Apprenticeship Degrees in Nursing

State Landscape Analysis and Implementation Playbook

Written by the
National Center for Apprenticeship Degrees (NCAD)
in partnership with contributors.

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NCAD | National Center for the APPRENTICESHIP DEGREE

OVERVIEW

The United States is facing a chronic shortage of nurses. [HRSA National Workforce Projections 2024, Bureau of Labor Statistics 2024]. The shortage has sparked new efforts to expand nursing education pathways and to improve nurse retention. As part of the effort to respond, some states, employers, and Institutions of Higher Education (IHEs) are looking to develop new earn-and-learn pathways for nursing candidates, including nursing Apprenticeships.

The National Center for Apprenticeship Degrees (NCAD) compiled this Playbook based on interviews with thought leaders in nursing education and workforce development throughout the country. [*See* this document, pg. 4]. The Playbook is intended as a tool for policymakers and leaders working to expand Apprenticeships in nursing and in other healthcare fields. It is a living document that will be updated as we learn more about what works and what does not in this space. The Playbook is not intended to be a comprehensive review of all of the healthcare apprenticeships programs in the country or intended to serve as a policy whitepaper advocating for a one specific approach.

As shown throughout this document, contributors across the country have managed to successfully navigate regulatory, accreditation, and other requirements to successfully build nursing Apprenticeships in a way that is aligned with shared goals of addressing the workforce shortage, expanding diversity in the profession, and maintaining nursing excellence. The ideas and innovations documented below demonstrate that Apprenticeship programs can be a critical tool for: (1) increasing the diversity of the nursing workforce; (2) integrating the hands-on experience vital to readiness for practice; and (3) supporting employer efforts to recruit nurses, improve retention rates, and increase job satisfaction. [*See Also* Lusk, Jan. 2024].

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HOW TO USE THIS DOCUMENT

NCAD looks at three levels of state readiness when determining whether an area is ready to support Apprenticeships in nursing, including: (A) ecosystem readiness, (B) statutory and regulatory readiness, and (C) program readiness. This Playbook is organized according to those different readiness levels. Each section outlines challenges to creating Apprenticeships in nursing and highlights ideas and innovations that have successfully navigated those challenges.

SECTION A: ECOSYSTEM READINESS

Challenges	Ideas & Innovations
Challenge 1: Aligning a new approach in nursing education with traditional requirements is complex.	• Program development in partnership with the Board of Nursing (BON), employers, and other partners
Challenge 2: Employers have concerns over program cost and their capacity to manage apprenticeships.	• Increased retention and extended time for training new employees through the Apprenticeship program pays for investment • State grants and incentives for employers • Coordination of logistics and compliance for Apprenticeship by another ecosystem partner
Challenge 3: Expansion of nursing education programs across the country is restricted by the availability of faculty and preceptors.	• Expand those qualified to validate student mastery of competencies • State grants and incentives to hire faculty and preceptors • Additional training and support for preceptors
Challenge 4: Nursing programs are expensive for IHE's to start and to run.	• State grants for nursing programs • Academic-Practice partnerships • IHEs sharing resources
Challenge 5: Ecosystem needs a leader to drive towards nursing apprenticeship	• Governor or state agency leads • Higher Education Institution leads • Employer(s) leads
Challenge 6: Myths about what is permitted in the apprenticeship approach can be barriers to innovation and can stall implementation.	• See Appendix A

SECTION B: STATUTORY AND REGULATORY READINESS

Challenges	Ideas & Innovations
Challenge 1: State regulatory requirements for nursing programs limit flexibility to respond to the needs of the candidate pool.	• Allow pay for work throughout the nursing program. • Grants for travel and program expenses.
Challenge 2: Nursing program expansion limited by the availability of clinical learning opportunities.	• Shift towards competency based education that allows for validation of skill mastery through demonstration of observable competencies • Study most effective clinical hour requirements and structure
Challenge 3: The role of apprentices can be limited by state scope of practice regulations.	• Nurse apprentice license • Combination of state delegation rule and close tracking/application of competencies
Challenge 4: Every state and nursing education ecosystem takes a different approach.	• Model rules • Interstate agreements • Flexibility to out-of-state providers
Challenge 5: The implementation of innovative nursing education models can be difficult under existing regulatory and accreditation structures.	• State rules that allow for innovation pilots • Healthcare apprenticeships started in non-licensed field
Challenge 6: Different sources of funding and multiple government agencies can create disincentives to innovation.	• No ideas or innovations yet found.

SECTION C: PROGRAM READINESS

Challenges	Ideas & Innovations
Challenge 1: Program design limits the candidate pool.	• Flexibility embedded in program requirements. • Candidates earn pay for work throughout the program.
Challenge 2: Different locations will have different program needs.	• Design program to respond to local workforce conditions and needs.

CONTRIBUTORS & RESOURCES

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ASSESSMENT OF THE NEED

The United States is facing a shortage of nurses that will persist through at least 2036. [HRSA National Workforce Projections 2024, Bureau of Labor Statistics 2024]. Nationally, the country is short around 350,000 Registered Nurses (or 10% of the total RN Workforce) and 50,000 Licensed Practical Nurses (or 7% of the total LPN workforce). [*see* HRSA]. Nursing shortages vary depending on geography. [*see* HRSA].

The drivers of the nursing workforce shortage are multifaceted. U.S. nursing schools turned away almost 100,000 qualified applications from baccalaureate and graduate nursing programs in 2021 due in part to an inability to expand program capacity.[AACN Nursing Shortage Fact Sheet].Nursing schools across the country are struggling to expand their capacity to meet the rising demand due to a lack of faculty and preceptors, limited clinical learning opportunities, and limited laboratory space. [*See* Nursing Shortage Fact Sheet]. The need for nurses is only expected to grow as Baby Boomers retire and put additional stress on the healthcare system. [*See* Nursing Shortage Fact Sheet].

Attrition is also driving the workforce shortage. Twenty-nine percent of RNs reported that they plan to retire within the next 5 years (6.6% more than a 2020 survey). [NCSBN National Workforce Survey 2022]. Nurses are also leaving the profession before retirement age. The U.S. has more than 4 million active Registered Nurses, but only 81% of those RNs are actively employed in nursing full or part time. [NCSBN National Workforce Survey 2022]. Nearly 18% of nurses leave the profession within their first year, and 3 in 10 nurses say they are currently planning to leave the profession. [AMN Nurse Survey 2023, Nursing World 2023]. More than 25% of RNs reported feeling burned-out from work every day. [*see* NCSBN 2022].

Not only is the U.S. facing a nursing shortage, the diversity of the profession often does not reflect the diversity in the communities nurses serve. Eighty-nine percent of nurses are women, and 80% of Registered Nurses are white. [NCSBN National Workforce Survey 2022]. For communities of color, increased diversity can mean higher quality care. According to the American Nursing Association (ANA), “Diversity in the nursing workforce provides opportunities for a broader understanding of demographic-specific nuances for care and treatment, and staff members can learn from one another’s diverse perspectives.” [ANA website, 2024].

Shortages and high turnover rates could lead to reduced clinical services or closures of healthcare facilities. Less than one in five long-term care facilities currently meets the staffing requirements proposed by the Center for Medicare and Medicaid Services (CMS) in the spring of 2024. [KFF, May 2024]. The nursing shortage has forced hospitals to turn to contract labor or traveling nurses, which in some facilities accounted for 20% of growth in overall hospital expenses. [Childrens’ Hospital Association Website 2024]. Nationally, the RN turnover is recorded at 18.4%. [NSI National Healthcare Retention Report 2024]. The average cost of turnover for an RN is $56,300 (not including human resources cost, pre-employment screening cost, education cost, leader/preceptor cost). Each percent change in RN turnover could cost/save the average hospital an additional $262,500/yr. [*see* Retention Report]. The shortage can be especially acute in rural areas, where the healthcare workforce is already strained. [Heartland Forward 2022].

The nursing shortage has the potential to affect patient care and safety for everyone. As the National Academy of Sciences, Engineering, and Medicine (NASEM) recognized in its 2021

report, The Future of Nursing 2020-2030: " Nurses provide comprehensive care for patients and families in times of crisis – during sickness, trauma, and loss. They are often the first and most frequent line of contact of the health care system with people of all backgrounds and experiences seeking care." [NACNEP Report 2024]. One in six hospitals in America has reported critical nursing shortages. [Dangerous Impact of the Nursing Shortage, 2022].

THE PLAYBOOK

SECTION A: ECOSYSTEM READINESS

Challenge 1: **Aligning a new approach in nursing education with traditional requirements is complex.**

The successful development of an apprenticeship program depends first on the commitment of the members of the state's nursing ecosystem to the approach. Key partners in the ecosystem include the Board of Nursing (BON), IHEs, unions, hospitals, long-term care facilities, accreditors, state government, and the U.S. Department of Labor. The partnership between the key stakeholders in this ecosystem is essential because the expertise of each is necessary to design an apprenticeship program in a way that meets regulatory and accrediting requirements.

Contributors responded that their ability to design nursing apprenticeship pathways for nursing was especially dependent on close partnerships with state Boards of Nursing and employers. Program designers used the expertise of the state Board of Nursing to understand where state regulations and accreditation requirements allowed for flexibility to accommodate a new approach in a way that maintains education and training quality. Similarly, they used close partnerships with employers to design programs that met workforce needs and fit within employer capacity.

Ideas & Innovations

State/Organization	Program
Alabama	The Alabama Board of Nursing worked with the state legislature to design statutory changes to create a new Nursing Apprenticeship License under the law. The Board of Nursing ensured that the new license fit into the state's existing requirements for nursing education and licensure.
Kentucky	Norton Healthcare partnered with the Kentucky Department of Labor to create the first of its kind pre-licensure hybrid apprenticeship model for student nurses, supporting both associate and bachelor nursing programs. Norton Healthcare leveraged the Kentucky Board of Nursing, Nurse Extern advisory opinion statement, to create a 12 to 18 month readiness for practice student nurse employment program.
North Dakota	Lake Region State College worked directly with the Board of Nursing and local employers to design a nursing Apprenticeship program. The partnership enabled the program to build on existing, approved training components and leverage available "rules of delegation" that permit nurses to delegate specific tasks to a CNA or LPN who has achieved competency. The Board of Nursing also established guidelines for employers to support program rigor and compliance.

Challenge 2: Employers have concerns over program cost and their capacity to manage apprenticeships.

Many employers are already working at capacity and finding the additional resources needed to expand training opportunities (eg: more clinical placements, faculty, and lab facilities) can be prohibitive. The establishment of apprenticeships for nursing requires an ongoing investment of

time and resources, often including internal case management, updated wage scales, new job titles, and candidate skills tracking.

Despite the upfront investment, employers who have partnered on new nursing apprenticeship programs have found a substantial Return On Investment (ROI) through increased retention, an expanded ability to recruit, and an ability to train new employees over an extended period of time. In cases when the potential ROI is insufficient to incentivize a new apprenticeship program, employers have been able to rely on another player in the ecosystem (eg: state agency, IHE) for support through grant funding or through service as a center for candidate case management, system design, and communication.

Ideas & Innovations

State/Organization	Program
Alabama	Alabama has a $2 million annual allocation of Apprenticeship expansion incentives. These funds reimburse employers for 50% of wage costs for 480 hours and offer up to $10,000 incentives to support the startup of employer-based training programs. Many healthcare employers have used these funds to offset the initial costs involved in standing up an apprenticeship program.
Colorado	Arapahoe Community College in Colorado offers a variety of apprenticeship programs in allied health. The College provided employers a central and single point of contact to help translate the employer needs for curriculum to the institution. The process simplified the implementation of the apprenticeship program for employers.
Kentucky	Norton Healthcare launched its Student Nurse Apprenticeship Program (SNAP) in 2017 with 130 student nurses. From 2017 to 2023, SNAP has supported 867 student nurses, in 179 zip codes, ages between 18 and 59, in 24 different nursing programs. Without a contract, 9 of 10 student nurses transition into full-time RN positions with Norton Healthcare, 92% retain at least 1 year as a RN, with $39 million avoided in first year turnover cost. Throughout SNAP's eight years in existence, many SNAP graduates are now Nurse Managers, Assistant Nurse Managers, Clinical Educators, and Clinical Instructors for the organization. From SNAP's success, Norton Healthcare modeled its Respiratory Therapy apprentice program, Surgical Tech program, and Medical Assisting program.
Nevada	Nevada is currently funding a nursing apprenticeship program through a consortium of rural critical care hospitals with an American Rescue Plan Act (ARPA) Grant. The grant reimburses employers for hiring nursing students as apprentices at a rate of $25/hour for registered nursing apprentices, and $20/hour for licensed practical nursing apprentices (on average 56 hours/month per student). The program also covers travel expenses, food and lodging per diem (on average $700-$1500/month per student) when necessary to support apprenticeship hours; and subsidizes preceptors for training on an hourly basis ($3/hour). Employers who elect to hire the nurse apprentice following graduation and licensure can also request reimbursement of a retention/sign-on bonus up to $4,000.00.
Ohio	Through the RISE program at Dayton Children's Hospital, the Hospital has seen a significant ROI. The cost to support nursing candidates through a 2-year program is between $16,000 and $40,000 per nurse. The money lost when the hospital loses a nurse in his or her first year is about three times that nurses annual salary. The RISE program is a good investment for the hospital because it saves money in turnover costs.

Challenge 3: Expansion of nursing education programs are restricted by the availability of faculty and preceptors.

Nursing faculty generally refers to an individual employed by a nursing education program who is responsible for curriculum development and implementation. Requirements for nursing faculty vary by state, but most states require that the faculty teaching in BSN programs have a graduate degree. Some states have exceptions to the requirement for graduate preparation when that faculty member is teaching in a clinical area.

A nursing preceptor usually refers to a RN who works with a nurse faculty member to supervise clinical rotations. Like faculty, requirements for preceptors vary by state but rules generally require a minimum length of experience as a licensed RN. Though some states and programs require additional training for preceptors, many do not, leaving preceptors to play the role with little to no formal training. [*see* NACNEP, January 2024]. State regulations generally require a specific faculty to student ratio in nursing education programs (often 1:10). That ratio can be expanded by the availability of preceptors or be different in simulated practice or during lab time.

There is little financial incentive for those with a graduate degree in nursing to turn to teaching. The median salary for a professor in a school of nursing is around $88,000, almost $35,000 less than the median salary across the roles nurses with graduate degrees could fill if they continued to practice. [AACN Faculty Shortage Fact Sheet]. Registered Nurses are often asked to take on the additional role of preceptors without additional compensation. While many in the nursing profession see service as a preceptor as a professional obligation, the uncompensated additional responsibility can be a strain in a world where most Registered Nurses are already spread thin.

Several states are taking steps to alleviate faculty shortages and increase the capacity of their nursing programs. Solutions include grants to increase faculty pay and to increase pay for preceptors, additional training and ongoing support for preceptors, and expansion of those qualified to validate student mastery of competencies.

Ideas & Innovations

State/Organization	Program
Alabama	In Alabama registered nurses can validate apprentice education and competency. Under Alabama law, "The supervising licensed nurse is responsible for validating an apprentice's competency to perform nursing skills or activities assigned to the apprentice in the clinical setting."
Florida	In Florida, HCA Healthcare has donated $1.5 million to Florida International University Nicole Wertheim College of Nursing and Health Sciences to expand their faculty.
Maryland	Maryland offers funding for New Nursing Faculty Fellowships to new faculty in Maryland's nursing programs. Under the fellowship, "Maryland institutions with nursing degree programs may nominate an unlimited number of newly hired full-time, tenured, tenure-track or non-tenured faculty members for fellowships. Individuals who are offered a full-time, long-term contract to serve as clinical-track nursing faculty also may be eligible."

Mississippi	The Mississippi Hospital Association recently started a nurse apprenticeship program based off of the state's successful nurse externship program. The nurse apprenticeship program offers preceptors an hourly bump of $2/hour.
Washington	Washington State also has a grant for nurses who precept nursing students in health care settings. Preceptors must work with students in their final quarter of their pre-licensure program or in any quarter of advanced practice training for at least 80 hours. The incentive amount varies from cycle to cycle, but usually ranges from $500 - $1000 one-time reimbursement per student precepted, though preceptors may work with up to two students each quarter. A separate fund for preceptor grants was also established in July 2024 specific to Certified Registered Nurse Anesthetist student resident preceptors that achieve 80 hours of student precepting.
Wisconsin	The Wisconsin Department of Workforce Development awarded a Workforce Innovation Grant to UW Green Bay to help expand the number of nursing instructors. Washington State also has a grant for nurses who precept nursing students in health care settings. The amount varies from cycle to cycle, but usually ranges from $500 - $1000 one-time reimbursement per student precepted.
Multi-State	Colorado, Georgia, Hawaii, Maryland, South Carolina and Virginia offer tax incentives to nurses serving in teaching roles.
NACNEP 2024 Report	In their 2024 report on nursing workforce challenges, the NACNEP recommended that, "providing preceptors with formal structured initial training, ongoing support, and financial incentives for assuming the preceptor role is critical for ensuring they have the necessary skills and motivation to guide preceptors. In addition, providing appropriate and targeted professional development for preceptors helps to enhance their role commitment and broaden their expertise, thus potentially impacting retention rates."

Challenge 4: Nursing programs are expensive for Institutions of Higher Education (IHEs) to start and to run.

The creation and operation of new nursing programs can be a challenge for IHEs. Equipment costs for new nursing programs can be between $100,000 and several million dollars. [NACNEP 2024]. Many states now allow up to 50% of lab and clinical credits to be done through simulation, which can cut the need for in-person lab and clinical hours, but can include additional costs for training, staffing, update, repair, and maintenance.

IHEs also find it difficult to fill faculty vacancies within existing budgets. In a 2022 survey of nursing programs, 86% of programs were looking to hire new faculty. In many cases, nursing programs found it difficult to hire new faculty in part because the pay they could offer was not competitive. [NLN Annual Survey of Nursing Schools 2022]. In some cases, a nursing program would like to be able to pay faculty more but cannot afford the increase because the IHE requires that the additional pay be extended to all similar level faculty positions throughout the institution. In many cases, faculty in nursing programs are not trained to teach, which can lead to resources lost to high turnover rates.

Several contributors cited Academic-Practice partnerships as critical to bringing down program costs. Partnerships can share lab space, faculty, and other resources. Access to didactic training through online education can allow for facilities to share faculty resources, and can cut down on travel costs for student nurses.

Ideas & Innovations

State/Organization	Program
Arkansas	In Arkansas, public and private post-secondary educational institutions providing LPN, RN, and BSN degrees are eligible to apply for the ALIGN grant funding. All applicants were required to provide a healthcare partner contribution with a two-to-one match by the state for each dollar contributed by the healthcare partner. Eligible funding usage includes professional upskilling, expanding nursing apprenticeship, increasing nurse educator recruitment and retention, expanding clinical rotations, increasing nursing program capacity, tuition reimbursement, equipment purchasing, stimulations centers, and expansion of labs. Funding for the ALIGN grants is through the America Rescue Plan Act (ARPA).
North Dakota	The North Dakota nursing Apprenticeship program at LRSC is a unique nursing program model designed for rural nursing and is part of the Dakota Nursing Program. The program includes multiple faculty sites all sharing the same curriculum. In some cases the curriculum is delivered at hospital sites.
Tennessee	The University of Tennessee offers the HITS program. "The HITS educational program uses state of the art simulation and healthcare technologies to support simulation education for inter-professional learning. The HITS research program tests and generates healthcare technologies, applications, and intellectual properties that aim to improve healthcare and healthcare education."
Washington	Providence Sacred HeartMedical Center is offering salary supplements to loaned faculty as a mechanism to develop direct care nurses as clinical faculty within the facility and off-set their salary.
AONL Workforce Compendium 2023	From the AONLWorkforce Compendium, "While successful academic-practice partnerships vary, there are numerous examples of benefits from collaborative academic-clinical relationships. These include opportunities to leverage resources from academia and clinical sites and ensuring the sustainability of these partnerships. Most importantly, through these collaborations, academic-practice partners can improve the practice readiness of new nurses, improve clinical outcomes and reduce health care costs." The compendium also lists several examples of academic-practice partnerships.
NCSBN Simulation Study and Guidelines	According to NCSBN guidelines, "Nursing education programs are advised to begin slowly and steadily increase the amount of simulation as they acquire expertise in [simulation]." The NCSBN National Simulation Study found "substantial evidence that substituting high-quality simulation experiences for up to half of traditional clinical hours produces comparable end-of-program educational outcomes and new graduates that are ready for clinical practice [in clinical programs of 600 hours or more]."

Challenges 5: Ecosystem needs a leader to drive towards nursing apprenticeships.

Contributors attributed nursing apprenticeship success to an ecosystem leader willing to drive and coordinate the program. Successful apprenticeship programs each had a leader (government, IHE, employer, etc.) to convene key ecosystem partners and to coordinate collaboration.

Leadership was also critical when systemic changes (statutory, regulatory, or through accreditors) were necessary to implement a new program successfully.

Ideas & Innovations

State/Organization	Program
Alabama	In Alabama, Governor Ivy empowered the Office of Apprenticeship to act through convening all of the necessary players into a conversation about nursing Apprenticeships. The convening acted as a gathering place and clearinghouse for new ideas and approaches and led Alabama to become the first in the nation with a nursing Apprenticeship prior to graduation and initial licensure.
Iowa	In April 2023, Governor Reynolds announced $13.5 million to help expand health careers across Iowa. Programs supported the development of Nursing, Emergency Medical Responders, Behavioral Health & Substance Abuse Specialists, and other critical areas.
North Carolina	Davidson Davie Community College in North Carolina worked with employers and the Board of Nursing to start the first nursing Apprenticeship program in North Carolina. The College coordinates all of the administration of the Apprenticeship and works with employers to place candidates and track progress.
Mississippi	The Mississippi Hospital Association initiated a statewide conversation about new approaches to training the nursing workforce through the convening of nursing employers throughout the state in learning sessions and a Nursing Workforce Summit in 2022.
Tennessee	The Tennessee Hospital Association (THA) is leading a state-wide task force to establish a student nurse apprenticeship program. The task force includes a variety of key stakeholders including the U.S. Department of Labor and Workforce and Office of Apprenticeship, the Board of Nursing, the U.S. Department of Education, leaders from hospitals and health systems, and leaders of nursing academic programs. The task force will be presenting to the Board of Nursing for approval of this program in November 2024. State level funding for healthcare apprenticeships has been approved and allocated to several entities including rural areas. The task force is also working with employers to expand the use of apprenticeship in non-nursing roles, such as surgical technologist, certified nurse assistants, licensed practical nurses, and others.
Texas	At the request of area employers, Commissioner of Labor Julian Alvarez convened a meeting with the state's major healthcare employers, the Board of Nursing, Texas Workforce Commission, Texas Higher Education Coordinating Board, and others to discuss the nursing workforce needs. The convening kick-started a statewide conversation about the role Apprenticeships could play in addressing workforce shortages.

Challenge 6: **Myths about what is permitted in the apprenticeship approach can be barriers to innovation and can stall implementation.**

Appendix A outlines several common statements heard by contributors when working to establish nursing apprenticeship programs in their states. In many cases, the statements turned out to be based on false assumptions. Contributors were able to work towards successful apprenticeship programs through continuing to question the source and validity of the assumption.

SECTION B: STATUTORY AND REGULATORY READINESS

Challenge 1: State regulatory requirements for nursing programs can limit the candidate pool.

The parameters and requirements for nursing education programs are largely dictated by state Boards of Nursing and program accreditors. States vary on requirements for clinical hours (and whether those hours can be paid), class-time (and how much of that learning can occur online), and the proportion of learning that can be done through simulation.

State regulatory requirements can make or break the accessibility of nursing education in the state to working adults and to a more diverse candidate pool. A limitation on pay for clinical hours, for example, can make it very difficult for working adults to support their families while they work to obtain their nursing degree. Limits on clinical pay can be particularly difficult for nursing candidates from underrepresented populations. [NACNEP 2024]. Prohibitions against online learning or limitations to flexibility to attend programs part-time can make attendance difficult for nursing candidates with jobs and families. Some states include additional requirements unique to state nursing employees. For example, some states require that nurses in state facilities have a license before hire, limiting the ability to work at a state agency as a pre-licensure apprentice.

States that adhere to a more traditional interpretation of the approach to nursing education permitted under their regulations have sometimes found it difficult to allow for innovation in nursing education that could diversify and expand their candidate pool. States that have statutory or regulatory frameworks that maintain program rigor while allowing for program flexibility and innovation have more options when designing learning pathways that meet current workforce needs.

Ideas & Innovations

State/Organization	Program
Alabama	Alabama's nursing Apprenticeship model is designed specifically around removing the barriers to entry for nursing candidates. Nursing apprentices work an average of 24 paid hours per week on a progressive wage scale that increases along with their competencies and scope of work. The employers serve as the "last-dollar scholarship" for apprentices to ensure that no apprentice will incur debt for their training. In cases where an employer may not have all the specialty areas needed for clinical rotations, they pay to send their nurse apprentices to other sites to gain the relevant experiences.
Arkansas	In 2023, Arkansas passed legislation allowing hospitals to pay nursing candidates for clinical hours. The law specifies that, "a nursing program may establish a nursing earn-to-learn program to allow a nursing student who is seeking an initial licensure as a Licensed Practical Nurse or a Registered Nurse to earn direct patient care clinical credit hours while working in a healthcare facility as a certified nursing assistant, patient care technician, or other job with a similar title."
California	The Department of Corrections in California has partnered with SEIU and local community colleges to offer a earn-and-learn nursing apprenticeship to nursing candidates working within the state's prison system. Candidates are able to keep their jobs, salaries, and spend half of her work hours training to become a registered nurse.

North Dakota	Lake Region State College partners with employers that pay wages for hours worked in clinical settings in a variety of facilities. The employers have found a significant ROI through employee retention through this commitment. The North Dakota Legislature has also passed several grant programs to assist nursing students with education, uniforms, and other expenses. The University system will give a 50% decrease in tuition and fees if the student remains in ND for 3 years after completion of their program. This requires a 50 percent match of private dollars, which is picked up by the employers. Students graduate debt free.
Ohio	Through the RISE program at Dayton Children's Hospital, nursing candidates work part-time in the hospital but are paid as full-time employees. The hospital also covers tuition, fees, equipment and travel expenses. The program has not only increased the diversity of the hospital's nursing workforce, and it has been a successful retention and recruitment tool.
Texas	Vernon College, located in Vernon, Texas, offers Associate's Degree in Nursing (ADN) and Licensed Vocational Nursing (LVN) Programs. The college is a rural institution for higher education and provides its 12 county service area with a significant number of nurses necessary to meet the needs of the communities it serves. The Vernon College LVN Program, in partnership with the United Regional Health Care System (URHCS) in Wichita Falls, Texas, implemented a Department of Labor (DOL) Registered Apprenticeship in January of 2023 and an ADN Registered Apprenticeship the following summer. The successful implementation of the Apprenticeship program is dependent on the partnership with URHCS and required a change in state regulations allowing for the medical facility to pay apprentices for clinical hours.
Washington	The State of Washington allows students in nursing programs to obtain a nursing technician license. . A nursing technician (nurse tech) is a nursing student licensed to work in hospitals, nursing homes, or clinics under the supervision of a Registered Nurse. They can provide nursing care to patients, may help with staffing needs in a scope like certified nursing assistants, and can continue to add to their scope of practice as additional clinical skills are obtained through their nursing program. Registered Nurse oversight is also required. To be eligible for employment as a nursing technician, a student must complete at least one clinical rotation of a nursing program and must be currently enrolled in a board of nursing approved program. Students are paid for their work as a nursing technician.

Challenge 2: Nursing education program expansion is limited by the availability of clinical learning opportunities.

Every state requires nursing education programs to include clinical rotations, and the rotations must include time in different specialties. Employers host nursing candidates for their clinical rotations. The number of positions available is dictated by the state Board of Nursing and employer capacity.

Most Boards of Nursing do not require a minimum number of clinical hours and instead state in their rules that the numbers and quality of clinical hours must be sufficient to meet the program outcomes. [2023 Member Board Profiles]. Fourteen states require a minimum number of clinical hours, varying between 250-500 hours and more than 1,000 hours. [2023 Member Board Profiles] A recent Arkansas Center for Nursing study found no correlation between the number of clinical hours completed and performance on the NCLEX exam. [Arkansas Center for Nursing 2022]. Nursing apprenticeship programs were frequently cited as a pathway to expand the practical and hands-on learning in nursing education programs in a way that prepares nursing

upon graduation for practice. A "traditional" clinical placement may include 6 or 8 nursing students observing a single nurse, allowing for large throughput but low practical student engagement. In a nursing apprenticeship, the mentor nurse will have only one apprentice. This approach can result in much higher levels of practice and direct patient contact. It also allows for the apprentice to take on tasks in support of the mentor once that apprentice gains competency.

Several states are taking different approaches to the shortage of clinical placement opportunities. Some states are seeking a better understanding of the most effective number of clinical hours and rotations needed to support a rigorous nursing education. In some cases, states are looking to expand clinical capacity by expanding the options where clinical hours can take place to include simulation, long-term care, and public health facilities. Some thought leaders in nursing education argue for a shift to a more competency-based approach that they believe would result in expanded clinical capacity across the country.

Ideas & Innovations

State/Organization	Program
Arkansas	Arkansas recently passed legislation to establish a clinical portal so that the state is able to collect data on clinical hour requirements.
Alabama	Research is underway in Alabama to compare the traditional clinical model/approach with the Apprenticeship model. Participating employers and nursing faculty report vastly superior training outcomes with the lower ratios in Apprenticeship. Initial reports find the nursing apprentices have much higher levels of confidence upon program completion.
Kentucky	Brittany Burke, System Director at Norton Healthcare, Institute for Education and Development studied student nurses in the Student Nurse Apprenticeship Program (SNAP) and their confidence levels post-program completion. The length of the apprenticeship program was not correlated with higher self-confidence in the new graduate nurse. However, completing SNAP, compared to not completing SNAP, resulted in statistically significant results highlighting SNAP completion did affect new graduate nurse self-confidence perceptions of clinical safety issues and system issues that affect patient safety.
Missouri	In 2021, the University of Missouri Saint Louis (UMSL) College of Nursing developed a Community-Based Clinical Education program for undergraduate nursing students. The program is a four-semester program that introduces students to service learning, community-based nursing principles as well as an immersion experience to work with a community-based organization for a total of 100 clinical hours. The program is supported by 3 separate 1-credit courses each semester which supplements student learning. In the student's final semester students work primarily with their organization to complete a Capstone project which benefits the organization and synthesizes student learning.
Washington	Washington State allows the use of an academic-practice partnership model to permit students to be paid for their clinical hours when there is appropriate infrastructure in place and clinical objectives can be met. The model is permitted where the nurse administrator of a program concludes that traditional clinical experiences in a required area of study are limited or not available to the program; or circumstances are present in which the student will gain greater educational benefit from the nursing student-employee role. Nursing program faculty and the health care facility must work together on a continuous basis to ensure that the students' experience is aligned with educational requirements

AACN	The American Association of Colleges of Nursing (AACN) is working with the Commission on Collegiate Nursing Education (CCNE) and the Competency Based Education Network (C-BEN) to create competency-based standards for nursing and nursing specialties. AACN *Essentials* outline the necessary curriculum content and expected competencies of graduates from baccalaureate, master's, and Doctor of Nursing Practice programs. The essentials are not tied to a particular number of clinical hours.

Challenge 3: The role of nursing apprentices can be limited by state scope of practice regulations.

Every state has "Scope of Practice" for Registered Nurses specifying the tasks a licensed Registered Nurse is permitted to perform. Many states have delegation rules that allow Registered Nurses to delegate tasks to individuals they reasonably believe are qualified to perform the assigned task. In other words, unlicensed individuals are permitted to perform tasks when they are delegated the task by a licensed nurse.

States with working nursing apprenticeship programs have taken different approaches to working within the required scope of practice. In most states, Registered Nurses can delegate skills to an apprentice as the apprentice gains competency. Some states have used the delegation rule as the basis for their apprenticeship programs. Other states have passed legislation establishing a Nursing Apprenticeship License with its own scope of practice.

Several contributors see the field of nursing shifting towards a more competency-based approach, requiring rigorous assessments and mastery of competencies. The systemic adoption of defined competencies and assessment may provide additional infrastructure to determine the level of responsibility for which an apprentice is ready in real-time and in a consistent way across programs.

Ideas & Innovations

State/Organization	Program
Alabama	Alabama has passed legislation creating a license specific to nursing apprentices. In Alabama, the law allows hospitals to "employ student nurse apprentices to perform nursing skills, tasks, and activities, as submitted by Alabama Industry Recognized and Registered Apprenticeship Program and approved by the Board, provided that such training, tasks, skills, and activities are performed under supervision by licensed nurses." graduation to get a temporary license to practice nursing in healthcare fields under the supervision of a licensed nurse or doctor.
North Dakota	North Dakota has combined a broad delegation rule with constant competency tracking– allowing nursing apprentices to take on more responsibility as they gain experience and allowing employers to have confidence that they know what competencies the nurse apprentice has at all times.
AACN	The American Association of Colleges of Nursing (AACN) is working with the Commission on Collegiate Nursing Education (CCNE) and the Competency Based Education Network (C-BEN) to create competency-based standards for nursing and nursing specialties. AACN *Essentials* outline the necessary curriculum content and expected competencies of graduates from baccalaureate, master's, and Doctor of

	Nursing Practice programs. The essentials are not tied to a particular number of clinical hours.

Challenge 4: Every state and nursing education ecosystem takes a different approach.

Like many licensed professions, state laws and regulations governing nursing programs can vary by state. As discussed above, states vary on the required numbers of clinical hours, faculty qualifications, and nursing curriculum. Though some states (especially those with rural areas with nursing shortages) have accepted online learning for the didactic components of nursing education, the practice is not yet widespread. Some states require that the sponsor or lead organization hosting the nursing program be physically present in the state.

The different state requirements and restrictions for out-of-state nursing programs make it difficult to scale and copy new proven approaches to nursing education across the country, and difficult for those to demonstrate the quality of the nursing apprenticeship in states that have not yet considered implementation.

Ideas & Innovations

State/Organization	Program
NCSBN Model Statute and Rules	The National Council of State Boards of Nursing has published a Model Act & Rules in partnership with its members as a framework of nursing statutes and regulations for nursing regulatory bodies to utilize during policy and advocacy discussions. Section 6.3 of the NCBSN Model Rules includes a provision allowing for the integration of innovative approaches to nursing education.
Nurse Licensure Compact	Forty-one states participate in the Nurse Licensure Compact (NLC). Member states that participate in the NLC recognize a multistate license that allows nurses licensed in other member states to practice in that state (without obtaining a new license). The nurses must maintain residency in their home state, and they must be familiar and follow the laws and regulations in the state in which they are practicing. Note that the NLC only applies to reciprocity for licensure, not licensure requirements.

Challenge 5: Implementing innovative nursing education models can be difficult under existing regulatory and accreditation structures.

State boards of nursing and accreditors for nursing programs have a responsibility to protect the quality of the nursing curriculum and the safety of patients. That responsibility can foster adherence to traditional education models and requirements, even in the face of the critical shortage of nurses and lack of diversity in the nursing workforce.

In many cases, accreditors are increasingly willing to be thought partners in creating pathways that align with the rigor of their existing standards and requirements and allow flexibility to support work-based, earn-and-learn models. Similarly, a few states have laws allowing for the pilot of new approaches to nursing education, others have piloted the apprenticeship approach in a different healthcare pathway before applying it to nursing.

Ideas & Innovations

State/Organization	Program
North Dakota	The North Dakota Board of Nursing allows for nursing programs in the state to suggest innovative approaches to nursing education as long as the, "innovative approach will not compromise the quality of education or safe practices of students." Lake Region State College worked through this innovation program to develop a pilot nursing apprenticeship program, and worked with the Board of Nursing and ACEN to develop an approach where nursing students can get paid for clinical rotations.
Arizona	Arizona allows, "a nursing education program, refresher program or a certified nursing assistant program [to] implement a pilot program for an innovative approach…."
Nevada	Nevada has an Innovative Nursing Pathway program. Under it, "a program of nursing that has obtained full approval may apply to the Board to implement innovative educational approaches which prepare students to practice nursing safely, competently and ethically."
Wisconsin	UW Health hosted its first medical assistant registered apprenticeship in 2018 in Wisconsin. The apprenticeship has had 143 graduates, with 89% identifying as Black, Indigenous, and people of color, and 99% passing credentialing exams on their first attempts. In 2019, UW Health also launched a successful nursing assistant apprenticeship. It has supported almost 150 graduates, 93% identifying as Black, Indigenous or people of color, and 89% passing credentialing exams on the first try.

Challenge 6: Different funding sources and multiple government agencies can create disincentives to innovation.

The establishment of a nursing Apprenticeship program requires the engagement of several different regulatory bodies. Academic programs are approved through accreditors, which receive their power through the U.S. Department of Education. Registered Apprenticeships must be approved through the Department of Labor or the State Apprenticeship Agency. All nursing programs must also be approved by the state Board of Nursing, and in some states, programs also must earn approval from the state board of higher education. Hospitals, long-term care facilities, and other employers are also subject to accreditation, state regulatory requirements, Medicare and Medicaid rules. Even in a world with critical nursing shortages, this structural (and funding) reality can create disincentives to innovate and address talent shortages.

SECTION C: PROGRAMMATIC READINESS

Challenge 1: Program design can limit the candidate pool.

As stated earlier, the traditional structure of nursing programs can be a significant barrier to entry into nursing programs to working adults. The academic requirements for program entry (prerequisites) can create a bias towards the students who were able to go to school full-time (instead of working adults). Sometimes online education is permitted by the state but is limited by the nursing program. Some programs require full-time attendance to enroll and others have limitations on the application of work-based learning for credit. Many programs do not allow flexibility in the program rotation. If a candidate misses a clinical rotation or didactic offering, the student must wait a year to re-enter the program when that portion of the curriculum is offered again.

The cost and complexity of completing a nursing education can be further exacerbated by travel expenses (either to class or to clinical rotations), the need to find childcare, and the time it takes to complete the program. Sometimes incidental costs not covered by financial aid, such as having to purchase a uniform or stethoscope, can be a barrier to a candidate's ability to remain in the nursing program.

Nursing Apprenticeship programs across the country aim to maintain the rigor of nursing education while implementing new approaches to nursing education that enable the programs to serve a broader population of applicants. The shift towards competency-based models from the more time-based, credit-hour approach, and the greater use of "stackable" credentials and recognition of credit for work make nursing programs more accessible to a broader population of working adults.

Ideas & Innovations

State/Organization	Program
Alabama	Alabama's nursing apprenticeship model is designed specifically around removing the barriers to entry for nursing candidates. Nursing apprentices work an average of 24 paid hours per week on a progressive wage scale that increases along with their competencies and scope of work. The employers serve as the "last-dollar scholarship" for apprentices following through on the Alabama policy that no apprentice will incur debt for their training. In cases where an employer may not have all the specialty areas needed for clinical rotations, they pay to send their nurse apprentices to other sites to gain the relevant experiences.
California	The Department of Corrections in California has partnered with SEIU and local community colleges to offer a earn-and-learn nursing apprenticeship to nursing candidates working within the prison system. Candidates are able to keep their jobs, salaries, and spend half of her work hours training to become a Registered Nurse.
North Dakota	Lake Region State College partners with employers that pay wages for hours worked in clinical settings in a variety of facilities. The employers have found a significant ROI through employee retention through this commitment. The North Dakota Legislature has also passed several grant programs to assist nursing students with education, uniforms, and other expenses. The University system will give a 50% decrease in tuition and fees if the student remains in ND for 3 years after completion of their program. This requires a 50

	percent match of private dollars, which is picked up by the employers. Students graduate debt free.
Ohio	Through the RISE program at Dayton Children's Hospital, nursing candidates work part-time in the hospital but are paid as full-time employees. The hospital also covers tuition, fees, equipment and travel expenses. The program has not only increased the diversity of the hospital's nursing workforce, it has been a successful retention and recruitment tool.

Challenge 2: Different locations have different nursing program needs.

As described above, challenges in the current approach to nursing education limit the system's capacity to respond to the country's current workforce challenges. Those challenges also can limit a new nursing program's capacity to implement an innovative design. Collaborators on this document indicated that ***where*** to start offering a nursing apprenticeship program is a strategic decision based on the local workforce needs, the preference of local employers, the statutory and regulatory framework in the state, and funding opportunities.

The examples outlined throughout this document show several different entry points into nursing apprenticeship programs. Some states have started offering apprenticeships for CNA's as a way to diversify the entry-level nursing workforce. Other states and institutions have focused on transition-to-practice residencies or programs that provide an affordable bridge for nurses with a BSN into graduate programs that will allow them to join the nursing faculty and alleviate the faculty bottleneck.

Whatever the approach, collaborators largely agreed that all of the challenges in the nursing education continuum were related, and that no matter where a state or institution starts, they will be faced with many of the challenges outlined above during program development.

APPENDIX A

MYTHS & REALITIES

Myth: The creation of a new nursing program or expansion of an existing nursing program has to take a long time.

Reality: Nursing ecosystems can move fast when all of the players are aligned. Because the model in Alabama was developed with statewide adoption in-mind, the process for an employer to join an apprenticeship is greatly expedited and consistently implemented. The state is able to move at the speed of the business because the regulatory, academic, and policy hurdles were cleared on the front end. All employers have to do is understand and commit to their role in the apprenticeship and integrate strong leadership in support of the apprenticeship model and culture. Alabama went from 2 schools and 2 employers in May 2022 to currently having 16 colleges, 5 universities, 61 employers, and nearly 600 nursing apprentices today.

Myth: An Apprenticeship in nursing is a throwback to the diploma degree.

Reality: The modern nursing Apprenticeship combines the best attributes from the diploma degree, nursing internships, and academic-practice partnerships into a comprehensive approach that amplifies and rewards the candidate's on-the-job experience. Unlike the diploma degree, nurse apprentices are paid throughout their apprenticeship and receive academic credit for their work on-the-job. Apprenticeships follow prescribed labor protection guidelines and include progressive wage increases as apprentices work towards industry-recognized credentials. Apprenticeships are offered in partnership with accredited nursing programs, and candidates earn the same ASN or BSN as those in traditional education programs. Apprentices complete clinical rotations, but also are able to apply the skills they are learning throughout their training to their work in real-time and as they gain competency.

Myth: Apprenticeships are limited to skilled trades like construction.

Reality: The DOL has registered apprenticeships in a variety of professional occupations, including cybersecurity, EMT's, teaching, and engineering.

Myth: We do not have a workforce shortage in nursing, we have pay and retention issues.

Reality**:** As outlined above, both assertions are true. Nationally, the country is short around 350,000 registered nurses (or 10% of the total RN Workforce) and 50,000 Licensed Practical Nurses (or 7% of the total LPN workforce). Shortages exist, but vary depending on geography and are related to high attrition. For example, HRSA shows a surplus of nurses in North Dakota, but those nurses are concentrated in the four largest cities in the state. Rural areas in North Dakota are very short on nurses.

Myth: It is impossible to pay nurses for clinical hours.

Reality: Paying nurses for clinical hours can sometimes be prohibited but that is not always the case. When the entity providing the clinical training does not employ the candidate, it may be easier to offer credit for the on-the-job training achieved through clinical hours instead of payment.

Myth: Hospitals won't pay for clinical work going on outside their facility.

Reality: Contributors found that medical facilities often see a positive ROI with apprentices, even when paying for clinical hours happening outside the hospital. Not all providers are able to pay apprentices for work that occurs outside of their facility, but those that can often do so because of the pay can promote better workforce retention and employee loyalty.

Myth: The Apprenticeship model will exacerbate the faculty shortage because of the higher faculty to student ratios required.

Reality: Apprenticeships require more mentorship support, but many of those currently sponsoring apprenticeship programs have found that the increased proportion of on-the-job learning allows apprentices to gain competency at a quicker pace than those in traditional programs. The Apprentice-Employer relationship is more similar to a supervisor-employee relationship because apprentices are able to apply competencies in their jobs as they gain them benefit from their experience in real time.

Myth: Hospitals will use apprentices to replace the current workforce.

Reality: Some states used student nurses during the COVID-19 pandemic to supplement the nursing workforce, not to replace it. Though gaining competencies throughout their apprenticeship, Apprentices will not be qualified to serve as an RN until they have completed their program and earned a license from their state. A few states have gotten around this concern by specifying a separate job description for apprentices. Regardless, all apprentice work is through nurse supervised delegation and competency validation. They are never left alone.

Myth: Hiring an apprentice exposes the employer to new potential liability.

Reality: Apprentices are usually covered under hospital liability insurance in the same way that nursing students are now covered. Separate insurance options for nursing students are also available. Nursing students are covered by the academic institution's liability through a clinical affiliation agreement. Apprentices are typically employees of the organization and are covered as such.

Myth: It doesn't make sense for employers to pay Apprentices for clinical rotations taking place outside of their facility

Reality: A few contributors found that paying Apprentices for hours worked off-site still had a positive ROI because the experience increases apprentice capacity and the pay supports apprentice loyalty and retention. Small hospitals, particularly in rural areas, do not have the services to provide clinical exposure, so students and apprentices must go elsewhere.

Myth: Employers may run into equal pay issues if they pay apprentices less for doing the same work as Registered Nurses

Reality: Though gaining competencies throughout their apprenticeship, Apprentices will not be qualified to serve as an RN until they have completed their program and earned a license from

their state. A few states have gotten around this concern by specifying a separate job description for apprentices.

Myth: Clinical experiences must be in hospitals because they are acute care providers.

Reality: Though some states require that the majority of clinical hours take place in a hospital, that is not the case everywhere. Curriculums are based on course objectives and outcomes, these then dictate clinical location due to learning needs. Long-term care and ambulatory settings are also great locations to learn.

Myth: Apprenticeship is the same as a transition-to-practice residency.

Reality: An Apprenticeship occurs before licensure and is intended to provide the training necessary to build a nursing candidate for licensure. A transition-to-practice residency occurs after licensure and is intended to provide more practical training to a licensed nurse.

Myth: All apprenticeships are offered through unions.

Reality: There are many apprenticeship programs that aren't offered in partnership with unions.