

1 **ARIZONA STATE BOARD OF NURSING**  
2 **1740 West Adams Street, Suite 2000**  
3 **Phoenix, Arizona 85007-2607**  
4 **602-771-7800**

5 IN THE MATTER OF NURSING PROGRAM  
6 PROVISIONAL APPROVAL ISSUED TO:

7 **ASPEN UNIVERSITY, BSN PROGRAM**

8 PROGRAM ADDRESS:  
9 4615 E. Elwood St., Ste. 100, Phoenix, AZ 85040

10 PROGRAM NO. US96510000

11 RESPONDENT.

**NOTICE OF CHARGES**

**NO. 201202RN96510000**

12 The Arizona State Board of Nursing (“Board”) has sufficient evidence of the conduct described  
13 in the factual allegations that, if not rebutted or explained, justifies disciplinary action against  
14 Respondent’s program approval. The Board has authority, pursuant to the Nurse Practice Act (“Act”),  
15 Arizona Revised Statutes (“A.R.S.”) §§ 32-1601 – 1667, Arizona Administrative Code (“A.A.C.”)  
16 Rules 4-19-101 – 815; and specifically A.R.S. §§ 32-1606, 32-1644, 32-1663, and 32-1664, to impose  
17 disciplinary sanctions against program approval for violations of the Act.

18 **FACTUAL ALLEGATIONS**

19 1. Respondent holds Board-issued program provisional approval for a registered nursing  
20 program, operating in Phoenix, Arizona, receiving its original approval in 2017. Respondent’s last  
21 provisional program approval was on November 17, 2017, and expires July 31, 2022.

22 2. On or about December 30, 2020, the Board received an anonymous complaint via the  
23 AZBN student complaint webform. The student asserted that they were admitted to the program in  
24 August 2020 and had no in-person clinical education experiences and all clinical education  
25 experiences have been remote. In addition, the complainant reported that “We have been informed  
26 that we will not be allowed an in- person lab experience until after April 2021.”

27 3. On or about April 14, 2021, the Board received complaint #2 via the AZBN complaint  
28 webform. The student expressed 3 main concerns/allegations:  
29

- 1 A. The school had not returned to in-person instruction for “seminars and  
2 simulations” but students are required to attend in person for HESI exams;  
3  
4 B. The Community Health 2 class has had 4 different teachers and “because they  
5 advised us they do not have enough staff to fill the position.”  
6  
7 C. There has been lack of communication from the school about its plans for return  
8 to in-person instruction. “I have spoken to many students about this and they all  
9 agree that we feel the school is going online fully without making us aware of  
10 the situation or including us in the decision making process. We have  
11 committed years of our lives and paid thousands of dollars to use simulation  
12 labs and train in hospitals, but unfortunately our cohort has not seen or used any  
13 of these.”

14 4. On or about September 13, 2021, complaint #3 (anonymous) was received via AZBN  
15 complaint webform (possibly a current student given nature of complaint) with eight  
16 concerns/allegations:

- 17 A. Testing practices are unfair (i.e. changing from open book to ‘closed book, timed, and  
18 proctored’).
- 19 B. Wasn’t informed that the program is “...self-taught, that there would be no lecture or  
20 guidance.”
- 21 C. Aspen has discontinued Sherpath/EAQ as a preparatory resource but the midterms were  
22 still based on Sherpath.
- 23 D. Poor communication from administration to faculty (e.g. students need to achieve 75%  
24 or fail the course [per faculty] which was later corrected by the Chief Nursing Officer,  
25 stating that the change applied to some cohorts and not to others)
- 26 E. “...setting students up to fail...” by not providing support. “...even when following the  
27 school’s guidance, and that of the school’s own NCLEX coach, still have received  
28 failing grades.”
- 29 F. “Aspen has created a toxic and punitive atmosphere where students do not feel

1 supported...”; “...they should provide adequate instruction and support as other nursing  
2 schools do, reviews, study guides, sufficient time to cover the material.”

3  
4 G. The Chief Nursing Officer responded by email to Complainant #3 but did not address  
5 Complainant #3’s concerns regarding testing.

6 H. (The Director of the Elwood Campus) is sometimes belittling and has not addressed  
7 concerns.

8 5. In addition to the above complaints received from students, Board staff initiated an  
9 investigation due to Respondent’s 1st time pass rate for NCLEX falling below 80%, as required in  
10 Arizona Administrative Code (“A.A.C.”) R4-19-206(G).

11 6. Respondent’s NCLEX-RN first time pass rate for Calendar Year 2021, at 58.04%, has  
12 fallen far below the minimum standard of 80% and is in violation of A.A.C. R4-19.206.G. A 58%  
13 chance of passing NCLEX the first time is outside of normal program ranges, even for programs  
14 experiencing challenges, and indicates harm to students. Between the opening of the program in 2018  
15 and the present, as of January 2022, the program has had five program administrators. Research  
16 conducted by the National Council of State Boards of Nursing (“NCSBN”) indicates that a program  
17 that has more than *three* program administrators within five years may cause harm to students through  
18 inconsistent leadership. Respondent’s five program administrators in less than four years (2018-2022)  
19 falls below the standard of practice, which requires competent and stable administration to avoid  
20 excessive program changes and disruptions, and likely contributed to Respondent’s extremely low  
21 NCLEX scores. In addition, Respondent’s lack of adequate instruction combined with ongoing, heavy  
22 reliance on virtual clinical learning experiences has contributed to inadequate instruction and severely  
23 decreased hands-on learning. (Respondent has a COVID-19 pandemic emergency waiver (that would  
24 permit online learning and virtual clinical experiences due to limitations associated with the  
25 pandemic), issued by the Board, but this waiver still requires adequate learning experiences).

26  
27 In sum, the low NCLEX first time pass rates for 2021 are the result of the following factors:

- 28 A. Rapid growth in admissions with multiple annual admissions cycles;  
29 B. Decreased direct care clinical learning experiences;

- 1 C. Faculty lack of adequate orientation;  
2  
3 D. Scheduling faculty for direct care clinical experiences using faculty volunteers for shifts  
4 of clinicals (rather than consistently assigned faculty);  
5 E. Mid-course curriculum/course changes and substandard testing practices;  
6 F. Lack of adequate student learning opportunities including lack of faculty guidance and  
7 processing with students regarding available content;  
8 G. Cancelled direct care clinicals with frequent conversion to virtual simulations;  
9 H. Student confusion regarding course requirements and exams;  
10 I. Reactive post-exam changes to grading to inflate grades; and  
11 J. Failure of the administrator to develop with faculty policies regarding minimal requisite  
12 nursing skills and knowledge necessary to provide safe patient care (R4-19-  
13 203(C)(5)(a)(iii).

14 These issues are manifesting in:

- 15 A. Low predictive exam results;  
16 B. Increasingly and unusually high student attrition;  
17 C. Extremely low NCLEX pass rates;  
18 D. High student stress levels and frustration/concern from faculty.

19  
20 7. From in or about July 2018 to present, as demonstrated by Respondent's extremely low  
21 NCLEX first time pass rate, Respondent's pedagogical approach to nursing education is inadequate in  
22 the preparation of prelicensure nursing students and fails to allow its students to form necessary links  
23 of theoretical knowledge, clinical reasoning and practice.

24 In a February 12, 2021, in a letter to the Board regarding its request for a COVID-19 pandemic  
25 emergency waiver (that would permit online learning and virtual clinical experiences due to  
26 limitations associated with the pandemic), Respondent representatives stated:

27 *Fortunately, Aspen's didactic percentage of the curriculum is delivered in a 100% online in an*  
28 *asynchronous format. The process maps attached address the laboratory, simulation, and*  
29 *clinical components of the curriculum, which prior to the pandemic were delivered on campus*

1            *or face-to-face with our clinical partners.*

2            While Respondent was approved by its accrediting body (associated with its Board provisional  
3 approval) to provide content as described, the delivery and implementation of this program model has  
4 been inadequate.

5            Multiple students in group sessions (held 9.20.21, 9.21.21) reported to Board staff that lectures  
6 or guidance is rare and that faculty have told students that they “aren’t allowed to teach” or provide  
7 study guides because it would be “giving answers” to them. Several faculty reported that they were  
8 directed to not teach because the program is ‘self-taught’. Students report a high use of YouTube  
9 videos as resources and minimal feedback on assignments. A student wrote (group interview,  
10 9.21.21): “...we are consistently told by the instructors, and Director that ‘we signed up’ for hybrid and  
11 to be self- taught. When we ask for lectures or review we are told Didactic is online - no lecture.  
12 Personally, I was never informed that I would be teaching myself throughout nursing school.”  
13 Comments about the lack of teaching by faculty were strongly and consistently endorsed by students  
14 attending each group interview session. The National League for Nursing’s *Nurse Educator Core*  
15 *Competencies for Academic Nurse Educators (2005)* clearly identifies that academic nurse educators  
16 are to “facilitate learning” and to “facilitate learner development and socialization”. The pedagogical  
17 approach reported by students and validated by faculty is incompatible with prelicensure nursing  
18 education.  
19

20            The standard of educational practice requires that nursing program faculty and administration  
21 provide adequate learning opportunities for students. Respondent violated this standard of practice by  
22 failing to ensure students received adequate education, by discouraging or prohibiting faculty from  
23 facilitating learning, teaching in lectures, or providing study guides. Harm to students occurred, as  
24 evidenced by Respondent’s low first time NCLEX passing scores and high attrition rates.  
25

26            8.        During calendar Year 2021 to present, Respondent’s learning opportunities, faculty  
27 resources, quality of instruction, program resources, and infrastructure were and are inadequate to  
28 support student learning or successful outcomes pursuant to A.A.C. R4-19-206 and R4-19-201A.6  
29 (adequate resources), *inter alia*. Specifics are as follows:

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- **Faculty onboarding and mentorship:** Multiple faculty members described no or extremely minimal orientation or training prior to beginning teaching. Several faculty reported limited guidance (e.g. not being shown how to enter grades in the learning management system, cursory orientation to simulation and high reliance on online resources that faculty report ‘having to figure out on our own’, no clear orientation and accountability for knowledge about the curriculum, rushed onboarding resulting in account access issues to virtual hospital software used by the Respondent. The approach to faculty onboarding resembles what students experience: referral to online materials without adequate guidance or mentorship. The standard of educational practice requires that a nursing program provide adequate orientation and ongoing support/mentorship of faculty prior to faculty beginning to teach to ensure that faculty understand and hold basic nursing educational competencies, basic competency over the curriculum, and program processes such as how to use grading systems and technological tools. Respondent violated this standard by failing to provide the adequate resources, including personnel, to orient and train new faculty, and failed to provide proper orientation and training prior to faculty beginning to teach students.

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- **Scheduling of faculty for teaching courses:** Respondent relies heavily on email recruitment of faculty volunteers which results in fragmented, discontinuous clinical learning experiences. Respondent’s approach to faculty staffing clinical time for cohorts is similar to how hospitals staff individual patient shifts, so that multiple faculty can be assigned to a single cohort for a single clinical course on a regular basis without consistency in faculty. Scheduling faculty in this way is at high risk for fragmented student learning experiences, which is reflected in Respondent’s students’ poor NCLEX pass rates, among other indicators. Students’ ability to learn clinical judgment/reasoning/compartment relies not only on faculty clinical expertise, teaching experience and their ability to relate to students, but also continuity of faculty presence. The standard of educational practice requires that a program plan to have

1 courses taught by consistent faculty. Although events occur in which substitutions of  
2 faculty may be necessary at times, regularly assigning faculty to clinical assignments  
3 on a voluntary basis falls below the standard of educational practice.  
4

- 5 ● **Severely inadequate testing practices:** Until summer of 2021, Respondent relied on  
6 open book testing and discussion board questions in most of its courses to assess  
7 student learning.

- 8 ○ Beginning August Term 2021, Respondent changed to proctored midterm and  
9 final exams without adequate planning and preparation for students or faculty  
10 to adjust to the change in approach.

- 11 ▪ In her individual interview with Board staff, on 9.20.21, Respondent's  
12 Interim Director at Honor Health campus and Chief Nursing Officer  
13 indicated that faculty were beginning to be trained in writing NCLEX-  
14 style test questions – this was being initiated more than three years after  
15 the first class was admitted to the program.

- 16 ○ Student lack of preparation for proctored exams was evident in massive student  
17 failures of midterm exams in the Fall 2021 Adult Health I and Adult Health II,  
18 and general student complaints and statements regarding their confusion and  
19 lack of preparation for these exams. Out of 4 sections, only five out of 100  
20 students were able to achieve the 75% or above passing benchmark set by  
21 Respondent for Adult Health.

- 22 ▪ Testimony by the lead faculty of Adult Health content indicated that she  
23 had been directed by the Interim Director of Honor Health  
24 Campus/Chief Nursing Officer and Director of Elwood Campus to  
25 create exams for course sections in which she was not the faculty of  
26 record and that she did not involve the faculty record in test  
27 construction.  
28

- 29 ▪ One faculty of record affirmed that she was not involved in test

1 construction for her course, nor did she know what test questions were  
2 being administered. She also reported that she was not aware of the  
3 grades students had achieved on the exams for the course she taught.  
4 She indicated that she was an evaluator of students' other assignments  
5 in the course and that was her only role.  
6

- 7 ○ The standard of educational practice requires that a nursing program provide  
8 adequate preparation for students and faculty for changes in testing procedures,  
9 including timely notice and explanation of changes, and adequate training  
10 regarding procedures. Respondent violated this standard by changing the  
11 testing procedures without adequate training of faculty or notice to students  
12 regarding the new procedures, and without providing faculty or students with  
13 adequate resources to prepare them for the different type of examinations.  
14 Additionally, the standard of educational practice requires that a nursing  
15 program permit faculty to either have involvement in test construction or, at  
16 minimum, be aware of test questions being administered and grading processes  
17 for the students in their courses. Respondent violated this standard of practice  
18 by excluding faculty from involvement in construction of an exam for her  
19 course and not providing the faculty member with access to the test questions  
20 to be administered to her students.  
21

- 22 ● **Severe decline of direct care clinical learning experiences without substituting**  
23 **with adequate learning opportunities:** Data provided by Respondent demonstrates  
24 that Respondent's program provided only a small portion of its published direct care  
25 clinical hours, as found in Respondent's student clinical handbook. Respondent's  
26 report of direct care clinical hours for five cohorts that graduated in 2021 showed  
27 overall declining direct care hours over the year: 396 (January 2021 cohort), 402  
28 (March 2021 cohort), 348 (May 2021 cohort), 294 (July 2021 cohort) and 270  
29 (September 2021 cohort) direct clinical hours, compared with the 945 direct clinical



1 hours published in the student handbook. This reduction of hours represents a 63%  
2 decline in clinical hours for Respondent's program, when other Arizona schools  
3 reported only a 15.1% decrease of hours over the same time period. While Respondent  
4 had obtained a COVID-19 pandemic- related emergency waiver to permit substitution  
5 of direct clinical hours during the pandemic emergency, the requirements of the waiver  
6 include the following statement:  
7

- 8 ○ *The program's application for temporary waiver of requirements must describe*  
9 *all requested program modifications, and how the modification will provide*  
10 *adequate learning opportunities*. (Emphasis added.)

11 Respondent's failure to provide adequate learning opportunities is reflected in its low NCLEX scores  
12 for 2021, its failure to provide clinical experiences at a rate similar to those of other Arizona nursing  
13 programs, and other programmatic deficiencies, as described in this and the other factual allegations  
14 listed above and below.

15 9. In or about Calendar Year 2021, faculty and students reported a high number of  
16 programmatic and course changes without adequate notice, which is a violation of administrator duties  
17 in A.A.C. R4-19-203(C)(1), (2), (4), and (5). A series of email exchanges between Faculty #1 and  
18 Respondent administration in October and December 2021 shows that Respondent instituted multiple  
19 changes to courses after courses started. Making changes to a syllabus after a course has begun is a  
20 violation of standard educational practice that requires notice to students prior to the beginning of a  
21 course which provides details about course content, class sessions, assignments, deadlines, course  
22 policies, testing, student expectations, etc. Course details should remain unchanged for the duration of  
23 the course. Programmatic and course changes without proper notice and without adequate time for  
24 faculty and students to adjust to changes results in faculty's inability to adequately plan their teaching  
25 schedule/assignments and severely disrupts student learning. Faculty #1 (12.15.21 email) summarizes  
26 this problematic dynamic well:  
27

28 I share the same frustration that the students do. As a faculty, it is impossible to do my job and  
29 provide clear expectations to the students, when the expectations literally change from session

1 to session and with no regard to where the students are at in the session. The students can  
2 never rely on what they see of their course syllabus in the beginning of each course... Because  
3 it changes constantly.  
4

5 From their perspective, students report confusion about assignments and an inability to plan  
6 their study and clinical schedules resulting in high stress and a diminished ability to learn critical  
7 course content. Much of this disruption occurred with the implementation of high-stakes (i.e.  
8 inadequate scores result in students failing the course and program) HESI exams in July 2021, as well  
9 as proctored midterm and final exams in August 2021 across all cohorts without adequate student  
10 preparation. Respondent's low NCLEX first time pass rate scores and high attrition rate of over 40%  
11 in 2 of its last 3 graduating cohorts in 2021 demonstrate the harm to students as a result of these  
12 violations of the standards of educational practice. Students are being harmed from a poor return on  
13 investment of their time and financial resources in a program with high attrition and extremely low  
14 NCLEX scores. When a graduate is not able to pass NCLEX, they cannot obtain licensure and work as  
15 nurses, leaving them with student loans but no ability to work under the license for which they have  
16 completed their studies.  
17

18 10. During the Summer of 2021, Respondent changed their overall testing practices without  
19 adequate notice to students or faculty, in conflict with Elsevier recommendations (Elsevier is the  
20 vendor for HESI exit exams) and standards of educational practice for fair testing.

21 Respondent's students' performance has averaged 41% for 1st time HESI takers (i.e. 41% of  
22 the class was predicted to pass NCLEX) and, after remediation, only 57% of the students taking the  
23 predictor exam were predicted to pass NCLEX. In response to these low results on HESI predictor  
24 exams, Respondent implemented the '*HESI RN Exit Remediation Contract, v1 09.07.2021*' which is a  
25 learning contract implemented after a student has achieved 900 (later changed to 850 due to poor  
26 student performance) or better on the HESI RN Exit Predictor exam. The remediation process is  
27 described as 'student driven' (i.e. "Students are responsible for initiating, creating and submitting  
28 remediation plans then following through on them in a timely manner.") and requires student  
29 participation. The learning contract specifies that students cannot "...progress to N455B (Transition to

1 Professional Practice) and will have to re-take N455A (Transition to Professional Practice)...” and that  
2 they will not be able to graduate from the program without successfully completing the HESI RN Exit  
3 Predictor exam. At the signature line, students are required to agree with this statement: “I have read  
4 and understand the School of Nursing HESI Testing and Remediation Policy. My signature is proof of  
5 my commitment to adhere to this policy. My signature is proof of my commitment to remediation.”

7 A 9.23.21 email from the Nursing Education Specialist with Elsevier, indicated that the HESI  
8 exit exam should not be used in this manner (i.e. determining if a student can pass a course or graduate  
9 from the program, otherwise known as”high stakes testing”): “Elsevier doesn’t support students’  
10 achievement of a particular score on any exam in order to graduate. We don’t and have never  
11 suggested to programs that students are in any way hindered from graduating because of a HESI  
12 exam.”

13 In addition to using the HESI exit exam in a way that is not recommended, this approach  
14 violated prevailing nursing education practice. The standard of educational practice requires that a  
15 nursing program use multiple sources of evidence to evaluate students on basic nursing competence,  
16 rather than making high-stakes decisions, such as progression or graduation, based upon one  
17 assessment alone. Respondent violated the standard of educational practice when it elected to begin  
18 denying progression or graduation to enrolled students through use of the HESI examination, which is  
19 not recommended by either the HESI vendor or the National League for Nursing.

21 11. In September, 2021, despite Respondent providing a significant majority of clinical  
22 hours virtually, Respondent’s student handbooks do not mention the use of virtual clinicals

- 23 ● Respondent’s “BSN Pre-licensure Clinical Handbook (Arizona)” (hereafter ‘student  
24 handbook’), (1.1.2021, pp. 33-36), indicates that students complete 945 hours of  
25 “clinical contact” at a “clinical site” during their program of study
- 26 ● In a 2020 statewide AZBN nursing education program survey, Respondent reported  
27 that their program plan (pre-pandemic) provides 945 direct patient care hours (defined  
28 as “faculty supervised face-to-face [in-person] with clients during pre-pandemic times”)  
29 and 8 hours of simulation.

- An updated student handbook (9.15.21, pp. 3-5) indicates students would receive 900 hours of clinical contact at a clinical site;
- A 9.30.21 edition of the student handbook indicates 855 hours of clinical contact at a clinical site (pp. 34-36).

Respondent reported that their last graduating cohort in September 2021 were offered only 28.6% of their clinical hours as direct care hours (270 of 945 hours), with the rest of the clinical hours provided in a virtual setting. Since the Respondent began admitting students in July of 2018, it has never achieved the full direct care hours promised in its curriculum plan for any of its cohorts. While Respondent's brief tenure as a program has been juxtaposed with the COVID-19 pandemic, its direct clinical hours continue to decline when other Arizona nursing programs report almost normal operations. Combined with Respondent's students' low NCLEX pass rates and high attrition rates, Respondent's current lack of direct care clinicals is indicative of a lack of adequate learning opportunities for Respondent's students.

The standard of educational practice requires that a nursing program provide students, prospective students, and the public with accurate information regarding its program offerings and requirements. Respondent violated this standard of practice by failing to disclose in its student handbook that a significant majority of its clinical hours are currently provided virtually.

### **CONCLUSIONS OF LAW**

Pursuant to A.R.S. §§ 32-1606, 32-1644, 32-1663, and 32-1664, the Board has subject matter and personal jurisdiction in this matter.

The conduct and circumstances described in the Findings of Fact constitute violations of A.R.S. § 32-1663 (D) as defined in and currently cited as § 32-1601 (27) "Unprofessional conduct" includes the following whether occurring in this state or elsewhere: (d) Any conduct or practice that is or might be harmful or dangerous to the health of a patient or the public, (h) Committing an act that deceives, defrauds or harms the public and (j) Violating a rule that is adopted by the Board pursuant to this chapter (effective September 29, 2021); and regulations, currently cited as Arizona Administrative Code Rule R4-19-201: The parent institution of a nursing program shall: (A)(6), (p)rovide adequate

1 fiscal, physical, learning resources and adequate human resources to recruit, employ and retain  
2 sufficient numbers of qualified faculty members to support program processes and outcomes necessary  
3 for compliance with this Article; R4-19-203 C. The administrator shall have the authority and  
4 responsibility to direct the program in all its phases, including: 1. Administering the nursing education  
5 program, 2. Directing activities related to academics, personnel, curriculum, resources, facilities,  
6 services, program policies, and program evaluation, 4. Evaluating nursing program faculty members at  
7 a minimum: a. Annually in the first year of employment and every three years thereafter, b. Upon  
8 receipt of information that a faculty member, in conjunction with performance of their duties, may be  
9 engaged in conduct that is or might be: i. Below a pattern of conduct the standards of the program or  
10 the parent institution, ii. A pattern of conduct that is inconsistent with nursing professional standards,  
11 or iii. Any conduct that is potentially or actually harmful to a patient or a student, and c. In the areas of  
12 teaching ability and application of nursing knowledge and skills relative to the teaching assignment,  
13 and 5. Together with faculty: a. Developing, implementing, consistently enforcing, evaluating, and  
14 revising, as necessary: i. Equivalent student and faculty policies necessary for safe patient care,  
15 including faculty supervision of clinical activities, and to meet clinical agency requirements regarding  
16 student and faculty physical and mental health, criminal background checks, substance use screens,  
17 and functional abilities, ii. The program of learning including the curriculum and learning outcomes of  
18 the program, standards for the admission, progression, and graduation of students, and written policies  
19 for faculty orientation, continuous learning and evaluation and iii. Student and faculty policies  
20 regarding minimal requisite nursing skills and knowledge necessary to provide safe patient care for the  
21 type of unit and patient assignment; R4-19-203 (C) The administrator shall have the authority and  
22 responsibility to direct the program in all its phases, including: (5) Together with faculty: a.  
23 Developing, implementing, consistently enforcing, evaluating and revising, as necessary: iii. Student  
24 and faculty policies regarding minimal requisite nursing skills and knowledge necessary to provide  
25 safe patient care of the type of unit and patient assignment; R4-19-205 (A) The number of students  
26 admitted to a nursing program shall be determined by the number of qualified faculty, the size, number  
27 and availability of educational facilities and resources, and the availability of the appropriate clinical  
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1 learning experiences for students, (C ) A nursing program and parent institution shall: 2. Provide  
2 accurate and complete written information that is readily available to all students and the general  
3 public about the program, including: a. The nature of the program, including course sequence,  
4 prerequisites, co-requisites and academic standards and e. A clear statement regarding any technology  
5 based instruction and the technical support provided to students and (D) A nursing program shall  
6 communicate changes in policies, procedures and program information clearly to all students,  
7 prospective students and the public and provide advance notice in a time-frame that allows those who  
8 are or may be affected to comply with the changes; R4-19-206 (Curriculum) (B) A nursing program  
9 administrator and faculty members shall ensure that the curriculum: (1) Is designed so that the student  
10 is able to achieve program objectives within the curriculum plan; 2. Is logically consistent between and  
11 within courses and structured in a manner whereby each course builds on previous learning; 4. Is  
12 designed sot that a student who completes the program will have the knowledge and skills necessary to  
13 function in accordance with the definition and scope of practice specified in A.R.S . . . for a registered  
14 . . . nurse, as applicable. (C) A nursing program shall provide for progressive sequencing of classroom  
15 and clinical instruction sufficient to meet the goals of the program and be organized in such a manner  
16 to allow the student to form necessary links of theoretical knowledge, clinical reasoning, and practice.  
17 R4-19.206.G. A nursing program shall maintain at least a 80% NCLEX® passing rate for graduates  
18 taking the NCLEX-PN® or NCLEX-RN® for the first time within 12 months of graduation; and R4-  
19 19-211. Unprofessional Conduct in a Nursing Program; Reinstatement or Reissuance: A disciplinary  
20 action, or denial of approval, may be issued against a nursing, refresher, pilot, or distance learning  
21 program for any of the following acts of unprofessional conduct: (1) A pattern of failure to maintain  
22 minimum standards of acceptable and prevailing educational or nursing practice, or any such failure  
23 related to student or patient health, welfare, or safety; (2) A pattern of deficiencies in compliance with  
24 the provisions of this Article, or any such deficiency related to student or patient health, welfare, or  
25 safety; (5) Failure to provide the variety and number of clinical learning opportunities necessary for  
26 students to achieve program outcomes or minimal nursing competence, (6) Student enrollments  
27 without necessary faculty, facilities, or clinical experiences to achieve program outcomes or minimal  
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1 nursing competence; (7) Ongoing or repetitive employment of unqualified faculty or program  
2 administrator; (9) Fraud or deceit in advertising, promoting or implementing the program; (10)  
3 Material misrepresentation of fact in any application or information submitted to the Board; (12) Any  
4 other evidence that the program's conduct may be a threat to the safety and well-being of students,  
5 faculty, patients or potential patients; and (13) violation of any other state of federal laws, rules, or  
6 regulations that may indicate a threat to the safety or wellbeing of students, faculty, patients or  
7 potential patients.  
8

9 **RESPONSE TO ALLEGATIONS**

10 *If you wish to challenge the allegations in this Notice of Charges, file a written request for*  
11 *hearing with the Board within 30 days after service of this Notice* to the Hearing Department,  
12 Arizona State Board of Nursing, 1740 West Adams Street, Suite 2000, Phoenix, AZ 85007-2607.

13 For questions regarding the Notice of Charges, contact Board staff at the Hearing Department:  
14 (602) 771-7844.

15 Dated this 18<sup>th</sup> day of February, 2022.

16  
17  
18 SEAL



19 ARIZONA STATE BOARD OF NURSING  
20 *Joey Ridenour R.N. M.N. F.A.A.N.*

21 \_\_\_\_\_  
22 Joey Ridenour, R.N., M.N., F.A.A.N.  
23 Executive Director

24 A COPY mailed this 18<sup>th</sup> day of February, 2022, by First Class Mail, by  
25 Certified Mail No. 7020 2450 0001 4320 2635 and by e-mail to:

26 Aspen's Elwood Campus  
27 4615 E. Elwood St, Ste. 100  
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By: G. Carroll  
Legal Secretary