

Policy Number:	U4990
Faculty Approved:	8/2015
Effective Date:	1/2016
Reviewed Date:	2/2019
Revision Date:	2/2019
Dean Approved:	2/2019

Policy Title: Validation of Clinical Competencies for VBSN Students

Policy

Students admitted to the Veterans Bachelor of Science in nursing program may obtain validation for clinical competencies by demonstrating achievement of course objectives within the sequence of BSN courses required for degree completion.

Background

Military veterans enrolled in the Veterans Bachelor of Science in Nursing program may demonstrate clinical competencies based on their military training and experience which meet current course objectives identified in the program.

Procedure

1. The student must register for the course(s).
2. On or before the first day of class, the student must apply for validation of clinical competencies by contacting the lead course faculty and submit a Validation of Clinical Competencies Form (Attached) which provides evidence of meeting the objectives and course requirements. *For example:*
 - For validation of clinical hours the student might document skills and training, be observed by course faculty in the clinical area, and/or be observed performing in the laboratory setting
3. Course faculty will review the information provided and will document:
 - The Validation of Clinical Competencies Form the course plan.
 - If no validation is granted by the faculty, the student will be required to complete all the course requirements. If validation is granted, the student will be given a course plan based on validated clinical competencies.
4. Course faculty will determine evaluation methods and criteria in order that clinical credit may be given.

5. The faculty member completes the Validation of Clinical Competencies form, obtains the lead faculty's signature and sends the completed form to the Student Affairs Office. The completed form will be filed in the student's record.

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VBSN Validation of Clinical Competencies for VBSN Students Form

Student please complete the following section:

1. Name: _____

2. Military Experience: _____

Branch of Military in which student served: _____

3. Course Number and Name for which validation is requested:

4. Documentation provided: Explain briefly and attach any pertinent information such as documentation of military training and/or documentation of military experience. Documents may include but are not limited to awards, citations, military orders, or discharge.

Student Signature: _____

Date: _____

Faculty must complete the following section:

Clinical competencies validated: _____

Course Plan: _____

Requirements needed: _____

Faculty Signature: _____ Date: _____

cc: student File, Student, Advisor/Track Coordinator