In Memoriam: Dr. G. Her College
Patron: Dr. G. Her College
President: Texas A&M University-Corpus Christi
Dean: C. Kilby

Sincerely,

Dear Students and Advisors,

August 2007
ARTICULATION AGREEMENT
between
Del Mar College
Allied Health Programs
and
Texas A&M University-Corpus Christi
College of Nursing and Health Sciences
Bachelor of Science in Health Science

In order to facilitate educational mobility for Allied Health Science students, course equivalencies will be accepted between the two institutions forming these programs to program agreement. In this manner, students pursuing courses at Del Mar College during the life of this agreement, will have their transcript so evaluated by A&M University-Corpus Christi that advanced standing is assured without additional validating examinations. Included are articulation courses that satisfy junior level competencies for all professional community college programs. Administrators for both institutions shall every three years, review the appropriateness of the equivalencies.

Health Information Technology B 42 
Medical Secretary Specialist B 42 
Diagnostic Medical Sonography 42 
Medical Laboratory Technology 39 
Occupational Therapy Assistant 40 
Tech-Prep Enhanced Skills Certificate 15 
Tech-Prep Enhanced Skills Certificate 13 
Radiologic Technology Tech-Prep Program 45 
Respiratory Therapy Tech-Prep Program 44 
Surgical Technology Tech-Prep Program 24 
Dental Assisting Certificate 39 
Dental Hygiene 40 
Pharmacy Technician 
Physical Therapy Assistant 39

Texas A&M University at Corpus Christi will accept up to 70 semester credit hours from the Del Mar College Associate Degree Nursing Program while maintaining the graduation requirement of having 36 hours completed at Texas A&M University-Corpus Christi.

The precise courses are attached to this document and have the effect of being stated total in this agreement.

Del Mar College
Chair, Allied Health Division
Date ____________________________

Dean, Instructional Services
Date ____________________________

Texas A&M University-Corpus Christi
Dean, College of Nursing and Health Sciences
College of Nursing and Health Sciences
Date ____________________________

Provost, Texas A&M University-Corpus Christi
Date ____________________________
<table>
<thead>
<tr>
<th>Course Name</th>
<th>Credit Hours</th>
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<tbody>
<tr>
<td>HITT 1305 Medical Terminology</td>
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<tr>
<td>HITT 1301 Health Data Content &amp; Structure</td>
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<td>HITT 1345 Health Care Delivery System</td>
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<tr>
<td>BIIT 1353 Legal/Ethical Aspects of Health Info</td>
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<tr>
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<td>HITT 1191 Special Topics .Health Information Technology (for Practicum I)</td>
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<tr>
<td>HITT 1341 Coding and Classification Systems</td>
<td>3</td>
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<tr>
<td>HITT 1355 Health Care Statistics</td>
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<tr>
<td>HITT 1349 Pharmacology</td>
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<tr>
<td>HITT 2339 Health Information Organization and Supervision</td>
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<td>HITT 2343 Quality Assessment and Performance Improvement</td>
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<td>HITT 2265 Practicum II</td>
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<td>HITT 1191 Special Topics .Health Information Technology (for Practicum II)</td>
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<td>HITT 2371 CPT Coding</td>
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<tr>
<td>HITT 2335 Coding and Reimbursement Methodology</td>
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<tr>
<td>HITT 2367 Practicum III (Capstone)</td>
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**Medical Secretary, Specialist**

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<td>POFT 1302 Business Communications I</td>
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<tr>
<td>POFT 1313 Professional Development for Office Personnel</td>
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<td>POFT 1371 Telephone Communications</td>
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<td>POFT 1321 Business Math 3</td>
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<td>POFT 2401 Document Formatting and Skillbuilding</td>
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<td>POET 1319 Records and Information Management I</td>
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<td>POFM 1431 Medical Transcription I</td>
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<td>POFM 1309 Medical Office Procedures (Capstone)</td>
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<td>POFM 2413 Medical Transcription II</td>
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<td>POFM 1317 Medical Administrative Procedures</td>
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<tr>
<td>POFM 1353 Medical Coding</td>
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<td>POFM 2264 Practicum-Medical Administrative</td>
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Assistant/Secretary
POFM 1191 Special Topics - Medical Administrative Assistant/Secretary

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<tbody>
<tr>
<td>DMSO 1405 Sonography I</td>
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<tr>
<td>DMSO 1302 Basic Physics</td>
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<tr>
<td>DMSO 1260 Clinical Education I</td>
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<td>DMSO 1451 Sonography Cross Sectional Anatomy</td>
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<td>DMSO 1342 Intermediate Acoustical Physics</td>
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<td>DM80 2405 Sonography II</td>
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<td>DMSO 2460 Clinical Education II</td>
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<td>DMSO 2343 Advanced Acoustical Physics</td>
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<td>DMSO 2461 Clinical Education III</td>
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<td>DMSO 2253 Sonography III</td>
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<td>DMSO 2342 Ultrasound III</td>
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<td>DMSO 2462 Clinical Education IV</td>
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<td>DMSO 2245 Advanced Sonography Practices (Capstone)</td>
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**TOTAL** 42

**Diagnostic Medical Sonography**

**Medical Laboratory Technology**
Tech-Prep Program

<table>
<thead>
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<th>Course Name</th>
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<tbody>
<tr>
<td>MLAB 1201 Introduction to Clinical Lab Science</td>
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<tr>
<td>MLAB 1415 Hematology</td>
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<tr>
<td>MLAB 2434 Clinical Microbiology</td>
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<tr>
<td>MLAB 1123 Phlebotomy</td>
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<tr>
<td>MLAB 1227 Coagulation</td>
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</tr>
<tr>
<td>MLAB 1335 Immunology/Serology</td>
<td>3</td>
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<tr>
<td>MLAB 2260 Clinical-MLT/Assistant</td>
<td>2</td>
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<tr>
<td>MLAB 2261 Clinical-MLT/Assistant</td>
<td>2</td>
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<tr>
<td>MLAB 2331 Immunohematology</td>
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<tr>
<td>MLAB 1211 Urinalysis and Body Fluids</td>
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<tr>
<td>MLAB 1231 Parasitology/Mycology</td>
<td>2</td>
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<tr>
<td>MLAB 2401 Clinical Chemistry</td>
<td>4</td>
</tr>
<tr>
<td>MLAB 2362 Clinical- MLT-Assistant</td>
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<tr>
<td>MLAB 2271 Instrumental Analysis (Local Need) (Capstone)</td>
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<tr>
<td>MLAB 2363 Clinical- MET/Assistant (Capstone)</td>
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**TOTAL** 39
### Occupational Therapy Assistant

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Credit Hours</th>
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<tbody>
<tr>
<td>OTHA 1305 Principles of Occupational Therapy</td>
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<tr>
<td>OTHA 2301 Pathophysiology</td>
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<tr>
<td>OTHA 1309 Human Structure</td>
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<td>OTHA 1260 Clinical Practical I</td>
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<tr>
<td>OTHA 1319 Therapeutic Modalities</td>
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<tr>
<td>OTFIA 2309 Mental Health</td>
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<tr>
<td>OTFIA 1315 Therapeutic Media I</td>
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<td>OTHA 2302 Therapeutic Media II</td>
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<tr>
<td>OTHA 1211 Occupational Performance Throughout the Life Span</td>
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<tr>
<td>OHTA 2266</td>
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<tr>
<td>OR 2267 Clinical Practicum II</td>
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<tr>
<td>OTHA 2235 OT Management</td>
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<td>OTHA 2331 Physical Function in OT</td>
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<tr>
<td>OTHA 2488 Internship I (Capstone)</td>
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<td>OTHA 2489 Internship II (Capstone)</td>
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<td><strong>TOTAL</strong></td>
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### Tech-Prep Enhanced Skills Certificate

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<thead>
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<tr>
<td>OTFIA 2489 Internship OTA</td>
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<tr>
<td>OTHA 2204 Advanced Pathophysiology</td>
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<tr>
<td>OTHA 2315 Technology in Occupational Therapy</td>
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<tr>
<td>OTHA 1353 Life Span for Geriatrics</td>
<td>3</td>
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<tr>
<td>OTHA 1341 Life Skills Performance of Childhood in OT</td>
<td>3</td>
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<td><strong>TOTAL</strong></td>
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### Physical Therapist Assistant

<table>
<thead>
<tr>
<th>Course Name</th>
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<tbody>
<tr>
<td>PTHA 1201 The Profession of Physical Therapy</td>
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<tr>
<td>PTHA 1413 Functional Anatomy</td>
<td>4</td>
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<tr>
<td>PTHA 1321 Clinical Pathophysiology</td>
<td>3</td>
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<tr>
<td>PTHA 1431 Physical Agents I</td>
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<tr>
<td>PTHA 1217 Issues in Health Care</td>
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## Page 4

### Course Name:  

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<thead>
<tr>
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<tr>
<td>PTHA 2409 Therapeutic Exercise</td>
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<td>PTHA 1266 Practicum I -PTA</td>
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<tr>
<td>PTHA 2435 Rehabilitation Techniques</td>
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<td>PTHA 2305 Clinical Neurology</td>
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<td>PTHA 2366 Practicum II — PTA</td>
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<tr>
<td>PTHA 2431 Management of Neurological Disorders</td>
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<td>PTHA 2466 Practicum III —PTA (Capstone)</td>
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<td><strong>TOTAL</strong></td>
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### Tech-Prep Enhanced Skills Certificate

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<tr>
<td>PTHA 2194 Special Topics in Physical Therapist Assist. Internship</td>
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<td>PTHA 2394 Special Topics in Documentation, Reporting for PTA</td>
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<td>PTHA 2394 Special Topics: Geriatrics and PTA</td>
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<tr>
<td>PTHA 2394 Special Topics: Orthopedics/Sports Medicine</td>
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<tr>
<td>PTHA 2394 Special Topics: Pediatrics and PTA</td>
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<td><strong>TOTAL</strong></td>
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### Radiologic Technology Tech-Prep Program

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<tr>
<td>RADR 1309 Introduction to Radiology and Patient Care</td>
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<tr>
<td>RADR 1311 Basic Radiographic Procedures</td>
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<tr>
<td>RADR 2309 Radiographic Imaging Equipment</td>
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<tr>
<td>RADR 2301 Immediate Radiographic Procedures</td>
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<tr>
<td>RADR 1260 Clinical-Medical Radiologic Technology/Technician</td>
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<tr>
<td>RADR 1313 Principles of Radiographic Imaging I</td>
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### Respiratory Therapy Tech-Prep Program

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<th>Course Name</th>
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<tbody>
<tr>
<td>RSPT 1329 Respiratory Care Fundamentals I</td>
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<tr>
<td>RSPT 1207 Cardiopulmonary A and P</td>
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<td>RSPT 2101 Cardiopulmonary Assessment</td>
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<td>RSPT 1260 Clinical</td>
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<td>RSPT 1331 Respiratory Care Fundamentals II</td>
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<td>RSPT 1113 Respiratory Care Pharmacology</td>
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<td>RSPT 2210 Cardiopulmonary Diseases</td>
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<td>RSPT 1261 Clinical</td>
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<td>RSPT 1137 Basic Dysrhythmia Interpretation</td>
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<td>RSPT 2325 Cardiopulmonary Diagnostics</td>
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### Respiratory Care Program

<table>
<thead>
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<tr>
<td>RSPT 2314 Mechanical Ventilation</td>
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<tr>
<td>RSPT 2255 Critical Care Monitoring</td>
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<td>RSPT 2133 Respiratory Care Case Management</td>
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<td>RSPT 2361 Clinical</td>
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<td>RSPT 2353 Neonatal/Pediatric C/P Care</td>
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<td>RSPT 2260 Clinical</td>
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<tr>
<td>RSPT 1141 Respiratory Home Care/Rehab</td>
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<td>RSPT 2161 Clinical</td>
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<td>RSPT 2147 Special Topics in Respiratory Care (Capstone)</td>
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<td>RSPT 2131 Clinical Simulations in Respiratory Care (Capstone)</td>
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<td>RSPT 2471 Seminar in Respiratory Care</td>
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### Surgical Technology Tech-Prep Certificate Program

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<tbody>
<tr>
<td>SRGT 1405 Introduction to Surgical Technology</td>
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<td>SRGT 1409 Fundamentals of Aseptic Technique</td>
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<td>SRGT 1460 Clinical I</td>
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<td>SRGT 1441 Surgical Procedure I</td>
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<td>SRGT 1442 Surgical Procedure II</td>
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<td>SRGT 2460 Clinical Education II</td>
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<td><strong>TOTAL</strong></td>
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Articulation Agreement
Between
Del Mar College, Corpus Christi, TX
Associate Degree Program in Nursing
And
Texas A&M University at Corpus Christi, Texas
Bachelor of Science in Nursing Programs

In order to facilitate educational mobility for nurses, course equivalences will be accepted between the two institutions forming this program to program agreement. In this manner students pursuing courses at Del Mar College during the life of this agreement, will have his/her transcripts so evaluated by Texas A&M University at Corpus Christi (TAMU-CC) that advanced standing is assured without additional validating examinations. However, only C grades or better in nursing as well will be transferable. Administrators for both institutions’ units of nursing shall every three years, review the appropriateness of the equivalencies.

Texas A&M University-Corpus Christi will accept up to 70 semester credit hours from the Del Mar College Associate Degree Nursing program while maintaining the policy of having 54 upper division credits for graduation. Likewise, TAMU-CC has a residency requirement of 36 credit hours which must be from TAMU-CC.

The precise courses and their equivalencies are attached to this document and have the effect of being stated totally in this agreement.

Del Mar College

[Signature]
Chairperson,
Department of Registered Nurse Education
Date: 4-6-07

[Signature]
Division Dean
Date: 4-6-07

Texas A&M University-Corpus Christi

[Signature]
Dean,
College of Nursing and Health Sciences
Date: 4-25-07

[Signature]
Provost, Texas A&M University-CC
Date: 4-26-07
## NURSING COURSES TRANSFER EQUIVALENCIES

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<th>Del Mar</th>
<th>Texas A&amp;M University --Corpus Christi</th>
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<tr>
<td><strong>Nurse as a Professional (Matrix) Courses</strong></td>
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<td>RNSG 1413 &amp; RNSG 1160</td>
<td>NURS 3614 (3)</td>
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<td>RNSG 2306</td>
<td>NURS 3318 (1)</td>
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<td>RNSG 1201</td>
<td>NURS 3242 (1)</td>
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<td><strong>Nurse as a Provider of Care Courses</strong></td>
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<td>RNSG 1441 &amp;1161</td>
<td>NURS 3628 (5)</td>
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<td>RNSG 1343 &amp;1162</td>
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<td>RNSG 2313 &amp; 2160</td>
<td>NURS 4564 (5)</td>
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<td>RNSG 1412 &amp; 2162</td>
<td>NURS 3550 (5)</td>
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<td>RNSG 2103 &amp;1166</td>
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<td><strong>Total Nursing Transfer Credits</strong></td>
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**TEXAS A&M UNIVERSITY-CORPUS CHRISTI RN-BSN DEGREE COMPETITION COURSES (36 HOURS)**

| NURS 3435 | (4) |
| NURS 4318 | (3) |
| NURS 4324 | (3) |
| NURS 4520 | (3) |
| NURS 4522 | (3) |
| NURS 4465 | (4) |

**Nurse as Coordinator of Care**

| NURS 4250 | (2) |
| NURS 4560 | (5) |
| NURS 4671 | (6) |
| NURS 4390 | (3) |

**Total Credits Baccalaureate Nursing Major** | (66) |
**Total Credits Baccalaureate Degree** | (126) |
Articulation Agreement Between
Texas A&M University-Corpus Christi And
San Antonio College

WHEREAS Texas A&M University-Corpus Christi (A&M-CC) is dedicated to serving the educational needs of the citizens of Texas as part of its mission statement, and

WHEREAS San Antonio College (SAC) is dedicated to fulfilling its mandate to serve the educational needs of the members of its service area, and

WHEREAS A&M-CC and SAC are supportive of cooperative efforts to meet these educational needs,

THEREFORE A&M-CC and SAC enter into this agreement in order to cooperatively offer a greater range of educational opportunities to the citizens of the State of Texas.

Part I: Transfer Agreement

This agreement is designed to facilitate the transfer of degree seeking students who choose to begin their academic work at San Antonio College (SAC) and then transfer to Texas A&M University-Corpus Christi (A&M-CC) to complete their bachelor’s degree. The provisions of the agreement are as follows:

1. Articulation for the purpose of student transfer between SAC and A&M-CC refers to the process of identifying courses, or sequences of courses, from SAC that are comparable to specific course requirements at A&M-CC. Articulated courses are not to be construed as equivalent, but rather as comparable, or acceptable in lieu of each other.

2. A&M-CC will accept the entire core curriculum program of study of a student who receives an Associate of Arts or an Associate of Science degree at San Antonio College as transferable into the University. However, as a general rule the total number of hours that will apply toward a degree will be 66 semester hours. Exceptions may be made on individual programs if A&M-CC and SAC agree. Exceptions to the 66-semester credit hour rule must be established in writing.

3. Completion of the core curriculum at SAC will satisfy the core curriculum requirement at A&M-CC. Moreover, in accordance with Section 61.322 of the Texas Education Code, the block of courses in the SAC core curriculum shall also be transferable to A&M-CC and must be substituted for A&M-CC's core curriculum. However, SAC students are encouraged to complete the core curriculum at SAC prior to transferring to A&M-CC.

4. Students who have selected a major in a specific field will be ready to begin junior level classes at A&M-CC when they have completed a combination of the SAC core curriculum and the appropriate field of study as determined by the Texas Higher Education Coordinating Board, unless the specific field of study at A&M-CC requires additional lower division courses that are not part of the core curriculum or the field of study.
5. Students transferring from SAC must have an overall grade-point average of 2.0/4.0 to be eligible for general admission. The College of Education and the College of Science and Technology may require students to have at least a 2.5 grade point average for admission to specific programs.

6. A review of admission and transfer policies and procedures will be conducted annually to enhance the ease of transfer from SAC to A&M-CC.

7. Changes of an articulated course or movement of a lower division articulated course to an upper division course will take effect at least two years after the announced date, thereby according SAC time to make appropriate changes (if possible) to meet the new A&M-CC course requirement. During the two-year period, the original SAC course will still be accepted at A&M-CC.

8. Departments at A&M-CC must accept articulated courses except when there is a clear indication, supported by documentation, that an articulated course from SAC does not meet A&M-CC's requirements. In such cases, the concerned department at A&M-CC must notify the affected SAC department in writing of the specific deficiency, allowing the SAC department time to correct the deficiency. The contact between departments should follow the same process used in negotiating the articulation agreement.

9. Upon acceptance of the agreement the departments at SAC and A&M-CC will work out the course-to-course articulation and other program specific requirements for transfer from SAC to A&M-CC. These program specific agreements will be included in the SAC/A&M-CC Transfer Guide that will serve as the official document that controls transfer issues.

Part II: Services to be Rendered by A&M-CC and SAC

A&M-CC and SAC will appoint an institutional representative who will:

1. Implement, maintain, and evaluate this articulation agreement.

2. Coordinate and maintain the A&M-CC/SAC Transfer Guide on a timely basis with assistance from the deans and department chairs at each institution. (Course inventory changes will be shared as soon as they are approved for implementation. Degree plan changes will also be shared as they are approved by each institution.)

3. Coordinate A&M-CC recruiting visits to SAC. These visits will be designed to help SAC students interested in transferring to A&M-CC. Issues such as transferability of courses, the application process, academic advising, cost of attendance and the availability of financial assistance will be discussed.

4. Coordinate periodic "team visits" to promote relationship building at the academic level. Faculty and administration will meet at least once a year in alternate sites to discuss programs, services, and other related issues.
A&M-CC will:

1. Provide a minimum of four $2,000 scholarships annually to graduates from SAC. Each recipient will receive $1,000 per year for two years provided they make satisfactory progress as defined by University rules for scholarship recipients.

2. Provide a full-time Outreach Admissions Advisor assigned to the Alamo Community College District (ACCD) who will:
   - Assist SAC students who wish to transfer to A&M-CC,
   - Assist the ACCD in recruiting and registering students, and
   - Recruit non-ACCD students who wish to enroll at A&M-CC.

3. Provide SAC the names of students from the San Antonio area that are enrolled at A&M-CC and that may wish to enroll in classes at SAC during the summer, unless federal or state rules and regulations prevent the release of information.

SAC will:

1. Provide appropriate workspace for the Outreach Admissions Advisor on an ACCD campus.

2. Provide appropriate office support such as telephone service, office/computer equipment and furniture at the workspace on the assigned ACCD campus.

3. Permit the Outreach Admissions Advisor to function as a regular member of an ACCD enrollment services team with ½ time being devoted to Texas A&M University-Corpus Christi recruitment/retention efforts and ½ time being devoted to ACCD recruitment/retention efforts. The scope of the ACCD enrollment services team role, played by the Outreach Admissions Advisor, will be determined by the needs of the ACCD and are subject to change.

4. Provide A&M-CC the names of students graduating with an associate’s degree.

This agreement can be modified or altered each summer, provided such alterations or modifications are mutually agreed to in writing by the responsible administrative officers of San Antonio College (SAC) and Texas A&M University-Corpus Christi (A&M-CC). This affiliation may be terminated by either party with written notice of at least 90 days. The terms of this agreement shall remain in force for two academic years from the time of termination.

Approved and signed in San Antonio, Texas on this the 20th day of May, 2002.

Vern Leland, President
San Antonio College

Robert Furgason, President
Texas A&M University-Corpus Christi
Articulation Agreement Between
Texas A&M University-Corpus Christi And
St. Philip's College

WHEREAS Texas A&M University-Corpus Christi (A&M-CC) is dedicated to serving the educational needs of the citizens of Texas as part of its mission statement, and

WHEREAS St. Philip’s College (SPC) is dedicated to fulfilling its mandate to serve the educational needs of the members of its service area, and

WHEREAS A&M-CC and SPC are supportive of cooperative efforts to meet these educational needs,

THEREFORE A&M-CC and SPC enter into this agreement in order to cooperatively offer a greater range of educational opportunities to the citizens of the State of Texas.

Part I: Transfer Agreement

This agreement is designed to facilitate the transfer of degree seeking students who choose to begin their academic work at St. Philip’s (SPC) and then transfer to Texas A&M University-Corpus Christi (A&M-CC) to complete their bachelor’s degree. The provisions of the agreement are as follows:

1. Articulation for the purpose of student transfer between SPC and A&M-CC refers to the process of identifying courses, or sequences of courses, from SPC that are comparable to specific course requirements at A&M-CC. Articulated courses are not to be construed as equivalent, but rather as comparable, or acceptable in lieu of each other.

2. A&M-CC will accept the entire core curriculum program of study of a student who receives an Associate of Arts or an Associate of Science degree at St. Philip’s College as transferable into the University. However, as a general rule the total number of hours that will apply toward a degree will be 66 semester hours. Exceptions may be made on individual programs if A&M-CC and SPC agree. Exceptions to the 66-semester credit hour rule must be established in writing.

3. Completion of the core curriculum at SPC will satisfy the core curriculum requirement at A&M-CC. Moreover, in accordance with Section 61.822 of the Texas Education Code, the block of courses in the SPC core curriculum shall also be transferable to A&M-CC and must be substituted for A&M-CC’s core curriculum. However, SPC students are encouraged to complete the core curriculum at SPC prior to transferring to A&M-CC.

4. Students who have selected a major in a specific field will be ready to begin junior level classes at A&M-CC when they have completed a combination of the SPC core curriculum and the appropriate field of study as determined by the Texas Higher Education Coordinating Board, unless the specific field of study at A&M-CC requires additional lower division courses that are not part of the core curriculum or the field of study.
5. Students transferring from SPC must have an overall grade-point average of 2.0/4.0 to be eligible for general admission. The College of Education and the College of Science and Technology may require students to have at least a 2.5 grade point average for admission to specific programs.

6. A review of admission and transfer policies and procedures will be conducted annually to enhance the ease of transfer from SPC to A&M-CC.

7. Changes of an articulated course or movement of a lower division articulated course to an upper division course will take effect at least two years after the announced date, thereby allowing SPC time to make appropriate changes (if possible) to meet the new A&M-CC course requirement. During the two-year period, the original SPC course will still be accepted at A&M-CC.

8. Departments at A&M-CC must accept articulated courses except when there is a clear indication, supported by documentation, that an articulated course from SPC does not meet A&M-CC’s requirements. In such cases, the concerned department at A&M-CC must notify the affected SPC department in writing of the specific deficiency, allowing the SPC department time to correct the deficiency. The contact between departments should follow the same process used in negotiating the articulation agreement.

9. Upon acceptance of the agreement the departments at SPC and A&M-CC will work out the course-to-course articulation and other program specific requirements for transfer from SPC to A&M-CC. These program specific agreements will be included in the SPC/A&M-CC Transfer Guide that will serve as the official document that controls transfer issues.

Part II: Services to be Rendered by A&M-CC and SPC

A&M-CC and SPC will appoint an institutional representative who will:

1. Implement, maintain, and evaluate this articulation agreement.

2. Coordinate and maintain the A&M-CC/SPC Transfer Guide on a timely basis with assistance from the deans and department chairs at each institution. (Course inventory changes will be shared as soon as they are approved for implementation. Degree plan changes will also be shared as they are approved by each institution.)

3. Coordinate A&M-CC recruiting visits to SPC. These visits will be designed to help SPC students interested in transferring to A&M-CC. Issues such as transferability of courses, the application process, academic advising, cost of attendance and the availability of financial assistance will be discussed.

4. Coordinate periodic "team visits" to promote relationship building at the academic level. Faculty and administration will meet at least once a year in alternate sites to discuss programs, services, and other related issues.
A&M-CC will:

1. Provide a minimum of two $2,000 scholarships annually to graduates from SPC. Each recipient will receive $1,000 per year for two years provided they make satisfactory progress as defined by University rules for scholarship recipients.

2. Provide a full-time Outreach Admissions Advisor assigned to the Alamo Community College District (ACCD) who will:
   - Assist SPC students who wish to transfer to A&M-CC,
   - Assist the ACCD in recruiting and registering students, and
   - Recruit non-ACCD students who wish to enroll at A&M-CC.

3. Provide SPC the names of students from the San Antonio area that are enrolled at A&M-CC and that may wish to enroll in classes at SPC during the summer, unless federal or state rules and regulations prevent the release of information.

SPC will:

1. Provide appropriate workspace for the Outreach Admissions Advisor on an ACCD campus.

2. Provide appropriate office support such as telephone service, office/computer equipment and furniture at the workspace on the assigned ACCD campus.

3. Permit the Outreach Admissions Advisor to function as a regular member of an ACCD enrollment services team with ½ time being devoted to Texas A&M University-Corpus Christi recruitment/retention efforts and ½ time being devoted to ACCD recruitment/retention efforts. The scope of the ACCD enrollment services team role, played by the Outreach Admissions Advisor, will be determined by the needs of the ACCD and are subject to change.

4. Provide A&M-CC the names of students graduating with an associate’s degree.

This agreement can be modified or altered each summer, provided such alterations or modifications are mutually agreed to in writing by the responsible administrative officers of St. Philip’s College (SPC) and Texas A&M University-Corpus Christi (A&M-CC). This affiliation may be terminated by either party with written notice of at least 90 days. The terms of this agreement shall remain in force for two academic years from the time of termination.

Approved and signed in San Antonio, Texas on this the 20th day of May, 2002.

[Signature]
Dr. Angie Stokes Runnels, President
St. Philip’s College

[Signature]
Dr. Robert Furgason, President
Texas A&M University-Corpus Christi
Articulation Agreement Between
Texas A&M University-Corpus Christi And
Northwest Vista College

WHEREAS Texas A&M University-Corpus Christi (A&M-CC) is dedicated to serving the educational needs of the citizens of Texas as part of its mission statement, and

WHEREAS Northwest Vista College (NVC) is dedicated to fulfilling its mandate to serve the educational needs of the members of its service area, and

WHEREAS A&M-CC and NVC are supportive of cooperative efforts to meet these educational needs,

THEREFORE A&M-CC and NVC enter into this agreement in order to cooperatively offer a greater range of educational opportunities to the citizens of the State of Texas.

Part I: Transfer Agreement

This agreement is designed to facilitate the transfer of degree seeking students who choose to begin their academic work at Northwest Vista College (NVC) and then transfer to Texas A&M University-Corpus Christi (A&M-CC) to complete their bachelor’s degree. The provisions of the agreement are as follows:

1. Articulation for the purpose of student transfer between NVC and A&M-CC refers to the process of identifying courses, or sequences of courses, from NVC that are comparable to specific course requirements at A&M-CC. Articulated courses are not to be construed as equivalent, but rather as comparable, or acceptable in lieu of each other.

2. A&M-CC will accept the entire core curriculum program of study of a student who receives an Associate of Arts or an Associate of Science degree at Northwest Vista College as transferable into the University. However, as a general rule the total number of hours that will apply toward a degree will be 66 semester hours. Exceptions may be made on individual programs if A&M-CC and NVC agree. Exceptions to the 66-semester credit hour rule must be established in writing.

3. Completion of the core curriculum at NVC will satisfy the core curriculum requirement at A&M-CC. Moreover, in accordance with Section 61.822 of the Texas Education Code, the block of courses in the NVC core curriculum shall also be transferable to A&M-CC and must be substituted for A&M-CC’s core curriculum. However, NVC students are encouraged to complete the core curriculum at NVC prior to transferring to A&M-CC.

4. Students who have selected a major in a specific field will be ready to begin junior level classes at A&M-CC when they have completed a combination of the NVC core curriculum and the appropriate field of study as determined by the Texas Higher Education Coordinating Board, unless the specific field of study at A&M-CC requires additional lower division courses that are not part of the core curriculum or the field of study.
5. Students transferring from NVC must have an overall grade-point average of 2.0/4.0 to be eligible for general admission. The College of Education and the College of Science and Technology may require students to have at least a 2.5 grade point average for admission to specific programs.

6. A review of admission and transfer policies and procedures will be conducted annually to enhance the ease of transfer from NVC to A&M-CC.

7. Changes of an articulated course or movement of a lower division articulated course to an upper division course will take effect at least two years after the announced date, thereby according NVC time to make appropriate changes (if possible) to meet the new A&M-CC course requirement. During the two-year period, the original NVC course will still be accepted at A&M-CC.

8. Departments at A&M-CC must accept articulated courses except when there is a clear indication, supported by documentation, that an articulated course from NVC does not meet A&M-CC's requirements. In such cases, the concerned department at A&M-CC must notify the affected NVC department in writing of the specific deficiency, allowing the NVC department time to correct the deficiency. The contact between departments should follow the same process used in negotiating the articulation agreement.

9. Upon acceptance of the agreement the departments at NVC and A&M-CC will work out the course-to-course articulation and other program specific requirements for transfer from NVC to A&M-CC. These program specific agreements will be included in the NVC/A&M-CC Transfer Guide that will serve as the official document that controls transfer issues.

Part II: Services to be Rendered by A&M-CC and NVC

A&M-CC and NVC will appoint an institutional representative who will:

1. Implement, maintain, and evaluate this articulation agreement.

2. Coordinate and maintain the A&M-CC/NVC Transfer Guide on a timely basis with assistance from the deans and department chairs at each institution. (Course inventory changes will be shared as soon as they are approved for implementation. Degree plan changes will also be shared as they are approved by each institution.)

3. Coordinate A&M-CC recruiting visits to NVC. These visits will be designed to help NVC students interested in transferring to A&M-CC. Issues such as transferability of courses, the application process, academic advising, cost of attendance and the availability of financial assistance will be discussed.

4. Coordinate periodic "team visits" to promote relationship building at the academic level. Faculty and administration will meet at least once a year in alternate sites to discuss programs, services, and other related issues.
A&M-CC will:

1. Provide a minimum of two $2,000 scholarships annually to graduates from NVC. Each recipient will receive $1,000 per year for two years provided they make satisfactory progress as defined by University rules for scholarship recipients.

2. Provide a full-time Outreach Admissions Advisor assigned to the Alamo Community College District (ACCD) who will:
   • Assist NVC students who wish to transfer to A&M-CC,
   • Assist the ACCD in recruiting and registering students, and
   • Recruit non-ACCD students who wish to enroll at A&M-CC.

3. Provide NVC the names of students from the San Antonio area that are enrolled at A&M-CC and that may wish to enroll in classes at NVC during the summer, unless federal or state rules and regulations prevent the release of information.

NVC will:

1. Provide appropriate workspace for the Outreach Admissions Advisor on an ACCD campus.

2. Provide appropriate office support such as telephone service, office/computer equipment and furniture at the workspace on the assigned ACCD campus.

3. Permit the Outreach Admissions Advisor to function as a regular member of an ACCD enrollment services team with ½ time being devoted to Texas A&M University-Corpus Christi recruitment/retention efforts and ½ time being devoted to ACCD recruitment/retention efforts. The scope of the ACCD enrollment services team role, played by the Outreach Admissions Advisor, will be determined by the needs of the ACCD and are subject to change.

4. Provide A&M-CC the names of students graduating with an associate's degree.

This agreement can be modified or altered each summer, provided such alterations or modifications are mutually agreed to in writing by the responsible administrative officers of Northwest Vista College (NVC) and Texas A&M University-Corpus Christi (A&M-CC). This affiliation may be terminated by either party with written notice of at least 90 days. The terms of this agreement shall remain in force for two academic years from the time of termination.

Approved and signed in San Antonio, Texas on this the 30th day of May, 2002.

[Signatures]
Jacqueline Claughn, President
Northwest Vista College

Robert Furgason, President
Texas A&M University-Corpus Christi
Articulation Agreement Between
Texas A&M University-Corpus Christi And
Palo Alto College

WHEREAS Texas A&M University-Corpus Christi (A&M-CC) is dedicated to serving the educational needs of the citizens of Texas as part of its mission statement, and

WHEREAS Palo Alto College (PAC) is dedicated to fulfilling its mandate to serve the educational needs of the members of its service area, and

WHEREAS A&M-CC and PAC are supportive of cooperative efforts to meet these educational needs,

THEREFORE A&M-CC and PAC enter into this agreement in order to cooperatively offer a greater range of educational opportunities to the citizens of the State of Texas.

Part I: Transfer Agreement

This agreement is designed to facilitate the transfer of degree seeking students who choose to begin their academic work at Palo Alto College (PAC) and then transfer to Texas A&M University-Corpus Christi (A&M-CC) to complete their bachelor's degree. The provisions of the agreement are as follows:

1. Articulation for the purpose of student transfer between PAC and A&M-CC refers to the process of identifying courses, or sequences of courses, from PAC that are comparable to specific course requirements at A&M-CC. Articulated courses are not to be construed as equivalent, but rather as comparable, or acceptable in lieu of each other.

2. A&M-CC will accept the entire core curriculum program of study of a student who receives an Associate of Arts or an Associate of Science degree at Palo Alto College as transferable into the University. However, as a general rule the total number of hours that will apply toward a degree will be 66 semester hours. Exceptions may be made on individual programs if A&M-CC and PAC agree. Exceptions to the 66-semester credit hour rule must be established in writing.

3. Completion of the core curriculum at PAC will satisfy the core curriculum requirement at A&M-CC. Moreover, in accordance with Section 61.822 of the Texas Education Code, the block of courses in the PAC core curriculum shall also be transferable to A&M-CC and must be substituted for A&M-CC's core curriculum. However, PAC students are encouraged to complete the core curriculum at PAC prior to transferring to A&M-CC.

4. Students who have selected a major in a specific field will be ready to begin junior level classes at A&M-CC when they have completed a combination of the PAC core curriculum and the appropriate field of study as determined by the Texas Higher Education Coordinating Board, unless the specific field of study at A&M-CC requires additional lower division courses that are not part of the core curriculum or the field of study.
5. Students transferring from PAC must have an overall grade-point average of 2.0/4.0 to be eligible for general admission. The College of Education and the College of Science and Technology may require students to have at least a 2.5 grade point average for admission to specific programs.

6. A review of admission and transfer policies and procedures will be conducted annually to enhance the ease of transfer from PAC to A&M-CC.

7. Changes of an articulated course or movement of a lower division articulated course to an upper division course will take effect at least two years after the announced date, thereby according PAC time to make appropriate changes (if possible) to meet the new A&M-CC course requirement. During the two-year period, the original PAC course will still be accepted at A&M-CC.

8. Departments at A&M-CC must accept articulated courses except when there is a clear indication, supported by documentation, that an articulated course from PAC does not meet A&M-CC’s requirements. In such cases, the concerned department at A&M-CC must notify the affected PAC department in writing of the specific deficiency, allowing the PAC department time to correct the deficiency. The contact between departments should follow the same process used in negotiating the articulation agreement.

9. Upon acceptance of the agreement the departments at PAC and A&M-CC will work out the course-to-course articulation and other program specific requirements for transfer from PAC to A&M-CC. These program specific agreements will be included in the PAC/A&M-CC Transfer Guide that will serve as the official document that controls transfer issues.

Part II: Services to be Rendered by A&M-CC and PAC

A&M-CC and PAC will appoint an institutional representative who will:

1. Implement, maintain, and evaluate this articulation agreement.

2. Coordinate and maintain the A&M-CC/PAC Transfer Guide on a timely basis with assistance from the deans and department chairs at each institution. (Course inventory changes will be shared as soon as they are approved for implementation. Degree plan changes will also be shared as they are approved by each institution.)

3. Coordinate A&M-CC recruiting visits to PAC. These visits will be designed to help PAC students interested in transferring to A&M-CC. Issues such as transferability of courses, the application process, academic advising, cost of attendance and the availability of financial assistance will be discussed.

4. Coordinate periodic “team visits” to promote relationship building at the academic level. Faculty and administration will meet at least once a year in alternate sites to discuss programs, services, and other related issues.
A&M-CC will:

1. Provide a minimum of two $2,000 scholarships annually to graduates from PAC. Each recipient will receive $1,000 per year for two years provided they make satisfactory progress as defined by University rules for scholarship recipients.

2. Provide a full-time Outreach Admissions Advisor assigned to the Alamo Community College District (ACCD) who will:

   - Assist PAC students who wish to transfer to A&M-CC,
   - Assist the ACCD in recruiting and registering students, and
   - Recruit non-ACCD students who wish to enroll at A&M-CC.

3. Provide PAC the names of students from the San Antonio area that are enrolled at A&M-CC and that may wish to enroll in classes at PAC during the summer, unless federal or state rules and regulations prevent the release of information.

PAC will:

1. Provide appropriate workspace for the Outreach Admissions Advisor on an ACCD campus.

2. Provide appropriate office support such as telephone service, office/computer equipment and furniture at the workspace on the assigned ACCD campus.

3. Permit the Outreach Admissions Advisor to function as a regular member of an ACCD enrollment services team with ½ time being devoted to Texas A&M University-Corpus Christi recruitment/retention efforts and ½ time being devoted to ACCD recruitment/retention efforts. The scope of the ACCD enrollment services team role, played by the Outreach Admissions Advisor, will be determined by the needs of the ACCD and are subject to change.

4. Provide A&M-CC the names of students graduating with an associate's degree.

This agreement can be modified or altered each summer, provided such alterations or modifications are mutually agreed to in writing by the responsible administrative officers of Palo Alto College (PAC) and Texas A&M University-Corpus Christi (A&M-CC). This affiliation may be terminated by either party with written notice of at least 90 days. The terms of this agreement shall remain in force for two academic years from the time of termination.

Approved and signed in San Antonio, Texas on this the 20th day of May, 2002.

Ana Guzman, President
Palo Alto College

Robert Furgason, President
Texas A&M University-Corpus Christi
The Texas Nursing Articulation Model

The Texas Nursing Articulation Model is the first voluntary statewide model in the State of Texas. Articulation is defined as a planned process between two or more educational systems to assist students to make a smooth transition from one level of education to another without repetition in learning.

1997-2000
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EXECUTIVE SUMMARY

The Texas Nursing Articulation Model was developed by the Articulation Committee which served as a sub-committee to the Texas Nurses Association Council on Education. The need for this work was identified through a Summit Conference on Nursing Education, sponsored by the Council on Education in November 1993. Previous work on the development of competencies for the levels of nursing provided a foundation for the design for articulation. The competencies were identified through the Nursing Education Advisory Committee (NEAC) of the Board of Nurse Examiners/Board of Vocational Nurse Examiners for the State of Texas which was published in 1993.

The articulation committee was composed of a majority of nurse educators who had attended the educational summit meeting and represented all regions and types of programs. Additional members included staff from the Board of Nurse Examiners for the State of Texas (BNE), the Board of Vocational Nurse Examiners (BVNE), and the Texas Higher Education Coordinating Board. In the process of developing the model, the subcommittee identified TRUST as a key element in the removal of barriers for successful articulation.

The Texas Nursing Articulation Model is the first voluntary statewide model in the State of Texas. Articulation is defined as a planned process between two or more educational systems to assist students to make a smooth transition from one level of education to another without repetition in learning. This model takes into account the uniqueness of the State of Texas, including the large number of programs, the geographical size of the state, and the demand for nurses in rural areas. When the model was designed, there were 35 BSN, 56 ADN, 2 Diploma nursing, and 119 LVN programs.

This model permits nurses educated in Texas and designated graduates from other states to progress from Licensed Vocational Nurse to Registered Nurse (AD or Diploma) or AD or Diploma graduate nurse to a Baccalaureate Nurse (BSN) without testing. Historically, testing has been required to validate prior learning. Because testing has been costly and time consuming, this has been a barrier for nurses to advance in their nursing education.

An objective of articulation is to minimize repetition of curriculum content. Programs designed to facilitate articulation take this objective into consideration when developing or revising curriculums. Nursing programs are uniquely designed to facilitate articulation. Some designs may include:

1. Alternate tracks for the articulating students;
2. Transition/bridge courses with student integrating into the higher level courses with generic students;
3. Self paced learning modules and objectives for articulation students within a generic curriculum;
4. Interactive distance learning technologies to access other nursing programs with alternate tracks for articulating students.

Other designs may be developed by individual nursing programs to facilitate articulation.

All students seeking articulation must meet individual program admission requirements and non-nursing course requirements. Graduates from Texas nursing education programs share a common core of knowledge, attitudes, cognitive and psychomotor skills. It is recognized that there are distinct differences in the breadth and depth of knowledge and scope of preparation of graduates from each level of Texas nursing education program. The Board of Nurse Examiners (BNE) and the Board of Vocational Nurse Examiners (BVNE) described the essential competencies expected of new graduates of nursing programs in Texas. The competencies serve as guidelines for the development of plans for building articulation.

Students participating in articulation will receive credits for nursing courses at the higher level institution through mechanisms such as escrow of credit. Each nursing program shall determine the number of credits to be earned. The average number of credits will be approximately 50% of the required nursing credit hours. Nursing programs will have published policies for admission, including GPA, and these policies shall be available to applicants. A grade of C or better must have been earned in previous nursing course work.

Work experience is considered valuable to the articulation process. It is a means of maintaining competency in nursing practice. If a nurse has
graduated more than 2 years prior to articulation, work experience or refresher course or equivalent will be required.

Graduates from National League for Nursing (NLN) accredited nursing education programs outside of Texas share a common core of knowledge, attitudes, cognitive and psychomotor skills with Texas graduates and will be able to articulate without barriers under this model. Out-of-state graduates from schools that are not NLN accredited must validate prior knowledge.

The Texas Nursing Articulation Model will be piloted between January 1997 and May 2000 on a voluntary basis by all interested Texas nursing programs. The Council on Education Sub-Committee on Articulation will be responsible for the implementation and evaluation of this pilot project. In May 2000 the subcommittee will evaluate the results of the pilot process and make revisions as necessary.

rev. 7/15/96

ASSUMPTIONS

1. The Texas Nursing Articulation Model: a. is developed by nursing educators, b. is based upon competencies developed by Texas nursing educators and adopted by the Board of Nurse Examiners and the Board of Vocational Nurse Examiners, c. is cost and time effective, d. removes barriers to educational mobility, e. requires ongoing evaluation.

2. Each educational institution has the prerogative of establishing its unique mission, goals and standards for admission, progression and graduation.

3. Nurses seeking educational mobility are adult learners with career goals which are fostered by the profession.

4. The prior education and experience of licensed nurses are valued and provide a sound foundation for educational mobility.

5. Articulation without testing is an educationally and professionally sound practice based upon the accepted competencies.

6. Texas nurses seeking educational mobility demonstrate minimal competence on the basis of an official transcript(s) and a valid Texas license(s).

7. All Texas nursing education programs must meet standards determined by their respective boards.

8. There are distinct differences in the breadth and depth of knowledge and scope of preparation of graduates from each type of Texas nursing education program.

9. Graduates from Texas nursing education programs share a common core of knowledge, attitudes, cognitive and psychomotor skills.

10. Graduates from NLN accredited nursing education programs outside of Texas share a common core of knowledge, attitudes, cognitive and psychomotor skills with Texas graduates.

INTRODUCTION

In response to an increasing demand for nursing education to enhance the educational process of nurses continuing their educational pursuits with minimal repetition and barriers, the Council on Education Subcommittee on Articulation was formed. The need for an articulation process was identified through a Summit Conference on Nursing Education, sponsored by the Council on Education of the Texas Nurses Association in November, 1993. Nursing educators around the State agreed that a statewide articulation model was in demand. In the process of developing the model, the subcommittee identified TRUST as a key element in the removal of barriers for successful articulation.

NEED FOR THE MODEL

Articulation in the State of Texas is based on the need to facilitate preparation of nurses across educational levels. Increasingly, students seek to enter into the workforce quickly as either LVN, ADN, or Diploma nurses then to expand their career in nursing with a BSN or higher degree. The majority of new nursing graduates are prepared at the community college level resulting in both a need and demand for access to BSN education. Many graduates do not advance their nursing education because of the barriers that exist. The Texas Nursing Articulation Model will permit many nurses to receive credit for their previous nursing education without the requirement of special testing, thereby decreasing existing educational barriers.
There is an increasing concern for meeting the needs of changing patient population within a changing health care delivery system with nurses prepared at higher education levels. Articulation encourages nurses of diverse backgrounds to seek higher education, thereby increasing the diversity of nurses prepared to provide care for underserved populations.

VALIDATION OF CURRICULUM USING ESSENTIAL COMPETENCIES OF GRADUATES OF NURSING EDUCATION PROGRAMS IN TEXAS

Under the Texas Articulation model, with the verification and incorporation of the essential competencies, nurses will be able to progress from a LVN program to an Associate Degree program in nursing or Associate Degree and Diploma to a baccalaureate Degree in nursing or higher without testing to verify previous nursing knowledge. Progression without testing will be possible because:

1. Faculty shall validate curriculum by using the essential competencies published by the Board of Vocational Nurse Examiners and Board of Nurse Examiners for the State of Texas. Rules regarding implementation of competencies were published and went into effect September 1, 1995. Curriculum analysis to identify where and how competencies are addressed should be completed by 1996. By September 1997, all nursing programs shall institute curriculum changes to incorporate essential competencies.

2. Nursing Boards shall verify inclusion of competencies in nursing program curricula during cyclic accreditation/approval visits and through the curriculum change approval processes of each Board.

For nurses educated in states outside of Texas, NLN accreditation process has been accepted as an alternative validation mechanism. Therefore, graduates of NLN accredited nursing programs will be granted credit for prior knowledge in the same manner as graduates of Board accredited/approved nursing programs in Texas.

PROGRAM DESIGN THAT FACILITATES ARTICULATION

Programs are encouraged to be visionary and innovative in developing ways to facilitate articulation. The following list provides examples.

1. alternate tracks for the articulating students;
2. transition/bridge courses for students integrating into the higher level courses with generic students;
3. self paced learning modules and objectives for articulation students within a generic curriculum, or
4. distance learning technologies to access other nursing programs with alternate tracks for articulating students.

NURSING CREDITS

Each nursing program shall maximize the number of nursing credits awarded to the student seeking articulation. This will be approximately 1/2 of the total nursing credit hours required.

In regard to nursing education program credits, mechanisms include, but are not limited to:

1. Escrow of credit for nursing courses.
2. Written articulation/transfer agreement between schools of nursing.

Nursing programs will have published policies for admission, progression, and graduation. A grade of C or better must have been earned in previous nursing course work.

NON-NURSING CREDITS

Nurses should be encouraged to contact the school they intend to enter about transfer of courses. A grade of C or better must have been earned in general education courses.

NURSING PRACTICE EXPERIENCE

Guidelines

Within two years of graduation, licensed nurses may articulate directly from one program to another without required clinical work experience.

Clinical work experience is a valued method of maintaining competence, therefore, nurses graduating more than two years prior to articulating must meet one of the following requirements:

- 6 months recent full time clinical practice at the level of licensure.
- 1 year recent part time clinical practice at the level of licensure.
- Completion of a nursing refresher course or equivalent.
PERIODIC REVIEW OF THE MODEL

A plan developed by the Council on Education Subcommittee on Articulation for periodic review and evaluation of the articulation model will be followed throughout the pilot. In May 2000 the subcommittee will evaluate the results of the pilot process and make revisions as necessary.

LICENSED VOCATIONAL NURSE

For Progression to the Associate Degree in Nursing:
1. The applicant must:
   a. meet program admission requirements.
   b. be a graduate of a Texas vocational nurse program or out-of-state NLN accredited program.
   c. hold a valid vocational/practical nurse license in good standing from a jurisdiction within the United States.
2. The accepting program will:
   a. award credit for prior course work based on the institution's curriculum design (approximately ½ of nursing credit hours).
   b. meet current state and regional accreditation requirements regarding number of credit hours.
   c. validate prior knowledge in special circumstances.

<table>
<thead>
<tr>
<th>VARIABLES:</th>
<th>0-2 YEARS AFTER GRADUATION</th>
<th>MORE THAN 2 YEARS AFTER GRADUATION</th>
<th>GRADUATES OF OUT-OF-STATE NON-NLN ACCREDITED PROGRAMS (regardless of time since graduation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPLIES TO:</td>
<td>Texas: All graduates</td>
<td>Texas: All graduates</td>
<td>Out-of-State: All graduates of non-NLN accredited programs</td>
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<td></td>
<td>Out-of-State: All graduates</td>
<td>Out-of-State: All graduates</td>
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<td>of NLN accredited schools</td>
<td>of NLN accredited schools</td>
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</tr>
<tr>
<td>NURSING CREDIT:</td>
<td>No testing required</td>
<td>No testing required if during last 2 years have had: (1) nursing practice experience of 6 months full-time or 1 year part-time or (2) refresher course or equivalent.</td>
<td>Validation of prior knowledge through options. During last 2 years must have had: (1) nursing practice experience of 6 months full-time or 1 year part-time or (2) refresher course or equivalent. Credits are awarded based on the institution's policies and curriculum design.</td>
</tr>
<tr>
<td>NON-NURSING CREDITS:</td>
<td>Will be transferred from colleges (subject to individual college policies).</td>
<td>Will be transferred from colleges (subject to individual college policies).</td>
<td>Credits are awarded based on the institution's policies and curriculum design.</td>
</tr>
</tbody>
</table>
**REGISTERED NURSE**

For Progression to the Nursing Baccalaureate Degree the applicant must:

1. meet program admission requirements.

2. be a graduate of a Texas registered nurse diploma or associate degree program or out-of-state NLN-accredited program.

3. hold a Texas registered nurse license in good standing.

<table>
<thead>
<tr>
<th>VARIABLES:</th>
<th>0-2 YEARS AFTER GRADUATION</th>
<th>MORE THAN 2 YEARS AFTER GRADUATION</th>
<th>GRADUATES OF OUT-OF-STATE NON-NLN ACCREDITED PROGRAMS (regardless of time since graduation)</th>
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<td>APPLIES TO:</td>
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<td>Texas: All AD and Diploma graduates Out-of-State All AD and diploma graduates of NLN accredited programs</td>
<td>Out-of-State: All AD and diploma graduates of non-NLN accredited programs</td>
</tr>
<tr>
<td>NURSING CREDITS:</td>
<td>No testing required. No nursing practice experience required. Approximately 1/2 of total nursing credit hours required will be awarded.</td>
<td>No testing required if during last 2 years have had: (1) nursing practice experience of 6 months full-time or 1 year part-time or (2) refresher course or equivalent.</td>
<td>Validation of prior knowledge through options. In addition, during last 2 years must have had: (1) nursing practice experience of 6 months full-time or 1 year part-time or (2) refresher course or equivalent. Credits are awarded based on the institution's policies and curriculum design.</td>
</tr>
<tr>
<td>NON-NURSING CREDITS:</td>
<td>Only non-nursing courses that carry college credit may transfer (subject to policies of individual colleges).</td>
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DISCUSSION OF ESSENTIAL COMPETENCIES IN TEXAS

The Texas Nursing Articulation Model is based upon the inclusion and verification of the "Essential Competencies of Graduates of Nursing Education Programs in Texas" within each nursing program curriculum.

In Texas, nursing related services are provided by people educated across a continuum from the nursing assistant to the doctoral prepared nurse. Licensed vocational nurses (LVNs) and registered professional nurses (RNs) currently form the core of the nursing profession. Preparation for the National Council Licensure Examination of Practical (Vocational) Nurses (NCLEX-PN) is at the vocational level. Typically, vocational nursing programs are located in community colleges, hospitals or proprietary schools which are accredited by the Board of Vocational Nurse Examiners for the State of Texas (BVNE).

Basic education programs for the registered professional nurse occur in diploma, associated degree, and baccalaureate degree programs in nursing. Each program provides the necessary preparation for the graduate to take the National Council Licensure Examination for Registered Nurses (NCLEX-RN) and to practice at the entry level as a registered professional nurse. The Board of Nurse Examiners for the State of Texas (BNE) accredits professional nursing education programs.

Several assumptions were made when establishing competencies for graduates of nursing education programs in Texas. First, the intent and focus of each level of education differ, therefore the competencies of graduates also differ. Further, each level builds upon or expands the previous level(s) of education. The essential nursing competencies recognize that graduates of different levels of education vary with respect to knowledge, clinical behaviors and judgment abilities and illustrate how progress across nursing education programs promotes the educational mobility of nurses in Texas. The competencies also provide a vehicle for communication between and among nursing education programs regarding curricula.

The broad competency statements describe the expected behaviors of new graduates of nursing programs in Texas. For the Vocational, Diploma/Associate, and Baccalaureate program graduates, competencies are organized according to three major roles of the nurse: Provider of Care, Coordinator of Care, and Member of the Profession. Competencies are further delineated and described in terms of "knowledge needed to achieve the competency" and "related clinical judgments and behaviors." The essential competencies comprise one component of the accreditation criteria established by the BNE and BVNE in Texas.

The essential competencies may serve as guidelines for preparation of statements regarding the use of new nursing graduates in practice settings and development of plans for building upon the competencies. Underlying the essential competencies of nursing graduates are beliefs and values central to nursing. As identified in Volume I of the Report of the Nursing Education Advisory Committee (1993), these include altruism, human dignity, truth, justice, freedom, equality, and esthetics. Nursing educators foster students' understanding and commitment to these values through the organization and implementation of nursing curricula.

Vocational nursing education programs are clinically intensive, one year certificate programs that offer classroom instruction and related clinical practice in the four basic areas of nursing care of adults, mothers and newborns, children, and the elderly. The primary role of the graduates from such programs is to provide nursing care to clients who are experiencing common, well defined health problems with predictable outcomes. These clients may be in structured or unstructured health care environments where established policies and procedures delineate practice with supervision and where resources are immediately available to the LVN.

General education courses provide a foundation for nursing content in both diploma and associate degree programs. These courses enable graduates to relate theoretical knowledge to the application of clinical knowledge in the provision of nursing care. This integration of concepts requires the graduates to demonstrate the ability to think and evaluate critically. Nursing courses provide opportunities to directly apply nursing knowledge. Graduates of these programs are prepared as beginning level practitioners to provide direct care or to coordinate care for a limited number of clients in structured or unstructured settings where established policies and procedures support clinical activities and decision making and supervision and resources are readily available.
accessible to the new RN. The competencies identified as common to both diploma and associate degree program graduates build upon the vocational nurse program competencies. Baccalaureate nursing education, offered in university settings, provides graduates with a broad perspective and understanding of multiple content areas. Graduates are able to synthesize information from various disciplines, think logically, analyze critically, and communicate effectively with clients and other health care professionals. Baccalaureate graduates are expected to demonstrate all of the competencies of the preceding levels of education with a greater depth and breadth of application. The graduates are prepared to provide and to direct care for clients who have complex and unpredictable health care needs in structured and unstructured settings where clinical decision making may, or may not, be supported by well-defined policies and procedures and where supervision and resources may not be readily available. Client populations served by the baccalaureate graduate include aggregates, communities, and society as well as individuals and their families.

RN's prepared at the baccalaureate level are expected to be knowledgeable about leadership and management in a changing health care environment and to be able to incorporate research findings into comprehensive care planning for individuals, families and aggregates. They are prepared for entry into graduate nursing education where they may further their professional goals in such professional roles as educators, administrators or advanced practice nurses.

GLOSSARY
Advanced placement - granting of credit for part of the required curriculum.
Articulation - a planned process between two or more educational systems to assist students to make a smooth transition from one level of education to another without duplication in learning.
Baccalaureate degree program for registered nurses - a program leading to a bachelor's degree in nursing which admits only registered nurses.
Basic professional nursing program - an approved educational program whose purpose is to prepare practitioners of nursing and whose graduates are eligible to take the National Council Licensure Examination for Registered Nurses.

a. Associate degree program - a program leading to an associate degree in nursing.
b. Baccalaureate degree program - a program leading to a bachelor's degree in nursing conducted by an educational unit in nursing which is a part of a senior college or university.
c. Diploma program - a program leading to a diploma in nursing conducted by a single purpose school usually under the control of a hospital.

Common Core - those courses that teach the basic nursing skills required to meet minimum standards for BNE/BVN and RN.

Community-based nursing care/practice - nursing care provided in community settings such as: home, health centers, clinics, physician's offices, rehabilitation centers, and schools (Oermann)

Community focused care - care which seeks to promote and preserve the health of populations or communities (Adapted - ANA, APHA).

Community Health Nursing -
1. ANA - "a synthesis of nursing practice and public health practice applied to promoting and preserving the health of populations" (Burbach, p. 98).
2. APHA - The public health nursing section of the APHA says that community health nursing synthesizes the body of knowledge from the public health sciences and professional nursing theories (Burbach, p. 98).
3. WHO - outlined three components of community health nursing as responsibility for services, care of vulnerable groups, and having the client participate as a partner in planning care (Burbach, p. 98). Burbach summarizes these definitions by noting that they focused on populations, emphasize wellness and primary prevention, and point out the continuous nature of the practice of community health.
4. Aggregate - individuals who have in common, one or more personal or environmental characteristics (Burbach, p. 99).

Competencies - effective demonstration, by the time of graduation, of knowledge, judgment, skills
and professional values derived from the nursing and general education content. The competencies describe the expected outcomes for students at the time of graduation.

Course - a specific set of learning activities organized to meet a group of objectives within a stated time period. A course involves both organized subject matter and related activities. In a clinical course, the didactic content shall be taught either prior to or concurrent with related clinical laboratory experiences.

Curriculum - content - teaching learning activities designed to achieve specific educational objectives.

Escrow - property such as credit to be delivered to an individual upon the fulfillment of a condition.

Full-time - a registered nurse or licensed vocational nurse who works at least 1040 hours in six months or 2080 hours in one year.

Home care or home health care - health services provided to individuals and families in their places of residence which has the goal of promoting wellness, but in practice is illness oriented (adapted-Burch).

Part-time - a registered or licensed vocational nurse who works less than 2080 hours in one year.

Primary care - accessible, comprehensive, coordinated, and continuous care provided by accountable care givers (Institute of Medicine, 1978). The primary care system includes all ambulatory care (Stanhope, p. 761). WHO defines it as "essential health care...made universally accessible to individuals and families in the community..."(Collado, Nursing and Health Care, 13:6, Oct. 1992)

Refresher course - a program designed to update knowledge of current nursing theory and clinical practice and consists of a didactic and clinical component at the level of licensure.

Structure setting - geographical and/or situational environment where the policies, procedures, and protocols for provision of health care are established and in which there is recourse to assistance and support form the full scope of nursing expertise (Nursing Education Advisory Committee, Appendix B).

Unstructured setting - geographical and/or situational environment which may not have established policies, procedures, and protocols and have the potential for variations requiring Independent nursing decisions (Nursing Education Advisory Committee, Appendix B).

Transition/Bridge course - a specially designed course for LVNs, Diploma or ADN graduates who are enrolled in a higher level nursing education program. The purpose of the Transition/Bridge course is to provide theoretical and/or clinical experiences that augment and validate the student's previous learning experiences and introduce the student to the nursing philosophy and mission of the receiving institution.

Vocational nursing program - a program leading to a certificate in vocational nursing whose graduates are eligible to take the National Council Licensure Examination for Vocational/Practical Nurses.
## PROPOSED EVALUATION COMPONENTS

<table>
<thead>
<tr>
<th>What .. Mechanism</th>
<th>Indicators</th>
<th>Time Frame</th>
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<tbody>
<tr>
<td>Pre-Implementation</td>
<td>Do the programs have tracks for articulating students?</td>
<td>Pre-Implementation...</td>
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<td></td>
<td>Do the programs have transition/bridge courses?</td>
<td>January, 1997 - December, 1999</td>
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<tr>
<td>Nursing program policies:</td>
<td>Do the programs offer access to learning opportunities via distance learning technology?</td>
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<td>admission, graduation,</td>
<td>What other indicators are pertinent to articulation?</td>
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<tr>
<td>progression, and graduation</td>
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<tr>
<td>Nursing credits:</td>
<td>What are the number of nursing credits awarded to the articulating student?</td>
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<td>number of credit hours in program...</td>
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<tr>
<td>nursing</td>
<td>How are these credits awarded?</td>
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<td>non nursing</td>
<td>prior to entry...held in escrow...</td>
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<tr>
<td>Nursing Education Advisory Committee (NEAC) Competencies</td>
<td>When did the program fully implement the NEAC Competencies?</td>
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<tr>
<td>Implementation Phase</td>
<td>How does articulation impact faculty workload?</td>
<td>Implementation</td>
</tr>
<tr>
<td>Faculty, Student, Administration, Resources, Curriculum</td>
<td>How does articulation impact advising and counseling resources?</td>
<td>June, 1997-May, 2000</td>
</tr>
<tr>
<td></td>
<td>Number of applications LVNs...ADPs...Diplomas...</td>
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<td>Number of admissions, enrollees, graduates</td>
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<td>What Is/has been the budget impact?</td>
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<td>How does administration facilitate the articulation process?</td>
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<td>Program satisfaction (progression)</td>
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<td>What have been factors influencing the students return to school?</td>
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<td>What curricular changes are necessary to facilitate the articulating student?</td>
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<td></td>
<td>Compared to generic program students, are articulating students as successful in subsequent level courses?</td>
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<td>Is the student's previous work experience adequate?</td>
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<tr>
<td>What ... Mechanism</td>
<td>Indicators</td>
<td>Time Frame</td>
</tr>
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<tr>
<td>Post Implementation</td>
<td>Quality indicators. What are they? Program satisfaction (graduation) How do student outcomes compare? generic vs. Articulated student What did you have to change to implement the articulation model? Are graduates satisfied with the program? How do the graduation rates of graduates prior to implementing the articulation plan compare to graduates after implementing the articulation plan? Number of admissions prior to articulation plan and after articulation plan... Number of enrollees prior to articulation... Number of graduates prior to articulation...</td>
<td>Post Implementation upon graduation and the following year</td>
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<tr>
<td>General: Faculty, Graduate, Curriculum, Resources, Administration</td>
<td>What changes were needed to implement the articulation plan? Faculty, Students, Curriculum, Resources, Administration How did the articulation plan facilitate mobility without barriers? What process was used to implement this model?</td>
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<tr>
<td>Overall Evaluation Summary</td>
<td>Number of participating schools/program. Reasons for participating? Does the model reduce barriers to educational mobility? What processes were used by schools/programs to implement the model?</td>
<td></td>
</tr>
</tbody>
</table>

**Texas Nursing**

The Texas Nursing Articulation Model 1997-2000

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APPENDIX

How to Initiate an Agreement
Examples of Methods used in Developing Articulation Agreements

Content validation is one method to validate prior learning without testing. All programs that enter into an agreement for articulation should review the curriculum across levels - LVN with the ADN, the ADN/Diploma with the BSN - for similarity of content.

A task force of faculty with responsibility for curriculum in the respective schools are encouraged to be the participants with the review. The task force should consist of faculty across subjects or specialty areas such as medical/surgical nursing, etc. The type of framework to use as a guideline should be agreed upon by the members of the task force and would involve discussing the content in the area of specialty and the depth taught. An example might be the development of a scale with a numeric numbering system to record if content was not taught at all, or in an introductory way, or at a basic, or moderate or in depth level. Each school, using this type of recording mechanism, would have a summary of the content covered and at what level in each specialty. Each program could determine what adjustments would be needed in its content to meet these newly defined minimums, to determine if the content recorded was equivalent to that of the next educational level, if there is redundant content or areas that would need strengthening.

One method used to grant credit for prior learning is "escrow credit." In this method nursing credits for each student’s prior learning will be placed in an escrow account at the receiving institution. This credit will be placed on the transcript after the nurse successfully completes approximately one semester of full-time nursing course work. Through success at a higher level, the nurse demonstrates prior nursing knowledge, resulting in the award of credit.

It should be the expectation of every program, from the LVN to the ADN/Diploma to the BSN, that each may need to make adjustments in curriculum in order to meet the challenge of the articulation model. Flexibility is encouraged.

PROVIDER OF CARE

Competency #1

VN

Assist in determining the health status and health needs of clients based on interpretation of health-related data, in collaboration with clients, their families, and other members of the health care team.

ADN

Determine the health status and health needs of clients and families based upon interpretation of health data in collaboration with clients, families, and other health care professionals.

BSN

Determine the health status and health needs based on expanded interpretation of health-related data for individual clients and their families as a whole, as well as, aggregates, communities, and society (IPACS).

VN

a. Take client history using structured assessment tool and structured interview.

ADN

a. Take client history using structured and unstructured data collection tools to obtain physical, psychosocial, spiritual, cultural, familial, occupational, and environmental information.

BSN

a. Assess factors impacting health status and health needs of IPACS. For example: physical, psychological, sociocultural, familial, occupational, environmental, risk factors, resources, information, ethics, cultural and spiritual beliefs.

b. Assist in performing basic assessment to identify health status and monitor for change.

b. Perform assessment to identify health status and monitor for change.

b. Use a variety of data collection tools.

c. Record and report assessment data.

c. Collect, validate, and report assessment data using established assessment tools.

c. Analyze and interpret health data for IPACS.
d. Identify common and overt actual and potential health care needs of client.

d. Identify overt or covert actual or potential health care needs of clients and their families.

d. Identify nursing diagnoses for IPACS.

e. Make observations that assist RN in formulating nursing diagnosis.

e. Analyze and interpret health data of clients and their families.

e. Apply a primary nursing model to nursing practice situations.

f. Select nursing diagnoses from a standardized source based upon analysis of health data.

**Competency #2**

**VN**

Assist in the formation of goals and a plan of care for the client in collaboration with the client and other members of the health care team.

**ADN**

Formulate goals and plan care for clients and their families based on nursing diagnoses in collaboration with clients, families and other health care professionals.

**BSN**

Formulate goals and plan of care for IPACS based on theoretical analysis of available data in collaboration with IPACS and other health care professionals.

**VN**

a. Identify short-term/immediate goals and select basic interventions in conjunction with the client.

**ADN**

a. Identify short and long-term goals and select interventions in conjunction with client and families.

**BSN**

a. Use data from multiple sources, in collaboration with client (IPACS) to set mutually agreed upon goals and establish priorities for care.

b. Contribute to nursing plan of care identifying short-term/immediate goals for clients.

b. Formulate and modify the nursing plan of care.

b. Coordinate plans of care for IPACS.

c. Identify overt conflicts between the nursing plan of care and the plans of other health care professionals.

c. Contribute to the plans of other health care professionals.

c. Collaborate with multiple providers to plan for obtaining diverse services for IPACS.

d. Discuss plan of care with members of health care team.

d. Communicate plan to nurses and other health care providers.

d. Collaborate with others in developing goals for community-based programs whose primary goal is health promotion or health restoration.

e. Assist in the discharge planning of selected clients.

e. Initiate discharge planning in collaboration with other members of the health care team.

e. Apply interdisciplinary strategies in discharge planning.

f. Use research findings in planning care.

**Competency #3**

**VN**

Implement plan of care within legal and ethical parameters in collaboration with the client and members of the health care team.

**ADN**

Implement the plan of care within legal and ethical parameters in collaboration with clients, families and other members of health care professions to assist clients and their families meet health care needs.

**BSN**

Implement the plan of care in collaboration with other health care providers and within legal and ethical parameters to assist IPACS to meet health care needs.

**VN**

a. Assist in promoting a safe, effective care environment conducive to the optimal health and dignity of the client.

**ADN**

a. Promote a safe, effective environment conducive to the optimal health and dignity of the client and family.
BSN
a. Provide direct care in community-based programs whose primary goal is health prevention, promotion, or restoration.
b. Carry out safe and appropriate activities to assist client to meet basic physiologic needs including: oxygenation, nutrition, circulation, elimination, activity, comfort rest, sleep.
c. Select and carry out safe and appropriate activities to assist client to meet basic physiologic needs including: circulation, nutrition, oxygenation, activity, elimination, comfort, rest and sleep.
d. Prioritize and carry out nursing aspects of multi-disciplinary health plan which reflect legal and ethical standards of care and practice.
e. Carry out measures to promote rehabilitation.
f. Select and carry out nursing measures to promote rehabilitation.
g. Assume responsibility for self and others to ensure that documentation is accurate concise and incorporates IFACS responses.
h. Carry out measures to prevent the transmission of pathogens.
i. Carry out measures to prevent exposure to and transmission of pathogens.
j. Incorporate diverse cultural moves into practice.
k. Provide basic initial intervention for emergencies such as CPR.
l. Select and carry out appropriate nursing measures to promote psychosocial well-being.
m. Assume accountability to perform nursing procedures safely and effectively using current research findings.
n. Initiate basic nursing measures to foster psychosocial well-being through appropriate sensory stimulation and promotion of integrity and autonomy.
o. Foster and promote client growth during developmental transitions and alterations in health status.
p. Use institutional and community resources to address ethical and legal concerns.
q. Assist in fostering client growth during alternation in health status.
r. Assume accountability when using independent clinical judgment and established protocols.
s. Evaluate and clarify clients’ understanding of health care rights.
t. Safely administer medications and treatments following established protocols.
u. Administer medications and treatments safely.
w. Assist members of the health care team with examinations and routinely performed procedures.
x. Use current technology to enhance client care.
y. Monitor responses to medications, treatments and procedures.
z. Assist other health care providers with treatments and procedures.

VN
Competency #4
VN Implement teaching plan for client with common health problems and well defined learning needs.
ADN
Develop and implement teaching plans for clients and their families concerning promotion, maintenance, and restoration of health.

BSN
Develop and implement comprehensive plans to meet the learning needs for IFACS.

VN
a. Identify basic health-related learning needs of clients.

ADN
a. Identify health related learning needs of clients and families.

BSN
a. Define health related learning needs for IFACS.

b. Contribute to the development of a teaching plan.

b. Collaborate with others to develop and modify individualized teaching plans based upon developmental and health care learning needs.

b. Use current literature or research findings in developing and modifying teaching plans.

c. Implement aspects of an established teaching plan.

c. Individualize and implement established teaching plans.

c. Design and implement comprehensive teaching plan for promotion, maintenance, and restoration or health for IFACS.

d. Assist in evaluation of learning outcomes using structured evaluation tools.

d. Evaluate learning outcomes of the client or family members receiving instruction.

d. Evaluate implementation of comprehensive teaching plans for the promotion, maintenance and restoration of health for IFACS.

e. Develop appropriate teaching methods to accommodate societal/cultural difference.

e. Assess teaching skills of self and members of health care team; modify as needed.

Competency #5
VN
Assist in the evaluation of the individual client’s responses to nursing interventions.

ADN
Evaluate client and family responses to therapeutic interventions.

BSN
Evaluate IFACS responses and outcomes to therapeutic interventions.

VN

ADN
a. Interpret verbal and nonverbal communication.

BSN
a. Evaluate and interpret IFACS verbal and nonverbal communication.

b. Identify and communicate reasons for deviations from daily plan of care.

b. Collect client data to compare expected and achieved outcomes for IFACS.

c. Assist in modifying daily plan of care and/or expected outcomes.

c. Identify and communicate reasons and rationales for deviation from daily plan of care to multi-disciplinary health care team.

c. Evaluate and communicate quality and effectiveness of therapeutic interventions.


d. Modify plan of care and/or expected outcomes.

d. Alter plan of care for IFACS when needed.

e. Use clinical evaluation tools to measure standard criteria.

Competency #6
VN
Provide direct basic care to assigned multiple clients in structured settings.

ADN
Provide for the care of multiple clients and their families in structured settings either through direct care or assignment and/or delegation of care to other members of the health care team.
BSN
Provide for the care of multiple clients and their families in structured or unstructured settings either through direct care or assignment and/or delegation of care to other members of the health care team.

VN
a. Identify priorities and make judgments concerning basic needs of multiple clients in order to organize care.

ADN
a. Identify priorities and make judgments concerning the needs of a group of clients and their families in order to organize care.

BSN
a. Prioritize and organize care in collaboration with IFACS based upon their needs.

b. Implement multiple plans of basic care for multiple clients.

b. Implement plans of care for multiple clients and their families.

b. Implement plans of care for IFACS.

c. Manage care for multiple clients and their families.

c. Assist in making assignments and supervising nursing care in structured or unstructured setting for IFACS.

d. Apply appropriate management concepts in assigning and/or delegating nursing care to other members of the nursing team.

Competency #7

VN
Use the problem-solving approach as the basis for decision making in practice.

ADN
Use clinical data and current literature as a basis for decision making in nursing practice.

BSN
Use an analytical approach as the basis for decision in practice.

VN
a. Use problem-solving approach to make decisions regarding care of assigned clients.

ADN
a. Use critical thinking as a basis for decision making in nursing practice.

BSN
a. Use critical thinking in the evaluation of complex client situations.

b. Organize care based upon problem solving and identified priorities.

b. Read and discuss relevant, current nursing practice journal articles and apply to practice.

b. Apply data collection methods and instruments to evaluate nursing practice activities and problems.

c. Identify and communicate client care problems encountered in practice.

c. Recognize and communicate repetitive client care problems that might warrant investigation.

c. Critically analyze and incorporate research findings/studies into practice (i.e., health promotion, restoration, and maintenance).

d. Use resources within the work setting to assist in decision making.

d. Recognize societal trends in relation to health problems/health promotion.

COORDINATOR OF CARE
Competency #1

VN
Assist in the coordination of human and material resources for the provision on care of assigned clients.

ADN
Coordinate human and material resources for the provision of care for clients and their families.

BSN
Coordinate activities of health care providers in delivering care to individuals, families, aggregates, community, and society (IFACS).

VN
a. Participate in discussion relating to the evaluation of client care with members of the health care team.

ADN
a. Participate in the evaluation of care administered by other members of the nursing team.

BSN
a. Apply appropriate leadership and management concepts in assisting health care providers to implement IFACS care.

b. Aid in identifying other who can assist in client care.

b. Refer clients to appropriate individuals to promote continuity of care.

b. Evaluate the care provided by other health care providers.

c. Use organizational skills to meet goals and enhance quality of nursing care.

c. Identify providers and resources to meet IFACS health care needs.

d. Apply change strategies appropriate to goal attainment.

e. Apply theories appropriate to facilitate health care, organizational, and IFACS goals.

f. Participate in multi-disciplinary health planning conferences.

Competency #2

VN
Collaborate with clients and other health care team members for the provision of direct care to assigned clients.

ADN
Collaborate with clients, families and other health care professionals to provide care.

BSN
Collaborate with IFACS and other health care providers for the planning and delivery of care.

VN
a. Works with various health care team members to provide patient care.

ADN
a. Communicate with clients, their families and other health care professional to make provisions for health care.

BSN
a. Work with IFACS for planning health care delivery to improve the quality of care provided.

b. Participate in patient care planning with clients, their families and other health care team members.

b. Promote multi-disciplinary health care planning within the structured health care setting.

b. Evaluate communication between IFACS and health care providers in delivering care, and initiates multi-disciplinary planning.

c. Follow established protocols and policies.

c. Analyze health care delivery provided.

d. Collaborate with others to plan and deliver health care for IFACS.

e. Promote changes to improve care.

f. Advocate for IFACS in meeting health care needs.

Competency #3

VN
Participate in the identification of client needs for referral to appropriate sources of assistance.

ADN
Refer clients and their families to appropriate sources of assistance when necessary to meet health needs.

BSN
Refer IFACS to appropriate resources to meet health care needs.

VN
a. Identify major community resources that can assist in meeting client needs.

ADN
a. Identify providers and resources to meet the needs of clients and their families.

BSN
a. Assess the support system of the IFACS.

b. Communicate client needs to family or significant others and appropriate members of the health care team.

b. Facilitate communication between client/family members and community resources.

b. Refer IFACS to appropriate providers and resources as indicated to meet identified health care needs.

c. Advocate on behalf of the client or family with other members of the health care team.
c. Assist IFACS to communicate needs to their support systems and other health care professionals.

d. Differentiate between services and functions of various resources.

**Competency #6**

**VN**
Participate in activities which support the organizational framework of structured health care settings.

**ADN**
Function within the organizational framework of various structured health care settings in planning and providing care for clients and their families.

**BSN**
Function as a facilitator within the organization structure of various health care settings.

**VN**
a. Participate in implementing changes that lead to improvement in the work settings.

**ADN**
a. Identify and participate in activities to improve health care delivery within the health care setting.

**BSN**
a. Analyze the management structure and nursing care delivery system within a health care organization.

b. Participate in activities with other health team members to resolve identified problems.

b. Make referrals to appropriate individuals within the organization for corrective action.

b. Identify strategies to promote professional growth and development of nursing personnel.

b. Report unsafe client care environment and equipment.

c. Select human and material resources that are optimal, legal, and cost effective to achieve organizational goals.

c. Facilitate the coordination of multi-disciplinary resources to address IFACS needs.

c. Implement established cost containment measures in direct client care.

d. Collaborate with other health care providers to utilize human and material resources that are optimal, legal and cost effective.

e. Organize groups of people in health related activities.

f. Demonstrate a beginning leadership role in achieving management goals.

g. Assist with the development of standards of care congruent with organization structure and goals.

h. Identify mechanisms within organizational structure to address ethical dilemmas.

**MEMBER OF A PROFESSION**

**Competency #1**

**VN**
Demonstrate accountability for own nursing practice.

**ADN**
Assume accountability and responsibility for the quality of nursing care provided to clients and families.

**BSN**
Assume responsibility and accountability for the quality of nursing care for IFACS.

**VN**
a. Provide nursing care within limits of nursing knowledge, experience and ethical/legal standards of care.

**ADN**
a. Provide nursing care to clients and families within limits of nursing knowledge, experience, and legal/ethical standards of care.

**BSN**
a. Apply legal and ethical principles and professional standards in the provision and evaluation of own nursing care as well as care provided by others.

b. Use self-evaluation process to improve own nursing practice.

b. Evaluate quality of care and learning needs of self, peers or others.

b. Identify strategies to promote professional growth and development of own nursing practice.
c. Use knowledge and experience when and delegating to other health care providers.
c. Promote accountability for quality nursing practice.

d. Apply ethical and legal framework of nursing practice when directing others in the care of clients and families.
d. Apply research finding and principles of research to improve the practice base for nursing.

Competency #2

VN
Participate in activity that focus on improving the health care of clients.

ADN
Act as an advocate to promote the provision of quality health care for clients and their families.

BSN
Serve as a health care advocate in monitoring and promoting quality of health care delivery for IPACs.

VN
a. Identify client's health needs.
ADN
a. Identify client's and family's unmet needs.
BSN
a. Act as advocate and support work to resolve health care delivery issues.

b. Follow institutional procedures and plan for reporting/solving client care problems.
b. Identify organizational procedures for reporting/solving client care problems.
b. Analyze the impact of current issues and trends on the quality of nursing and health care delivery.

c. Assist health care providers in reporting client care problems.
c. Critique research studies for use in care.

d. Collaborate with other health care providers and members of the organization to solve client care problems.
d. Identify problems that clients have in accessing health care.

e. Advocate on behalf of the client or family with other members of the health care team to procure appropriate resources for client care.

Competency #3

VN
Demonstrate behaviors that promote the development and practice of vocational nursing.

ADN
Participate in activities that promote the development and practice of nursing.

BSN
Act as a leader in promoting nursing as a profession.

VN
a. Work collegially with members of health care team.
ADN
a. Recognize importance of collaborating with members of nursing and other health care organizations to promote a positive image of nursing.
BSN
a. Foster ethical, legal, professional awareness and responsibility in others to promote a positive image of nursing.

b. Demonstrate behaviors which promote a positive image of vocational nursing.
b. Serve as a positive role model for members of the health care team.
b. Analyze the impact of current issues and trends on the nursing profession.

c. Recognize roles of vocational nursing organizations, regulatory agencies, and organizational committees.
c. Promote collegiality among health care providers.
c. Critique research studies regarding nursing's impact upon societal change.

d. Recognize the different roles of nurses and their contributions to the profession.
d. Differentiate the roles and functions of regulatory agencies, nursing and other health care organizations.
d. Promote accountability for quality in the nursing profession.

e. Promote positive image of nursing.
e. Identify political and legislative processes affecting the nursing profession.

f. Recognize the different roles of professional nurses and their contributions to the profession.

f. Analyze the impact of nursing organizations and regulatory agencies upon the nursing profession.

g. Recognize impact of current issues and trends on the nursing profession.

g. Participate in activities which promote consumer awareness of nursing's contribution to society.

PROPOSED EVALUATION PLAN

Appendix

How to Initiate an Agreement

Content validation is the method encouraged by the Subcommittee on Articulation to validate prior learning without testing. All programs that enter into an agreement for articulation should review the curriculum across levels - LVN with the ADN, ADP/Diploma with the BSN - for similarity of content.

A task force of faculty with responsibility for curriculum in the respective schools are encouraged to be the participants with the suggested review. The task force should consist of faculty across subjects or specialty areas such as medical/surgical nursing etc. The type of framework to use as a guideline should be agreed upon by the members of the task force and would involve discussing the content in the area of specialty and the depth taught. An example might be the development of a scale with a numeric numbering system to record if content was not taught at all, or in an Introductory way, or at a basic, or moderate or in depth level. Each school, using this type recording mechanism, would have a summary of the content covered and at what level in each specialty. Each program could determine what adjustments would be needed in its content to meet these newly defined minimums, to determine if the content recorded was equivalent to that of the next educational level, if there is redundant content or areas of deficiency that would need strengthening.

It should be the expectation of every program, from LVN to the ADP/Diploma to the BSN, that each will have to make adjustments in its curriculum in order to meet the challenge of the Articulation Model. With the baccalaureate nursing program being where the articulation process stops, the BSN programs are encouraged to offer flexibility.

Students may not learn or retain what has been taught so the escrow system for nursing credit should be operationalized. Nursing credits for each student's prior learning may be placed in an escrow account at the receiving institution. This credit will be placed on the transcript after the nurse successfully completes approximately one semester of full-time nursing course work. Through success at a higher level, the nurse demonstrates prior nursing knowledge, resulting in the award of credit.

Bibliography

Colorado Model

BNE Competencies

Articles - Nursing Management

Health People 2000

TNA Position Statement (ANA)

Council of Baccalaureate and Higher Degree etc.

(See articulation - Colorado)

Associate and Diploma

Texas Associate degree programs will require a minimum of 20 SCH of non-nursing course to include:

- Anatomy and Physiology, 6 to 8 semester hours
- Microbiology, 3 to 4 semester hours
- Growth and Development (life-span), 3 semester hours
- English Composition 1, 3 semester hours
- At least one course in Social and Behavioral Science.

There are no community college core curriculum requirements in Texas. Senior colleges do have General Education Requirements by category, not by specific courses. These categories are:

- Oral and written communications
- Life sciences
- Behavioral sciences
- History
- Political Science
- Visual and Performing Arts
- Physical Education

There are generally 40-54 SCHs required for General Education Requirements in Senior Colleges.
Documentation

- Work experience will be documented by a letter from the employing institution. The letter should include the dates of employment, the employment status (FT/PT), and a description of the nursing position(s) held.

- Course work should be documented by transcript, C.E. certificate, or letter from the appropriate educational institution.

Comments for Discussion

1. Time element from gradation:
Colorado uses three years; comments from committee reflected that this seemed too long, therefore, a compromise of two years was used for this draft.

2. Length of work experience:
Colorado uses hours to define work experience. Rather than total hours, use of equivalent time was chosen. Definition of full time and part time may need to be added to glossary.

3. Nursing refresher course:
BNE requires refresher after 4 years; content defined in Colorado model on page 21. Standards set by BNE/BVNE could be included in our model as an appendix. BVNE does not currently have formal guidelines for refresher courses; they are approved on an individual basis.

4. Type of work experience:
Discussion of committee last year did not indicate a preference for acute care, community-based, nursing home, or other.

5. Documentation:
not included as part of discussion in Colorado's model.

TESTING

1. Did you graduate from:
A. A Texas diploma program?
An out of state NLN accredited program?

2. B.A Texas ADN program?
An out of state NLN accredited ADN program?

After 2000:
Did you graduate within the last 10 years from either a diploma or an ADN program?

If the answers to any of the above is yes, then no testing is required.

If the answer is no, then testing is required.
Students required to use the testing track must successfully complete all the NLN Mobility Profile II examinations with the established passing score to receive approximately 30 semester credit hours. Partial credit may be awarded for successful completion of some, but not all of the tests. Test results are valid for three years.

The test may not be taken more than twice. If it is necessary to take the test more than twice to receive a passing score, it is recommended that the student take a course or courses with comparable content at the school in which they plan to enroll.

Or:

2. Did you graduate from:
A. A Texas vocational nursing program?

B. An out of state college vocational nursing program?

After 2000:
Did you graduate within the last ten years either from a Texas vocational nursing program or an out of state college vocational nursing program.

If the answers to any of the above is yes, then no testing is required.

If the answer is no, then testing is required.
Students required to use the testing track must successfully complete all the NLN Mobility Profile I or (ACT/PEP) examinations with the established passing score to receive approximately 15 semester nursing credit hours. (Partial credit may be awarded for successful completion of some but not all of the tests). Test results are valid for 3 years.
BIBLIOGRAPHY


The Iowa Board of Nursing. (1990). The Iowa Articulation Plan for Nursing Education: RN to Baccalaureate.


Wood, S. (1991). Do you want an articulation plan? This is how the Colorado model was developed. Advancing Clinical Care, 6 (1), 11-15.


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