** faculty members sufficiently in advance of admitting students to the nursing sequence to ensure consistency in the planning and implementation of the curriculum. **The plan should include a timeline for recruitment and a disclosure of recruitment resources.** If already appointed, the names and qualifications of the director of the program and other **nursing** faculty members must be provided.

Subrule (b)(xi): The commenter suggested that the rules provide more clarity.

Discussion was held.

The committee declined to make changes to subrule (b)(xi) because the rule does not require that the policies be contained in a nursing student handbook.

Subrule (b)(vii): The commenter suggested removing the phrase “or letters of commitment.”

Discussion was held.

The committee agreed to make the suggested change to remove “or letters of commitment.”

R 338.10303b Continued program approval; self-study and nursing education program report requirements.

Subrule (1): The commenter asked if any of the criteria in this rule should be leveled.

Discussion was held.

The committee agreed to add the following language to subrule (1)(d): Curriculum to include end of program student learning outcomes and course student learning outcomes **that show progression of learning across the curriculum.**

Subrule (3): This section pertains to content of the nursing education program report. The commenter indicated that it should be amended to include more useful information.

Discussion was held.

The committee agreed to most of the suggestions regarding the content of the nursing education program report for unaccredited programs. The suggested language changes are below.

(a) ~~Admission, progression, and retention of students.~~ **Program information pertaining to total program length, required credits, and all required courses, including any prerequisite courses, in the program’s plan of study.**

(b) ~~Student achievement on the required licensure NCLEX exam.~~ **Analysis and action plans for program performance outcomes including program completion rates, first-time NCLEX pass rates, and job placement rates.**

(c) Systematic program evaluation results and action plan; ~~including but not limited to, student evaluations, faculty reviews, NCLEX evaluation results, and attrition rates.~~ **analysis of end of program student learning outcomes, including but not limited to, NCLEX pass rates for first time takers, program completion rates, and employment rates.** **pertaining to program performance outcomes, including NCLEX**

evaluation results, attrition rates, and evaluation of end of program student learning.

(d) ~~Major Program~~ **program** changes.

(e) ~~Faculty~~ **Nursing faculty** qualifications **qualified to teach nursing courses**, assignments, and any **nursing** faculty exceptions.

(f) **End of program student learning outcomes for each program option.**

(g) **The plan of study that demonstrates progression of learning across the curriculum.**

R 338.10310a Nursing education program; board action following evaluation.

Subrule (1): The commenter indicated that Subrule (1)(a)(iv) needed clarification of what was to be included in the NCLEX Improvement Plan.

Discussion was held.

The committee agreed with the commenter. The suggested language change is below:

(iv) ~~The plan must provide a~~ **A** method for the evaluation of the changes and further action to be taken if program performance continues to be out of compliance. **The evaluation method should include, but is not limited to, an evaluation of student achievement of course learning outcomes and end of program student learning outcomes that reflect the changes.**

R 338.10601 License renewals; requirements, applicability.

Subrule (3): The commenter indicated that R 338.10105, R 338.10601, and R 338.10602 are inconsistent with regards to the required training to identify victims of human trafficking. It was suggested to remove proposed subrule (3) from R 338.10601 to avoid confusion.

Discussion was held.

The committee agreed with the suggested change to remove subrule (3).

Subrule (5): Przybylo indicated that 2 comments were received that requested to keep this subrule and not delete it. This subrule exempts licensees from having to complete continuing education during the first license cycle.

Discussion was held.

The committee declined to make the suggested change. This subrule was previously placed in rule because, under the old licensing platform, a licensee's initial cycle was not a full cycle as the entire profession's license used to end on the same date. Now that the department has converted every profession to MiPlus, initial licensees have a

full initial license cycle. Therefore, the continuing education exemption is no longer needed. However, the committee suggested adding continuing education credit for some of this activity in R 338.10602.

R 338.10602 Acceptable continuing education; requirements; limitations.

Subrule (1)(b): Przybylo indicated that the commenters were supportive of allowing continuing education credit for the implicit bias training licensure requirement.

Subrule (2)(i): Przybylo stated that 2 commenters were not supportive of the suggested change to the credit for preceptor hours.

Discussion was held.

The committee clarified that this was a mistake in the draft. The language should reflect a 24:1 ratio with a limit of 5 total continuing education hours per cycle.

Suggested language is as follows:

A preceptorship must be for a minimum of ~~120~~ **24 preceptor hours with a preceptor ratio of 1 student or employee to 1 preceptor. One hundred and twenty-Twenty-four preceptor hours equals 1 continuing education hour.** ~~and have a 1 student/employee to 1 preceptor ratio. This may involve more than 1 student or employee.~~

To accommodate the commenter objections cited in R 338.10601(5), the committee suggested adding continuing education credit for participating in an employer orientation. The suggested addition is as follows:

(j)	Participation in learning experiences which may include clinical experiences, clinical laboratory hours, or classroom instruction related to nursing orientation or nurse residency programs. The orientation must be for a minimum of 24 hours. Twenty-four hours of orientation equals 1 continuing education hour.	A maximum of 5 hours of continuing education may be earned in each renewal period.
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ADJOURNMENT:

Przybylo adjourned the meeting at 3:00 a.m.

Prepared by:
LeAnn Payne, Board Support
Bureau of Professional Licensing

October 23, 2023

**Nursing – General Rules -2022-36 LR
Public Comment Summary**

Testimony/Comments Received:

Lauren Foltz

John P. Leefers, BSN, RN, CCRN-K, Adult Critical Care Nurse Educator, Nursing Practice and Development, Corewell Health

Joshua Meringa, MPA, MHA, MBA, BSN, RN, NPD-BC, Corewell Health West

Jacqueline Savalle, MS, RN, CMSRN, Corewell Health

Jamie Sinutko, PhD, MSN, RHIA, RN, Asst Professor, McAuley School of Nursing, University of Detroit Mercy

Jennifer Sjostedt Avery, PhD, RN, GNP-BC – supports the draft rules.

Debi Vendittelli, DNP, RN, APRN-BC

Rule 338.10303 Initial program approval; procedure

Section Numbers	Commenter	Comment
(a)(ii)(D)	Sinutko	D) Impact of programs within 50 miles – this needs clarity if the Education Committee is requiring proof of email surveys to specific people (i.e. Nursing Director)
(a)(ii)(D)	Vendittelli	R 338.10303 pertains to initial program approval. Some clarification is needed regarding the impact on all existing nursing education programs in a 50 mile-radius of the proposed program. It is my understanding that the board requires a survey to be sent to each program. However, the rule does not specifically state this nor outline the required questions. Suggested language: (D) Impact on all existing nursing education programs in a 50-mile radius of the proposed program. A survey should be sent directly to the director of nursing for each program within the radius including, at least, all of the following questions: (1) What extent would this proposed program have on your nursing program? (2) What extent would this new program have on student clinical learning experiences in your

		<p>nursing program?</p> <p>(3) To what extent would this new program have on faculty hiring in your nursing program.</p> <p>(4) Approximately how many qualified student applicants do you turn away from admission annually?</p> <p>(5) Do you plan to increase enrollment in your nursing program in the next 2 years?</p> <p>(6) Do you have any additional comments?</p>
(a)(ii)(D) and (E)	Foltz	<p>R 338.10303 pertains to initial program approval. Clarification about the impact on all existing nursing programs within a 50-mile radius is needed. Based on documentation submitted by programs seeking initial approval and the meeting minutes, it seems as though a survey is how this rule is satisfied. The rule should specifically state that a survey is required with some suggested questions specifically related to the impact on sharing clinical sites. Particularly, a question included in the survey should be:</p> <p>1. What is your plan to collaborate with nearby schools of nursing to ensure adequacy of clinical placements?</p>
(a)(ix) and (b)(xi)	Sinutko	<p>(a)(ix) Plans to recruit faculty needs clarification if the Educational Committee is requiring something more detailed or specific – what are they looking for?</p> <p>(b)(xi) Student Policies and Student Support: needs clarification if the Educational Committee is requiring nursing student handbooks than that needs to be stated.</p>
(b)(vii)	Vendittelli	I suggest that the phrase “or letters of commitment” be removed from subrule (b)(vii).
Rules Committee Response	<p>R 338.10303(a)(ii)(D) and (E): The rules committee determined that specific questions were not needed nor was collaboration needed in this situation. It determined that providing suggested topics would be a better approach. Suggested language addition is as follows:</p> <p>(D) Impact on all existing nursing education programs in a 50-mile radius of the proposed program. The applying institution is responsible for surveying schools the radius to determine the perceived impact the proposed program will have on the availability of the existing program’s clinical placements, faculty, and student recruitment.</p>	

	<p>R 338.10303(a)(ix): The committee agreed that clarification was needed and suggested the following language.</p> <p>(ix) Plans to recruit and employ a program director and other nursing faculty members sufficiently in advance of admitting students to the nursing sequence to ensure consistency in the planning and implementation of the curriculum. The plan should include a timeline for recruitment and a disclosure of recruitment resources. If already appointed, the names and qualifications of the director of the program and other nursing faculty members must be provided.</p> <p>R 338.10303(b)(xi): The committee declined to make changes to (b)(xi) because the rule does not require that the policies be contained in a nursing student handbook.</p> <p>R 338.10303(b)(vii): The committee agreed to make the suggested change to remove “or letters of commitment.”</p>
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R 338.10303 Initial program approval; procedure.

Rule 303. The following requirements are established for initial approval of a program of nursing education:

(a) The sponsoring agency shall submit all ~~of~~ the following to the board:

(i) A letter of intent to initiate a program of nursing education.

(ii) A feasibility study that ~~clearly~~ demonstrates all ~~of~~ the following, with supporting documentation relative to the proposed program location:

(A) Need for the program.

(B) Need for graduates of the proposed program.

(C) Availability of students.

(D) Impact on all existing nursing education programs in a 50-mile radius of the proposed program. **The applying institution is responsible for surveying schools the radius to determine the perceived impact the proposed program will have on the availability of the existing program’s clinical placements, faculty, and student recruitment.**

(E) Ability of proposed clinical education sites to provide students with clinical experiences that meet course outcomes, provide students the opportunity to practice skills with individuals or groups across the life span and meet the requirements of R 338.10307(5), (6), (7), and (8). Evidence must also include documentation of the effect on other schools utilizing the proposed clinical facilities and letters of intent from the proposed clinical education sites, signed by the chief nursing officer, or an equivalent position, outlining the plan to accommodate all ~~of~~ the sponsoring agency’s students.

(iii) Evidence that the mission of the sponsoring agency is consistent with the philosophy and purpose of a program to prepare students for the practice of nursing as **that term is** defined in section 17201(1)(c) of the code, MCL 333.17201.

(iv) Evidence that the sponsoring agency ~~will~~**shall** provide funding and other support for the nursing education program that meets all ~~of~~ the following requirements:

(A) A 5-year budget in which the first 2 years of the budget do not include tuition and the remaining 3 years of the budget includes tuition.

(B) A financial statement prepared by an independent certified public accountant or auditor, a bank line of credit, or a surety bond that equals the total tuition for all students who have been enrolled for 2 years.

(C) Submission of evidence that the sponsoring agency ~~will~~**shall** provide appropriate physical facilities and other support services for the nursing education program, in conjunction with other departments in the sponsoring agency, including faculty, administration, and student participation in governance of the sponsoring agency, a grievance or complaint process, counseling, academic advising, career placement, financial aid, and learning resource centers or a library.

(v) Evidence of approval to provide financial aid for students, under Title IV of the Higher Education Act of 1965, 20 USC 1070 to 1099d. **If the sponsoring agency is unable to submit evidence that it is approved to provide financial aid under Title IV of the Higher Education Act of 1965, 20 USC 1070 to 1099d, until after the board approves the program, the program, with board approval, may submit the evidence to the department before enrolling students to the program.**

(vi) A sponsoring agency that is an institution requiring approval from the department's proprietary schools unit, or its successor agency, to conduct a nursing education program or to confer a particular degree or certificate ~~upon~~ **on** the graduates of the program shall submit to the board a copy of the approval. A proprietary school shall possess a state-issued license, be in operation for 2 years, offer health-related courses **programs**, and demonstrate student success ~~by certifying that NCLEX exam results meet or exceed state or national averages~~ **with results that meet or exceed state or national averages.**

(vii) Proposed number of students to be enrolled in the program annually, the number of times that enrollment periods ~~will be~~**are** held per year, and the dates when enrollment periods ~~will be~~**are** held annually.

(viii) Proposed first date of admission of students to the nursing sequence of the program.

(ix) Plans to recruit and employ a program director and other **nursing** faculty members sufficiently in advance of admitting students to the nursing sequence to ensure consistency in the planning and implementation of the curriculum. **The plan should include a timeline for recruitment and a disclosure of recruitment resources.** If already appointed, the names and qualifications of the director of the program and other **nursing** faculty members must be provided.

(x) The sponsoring agency shall provide evidence of a tuition policy in which students pay as they proceed through the program either by semesters, terms, units, or other time frame as specified by the sponsoring agency. The sponsoring agency shall also provide evidence of a refund policy that adheres to the refund policies of applicable state, federal, and accrediting agencies.

(xi) Evidence that students possess the necessary prerequisite education before admissions to the program. The program shall not be the provider of the prerequisite education, unless it is a state-approved higher educational institution or has the approval of ~~the~~**this** state to offer prerequisite courses.

(xii) A student contract or enrollment application that outlines the nursing education program's admission requirements, a tuition refund policy that complies with paragraph (x) of this subdivision, a withdrawal and failure policy, and academic progression and program completion requirements.

(xiii) History of sponsoring agency.

(b) Following ~~initial~~ **board** approval **of the required documentation in subrule (a) of this rule** ~~from the board~~ and before admitting the first cohort, the program director shall submit a self-study report to be approved by the board. The report must set forth evidence of plans for and compliance with the following:

(i) History of sponsoring agency.

(ii) Philosophy.

(iii) Conceptual framework.

(iv) Curriculum to include end of program student learning outcomes and course student learning outcomes.

(v) Course descriptions and outlines.

(vi) Detailed plan of study that includes all of the following:

(A) Program plan of study including all required courses.

(B) Course sequence.

(C) Credits per course including theory, laboratory, clinical and simulation hours.

~~(vii)~~ Signed clinical contracts ~~or letters of commitment~~ for clinical placements.

~~(viii)~~ Evaluation methods and tools.

~~(ix)~~ Program outcomes.

~~(x)~~ Director and **nursing** faculty credentials.

~~(xi)~~ Student policies and support services.

(c) The board shall require a site visit to the program by a board-approved nurse site reviewer. The report of the site visit must be prepared by the nurse site reviewer and provided to the board and the sponsoring agency. **The program may admit students after the board determines that all deficiencies noted in the report are sufficiently resolved.**

(d) After the first cohort has been admitted and during the initial approval period, the program director shall submit an annual nursing education program report to the board. The nursing education program report must include information about each of the following:

- (i) Admission, progression, and retention of students.
- (ii) Student achievement on the required licensure NCLEX examination.
- (iii) Systematic program evaluation results, including ~~but not limited to, student evaluations, faculty reviews, NCLEX evaluation results, and attrition rates.~~ **analysis of end of program student learning outcomes and program outcomes, including but not limited to, NCLEX pass rates for first time takers, program completion rates and employment rates.**
- (iv) Program changes.
- (v) ~~Faculty~~ **Nursing faculty** qualifications, assignments, and any **nursing** faculty exceptions.

Board Response	
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Rule 338.10303b Continued program approval; self-study and nursing education program report requirements

Section Numbers	Commenter	Comment
(1)	Vendittelli	Should any of the criteria in this subrule be leveled?
(3)	Vendittelli	<p>Subrule 3 pertains to the content of the nursing education program reports. This should be amended to include more useful information regarding the program. Suggested edits are below:</p> <p>(3) After a program has been granted full approval under R 338.10303a, the sponsoring agency shall submit a nurse education program report to the board every 4 years for a non-accredited program or at the midpoint of the accreditation cycle for a nationally accredited program. The nursing education program report must include all the following information for all of the years since the last self-study report was approved by the board:</p> <p>(a) Admission, progression, and retention of students. Program information pertaining to total program length, required credits, and all required courses in the program’s plan of study.</p> <p>(b) Student achievement on the required licensure NCLEX exam. Analysis and action plans for program outcomes including program completion rates, first-time NCLEX pass rates, and job placement rates.</p> <p>(c) Systemic program evaluation results and action plan, including but not limited to, student evaluations, faculty reviews, NCLEX evaluation results, and attrition rates. National nursing accreditation status (if accredited).</p>

	<p>(d) Program changes. Faculty qualifications, assignments, and any faculty exceptions.</p> <p>(e) Faculty qualifications, assignments, and any faculty exceptions. End of program student learning outcomes for each program option.</p> <p>(f) Leveled student learning outcomes or objectives used to organize the curriculum.</p>
<p>Rules Committee Response</p>	<p>(1)(d) The committee agreed to add the following language: Curriculum to include end of program student learning outcomes and course student learning outcomes that show progression of learning across the curriculum.</p> <p>(3) The committee agreed to most of the suggestions regarding the content of the nursing education program report for unaccredited programs. The suggested language is below.</p> <p>(a) Admission, progression, and retention of students. Program information pertaining to total program length, required credits, and all required courses, including any prerequisite courses, in the program’s plan of study.</p> <p>(b) Student achievement on the required licensure NCLEX exam. Analysis and action plans for program performance outcomes including program completion rates, first-time NCLEX pass rates, and job placement rates.</p> <p>(c) Systematic program evaluation results and action plan; including but not limited to, student evaluations, faculty reviews, NCLEX evaluation results, and attrition rates. analysis of end of program student learning outcomes, including but not limited to, NCLEX pass rates for first time takers, program completion rates, and employment rates. pertaining to program performance outcomes, including NCLEX evaluation results. attrition rates, and evaluation of end of program student learning.</p> <p>(d) Major Program program program changes.</p> <p>(e) Faculty Nursing faculty qualifications qualified to teach nursing courses, assignments, and any nursing faculty exceptions.</p> <p>(f) End of program student learning outcomes for each program option.</p> <p>(g) The plan of study that demonstrates progression of learning across the curriculum.</p>

R 338.10303b Continued program approval; **self-study and nursing education program report** requirements.

Rule 303b. (1) **Self-study reports:** After full approval has been granted under R 338.10303a, a sponsoring agency of an **unaccredited program** shall submit a comprehensive self-study report every 8 years ~~for a non-accredited program or at the designated reporting times directed by the national accrediting organization for accredited programs.~~ The report must include all the following information for all of the years since the last self-study report was approved by the board.

(a) History of sponsoring agency.

- (b) Philosophy.
- (c) Conceptual framework.
- (d) Curriculum to include end of program student learning outcomes and course student learning outcomes.
- (e) **Detailed plan of study that includes all the following:**
 - (i) **Program plan of study including all required courses.**
 - (ii) **Course sequence.**
 - (iii) **Credits per course including theory, laboratory, clinical and simulation hours.**
- ~~(e)~~(f) Course descriptions and outlines.
- ~~(f)~~(g) Signed clinical contracts or **current** letters of commitment for clinical placements.
- ~~(g)~~(h) Evaluation methods and tools.
- ~~(h)~~(i) Program outcomes.
- ~~(i)~~(j) Director and **nursing** faculty credentials.
- ~~(j)~~(k) Student policies and support services.

~~(2) An accredited program may submit a letter of accreditation or reaccreditation, from a nationally recognized accrediting organization of nursing education programs as defined in R 338.10303d, instead of submitting a self-study report prepared for the board if the accrediting body found no deficiencies that require a submission of a supplemental report to the accrediting body. If deficiencies were found that require a follow-up visit, the program shall submit the entire self-study prepared for the accrediting body along with any follow-up reports mandated by the accrediting body. The schedule for submission of a self-study report for accredited programs must follow the schedule of the nationally recognized accrediting organization. The accreditation letter must include documentation of decisions, deficiencies, and recommendations from the accrediting organization, and be submitted to the board within 1 month following receipt of the nationally recognized accrediting organization's final decision on accreditation of the nursing education program. The board may request further documentation regarding accreditation from the sponsoring agency. Programs that have accreditation date changes shall notify the board of nursing to determine a submission date. **Sponsoring agencies of accredited programs shall comply with all the following:**~~

- ~~(a) All reporting requirements set forth by the accrediting organization.~~
- ~~(b) A sponsoring agency may submit to the board a letter of accreditation or reaccreditation from the accrediting organization instead of submitting a self-study report prepared for the board if no deficiencies were found.~~
 - ~~(i) The letter must be submitted to the board within 90 days after the date on the decision letter.~~
 - ~~(ii) If the sponsoring agency fails to submit the letter within 90 days, a self-study report must be prepared for the board in accordance with subrule (1) of this rule.~~

(c) If the letter of accreditation or reaccreditation from the accrediting organization noted deficiencies, the program shall provide the decision letter and supporting documentation from the accrediting organization along with all follow-up reports, supporting documentation, and resulting decision letters from the accrediting organization to the board.

(i) The letter of accreditation or reaccreditation and any follow up report decision letters must be submitted to the board within 90 days after the date on the letter.

(ii) The board may request further documentation from the sponsoring agency.

(d) Programs shall immediately notify the board of changes in the accreditation status, cycle, or reporting dates.

(3) **Nursing education program reports:** After a program has been granted full approval under R 338.10303a, the sponsoring agency of an unaccredited program shall submit a nurse education program report to the board every 4 years. ~~for a non-accredited program or at the midpoint of the accreditation cycle for nationally accredited programs.~~ **Subject to subrule (4) of this rule, the sponsoring agency of an accredited program shall submit a nurse education program report to the board at the midpoint of the accreditation cycle.** The nursing education program report must include all of the following information for all of the years each year since the last self-study report was approved by the board:

(a) ~~Admission, progression, and retention of students.~~ **Program information pertaining to total program length, required credits, and all required courses, including any prerequisite courses, in the program's plan of study.**

(b) ~~Student achievement on the required licensure NCLEX examination.~~ **Analysis and action plans for program performance outcomes including program completion rates, first-time NCLEX pass rates, and job placement rates.**

(c) ~~Systematic program evaluation results and action plan, including but not limited to, student evaluations, faculty reviews, NCLEX evaluation results, and attrition rates.~~ **pertaining to program performance outcomes, including NCLEX evaluation results, attrition rates, and evaluation of end of program student learning.**

(d) ~~Major Program program~~ changes.

(e) ~~Faculty Nursing faculty qualifications~~ **qualified to teach nursing courses**, assignments, and any nursing faculty exceptions.

(f) **End of program student learning outcomes for each program option.**

(g) **The plan of study that demonstrates progression of learning across the curriculum.**

(4) Sponsoring agencies of accredited programs that are required to submit a midcycle report shall comply with all the following:

(a) All midcycle reporting requirements set forth by the accrediting organization.

(b) A sponsoring agency may submit to the board a midcycle report decision letter from the accrediting organization if no deficiencies requiring a supplemental report were found.

(i) The letter must be submitted to the board within 90 days after the date on the decision letter.

(ii) If the sponsoring agency fails to submit the letter within 90 days, a nursing education program report must be prepared for the board in accordance with subrule (3) of this rule.

(c) If the midcycle accreditation report decision letter from the accrediting organization noted deficiencies, the program shall provide the decision letter and supporting documentation from the accrediting organization along with all follow-up reports, supporting documentation, and resulting decision letters from the accrediting organization to the board.

(i) The midcycle report decision letter and any follow up report decision letters must be submitted to the board within 90 days after the date on the letter.

(ii) The board may request further documentation from the sponsoring agency.

(4)(5) The board shall notify the program director of the date by which a nursing education program report must be submitted.

Board Response	
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Rule 338.10310a Nursing education program; board action following evaluation.

Section Numbers	Commenter	Comment
(1)(a)(iv)	Vendittelli	<p>Subdivision (1)(a)(iv) needs clarification of what is to be included in the NCLEX Improvement Plan.</p> <p>Suggested language: A method for evaluation of the changes and further action to be taken if program performance continues to be out of compliance. The evaluation method should include, but is not limited to, an evaluation of student achievement of course learning outcomes and end of program student learning outcomes considering the changes.</p>
Rules Committee Response	<p>R 338.10310a(1)(a)(iv): The committee agreed with the commenter. The suggested language change is:</p> <p>(iv) The plan must provide a A method for the evaluation of the changes and further action to be taken if program performance continues to be out of compliance. The evaluation method should include, but is not limited to, an evaluation of student achievement of course learning outcomes and end of program student learning outcomes that reflect the changes.</p>	

R 338.10310a Nursing education program; board action following evaluation.

Rule 310a. (1) The board shall require an **unaccredited** nursing education program evaluated pursuant to **under** section 17242

of the code, MCL 333.17242, and R 338.10310 and determined to be in noncompliance with any provision of the code or the administrative rules to comply with all of the following, as applicable:

(a) ~~An action plan or NCLEX improvement plan:~~ The board shall require an action **plan** or NCLEX improvement plan as the first step for improvement of the identified problem areas. The sponsoring agency shall submit the action plan or NCLEX improvement plan within 6 months ~~of~~ **after** the evaluation or with the next nursing education program report, as **that term is** defined in R 338.10303b, whichever comes first. ~~All~~ **The plan must include all** of the following apply:

~~(i) The plan must indicate that an~~ **A statement that** the evaluation of the nursing education program was conducted by the program's director and faculty to identify problem areas. ~~The plan must include specific steps that are being taken to affect changes in the program. The action plan must also provide a method for the evaluation of the changes and further action to be taken, if program performance continues to be out of compliance.~~

~~(ii) The plan must include specific~~ **Specific** steps that are being taken to affect changes in the program.

~~(iii) The plan must focus on improvements~~ **Improvements** to the curriculum, student admission and progression, faculty expertise in nursing and teaching, and institutional support.

~~(iv) The plan must provide a~~ **A** method for the evaluation of the changes and further action to be taken if program performance continues to be out of compliance. **The evaluation method should include, but is not limited to, an evaluation of student achievement of course learning outcomes and end of program student learning outcomes that reflect the changes.**

~~(v) The program has 1 year from report submission to implement the changes that are specified in the action plan.~~

~~(2) (vi)~~ If there is no evidence of improvement 1 year from the plan's implementation, ~~then~~ **the program shall submit an amended action plan, progress report, or NCLEX improvement plan that contains the steps being taken to improve the problem areas of the program.** ~~the board shall place the program on "probationary status" and the program shall comply with subdivision (b) of this rule.~~

(3) If there is no evidence of improvement 2 years after the initial improvement plan is submitted, the board may proceed under R 338.10311.

~~(b) A self study:~~ The board shall require a full self study of the program of nursing education as the second step for improvement. The sponsoring agency shall submit the self study within 6 months of notification from the board or department. ~~All of the following apply:~~

~~(i) The self study must be a complete review of the program including, but not limited to, admission policies, curriculum, teaching methods, faculty credentials, testing methods, remediation methods, and failure policies.~~

~~(ii) If the result of the self study concludes that a major program change is necessary, a major program change must be developed by the sponsoring agency. The major program change must be submitted to the board for its review and approval before the changes taking effect.~~

- ~~—(iii) If the result of the self-study concludes that a minor program change is necessary, a minor program change must be developed by the sponsoring agency. The minor program change must be submitted to the board for its review and approval before the changes take effect.~~
- ~~—(iv) The program shall have 1 cohort cycle to demonstrate improvement.~~
- ~~—(v) After the graduation and NCLEX testing of that cohort, if there is no evidence of improvement, the program shall comply with subdivision (c) of this rule.~~
- ~~—(c) A nursing education consultant: The program shall employ the services of a nursing education consultant whose credentials must be submitted to the board. All of the following apply:~~
 - ~~—(i) The program shall require the consultant to conduct a full and comprehensive review of the nursing education program and prepare a report of the findings and recommendations for improvement.~~
 - ~~—(ii) The program shall submit the nursing education consultant's report of the findings and recommendations to the board. The program shall also submit a plan to implement the recommendations of the consultant to the board.~~
 - ~~—(iii) If the recommendation involves a major program change, the sponsoring agency shall submit it to the board for its approval before the implementation of the program change.~~
 - ~~—(iv) The program shall have 1 cohort cycle under the major program change to demonstrate improvement.~~
 - ~~—(v) If the recommendations do not involve a major program change, the school then has 1 year from report submission to implement the changes.~~
 - ~~—(vi) If there is no evidence of improvement after the NCLEX examination of the cohort or by the end of 1 year following report submission, the program shall comply with subdivision (d) of this rule.~~
- ~~—(d) A reduction in admissions: The program shall reduce admissions to a board-recommended level. Both of the following apply:~~
 - ~~—(i) The program shall have 1 cohort cycle under the reduction in admissions to demonstrate improvement.~~
 - ~~—(ii) If there is no evidence of improvement, the board shall commence withdrawal of program approval pursuant to section 17242(2) of the code, MCL 333.17242.~~

(4) The board shall require an accredited nursing education program evaluated under section 17242 of the code, MCL 333.17242, and R 338.10310 and determined to be in noncompliance with any provision of the code or the rules to comply with all the following:

- (a) Follow the reporting requirements of its national accrediting organization.**
- (b) Submit copies of all reports required by the accrediting organization and decision letters received from the organization to the board.**
- (c) If a program is placed in a probationary status by its accrediting organization, this notation must be made on the board's website.**

(d) If a program loses accreditation from its national accrediting organization, it shall immediately cease enrollment of new cohorts and the board shall proceed under R 338.10311 and begin the process to withdraw approval of the program.

Board Response	
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Rule 338.10601 License renewals; requirements, applicability

Section Numbers	Commenter	Comment
(3)	Vendittelli	<p>R 338.10105, R 338.10601, and R 338.10602 are inconsistent with regards to the required training to identify victims of human trafficking.</p> <p>R 338.10105 states that the training for identifying victims of human trafficking must be done by all those who are licensed or seeking licensure. This is a <u>one-time</u> training requirement.</p> <p>R 10601 pertains to license renewals. It states that an applicant for license renewal shall complete a 1-time training identifying victims of human trafficking as required in R 338.10105.</p> <p>R 338.10602 states that the training for identifying victims of human trafficking does not count toward the continuing education requirements.</p> <p>My question is why is the one-time licensure training in R 338.10105 being required for each renewal thereafter without any continuing education credit? My suggestion is to remove proposed subrule (3) from R 338.10601 to avoid confusion.</p>
(5)	Leefers	<p>I am opposed to newly licensed RNs being required to complete continuing education in their first cycle. New grad orientees who hire into the ICUs I serve will often have 100-130 hours of class time to prepare them for their role. I recognize that ICU settings are outliers for the amount of in class non-CE learning a new nurse must complete...but I also believe that all new nurses are going to go through some kind of training program that transforms them from a nursing student to a productive professional. The purpose of contact hours is to promote professional growth and expand the knowledge set of our colleagues. Brand new nurses get plenty of that already. The</p>

		additional burden of completing sanctioned contact hours seems unnecessary considering the great amount of learning and professional growth that new RNs are obligated to by the nature of employment. Perhaps an[SIC] compromise would be an exemption for RNs who become employed in direct care.
(5)	Meringa	<p>Commenter objects to removing the subrule indicating that the continuing education requirements do not apply during the initial license cycle.</p> <p>Please keep this rule intact. Eliminating this rule would begin requiring newly licensed Michigan nurses to complete all continuing education requirements during their initial licensing cycle, which for most would be their first 2 years in practice as new grad nurses. Most newly licensed nurses will have recently completed not only their formal nursing education programs, but also have studied for and successfully taken the NCLEX. During this time most newly licensed nurses will complete rigorous orientation and onboarding programs, which include hands on training and education as well as competency validation for independent practice. Many newly licensed nurses will also participate and complete nurse residency programs, which have educational and professional development components spanning the first year (or two) in practice. Due to this extensive education experience that most newly licenses nurses will have recently participated in, I would suggest that the Board of Nursing continue to excuse newly licensed nurses from the general continuing education requirements during their initial licensing period. My understanding is that way back when, the rationale for newly licensed nurses (new grads) not being required to complete continuing education hours was based on the fact that they have recently completed a rigorous nursing education program within the past few years and should be up to date on current nursing practice standards as then enter the workforce. The purpose of continuing education is for nurses to maintain continued competence in a rapidly changing healthcare environment. I would argue that our newly licensed nurses are already doing this during their first two years in practice for the reasons stated above.</p>
Rules Committee Response	<p>R 338.10601(3) The committee agreed to the suggested change to remove this subrule.</p> <p>R 338.10601(5) The committee declined to make the suggested change. This subrule was in rule because, under the old licensing platform, a licensee's initial cycle was not a full cycle as the entire profession's license used to end on the</p>	

same date. Now that the department has converted every profession to MiPlus, initial licensees have a full initial license cycle. Therefore, the continuing education exemption is no longer needed. However, the committee suggested adding continuing education for this activity in R 338.10602.

R 338.10601 License renewals; requirements; applicability.

Rule 601. (1) Pursuant to ~~Under~~ section 16201 of the code, MCL 333.16201, an applicant for license renewal who has been licensed for the 2-year period immediately before the expiration date of the license, shall accumulate not less than 25 hours of continuing education that are approved by the board pursuant to ~~under~~ these rules during the 2 years before the expiration of the license.

(2) An applicant for license renewal shall complete not less than 2 hours, of the 25 required hours, of continuing education in pain and pain symptom management in each renewal period ~~under~~ section 16204(2) of the code, MCL 333.16204. Continuing education in pain and pain symptom management may include, but is not limited to, courses in behavior management, psychology of pain, pharmacology, behavior modification, stress management, clinical applications, and drug interventions as they relate to professional practice.

~~(3) An applicant for license renewal shall complete a 1-time training identifying victims of human trafficking as required in R 338.10105 and section 16148 of the code, MCL 333.16148.~~

~~(4-3) An applicant for license renewal, who also applies for a controlled substance license, shall complete a 1-time training in opioids and other controlled substances awareness as required in R 338.3135.~~

~~(354) Submission of an application for renewal constitutes the applicant's certification of compliance with the requirements of this rule. A nurse shall retain documentation of meeting the requirements of this rule for a period of 4 years from after the date of applying for license renewal. The board may require an applicant to submit evidence to demonstrate compliance with this rule. Failure to comply with this rule is a violation of section 16221(h) of the code, MCL 333.16221.~~

~~(465) A request for a waiver under section 16205 of the code, MCL 333.16205, must be received by the department for the board's consideration not less than 30 days before the last regularly scheduled board meeting before the expiration date of the license. The public notice for the board meetings can be found at: <https://www.michigan.gov/lara/bureau-list/bpl/health/hp-lic-health-prof/nursing>.~~

~~(5) The requirements of this part do not apply to an applicant during an initial licensure cycle.~~

Board Response	
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Rule 338.10602 Acceptable continuing education; requirements; limitations.

Section Numbers	Commenter	Comment
1(b)	Savalle	Commenter is in support of the 2 contact hours of implicit bias training being included in the 25 continuing education requirements for each license cycle. This specific training is very important but it feels untruthful saying “you need 25 hours for continuing education PLUS two more of implicit bias training” While the pain management requirement falls under the 25 hours.
	Meringa	Thank you for proposing allowing the recently required 2 hours of implicit bias training per licensing cycle to count toward 25 contact hour relicensure requirements, similar to pain. This is appreciated and makes a lot of sense. This will result in less confusion as well. Many organizations have been offering contact hours for implicit bias training that nurses technically can’t use toward continuing education requirements, because it was required to be above and beyond the 25 hours.
2(i)	Savalle	I would also like to express NOT supporting cutting 120 hours of precepting from 5 CEUs to 1 CEU. Precepting a new employee requires a wealth of knowledge and experience, as well as interprofessional collaboration skills. While I think 5 is reasonable for that amount of time precepting, 1 CEU feels almost insulting. Can you imagine doing something like this for 120 hours and at the end being given a participation sticker? 5 CEUs is an appropriate amount of “compensation” for the intense amount of work it requires to be a preceptor. It is not a secret the nursing profession is drastically understaffed, and we are losing many senior RNs who are able to help us train, this is one of the ways we can show our support to our fellow colleagues.
	Meringa	Please consider maintaining the 120 hours of precepting for 5 contact hours provision as acceptable continuing education rather than changing it to 120 hours of precepting for 1 contact hour. This provision has been helpful in recruiting and rewarding much-needed preceptors for new nurses as well as students. There is great demand for willing, qualified nursing preceptors in our healthcare organizations to mentor and train new nurses. Many organizations are not able to pay preceptors a premium to serve in this role, which is demanding and necessary to ensure a supply of highly qualified nurses successfully enter the workforce and transition into practice. Allowing nurses to precept in a 1:1 relationship to claim 5 hours of continuing education credit for 120 hours of precepting provides some recognition of the value of this role. Changing this from 5 hours to 1 hour per 120 hours of precepting is a take-away and hardly makes it worth using this toward

		<p>continuing education, essentially devaluing the contributions of preceptors. 120 hours of a preceptor relationship is pretty typical of working with 1-2 students per semester.</p> <p>When this rule was added a few years ago during my tenure as the MIBON Chair and Rules Committee Chair, it was based loosely on the Kentucky Board of Nursing’s continuing education requirements (even used some of the KY language verbatim in writing the rule). In Kentucky, nurses must complete 14 continuing education hours annually, and are allowed to use 120 hours of precepting to satisfy this requirement for the full 14 hours each year.</p> <p>I would urge you to either maintain the status quo and clarify that 120 hours of precepting is worth 5 contact hours per cycle if there is confusion on this point, or even consider increasing this for a total of 10 or even 15 hours per licensing cycle (which is still significantly less than KY=28 hrs/2 yrs). Many of our preceptors are precepting constantly throughout the year, and would benefit from this, as well as encourage more nurses to precept. Preceptors working with students or new employees are much needed, work hard, and must stay up to date on best practices for their department or specialty area to be able to mentor and teach others. Maintaining this level of expertise requires ongoing education and familiarity with best practices to be able to effectively serve in this role and properly train and mentor other nurses and students. Preceptors are often our highest performing and most professionally developed nurses. They are essential to maintaining and expanding the pipeline of qualified nurses needed to combat the nursing shortage.</p> <p style="text-align: center;">Kentucky Board of Nursing references:</p> <p style="text-align: center;">https://kbn.ky.gov/education/Pages/Continuing-Education-Competency.aspx</p> <p style="text-align: center;">https://kbn.ky.gov/KBN%20Documents/ce-preceptor-verification-form.pdf</p>
Proposed addition	Meringa	<p>Similar to preceptors, there is a significant nursing faculty shortage. I would encourage you to consider allowing nursing clinical instructors that are directly supervising and training nursing students in clinical settings to claim some of their time spent teaching toward their 25 contact hour relicensure requirement in a future rule set revision. Similar arguments could be made regarding</p>

		the level of clinical expertise needed by instructors to maintain competency in teaching nursing students in the clinical setting.			
Rules Committee Response	<p>R 338.10602(2)(i) The committee clarified that the language should reflect a 24:1 ratio with a limit of 5 total continuing education hours per cycle.</p> <p>Suggested language is as follows: A preceptorship must be for a minimum of 120 24 preceptor hours with a preceptor ratio of 1 student or employee to 1 preceptor. One hundred and twenty Twenty-four preceptor hours equals 1 continuing education hour. and have a 1 student/employee to 1 preceptor ratio. This may involve more than 1 student or employee.</p> <p>(j) To accommodate the comment in R 338.10601, the committee added continuing education credit for participating in an employer orientation. The suggested addition is as follows:</p> <table border="1" data-bbox="504 714 1669 1023"> <tr> <td data-bbox="504 714 577 1023">(j)</td> <td data-bbox="577 714 1186 1023"> <p>Participation in learning experiences which may include clinical experiences, clinical laboratory hours, or classroom instruction related to nursing orientation or nurse residency programs.</p> <p>The orientation must be for a minimum of 24 hours. Twenty-four hours of orientation equals 1 continuing education hour.</p> </td> <td data-bbox="1186 714 1669 1023"> <p>A maximum of 5 hours of continuing education may be earned in each renewal period.</p> </td> </tr> </table> <p>Note: Due to time constraints, the committee inadvertently forgot to address the proposed addition to allow continuing education credit for nursing clinical instructors that are directly supervising and training nursing students in clinical settings to claim some of their time spent teaching toward their continuing education requirements. The board needs to weigh in on this suggestion, please.</p>		(j)	<p>Participation in learning experiences which may include clinical experiences, clinical laboratory hours, or classroom instruction related to nursing orientation or nurse residency programs.</p> <p>The orientation must be for a minimum of 24 hours. Twenty-four hours of orientation equals 1 continuing education hour.</p>	<p>A maximum of 5 hours of continuing education may be earned in each renewal period.</p>
(j)	<p>Participation in learning experiences which may include clinical experiences, clinical laboratory hours, or classroom instruction related to nursing orientation or nurse residency programs.</p> <p>The orientation must be for a minimum of 24 hours. Twenty-four hours of orientation equals 1 continuing education hour.</p>	<p>A maximum of 5 hours of continuing education may be earned in each renewal period.</p>			

R 338.10602 Acceptable continuing education; requirements; limitations.

Rule 602. (1) The 25 hours of continuing education required pursuant to ~~under~~ R 338.10601(1) for the renewal of a license must comply with the following, as applicable:

(a) No more than 12 credit hours may be earned during a 24-hour **period**.

(b) **Except for the implicit bias training required under R 338.7004 that may be used to comply with R 338.7004 and a continuing education requirement, an applicant may not earn continuing education credit for the human trafficking requirement and** An applicant may not earn credit for a continuing education program or activity that is identical to a program or activity the applicant has already earned credit for during that renewal period.

(2) The board shall consider the following as acceptable continuing education:

ACCEPTABLE CONTINUING EDUCATION ACTIVITIES		
(a)	<p>Completion of an approved continuing education program or activity related to the practice of nursing or any non-clinical subject relevant to the practice of nursing. A continuing education program or activity is approved, regardless of the format in which it is offered, if it is approved or offered for continuing education credit by any of the following:</p> <ul style="list-style-type: none"> • The American Association of Nurse Anesthetists (AANA). • The American Association of Nurse Practitioners (AANP). • The Accreditation Council for Continuing Medical Education (ACCME). • The American College of Nurse-Midwives (ACNM). • The American Medical Association (AMA). • The American Nurses Credentialing Center (ANCC). 	<p>The number of hours approved by the sponsor or the approving organization.</p> <p>If the activity was not approved for a set number of hours, then 1 credit hour for each 60 minutes of participation may be earned.</p>

- The American Osteopathic Association (AOA).
- The National Association of Clinical Nurse Specialists.
- The National Association for Practical Nurse Education and Service, Inc. (NAPNES).
- The National League for Nursing (NLN).
- Another state or provincial board of nursing.
- A continuing nursing education program offered by a nursing education program that is approved by the board under R 338.10303a.

A continuing education program or activity is approved, regardless of the format in which it is offered, if it is approved for continuing education credit by any of the following:

- **Another state or provincial board of nursing.**

If audited, an applicant shall submit a copy of a letter or certificate of completion showing the applicant's name, number of hours earned, sponsor name or the name of the organization that approved the program or activity for continuing education credit, and the date on

	<p>which the program was held or activity completed.</p>	
(b)	<p>Completion of academic courses related to nursing practice offered by a nursing education program in this state approved by the board under part 3 of these rules or a post-licensure or graduate nursing program that is nationally accredited by a nursing education accrediting organization included in R 338.10303d(2).</p> <p>If audited, an applicant shall submit an official transcript that reflects completion of the academic course and number of semester or quarter credit hours earned.</p>	<p>Five hours of continuing education may be earned for each semester credit hour earned.</p> <p>Three hours of continuing education may be earned for each quarter credit hour earned.</p>
(c)	<p>Obtaining specialty certification or maintaining certification as 1 of the following: Clinical nurse specialist. Nurse anesthetist. Nurse midwife. Nurse practitioner.</p> <p>If audited, an applicant shall submit proof of certification or recertification.</p>	<p>Twenty-five hours of continuing education, which includes including 2 hours for pain and symptom management, may be credited for obtaining or maintaining specialty certification during the renewal period.</p>
(d)	<p>Successful completion of a national nursing specialty examination.</p> <p>If audited, an applicant shall submit proof of a passing score on the examination.</p>	<p>Ten hours of continuing education may be earned in the year in which the applicant achieves a passing score.</p> <p>A maximum of 20 hours of</p>

		<p>continuing education may be earned in each renewal period. Credit must not be given for repeating the same examination in a renewal period.</p>
(e)	<p>Initial publication of a chapter or an article related to the practice of nursing or allied health in any of the following: A nursing or health carehealthcare textbook. A peer-reviewed textbook. A nursing or health carehealthcare peer-reviewed journal.</p> <p>If audited, an applicant shall submit a copy of the publication that identifies the applicant as the author or a publication acceptance letter.</p>	<p>Ten hours of continuing education may be earned per publication.</p> <p>A maximum of 10 hours of continuing education may be earned in each renewal period.</p>
(f)	<p>Independent reading of articles or viewing or listening to media related to nursing practice that do not include a self-assessment component.</p> <p>If audited, an applicant shall submit an affidavit attesting to the number of hours the applicant spent participating in these activities and that includes a description of the activity.</p>	<p>One hour of continuing education may be earned for each 50 to 60 minutes of participation.</p> <p>A maximum of 4 hours of continuing education may be earned in each renewal period.</p>
(g)	<p>Participation on a health carehealthcare organization committee dealing with quality patient care or utilization review.</p> <p>If audited, an applicant shall submit a letter from an organization official verifying the</p>	<p>One hour of continuing education may be earned for each 60 minutes of participation.</p> <p>A maximum of 4 hours of continuing education may be</p>

	applicant's participation and the number of hours the applicant spent participating on the committee.	earned in each renewal period.
(h)	<p>Presentation of an academic or continuing education program that is not a part of the applicant's regular job description.</p> <p>If audited, an applicant shall submit a copy of the curriculum and a letter from the program sponsor verifying the length and date of the presentation.</p>	<p>Three hours of continuing education may be earned for each 60 minutes of presentation.</p> <p>A maximum of 6 hours of continuing education may be earned in each renewal period.</p>
(i)	<p>Participation as a preceptor for at least 1 nursing student or a new employee undergoing orientation.</p> <p>A preceptorship must be for a minimum of 120 24 preceptor hours with a preceptor ratio of 1 student or employee to 1 preceptor. One hundred and twenty Twenty-four preceptor hours equals 1 continuing education hour. and have a 1 student/employee to 1 preceptor ratio. This may involve more than 1 student or employee.</p> <p>If audited, an applicant shall submit written documentation from the educational institution or preceptor's supervisor verifying the dates and hours of the preceptorship.</p>	<p>A maximum of 5 hours of continuing education may be earned in each renewal period.</p>
(j)	<p>Participation in learning experiences which may include clinical experiences, clinical</p>	<p>A maximum of 5 hours of continuing education may be</p>

	<p>laboratory hours, or classroom instruction related to nursing orientation or nurse residency programs.</p> <p>The orientation must be for a minimum of 24 hours. Twenty-four hours of orientation equals 1 continuing education hour.</p>	<p>earned in each renewal period.</p>
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<p>Board Response</p>	
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