

# Model Nursing Act and Rules

## Introduction to Revised Models

Model legislation is a way to look at issues and needs in a comprehensive manner. Models may be used to identify the essential components of legislation or to encompass new ideas and approaches to regulation. Models are a way to promote a common understanding of what constitutes the practice of nursing. This is increasingly important in a mobile society where nurses often relocate for both professional and personal needs and interests.

Models may be used in a variety of ways. Some boards look to the models for new ideas and different approaches for regulation. Other boards may use them in evaluating their existing regulatory language. Boards may use the framework and/or language of models to develop amendments and revisions to state laws and rules. The models may assist to articulate the need for legislative change or as the rationale for rules as part of the rule promulgation process.

As nursing education, practice and policy evolve, so must the laws and rules that govern the regulation of nursing. The models are presented in a format that tracks the model law in the column on the left and the related rules in the column on the right. This formatting is intended to show the interrelationship and congruency of the model law and the model rules. The Model Act was used as the framework, and the Model Rules reorganized to reflect the Model Act.

These models are intended to serve as a guide to boards in considering revision to State Nurse Practice Acts and Nursing Administrative Rules. Potential users of these models are urged to study the documents in the context of the law in their particular jurisdiction. Seeking legal counsel in implementing elements of these models will assist in determining that there is congruence with existing law. If there are conflicts, legal counsel can assist to adapt the model approaches to be consistent with the existing state statutory or constitutional law.

The question has been asked if this model is an inspirational document that presents a higher standard to strive for or whether it reflects the current state of regulation. The answer is that it is both. Much of law and rule language in the document is very pragmatic and does reflect current practice. But there are also new ideas, new approaches and suggestions for future goals. Our vision is a living document, regularly reviewed, frequently consulted, updated as nursing and policy evolve, and used for multiple purposes.

The NCSBN Model Nursing Practice Act and Model Nursing Administrative Rules were revised by the 2004 Delegate Assembly. Article XVIII was added and adopted by the 2005 Delegate Assembly. Additional language regarding the authority to conduct criminal background checks was adopted in 2006.

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<b>Article I. Title and Purpose</b>	<b>Chapter One – Title and Purpose</b>
<p><b>Section 1. <i>Title of Act.</i></b> This Act shall be known and may be cited as The &lt;NAME OF STATE&gt; Nursing Practice Act.</p>	<p><b>1.1 Title.</b> This section of the administrative rules shall be known and may be cited as the &lt;NAME OF STATE&gt; Nursing Administrative Rules.</p>
<p><b>Section 2. <i>Description of Act.</i></b> An Act concerning the regulation of nursing that creates and empowers the state board of nursing to regulate nursing and to enforce the provisions of this act.</p>	
<p><i>*** The language was changed to concisely describe the Act as concerning the regulation of nursing and creating the board to enforce the act.</i></p>	<p><i>*** If a board of nursing has developed a board philosophy and wishes to include it in the administrative rules, this would be an appropriate section to make that statement.</i></p>
<p><b>Section 3. <i>Purpose.</i></b> The legislature finds that the practice of nursing is directly related to the public health, safety and welfare of the citizens of the state and is subject to regulations and control in the public interest to assure that nurses at all levels are qualified and competent. It is further declared that the practice of nursing, as defined in the Act, merits and deserves the confidence of the public and that only qualified persons be permitted to engage in the practice of nursing. The legislature recognizes that the practice of nursing is continually evolving and responding to changes within health care patterns and systems.</p> <p><i>***This model recognizes that nursing is an evolving profession and acknowledges overlapping functions with other health care providers.</i></p>	

<p><b>Article II. Scope of Nursing Practice</b></p>	<p><b>Chapter Two – Standards of Nursing Practice</b></p>
<p><b>Section 1.</b> <i>Practice of Nursing. Nursing is a scientific process founded on a professional body of knowledge; it is a learned profession based on an understanding of the human condition across the lifespan and the relationship of a client with others and within the environment; and it is an art dedicated to caring for others. The practice of nursing means assisting clients to attain or maintain optimal health, implementing a strategy of care to accomplish defined goals within the context of a client centered health care plan, and evaluating responses to nursing care and treatment. Nursing is a dynamic discipline that is continually evolving to include more sophisticated knowledge, technologies, and client care activities.</i></p>	<p><i>***Article II of the Model Nursing Practice Act (MNPA) and Chapter Two of the Model Nursing Administrative Rules (MNAR) address scopes of nursing practice and standards for nursing practice respectively. The rules have been reordered to follow the framework provided by the MNPA so that the scope defined in the MNPA and the standards delineated in the MNAR can be viewed together to facilitate their use.</i></p> <p><b>2.1 Purpose of Standards</b></p> <ul style="list-style-type: none"> <li>a. To communicate board expectations and provide guidance for nurses regarding safe nursing practice.</li> <li>b. To articulate board criteria for evaluating the practice of nurses to determine if the practice is safe and effective.</li> </ul> <p><i>***Standards promulgated by boards of nursing provide a broad framework for nursing practice and provide notice to nurses as to board expectations regarding practice. Nursing standards developed by professional and specialty nursing organizations complement board standards, provide detail and specificity and are typically drafted to promote excellence in clinical practice.</i></p>
<p><b>Section 2.</b> <i>Registered Nurse. Practice as a registered nurse means the full scope of nursing, with or without compensation or personal profit, that incorporates caring for all clients in all settings; is guided by the scope of practice authorized in this section, through nursing standards established or recognized by the board and includes, but is not limited to:</i></p> <ul style="list-style-type: none"> <li>a. Providing comprehensive nursing assessment of the health status of clients.</li> </ul> <p><i>*** Comprehensive nursing assessment is an extensive data collection (initial and ongoing) for individuals, families, groups and communities addressing anticipated changes in client conditions as well as emergent changes in a client's health status; recognizing alterations to previous client conditions; synthesizing the biological, psychological, spiritual and social aspects of the client's condition; evaluating the impact of nursing care; and using this broad and</i></p>	<p><b>2.2.1 Standards Related to Registered Nurse Professional Accountability</b></p> <p><i>The registered nurse:</i></p> <ul style="list-style-type: none"> <li>a. Practices within the legal boundaries for nursing through the scope of practice authorized in the Nurse Practice Act and rules governing nursing.</li> <li>b. Demonstrates honesty and integrity in nursing practice.</li> <li>c. Bases professional decisions on nursing knowledge and skills, the needs of clients and the expectations delineated in professional standards.</li> <li>d. Accepts responsibility for judgments, individual nursing actions, competence, decisions and behavior in the course of nursing practice.</li> </ul>

<p><i>complete analysis to make independent decisions and nursing diagnoses; plan nursing interventions, evaluate need for different interventions, and the need to communicate and consult with other health team members.</i></p> <ul style="list-style-type: none"> <li>b. Collaborating with health care team to develop an integrated client-centered health care plan.</li> <li>c. Developing a strategy of nursing care to be integrated within the client-centered health care plan that establishes nursing diagnoses; sets goals to meet identified health care needs; prescribes nursing interventions; and implements nursing care through the execution of independent nursing strategies and regimens requested, ordered or prescribed by authorized health care providers.</li> <li>d. Delegating and assigning nursing interventions to implement the plan of care.</li> <li>e. Providing for the maintenance of safe and effective nursing care rendered directly or indirectly.</li> <li>f. Promoting a safe and therapeutic environment.</li> <li>g. Advocating for clients by attaining and maintaining what is in the best interest of clients.</li> <li>h. Evaluating responses to interventions and the effectiveness of the plan of care.</li> </ul>	<ul style="list-style-type: none"> <li>e. Maintains continued competence through ongoing learning and application of knowledge in the client's interest.</li> </ul> <p><i>***The first two standards reflect the need for any professional to accept responsibility for knowing the legal, ethical, and professional parameters of practice; maintaining those boundaries; and acknowledging when a decision or action has not been in the best interest of a client while taking corrective action in the client's behalf. Nursing judgments and actions include decisions made when delegating nursing tasks to others, and providing supervision for those activities. The delegating/supervising nurse is not accountable in the sense of having to stand at the delegate's elbow throughout the activity. The delegating/supervising nurse is accountable for decisions made and actions taken in the course of that delegation/supervision.</i></p>
<ul style="list-style-type: none"> <li>i. Communicating and collaborating with other health care providers in the management of health care and the implementation of the total health care regimen within and across care settings.</li> <li>j. Acquiring and applying critical</li> </ul>	<p>2.2.2 Standards Related to Registered Nurse Responsibility for Nursing Practice Implementation</p> <p><i>The registered nurse:</i></p> <ul style="list-style-type: none"> <li>a. Conducts a comprehensive nursing assessment that is an extensive data collection (initial and ongoing) regarding individuals, families, groups and communities.</li> </ul>

<p>new knowledge and technologies to the practice domain.</p> <ul style="list-style-type: none"> <li>k. Managing, supervising and evaluating the practice of nursing.</li> <li>l. Teaching the theory and practice of nursing.</li> <li>m. Participating in development of policies, procedures and systems to support the client.</li> <li>n. Other acts that require education and training as prescribed by the board commensurate with the registered nurse's continuing education, demonstrated competencies and experience.</li> </ul>	<ul style="list-style-type: none"> <li>b. Detects faulty or missing patient/client information.</li> <li>c. Applies nursing knowledge effectively in the synthesis of the biological, psychological and social aspects of the client's condition.</li> <li>d. Uses this broad and complete analysis to plan strategies of nursing care and nursing interventions that are integrated within the client's overall health care plan.</li> <li>e. Provides appropriate decision-making, critical thinking and clinical judgment to make independent nursing decisions and nursing diagnoses.</li> <li>f. Seeks clarification of orders when needed.</li> <li>g. Implements treatments and therapy, including medication administration, delegated medical and independent nursing functions.</li> <li>h. Obtains orientation/training for competence when encountering new equipment and technology or unfamiliar care situations.</li> </ul>
	<ul style="list-style-type: none"> <li>i. Demonstrates attentiveness and provides client surveillance and monitoring.</li> <li>j. Identifies changes in client's health status and comprehends clinical implications of client signs, symptoms and changes, as part of expected and unexpected client course or emergent situations.</li> <li>k. Evaluates the impact of nursing care, the client's response to therapy, the need for alternative interventions, and the need to communicate and consult with other health team members.</li> <li>l. Documents nursing care.</li> <li>m. Intervenes on behalf of client when problems are identified and revises care plan as needed.</li> <li>n. Recognizes client characteristics that may affect the client's health status.</li> <li>o. Takes preventive measures to protect client, others and self.</li> </ul>

	<p>2.2.3 Standards Related to Registered Nurse Responsibility to Act as an Advocate for Client</p> <p><i>The registered nurse:</i></p> <ul style="list-style-type: none"> <li>a. Respects the client's rights, concerns, decisions and dignity.</li> </ul> <p>***This standard includes respecting the client's concerns regarding end-of-life care.</p> <ul style="list-style-type: none"> <li>b. Identifies client needs.</li> <li>c. Attends to client concerns or requests.</li> <li>d. Promotes safe client environment.</li> <li>e. Communicates client choices, concerns and special needs with other health team members regarding:             <ul style="list-style-type: none"> <li>1) Client status and progress.</li> <li>2) Client response or lack of response to therapies.</li> <li>3) Significant changes in client condition.</li> </ul> </li> <li>f. Maintains appropriate professional boundaries.</li> <li>g. Maintains client confidentiality.</li> <li>h. Assumes responsibility for nurse's own decisions and actions.</li> </ul>
	<p>2.2.4 Standards Related to Registered Nurse Responsibility to Organize, Manage, and Supervise the Practice of Nursing</p> <p><i>The registered nurse:</i></p> <ul style="list-style-type: none"> <li>a. Assigns to another only those nursing measures that fall within that nurse's scope of practice, education, experience and competence or unlicensed person's role description.</li> <li>b. Delegates to another only those nursing measures which that person has the necessary skills and competence to accomplish safely.</li> <li>c. Matches client needs with personnel qualifications, available resources and appropriate supervision.</li> </ul>

	<ul style="list-style-type: none"> <li>d. Communicates directions and expectations for completion of the delegated activity.</li> <li>e. Supervises others to whom nursing activities are delegated or assigned by monitoring performance, progress, and outcomes; and assures documentation of the activity.</li> <li>f. Provides follow-up on problems and intervenes when needed.</li> <li>g. Evaluates the effectiveness of the delegation or assignment.</li> <li>h. Intervenes when problems are identified and revises plan of care as needed.</li> <li>i. Retains professional accountability for nursing care as provided.</li> <li>j. Promotes a safe and therapeutic environment by:             <ul style="list-style-type: none"> <li>1) Providing appropriate monitoring and surveillance of the care environment.</li> <li>2) Identifying unsafe care situations.</li> <li>3) Correcting problems or referring problems to appropriate management level when needed.</li> </ul> </li> <li>k. Teaches and counsels client and families regarding health care regimen, which may include but is not limited to, general information about health and medical condition, specific procedures and wellness and prevention.</li> </ul>
	<p>2.2.5 Standards Related to Registered Nurse Responsibilities as a Member of an Interdisciplinary Health Care Team</p> <p><i>The registered nurse:</i></p> <ul style="list-style-type: none"> <li>a. Functions as a member of the health care team, collaborating and cooperating in the implementation of an integrated client-centered health care plan.</li> <li>b. Respects client property, and the property of others.</li> </ul>

	<p>c. Protects confidential information.</p>
	<p>2.2.6 Standards Related to the Registered Nurse When Functioning in a Chief Administrative Officer Role</p> <p><i>The registered nurse as a chief administrative nurse:</i></p> <ul style="list-style-type: none"> <li>a. Assures that organizational policies, procedures and standards of nursing practice are developed, kept current and implemented to promote safe and effective nursing care for clients.</li> <li>b. Assures that the knowledge, skills and abilities of nursing staff are assessed and that nurses and nursing assistive personnel are assigned to nursing positions appropriate to their determined competence and licensure/certification/registration level.</li> <li>c. Assures that competent organizational management and management of human resources within the nursing organization are established and implemented to promote safe and effective nursing care for clients.</li> <li>d. Assures that thorough and accurate documentation of personnel records, staff development, quality assurance and other aspects of the nursing organization are maintained.</li> </ul> <p><i>***Assessing the knowledge, skills and abilities of nursing staff includes initial and periodic validation of licensure status.</i></p>
	<p>2.2.7 Standards Related to the Registered Nurse when Functioning in a Nursing Program Educator (Faculty) Role</p> <p><i>The registered nurse as nursing faculty:</i></p> <ul style="list-style-type: none"> <li>a. Teaches current theory, principles of nursing practice and nursing management.</li> <li>b. Provides content and clinical experiences for students consistent with the MNPA, board promulgated administrative rules, and other relevant state statutes.</li> <li>c. Supervises students in the provision of nursing services.</li> </ul>

	<p>d. Evaluates student scholastic and clinical performance with expected program outcomes.</p>
<p><b>Section 3. Licensed Practical/Vocational Nurse.</b> Practice as a licensed practical/vocational nurse means a directed scope of nursing practice, with or without compensation or personal profit, under the supervision of the registered nurse, advanced practice registered nurse, licensed physician, or other health care provider authorized by the state; is guided by nursing standards established or recognized by the board; and includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>a. Collecting data and conducting focused nursing assessments of the health status of individuals.</li> </ul> <p><i>*** A focused assessment is an appraisal of an individual's status and situation at hand, contributing to comprehensive assessment by the registered nurse, supporting ongoing data collection, and deciding who needs to be informed of the information and when to inform.</i></p> <ul style="list-style-type: none"> <li>b. Planning nursing care episode for individuals with stable conditions.</li> <li>c. Participating in the development and modification of the comprehensive plan of care for all types of clients.</li> <li>d. Implementing appropriate aspects of the strategy of care within client centered health care plan.</li> </ul>	<p>2.3.1 Standards Related to Licensed Practical/Vocational Nurse Professional Accountability</p> <p><i>The licensed practical/vocational nurse:</i></p> <ul style="list-style-type: none"> <li>a. Practices within the legal boundaries for practical nursing through the scope of practice authorized in the MNPA and rules governing nursing.</li> <li>b. Demonstrates honesty and integrity in nursing practice.</li> <li>c. Bases nursing decisions on nursing knowledge and skills, the needs of clients and the expectations delineated by the board.</li> <li>d. Accepts responsibility for individual nursing actions, competence, decisions and behavior in the course of practical nursing practice.</li> <li>e. Maintains continued competence through ongoing learning and application of knowledge in the client's interest.</li> </ul>
<ul style="list-style-type: none"> <li>e. Participating in nursing care management through delegating to assistive personnel and assigning to other LPN/VNs nursing interventions that may be performed by others and do not conflict with the act.</li> <li>f. Maintaining safe and effective nursing care rendered directly or indirectly.</li> <li>g. Promoting a safe and therapeutic environment.</li> <li>h. Participating in health teaching and counseling to promote, attain and maintain the optimum health level of clients.</li> </ul>	<p>2.3.2 Standards Related to Licensed Practical/Vocational Nurse Responsibilities for Nursing Practice Implementation.</p> <p><i>The licensed practical/vocational nurse/practicing under the direction of a registered nurse, advanced practice registered nurse, licensed physician or other authorized licensed health care provider:</i></p> <ul style="list-style-type: none"> <li>a. Conducts a focused nursing assessment, which is an appraisal of the client's status and situation at hand that contributes to ongoing data collection.</li> <li>b. Plans for episodic nursing care.</li> <li>c. Demonstrates attentiveness and provides</li> </ul>

<ul style="list-style-type: none"> <li>i. Serving as an advocate for the client by communicating and collaborating with other health service personnel.</li> <li>j. Participating in the evaluation of client responses to interventions.</li> <li>k. Communicating and collaborating with other health care professionals.</li> <li>l. Providing input into the development of policies and procedures.</li> <li>m. Other acts that require education and training as prescribed by the board, commensurate with the licensed practical nurse's experience, continuing education and demonstrated licensed practical/vocational nurse competencies.</li> </ul> <p>Each nurse is accountable to clients, the nursing profession and the board for complying with the requirements of this Act and for the quality of nursing care rendered; and for recognizing limits of knowledge and experience and planning for management of situations beyond the nurse's expertise.</p> <p><i>*** Additions to the LPN/VN scope of practice are based on analysis of the various elements that make up this scope as evidenced by the most recent LPN job analysis. This remains a directed scope of practice.</i></p>	<ul style="list-style-type: none"> <li>client surveillance and monitoring.</li> <li>d. Assists in identification of client needs.</li> <li>e. Seeks clarification of orders when needed.</li> <li>f. Demonstrates attentiveness and provides observation for signs, symptoms and changes in client condition.</li> <li>g. Assists in the evaluation of the impact of nursing care. Contributes to the evaluation of client care.</li> <li>h. Recognizes client characteristics that may affect the client's health status.</li> <li>i. Obtains orientation/training for competency when encountering new equipment and technology or unfamiliar care situations.</li> <li>j. Implements appropriate aspects of client care in a timely manner:             <ul style="list-style-type: none"> <li>1) Provides assigned and delegated aspects of client's health care plan.</li> <li>2) Implements treatments and procedures.</li> <li>3) Administers medications accurately.</li> </ul> </li> </ul>
<p><i>***The first step in the nursing process, assessment, is the basis for nursing decisions and interventions. The subcommittee believes that the first step is implemented in much the same way across jurisdictions, but that it is described and discussed very differently. The subcommittee members believe that both LP/VNs and RNs assess but identified a significant difference in the breadth, depth and comprehensiveness of the assessments conducted by the two levels of licensed nurses. These differences are reflected in the term "focused assessment" to describe the LP/VN role in the first step of the nursing process and the term comprehensive assessment to describe the role of the RN (see definitions in Section 4 below).</i></p> <p><i>***An alternative for boards that have difficulty with the term assessment is to not use the term</i></p>	<ul style="list-style-type: none"> <li>k. Documents care provided.</li> <li>l. Communicates relevant and timely client information with other health team members.             <ul style="list-style-type: none"> <li>1) Client status and progress.</li> <li>2) Client response or lack of response to therapies.</li> <li>3) Significant changes in client condition.</li> <li>4) Client needs.</li> </ul> </li> <li>m. Participates in nursing management:             <ul style="list-style-type: none"> <li>1) Assigns nursing activities to other licensed practical/vocational nurses.</li> <li>2) Delegates nursing activities for stable clients to assistive personnel.</li> <li>3) Observes nursing measures and</li> </ul> </li> </ul>

<p><i>with either LP/VN or RN practice, but rather describe what is expected of the level of licensee for the first step of the nursing process. See definitions below for focused assessment and comprehensive assessment for these descriptions.</i></p>	<p>provides feedback to nursing manager.</p> <p>4) Observes and communicates outcomes of delegated and assigned activities.</p> <p>n. Takes preventive measures to protect client, others and self.</p> <p>o. Respects client’s rights, concerns, decisions and dignity.</p> <p><i>***This standard includes respecting the client’s concerns regarding end-of-life care.</i></p> <p>p. Attends to client or family concerns or requests.</p> <p>q. Promotes safe client environment.</p> <p>r. Maintains appropriate professional boundaries.</p> <p>s. Assumes responsibility for nurse’s own decisions and actions</p>
	<p>2.3.3 Standards Related to Licensed Practical/Vocational Nurse Responsibilities as a Member of an Interdisciplinary Health Care Team</p> <p><i>The Licensed Practical/Vocational Nurse:</i></p> <p>a. Functions as a member of the health care team, contributing to the implementation of an integrated health care plan.</p> <p>b. Respects client property and the property of others.</p> <p>c. Protects confidential information unless obligated by law to disclose the information.</p>
<p><b>Section 4. Advanced Practice Registered Nurse.</b> Advanced practice registered nursing by nurse practitioners, nurse anesthetists, nurse midwives or clinical nurse specialists is based on knowledge and skills acquired in basic nursing education; licensure as a registered nurse; graduation from or completion of a graduate level APRN program accredited by a national accrediting body and current certification by a national certifying body in the appropriate APRN role and specialty.</p>	<p>2.4.1 Standards Related to the Advanced Practice Registered Nurse</p> <p>a. The Advanced Practice Registered Nurse shall comply with the standards for registered nurses as specified in 2.2.1 – 2.2.7 above, and to the standards of the national professional associations approved by the board. Standards for a specific role and specialty of advanced practice registered nurse supersede standards for registered nurses where conflict between the standards, if any,</p>

<p>Practice as an advanced practice registered nurse means an expanded scope of nursing in a category approved by the board, with or without compensation or personal profit, and includes the registered nurse scope of practice. The scope of an advanced practice registered nurse includes but is not limited to performing acts of advanced assessment, diagnosing, and prescribing, selecting, administering and dispensing therapeutic measures, including over-the-counter drugs, legend drugs and controlled substances, within the advanced practice registered nurse's role and specialty appropriate education and certification.</p> <p>Advanced practice registered nurses are expected to practice within standards established or recognized by the board. Each advanced practice registered nurse is accountable to clients, the nursing profession and the board for complying with the requirements of this Act and the quality of advanced nursing care rendered; for recognizing limits of knowledge and experience, planning for the management of situations beyond the APRN's expertise; and for consulting with or referring clients to other health care providers as appropriate.</p>	<p>exists.</p> <p>b. Advanced practice registered nurses are expected to practice within standards established by the board in rule and assure client care is provided according to relevant client care standards approved by the boards, including standards of national professional associations.</p> <p><i>***Evidence based practice guidelines developed by recognized authority may be applied to the practice domain by advanced practice registered nurses to promote optimal client outcomes.</i></p>
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<b>Article III. Definitions</b>		<b>Chapter Three – Definitions</b>	
<b>Section 1. <i>Board.</i></b> "Board" means the <NAME OF STATE> Board of Nursing.			
<b>Section 2. <i>Other Board.</i></b> "Other Board" means the comparable regulatory agency in any U.S. state, territory or the District of Columbia.			
<b>Section 3. <i>License.</i></b> "License" means current authority to practice nursing as a registered nurse, licensed practical nurse or advanced practice registered nurse.			
<b>Section 4. <i>Other Definitions.</i></b>		<b>3.4 Other Definitions.</b>	
<i>a. Absolute Discharge from sentence</i>	Absolute discharge from sentence means completion of any sentence including imprisonment, probation, parole, community supervision or any form of court supervision.  Assessment by an advanced practice registered nurse based on additional knowledge and skill developed, a graduate level nursing education program in the APRN category, and the nurse's experience working in the APRN role.	<i>a. Adjunct faculty</i>	Temporary nursing faculty, in addition to regular program faculty, used to enrich student experiences.
<i>b. Advanced assessment</i>			

<p><i>c. Alford plea</i></p>	<p>Plea agreements where the defendant may plead guilty yet not admit all the facts that comprise the crime. <i>North Carolina v Alford</i>, 40 US 25, 91 S Ct 160, 27 L Ed2d 162 (1970).</p>	<p><i>b. Clinical judgment</i></p>	<p>The application of the nurse's knowledge and experience in making decisions about client care.</p>
<p><i>d. Assignment</i></p>	<p>Designating nursing activities to be performed by another nurse or assistive personnel that are consistent with his/her scope of practice (licensed person) or role description (unlicensed person).</p>	<p><i>c. Content validity</i></p>	<p>Content validity - The degree to which an examination is representative of a defined body of knowledge.</p>
<p><i>e. Chief administrative nurse</i></p>	<p>The registered nurse who oversees the provision of nursing services in an organization, regardless of title.</p>	<p><i>d. Cultural bias</i></p>	<p>Non-nursing elements of examination items that may influence the performance of culturally distinct groups of examinees.</p>
<p><i>f. Client</i></p>	<p>The client, as a recipient of care, may be an individual, family, group or community.</p>	<p><i>e. Direction</i></p>	<p>Monitoring and guiding the practice of another through written or verbal communication.</p>
<p><i>g. Client –centered healthcare plan</i></p>	<p>Identification of desired goals, strategies for meeting goals and processes for promoting, attaining and maintaining optimal client health outcomes. The multidiscipline health care team partners with the client to develop this plan. Team members identify, respect, and care about client differences, values, preferences and expressed needs.</p>	<p><i>f. Distance education</i></p>	<p>Teaching/learning strategies used to meet the learning needs of students, when the students and faculty are separate from each other.  ***This model uses a broad definition that captures many different technological approaches. Other sources may use this term in a more restricted fashion.</p>
<p><i>h. Competence</i></p>	<p>Competence is defined as the application of knowledge and the interpersonal, decision-making and psychomotor skills</p>	<p><i>g. Episodic care</i></p>	<p>Nursing care that occurs at non-specific intervals, focused on the individual and situation at hand.</p>

	expected for the practice role, within the context of public health, safety and welfare.		
<i>i. Competence Assessment</i>	Evaluation of the practitioner's knowledge, skills and abilities. Assessment mechanisms may include examination, peer review, professional portfolio, and professional certification.	<i>h. Faculty directed clinical practice</i>	The role of nursing program faculty in overseeing student clinical learning including those programs utilizing preceptors.
<i>j. Competence Conduct</i>	The health and behavior expectations that may be evaluated through reports from the individual practitioner, employer reports, and discipline checks. Part of competence conduct is assurance that licensees possess the functional abilities to perform the essential functions of the nursing role.	<i>i. Grandfathering</i>	Provision in a new law or regulation exempting those already in or a part of the existing system that is being regulated. An exception to a restriction that allows all those already doing something to continue doing it even if they would be stopped by the new restriction.
<i>k. Competence Development</i>	The method by which a practitioner gains, maintains, or refines practice knowledge, skills and abilities. This development can occur through formal education program, continuing education, or clinical practice, and is expected to continue throughout the practitioner's career.	<i>j. Informatics</i>	Information technology that can be used to communicate, manage knowledge, mitigate error, and support decision-making.
<i>m. Comprehensive nursing assessment by RN</i>	An extensive data collection (initial and ongoing) for individuals, families, groups and communities addressing anticipated changes in client conditions as well as emergent changes in a client's health status; recognizing alterations to previous client conditions; synthesizing	<i>k. Interdisciplinary faculty</i>	Faculty from other professions who, in addition to regular program faculty, add diversity and enrich student experiences.

	the biological, psychological, spiritual and social aspects of the client's condition; evaluating the impact of nursing care; and using this broad and complete analysis to make independent decisions and nursing diagnoses; plan nursing interventions, evaluate need for different interventions, and the need to communicate and consult with other health team members.		
<i>l. Delegation</i>	Transferring to a competent individual the authority to perform a selected nursing task in a selected situation.	<i>l. Interdisciplinary team</i>	All individuals involved in providing a client's care, who cooperate, collaborate, communicate and integrate care to ensure that care is continuous and reliable.
<i>m. First officer</i>	The presiding officer of the board who may be called board president in some jurisdictions and board chairman in others.	<i>m. NCLEX-PN™</i>	The National Council Licensure Examinations for Practical Nurses is used in the United States and its territories to assess licensure applicants' nursing knowledge, skills and abilities. Boards of nursing use passing the examination to inform licensing decisions.
<i>n. Focused nursing assessment by LPN/VN</i>	An appraisal of an individual's status and situation at hand, contributing to comprehensive assessment by the registered nurse, supporting ongoing data collection, and deciding who needs to be informed of the information and when to inform.	<i>n. NCLEX-RN™</i>	The National Council Licensure Examinations for Registered Nurses is used in the United States and its territories to assess licensure applicants' nursing knowledge, skills and abilities. Boards of nursing use passing the examination to inform licensing decisions.

<i>o. Health care provider</i>	An individual authorized (e.g., licensed or certified) to prescribe and/or administer various aspects of health care.	<i>o. Nursing program faculty</i>	Individuals employed full or part time by academic institution responsible for developing, implementing, evaluating and updating curricula.
<i>p. Independent nursing strategies</i>	Nursing activities based on nursing assessment, within the nurse's scope of practice and not subject to control by others.	<i>p. Nurse refresher course</i>	A formal program with both didactic and clinical components, designed to prepare a nurse who has been out of practice to re-enter into the profession.
<i>q. Internationally educated nurse</i>	A nurse educated outside the United States who applies for state licensure or seeks temporary authorization to practice as a graduate nursing student to complete program objectives.	<i>q. Nursing management</i>	The coordination and integration of resources through planning, organizing, directing and controlling the provision of nursing services while managing role differences and staffing to accomplish specific institutional goals and objectives within the context of legal considerations, regulatory issues, patient safety and continuous quality improvement.
<i>r. Interpretive statement</i>	A statement developed by a Board of Nursing to provide guidance, clarification and direction regarding whether nursing practice procedures or policies comply with acceptable standards of nursing practice as defined in the Nursing Practice Act and rules.	<i>r. Preceptors</i>	An individual at or above the level of licensure that an assigned student is seeking, who may serve as a teacher, mentor, role model and/or supervisor in a clinical setting.
<i>s. Lapsed license</i>	The termination of an individual's privilege to practice nursing due to the individual's failure to renew the nursing	<i>s. Prescribed devices</i>	An instrument or an apparatus intended for use in diagnosis or treatment, and in the prevention of disease or

	license within a specified period of time.  <i>***Some boards of nursing refer to this situation as an inactive license.</i>		restoration of health.
<i>t. Licensure by endorsement</i>	The granting of authority to practice based on an individual's licensure in another jurisdiction.	<i>t. Professional boundaries</i>	The space between the nurse's power and the client's vulnerability – the power of the nurse comes from the professional position and access to private knowledge about the client. Establishing boundaries allows the nurse to control this power differential and allows a safe connection to meet the client's needs.
<i>u. Licensure by examination</i>	The granting of authority to practice based on an individual's passing of a prescribed examination.	<i>u. Professional certification</i>	A credential issued by a national certifying body meeting specified requirements acceptable to the board that is used a requirement for APRN licensure.
<i>v. Licensure reinstatement</i>	The procedure of restoring or re-establishing a nursing license that has lapsed or that has been suspended, revoked or voluntarily surrendered.	<i>v. Quality improvement processes</i>	To identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to client and community needs; and design and test interventions to change processes and systems of care, with the objective of improving quality.

<i>w. Licensure renewal</i>	The process for periodic reissuing of the legal authority to practice.	
<i>x. Modified license</i>	A license to practice nursing within a scope of practice with limitations or with accommodations or both, as specified by the Board through a non-disciplinary process.	
<i>y. Moral turpitude</i>	<p>Conduct that involves one or more of the following:</p> <ul style="list-style-type: none"> <li>▪ Intentional, knowing or reckless conduct that causes injury or places another in fear of imminent harm.</li> <li>▪ Conduct done knowingly contrary to justice or honesty.</li> <li>▪ Conduct that is contrary to the accepted and customary rule of right and duty that a person owes to fellow human beings and society in general.</li> <li>▪ Conduct that is wrong in itself even if no statute were to prohibit the conduct.</li> </ul>	
<i>z. Nolo contendere</i>	A “no contest” pleas in a criminal case that has a similar effect as pleading guilty.	

<i>aa. Nursing services</i>	The professional practice and auxiliary functions that support the client's meeting of the client's desired health goals; and processes for promoting, attaining and maintaining optimal health outcomes.	
<i>bb. Nursing student</i>	A person studying in an approved nursing education program	
<i>cc. Prescribing</i>	Determining which legend drugs and controlled substances shall be used by or administered to a client exercised in compliance with applicable state and federal laws.	
<i>dd. Prescriptive authority</i>	The authority to determine the need for drugs, immunizing agents, or devices; selecting the remedy; and writing a prescription to be filled by a licensed pharmacist.	
<i>ee. Second officer</i>	The board member next in line after the first officer to be presiding officer, often called vice-president or vice-chair, but could also be the secretary, treasurer or other title.	
<i>ff. Strategy of nursing care</i>	Goal-oriented nursing activities developed within the client-centered health care plan to assist clients achieve optimal health potential.	

<p><i>gg. Supervision</i></p>	<p>Provision of guidance by a qualified nurse for the accomplishment of a nursing task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity.</p>		
<p><i>hh. Unlicensed assistive personnel (UAP)</i></p>	<p>Any unlicensed personnel, regardless of title, to whom nursing tasks are delegated.</p>		

Article IV. The Board of Nursing	Chapter Four – The Board of Nursing
<p><b>Section 1.</b> <i>Membership; Nominations; Qualifications; Appointment; and Term of Office.</i></p>	<p><i>***Article IV of the MNPA and Chapter Four of the MNAR define the authority of the board of nursing and parameters for how it functions.</i></p>
<p>a. The board of nursing shall consist of &lt; &gt; members to be appointed by the Governor &lt; &gt; days prior to the expiration of the term of office of a current member. Nominations for appointment may be made to the Governor by any interested individual, association, or any other entity, provided that such nominations be supported by a petition executed by no less than &lt; &gt; qualified voters in this state. These nominations shall not be binding upon the Governor.</p> <p>***The majority of nursing board members are appointed by the state's governor. This section's language may be adapted to meet the needs of jurisdiction that use a different process for board appointment.</p>	
<p>b. The membership of the board shall be at least &lt; &gt; members of registered nurses; at least &lt; &gt; members of licensed practical/vocational nurses; at least &lt; &gt; members of advanced practice registered nurses; and at least &lt; &gt; members representing the public.</p>	
<p>c. Each registered nurse member shall be an eligible voting resident in this state, licensed in good standing under the provisions of this chapter, currently engaged in the practice of nursing as a registered nurse, and shall have no less than five (5) years of experience as an registered nurse, at least three (3) of which immediately preceded appointment.</p>	

<p>d. Each licensed practical/vocational nurse member shall be an eligible voting resident in this state, licensed in good standing under the provisions of this chapter, currently engaged in the practice of nursing as a licensed practical/vocational nurse, and shall have no less than five (5) years of experience as a licensed practical/vocational nurse, at least three (3) of which immediately preceded appointment.</p>	
<p>e. Each advanced practice registered nurse member shall be an eligible voting resident in this state, licensed in good standing under the provisions of this chapter, currently engaged in the practice of nursing as an advanced practice registered nurse, and shall have no less than five (5) years of experience as a advanced practice registered nurse, at least three (3) of which immediately preceded appointment.</p>	
<p>f. The representatives of the public shall be eligible voting residents of this state who are knowledgeable in consumer health concerns, and shall not be associated with the provision of health care or be enrolled in any health-related education program.</p>	
<p>g. Membership shall be restricted to no more than one (1) person who is associated with a particular agency, corporation, other enterprise or subsidiary at one time.</p>	
<p>h. Members of the board shall be appointed for a term of &lt; &gt; years.</p>	
<p>i. The present members of the board holding office under the provisions of the &lt;NAME OF ACT BEING AMENDED OR REPEALED&gt; shall serve as members for their respective terms.</p>	
<p>j. No member shall serve more than two (2) consecutive full terms. The completion of an un-expired portion of a full term shall not constitute a full term for purposes of this section. Any board member initially appointed for less than a full term shall be eligible to serve two (2) additional terms.</p>	

<p>k. An appointee to a full term on the board shall be appointed by the Governor before the expiration of the term of the member being succeeded and shall become a member of the board on the first day following the appointment expiration date. Appointees to un-expired terms shall become members of the board on the day following such appointment.</p>	
<p>l. Each term of office shall expire at midnight on the last day of the term of the appointment or at midnight on the date on which any vacancy occurs. If a replacement appointment has not been made, the term of the member shall be extended until a replacement is made.</p>	
<p><b>Section 2. Officers</b></p>	
<p>a. The board shall elect from its members officers. Officers elected by the board shall serve a term of &lt; &gt; years, beginning on the day of election and ending upon the election of successors.</p> <p><i>**Boards of Nursing have different titles for their elected officers, e.g., president and vice-president; chairman and vice-chairman; or some other combination of officer titles.</i></p>	
<p>b. The first officer shall preside at board meetings and shall be responsible for the performance of all duties and functions of the board required or permitted by this Act. In the absence of the first officer, the second officer shall assume these duties.</p>	
<p>c. Additional offices shall be established and filled by the board at its discretion.</p>	
<p><b>Section 3. Meetings.</b> The board shall conduct meetings within the following guidelines:</p>	
<p>a. The board of nursing shall meet at least once every [ ] months to transact its business. One meeting shall be designated as the annual meeting for the purpose of electing officers and board reorganization and planning. The board shall meet such additional times as it may determine. Such additional meetings may be called by the first officer of the board or shall be called at the request of two-thirds of the board members.</p>	<p>4.3.1 Quorum.</p> <p>a. A majority of the board members, including the first or second officer, shall constitute a quorum for the conducting of a board meeting.</p> <p>b. The act of the majority of the members present at a meeting at which a quorum is present shall be the act of the board of nursing.</p>
<p>c. The board shall give official and public</p>	<p>4.3.2 Guidelines.</p>

<p>notice of the place and time of the meeting. Board meetings and hearings shall be open to the public. In accordance with the law, the board may in its discretion conduct part of the meeting in executive session closed to the public. Notice of all board meetings shall be given in the manner and pursuant to requirements prescribed by the state's applicable statutes and rules and regulations.</p>	<ul style="list-style-type: none"> <li>a. The board shall develop guidelines to assist board members in the evaluation of possible conflicts of interests. Members shall abstain from voting when a conflict arises.</li> <li>b. The board shall develop guidelines to assist board members in the disclosure of <i>ex parte</i> communications.</li> <li>c. The board may develop other guidelines as needed that would support governance and direction of work.</li> </ul>
<p><b>Section 4. Vacancies; Removal; Immunity</b></p>	
<ul style="list-style-type: none"> <li>a. Any vacancy that occurs for any reason in the membership of the board shall be filled by the Governor in the manner prescribed in the provisions of this article regarding appointments. Vacancies created by reason other than the expiration of a term shall be filled within &lt; &gt; days after such vacancy occurs. A person appointed to fill a vacancy shall serve for the un-expired portion of the term.</li> <li>b. The governor may remove any member from the board for neglect of any duty required by law or for incompetence or for unprofessional or dishonorable conduct. The general laws of this state controlling the removal of public officials from office shall be followed in dismissing board members.</li> <li>c. All members of the board shall have immunity from individual civil liability while acting within the scope of the duties as board members.</li> </ul> <p>In the event that the entire board, an individual member or staff is sued, the Attorney General shall appoint an attorney to represent the involved party.</p>	
<p><b>Section 5. Powers and Duties.</b> The board shall:</p>	
<ul style="list-style-type: none"> <li>a. Be responsible for the interpretation and enforcement of the provisions of this Act. The board shall have all of the duties, powers and authority specifically granted by and necessary to the enforcement of this Act, as well as other duties, powers and authority as it may be granted by appropriate statute.</li> <li>b. Be authorized to make, adopt, amend, repeal and enforce such administrative</li> </ul>	

<p>rules consistent with the law, as it deems necessary for the proper administration of this Act and to protect the public health, safety and welfare.</p> <p>c. Further be authorized to do the following without limiting the foregoing:</p>	
<p>1) Related to the competence development duties of the board:</p>	
<p>(a) Develop standards for nursing education.</p> <p>(b) Enforce educational standards and rules set by the board.</p> <p>(c) Provide consultation; conduct conferences, forums, studies and research on nursing education and practice.</p>	
<p>2) Related to competence assessment duties of the board:</p>	

<p>(a) Maintain membership in national organizations that develop national licensure examinations and exclusively promote the improvement of the legal standards of the practice of nursing for the protection of the public health, safety and welfare.</p> <p>b) Each applicant for initial licensure or licensure by endorsement shall submit a full set of fingerprints to the board for the purpose of obtaining a state and federal criminal records check pursuant to [state statute] and Public Law 92-544. The [state agency responsible for managing fingerprint data] may exchange this fingerprint data with the federal bureau of investigation. The information shall be used to:</p> <p>i. Revoke a license of a person [revoke the multi-state licensure privilege of a person pursuant to (state statute pertaining to Nurse Licensure Compact)] *** or not issue a license or renewal to an applicant who has been convicted of one or more of the following felonies: murder, felonious assault, kidnapping, rape, aggravated robbery, sexual crimes involving children or vulnerable adults, criminal mistreatment of children or vulnerable adults, exploitation of a vulnerable individual (e.g., financial exploitation in an entrusted role).</p> <p>ii. Revoke a license of a person [revoke the multi-state licensure privilege of a person pursuant to (state statute pertaining to Nurse Licensure Compact)] *** or not issue a license or renewal to an applicant who has been convicted of one or more of the following felony convictions: drug trafficking, embezzlement, theft, arson, or not issue a license or renewal to an applicant who has not received an absolute discharge from the sentences for these felony convictions three years or more years prior to the date of filing an application pursuant to this chapter.</p>	
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<p>Persons who have had an absolute discharge from one of the above felony convictions may apply to the board for licensure. At that time, the board may issue a license or deny licensure or otherwise discipline the person.</p> <p>iii. Revoke a license of a person [revoke the multi-state licensure privilege of a person pursuant to (state statute pertaining to Nurse Licensure Compact)] *** or not issue a license or renewal to an applicant or otherwise discipline a person who has been convicted of lesser offenses or agreed to a plea agreement.</p> <p>c) The board may require applicants for reinstatement after lapsed license and shall require applicants for reinstatement after discipline to submit a full set of fingerprints to the board for the purpose of obtaining a state and federal criminal records check. The board may deny reinstatement or otherwise discipline the applicant for reinstatement.</p> <p>d) Each applicant for listing on the Nurse Aide Registry, initial nursing assistant I or II, or medication assistant certification or certification by endorsement shall submit a full set of fingerprints to the board for the purpose of obtaining a state and federal criminal records check pursuant to [state statute] and Public Law 92-544. The [state agency responsible for managing fingerprint data] may exchange this fingerprint data with the federal bureau of investigation. The information shall be used to:</p> <p>i. Remove from the Nurse Aide Registry and/or revoke the nursing assistant I or II, or medication assistant certification of a person or not list on the Nurse Registry and/or not issue a nursing assistant I or II or medication assistant certification or renewal to an applicant who has been convicted of one or more of the following felonies: murder,</p>	
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<p>felonious assault, kidnapping, rape, aggravated robbery, sexual crimes involving children or vulnerable adults, criminal mistreatment of children or vulnerable adults, exploitation of a vulnerable individual (e.g., financial exploitation in an entrusted role).</p> <p>ii. Remove from the Nurse Aide Registry and/or revoke the nursing assistant I or II or medication assistant certification of a person or not list on the Nurse Registry and/or not issue a nursing assistant I or II or medication assistant certification or renewal to an applicant who has been convicted of one or more of the following felony convictions: drug trafficking, embezzlement, theft, arson, and an applicant who has not received an absolute discharge from the sentences for these felony convictions three years or more years prior to the date of filling an application pursuant to this chapter.</p> <p>iii. Remove from the Nurse Aide Registry and/or revoke the nursing assistant I or II or medication assistant certification of a person or not list on the Nurse Registry and/or not issue a nursing assistant I or II or medication assistant certification or renewal to an applicant or otherwise discipline a person who has been convicted of lesser offenses or agreed to a plea agreement.</p> <p>This paragraph does not apply to a person who has filed an application for licensure or renewal before [effective date] and who has disclosed to the board one or more felony convictions on the person's application.</p> <p><i>***Brackets around a phrase or term indicate language that will be state specific. The phrases with both brackets and *** identifies language that would be used by states participating in the Nurse Licensure Compact and APRN Compact.</i></p>	
<p>3) Related to the licensing responsibilities of</p>	

<p>the board:</p>	
<p>(a) Grant temporary permits for qualified applicants as set forth in rule. (b) License qualified applicants for RN, LPN/VN and APRN licenses.</p>	
<p>4) Related to competence maintenance duties of the board:</p>	
<p>(a) Develop standards for maintaining competence of licensees. (b) Develop standards for maintaining competence of licensees returning to practice.</p>	
<p>5) Related to the regulation of nursing practice responsibilities of the board:</p>	
<p>(a) Regulate the practice of LPN/VN, RN and APRN practice. (b) Regulate the clinical support of nursing services by unlicensed assistive personnel regardless of title. (c) Develop standards for nursing practice. (d) Enforce nursing practice standards and rules set forth by the board. (e) Interpret and apply MNPA and MNAR through the issuance of advisory opinions, interpretive statements and declaratory statements. (f) Regulate the manner in which nurses announce their practice to the public. (g) Issue a modified license to practice nursing to an individual to practice within a limited scope of practice or with accommodations or both, as specified by the board.</p>	<p><i>***States vary widely as to whether and what process is used for advisory opinions, interpretive statements and declaratory statements. Some states may not have such authority; others find such documents to be useful tools for the board and the public. The users of these models are advised to seek legal counsel regarding the authority and required process in specific states.</i></p>
<p>6) Related to the discipline duties of the board:</p>	
<p>(a) Implement the discipline process              i. Issue subpoenas in connection with investigations, inspections and hearings              ii. Obtain access to records as reasonably requested by the board to assist the board in its investigation; the board shall maintain any records pursuant to this paragraph as confidential data              iii. Order licensees to submit</p>	

<p>to physical, mental health or chemical dependency evaluations for cause</p> <ul style="list-style-type: none"> <li>iv. Cause prosecution of allegations of violations of this Act</li> <li>v. Conduct hearings, compel attendance of witnesses and administer oaths to persons giving testimony at hearings</li> <li>vi. Close discipline sessions and hearings to the public</li> <li>vii. Provide alternatives to discipline             <ul style="list-style-type: none"> <li>1) Establish alternative programs for monitoring of nurses who agree to seek treatment of substance abuse disorders, mental health or physical health conditions that could lead to disciplinary action by the board</li> <li>2) Establish programs educate and remediate nurses with practice concerns who meet criteria established in rule</li> </ul> </li> </ul>	
<p>(b) Discipline nurses for violation of any provision of this Act.</p>	
<p>7) Related to the communication and record-keeping duties of the board:</p>	
<ul style="list-style-type: none"> <li>(a) Maintain a record of all persons regulated by the board.</li> <li>(b) Maintain records of proceedings as required by the laws of this state.</li> <li>(c) Inform nurses on an established basis about changes in law and rules regarding nursing practice.</li> <li>(d) Collect and analyze data regarding nursing education, nursing practice and nursing resources.</li> <li>(e) Submit an annual report to the governor summarizing the board's proceedings and activities.</li> </ul>	
<p>8) Related to other duties of the board:</p>	
<ul style="list-style-type: none"> <li>(a) Personnel</li> </ul>	



<p>board.</p>	
<p>(d) This Act shall not be construed to require the board of nursing to report violations of the provisions of the Act whenever, in the board's opinion, the public interest will be served adequately by a suitable written notice of warning.</p>	
<p><b>Section 6. Executive Officer.</b></p>	<p><b>4.6 Executive Officer</b></p>
<p>The Executive Officer shall be responsible for:</p> <ul style="list-style-type: none"> <li>a. The performance of administrative responsibilities of the board.</li> <li>b. Employment of personnel needed to carry out the functions of the board.</li> <li>c. The performance of any other duties as the board may direct.</li> </ul>	<ul style="list-style-type: none"> <li>a) The board of nursing shall employ an executive officer with the following qualifications:             <ul style="list-style-type: none"> <li>1) Master's degree or higher from an accredited college or university;</li> <li>2) Licensed to practice as a registered nurse in this state;</li> <li>3) At least &lt; &gt; years' experience in nursing practice, including administration, teaching or supervision in nursing educational programs, supervision in health agencies or nursing regulation.</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>b) The board shall monitor the effectiveness of the executive officer in carrying out the:             <ul style="list-style-type: none"> <li>1) Administrative performance of the board; and</li> <li>2) Employment of personnel needed to carry out the functions of the board.</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>c) The board may authorize the appointment and employment of legal counsel, accountants and such other employees, assistants and agents as may be necessary, in the opinion of the Board, to administer and enforce the provisions of this Act.</li> </ul>

<p><b>Article V. Application of Other Statutes</b></p>	<p><b>Chapter Five – Application of Other Statutes</b></p>
<p>Proceedings and records of the board are subject to the state Administrative Procedures Act and other statutes that govern administrative agencies. Nurses are subject to other statutory provisions throughout state law.</p>	<p><i>***There are other state statutes that affect the operation of the board of nursing and the practice of nursing. Examples range from state agencies working with the board, to provisions governing worksites to laws addressing the handling of pharmaceuticals and products.</i></p>

<p><b>Article VI. Licensure</b></p>	<p><b>Chapter Six – Licensure</b></p>
<p><b>Section 1. Examinations.</b></p>	<p><b>6.1 Information.</b> The board will make information available to applicants regarding the:</p>
<p>a. The board shall authorize the administration of the examination to applicants for licensure as registered nurses or licensed practical/vocational nurses.</p> <p>b. The board may employ, contract and cooperate with any entity in the preparation and process for determining results of a uniform licensure examination. When such an examination is utilized, the board shall restrict access to questions and answers.</p> <p>c. The board shall determine whether a licensure examination may be repeated, the frequency of reexamination and any requisite education prior to reexamination.</p>	<p>a. Examination.</p> <p>b. Examination registration process.</p> <p>c. Licensure processes.</p> <p>d. Application fees.</p>
<p><b>Section 2. Licensure by Examination</b> An applicant for licensure by examination to practice as a registered nurse or licensed practical/vocational nurse who successfully meets the requirements of this section shall be entitled to licensure as a registered nurse or licensed practice/vocational nurse, whichever is applicable.</p> <p>Application for Licensure by Examination as a Registered Nurse or Licensed Practical/Vocational Nurse. An applicant shall:</p>	<p><b>6.2 Application for Licensure by Examination as a Registered Nurse or Licensed Practical/Vocational Nurse.</b></p> <p>An applicant for licensure as a registered nurse or licensed practice/vocational nurse, whichever is applicable, by examination in this state shall submit to the board the required fee for licensure by examination, as specified in Chapter 14, and a completed application for licensure by examination that provides the following information:</p>
<p>a. Submit a completed application and fees as established by the board.</p> <p>b. Graduate from or verify successful completion and eligibility for graduation from a board-approved nursing education program or a program that meets criteria comparable to those established by the board in its rules.</p> <p>c. Be proficient in English language as set forth in the board rules.</p>	<p><b>6.2.1 Competence Development.</b></p> <p>Graduation from or verification of completion and eligibility for graduation from a state-approved registered or practical/vocational nursing program as evidenced by official documentation directly from a state approved nursing education program for the level of licensure being sought. This documentation shall verify the date of graduation, credential conferred and evidence of meeting the standards of nursing education in this state. A transcript is required prior to the issuance of a permanent license.</p>

<p><i>***English proficiency is required of all applicants and may be demonstrated by successful completion of an educational program conducted in English or by passing an approved English proficiency examination.</i></p> <p>d. Pass an examination authorized by the board.</p> <p>e. Report any pending criminal charges, criminal conviction, <i>nolo contendere</i> plea. Alford plea or other plea arrangement in lieu of conviction.</p> <p><i>*** See Article IX for how the board is authorized to use this information. Some states require a direct link to nursing practice. Other boards can consider convictions and pleas in making determinations about character and fitness.</i></p> <p>f. Have committed no acts or omissions which are grounds for disciplinary action as set forth in Article X, Section 2, of this Act, or, if such acts have been committed and would be grounds for disciplinary action, the board has found after investigation sufficient restitution has been made.</p> <p>g. Meet other criteria established by the board.</p>	<p><i>*** This model does not allow RN students or RN applicants who fail the NCLEX-RN to apply for LPN/VN licensure and sit for the NCLEX-PN. According to the 2000 Member Board Profiles, 20 boards consider RN educational program graduates eligible to sit for the NCLEX-PN and 14 boards consider students in an RN educational program who complete a set number of courses eligible to sit for NCLEX-PN.</i></p> <p><i>***If a board allows an RN student to sit for the PN examination, the board may expect the RN educational program to identify a PN exit point.</i></p> <p><i>***If a board allows an RN graduate to sit for the PN examination, the board may require additional coursework addressing the limitations of the LPN/VN scope of practice and the role of the LPN/VN in the health care team.</i></p> <p><i>***If a board chooses to permit RN graduates to sit for the NCLEX-PN, the board should advise individuals regarding their ability to endorse to other states.</i></p>
	<p>6.2.2 Competence Assessment</p> <p>a. In order to be licensed in this state, all Registered Nurse applicants shall take and pass the National Council Licensure Examination for Registered Nurses (NCLEX-RN™). The results will be reported to the applicant as pass or fail.</p> <p>b. In order to be licensed in this state, all Practical/Vocational Nurse applicants shall take and pass the National Council Licensure Examination for Practical Nurses (NCLEX-PN™). The results will be reported to the applicant as pass or fail.</p>

	<p>6.2.3 Competence Conduct</p> <p>a. Identification of any state, territory or country in which the applicant holds a professional license or credential, if applicable. Required information includes:</p> <ol style="list-style-type: none"> <li>1) The number and status of the license or credential.</li> <li>2) The original state or country of licensure or credentialing.</li> </ol> <p><i>***Please note that a professional license may be that of a nurse or other health professional. Asking about any professional license, not just nursing, allows the board to evaluate the applicant's entire professional background for previous discipline history that could have implications for the applicant's ability to practice nursing safely.</i></p> <p>b. Current employer if employed in health care, including address, telephone number, position and dates of employment.</p> <p>c. Previous employer in health care, if any, if current employment is less than 12 months.</p> <p>d. The date the applicant previously applied for a license in &lt;NAME OF STATE&gt;, if applicable.</p>
	<p>e. Responses to questions related to the applicant's background in the following areas:</p> <ol style="list-style-type: none"> <li>1) Pending disciplinary action or investigation regarding any professional license or credential.</li> <li>2) Pending criminal charges.</li> <li>3) Criminal conviction, <i>nolo contendere</i> plea, Alford plea or other plea arrangement in lieu of conviction.</li> <li>4) Any chemical, physical or mental impairment and/or disability that impacts the nurse's ability to practice nursing safely, and a description of accommodations and/or practice limitations needed, if any.</li> <li>5) Any current substance abuse.</li> </ol>

	<p>f. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant’s background;</p> <p>g. Submission of state and Federal criminal background checks completed within the last &lt; ____ months&gt;.</p> <p><i>*** Details of this procedure will be state specific, depending on requirements of state criminal agencies. In the near future, expect electronic processes to be perfected for accomplishing these background checks.</i></p> <p><i>***While the majority of states use criminal history of candidates on a case-by-case approach, the MNPA provides a time-limited bar to licensure if an individual has felony convictions. This approach provides protection to the public (as the most recidivism occurs in the first years after a criminal conviction) but also leaves the opportunity for an individual to apply for licensure after a criminal conviction.</i></p>
<p><b>Section 3. Licensure by Examination of Internationally Educated Applicants</b></p> <p>An internationally educated applicant for licensure by examination shall meet the requirements in Section 2 above and follow the process for application set forth in rule.</p>	<p><b>6.3 Application for Licensure by Internationally Educated Applicants</b></p> <p>An internationally educated applicant for licensure by examination in this state shall submit to the board required fee for licensure by examination, as specified in Chapter 14 of these rules, and a completed application for licensure by examination that provides the following information:</p> <p>6.3.1 Information Regarding Competence Development</p> <p>a. Graduation from an international nursing program comparable to an approved nursing education program in the United States; as documented in an official transcript directly from the international nursing education program and verified by a credentials evaluation by a board approved/authorized organization for the level of licensure being sought.</p> <p><i>*** “Comparable” is the term used by many academic evaluation services for describing programs similar in content and process to U.S. nursing education programs.</i></p>

	<p>b. Acceptable documentation shall verify the date of enrollment, date of graduation, and credential conferred. An official transcript and, if not in English, a certified translation is required prior to the approval to take NCLEX.</p> <p>c. Credentials shall be reviewed internally or by an external agency specializing in international academic credentials review to verify the comparability of the international nursing education program to nursing education programs in the jurisdiction.</p> <p><i>***The Commission on Graduates of Foreign Nursing Schools (CGFNS) certificate program for internationally educated and licensed nurses includes credentials review, qualifying examination and English proficiency evaluation, and is required by many boards of nursing... Other boards use other private agencies established for credential review or do the credential review internally.</i></p>
	<p>6.3.2 Information Regarding Competence Assessment</p> <p><i>*** Language proficiency is a critical variable in the practice of safe nursing care. Nurses must be able not only to understand, but also to speak English in order to practice safely in the United States.</i></p> <p>a. Documentation of English proficiency by:</p> <ol style="list-style-type: none"> <li>1) Graduation from a school of nursing outside of the United States in which             <ol style="list-style-type: none"> <li>(a) All classroom instruction was in English;</li> <li>(b) All nursing textbooks were in English; and</li> <li>(c) The preponderance of clinical experience was in English; or</li> </ol> </li> <li>2) Passing a designated English proficiency examination with &lt;board set standard&gt;.</li> </ol>

	<p><i>Please note that the focus of the English proficiency examinations has been on reading and listening skills. Health related terminology is not assessed because there are currently no English proficiency examinations that measure an individual's knowledge and understanding of medical terminology.</i></p> <p><i>On July 25, 2003, the Department of Homeland Security (DHS) published its final rule related to Section 343 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA). Section 343 requires that certain health care workers have their credentials evaluated and certified before they will be allowed to work in their profession in the United States. A health care certification identifies and documents that an international health care worker has met minimum requirements for training and English proficiency.</i></p>
	<p><i>The final rule applies to temporary and permanent employment based visas as well as Trade NAFTA health care workers from Canada and Mexico. There is a transition period when DHS may admit a temporary internationally educated health care worker or extend or change the status of workers already in the United States even if the worker does not, at the time of application, possess the required certification. Grants of admission, extension, or changes of status to temporary immigrants during the transition period will be valid for only one year. There is no change and no transition period in the requirement for those applying to enter the U.S. under an employment-based permanent visa.</i></p> <p><i>This is an evolving situation and readers are advised to consult their legal counsel for updated information regarding immigration.</i></p>
	<p>b. Evidence of licensure or eligibility for licensure from the original country of nursing education. This documentation shall be in English or a certified translation.</p>

	<p>c. Assessment of Nursing Knowledge, Skills and Abilities</p> <ol style="list-style-type: none"> <li>1) In order to be licensed in this state, all Registered Nurse applicants shall take and pass the National Council Licensure Examination for Registered Nurses (NCLEX-RN™). The results will be reported to the applicant as pass or fail.</li> <li>2) In order to be licensed in this state, all Practical/Vocational Nurse applicants shall take and pass the National Council Licensure Examination for Practical Nurses (NCLEX-PN™). The results will be reported to the applicant as pass or fail.</li> </ol>
	<p>6.3.3 Competence Conduct</p> <ol style="list-style-type: none"> <li>a. Identification of any state, territory or country in which the applicant holds a professional license or credential, if applicable. Required information includes:             <ol style="list-style-type: none"> <li>1) The license number and status of the license or credential.</li> <li>2) The original state or country of licensure or credentialing.</li> </ol> <p><i>***Please note that a professional license may be that of a nurse or other health professional. Asking about any professional license, not just nursing, allows the board to evaluate the applicant's entire professional background for previous discipline history that could have implications for the applicant's ability to practice nursing safely.</i></p> </li> </ol>
	<ol style="list-style-type: none"> <li>b. Current employer if employed in health care, including address, telephone number, position and dates of employment.</li> <li>c. Previous employer in health care, if any, if current employment is less than 12 months.</li> <li>d. The date the applicant previously applied for a license in &lt;NAME OF STATE&gt;, if applicable.</li> </ol>

	<p>e. Responses to questions related to the applicant's background in the following areas:</p> <ol style="list-style-type: none"> <li>1) Pending disciplinary action or investigation regarding any professional license or credential.</li> <li>2) Pending criminal charges.</li> <li>3) Criminal conviction, <i>nolo contendere</i> plea, Alford plea or other plea arrangement in lieu of conviction.</li> <li>4) Any chemical, physical or mental impairment and/or disability that impacts the nurse's ability to practice nursing safely, and a description of accommodations and/or practice limitations needed, if any.</li> <li>5) Any current substance abuse.</li> </ol>
	<p>f. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background.</p> <p>g. Submission of state and federal criminal background checks completed within the last &lt; months&gt;.</p>
	<p><i>***While the majority of states use criminal history of candidates on a case-by-case approach and use proximity in time, along with other factors, as a consideration in licensure denial on the basis of criminal conviction. However, at least one state uses a time-limited bar to licensure if an individual has felony convictions. The rationale for this approach is that it provides protection to the public (as the most recidivism occurs in the first years after a criminal conviction) but also leaves the opportunity for an individual to still apply for licensure after a criminal conviction.</i></p>
<p><b>Section 4. Initial Licensure for Advanced Practice Registered Nurse.</b></p> <p>An applicant for initial licensure as an advanced practice registered nurse shall:</p> <ol style="list-style-type: none"> <li>a. Submit a completed written application and appropriate fees as established by the board.</li> <li>b. Hold an unencumbered license as a registered nurse.</li> </ol>	<p><b>6.4 Application for Initial Licensure as an Advanced Practice Registered Nurse.</b></p> <p>An applicant for licensure as an advanced practice registered nurse in this state shall submit to the board the required fee as specified in Chapter 14, verification of licensure or eligibility for licensure as a registered nurse in this jurisdiction, and a completed application that provides the following information:</p>

<ul style="list-style-type: none"> <li>c. Have completed an accredited graduate level APRN program or completed an approved ARPN certificate program prior to 2003.</li> <li>d. Be currently certified by a national certifying body recognized by the board in the APRN role and specialty appropriate to educational preparation.</li> <li>e. Report any criminal conviction, nolo contendere plea, Alford plea or other plea arrangement in lieu of conviction.</li> <li>f. Have committed no acts or omissions which are grounds for disciplinary action in another jurisdiction or, if such acts have been committed and would be grounds for disciplinary action as set forth in Article X, Section 2, of this Act, the board has found, after investigation, that sufficient restitution has been made.</li> <li>g. Provide other evidence as required by rule.</li> </ul>	<p>6.4.1 Information Regarding Competence Development</p> <p>Graduation from or verification of completion and eligibility for graduation from a graduate level APRN program, as evidenced by official documentation directly from a graduate program accredited by a nursing accrediting body that is recognized by the U.S. Secretary of Education and the board. This documentation shall verify the date of graduation, credential conferred and evidence of meeting the standards of nursing education in this state. A transcript is required prior to the issuance of a permanent license.</p> <p>6.4.2 Information Regarding Competence Assessment</p> <p>Current certification by a national certifying body in the APRN role and specialty appropriate to educational preparation.</p> <p><i>***For applicants for whom there is no appropriate certifying examination available, the Uniform Core Licensure/Authority to Practice Requirements allowed states to offer alternate mechanisms to assure initial competence until January 2005.</i></p>
	<p>6.4.3 Information Regarding Competence Conduct</p> <ul style="list-style-type: none"> <li>a. Identification of any state, territory or country in which the applicant holds a professional license or credential, if applicable. Required information includes:             <ul style="list-style-type: none"> <li>1) The license number and status of the license or credential, and</li> <li>2) The original state of licensure.</li> </ul> <p><i>***Please note that a professional license may be that of a nurse or other health professional. Asking about any professional license, not just nursing, allows the board to evaluate the applicant's entire professional background for previous discipline history that could have implications for the applicant's ability to practice nursing safely.</i></p> </li> <li>b. Current employer if employed in health care, including address, telephone number, position and dates of employment.</li> <li>c. Previous employer in health care, if any, if current employment is less than 12 months.</li> <li>d. The date the applicant previously applied for a license in &lt;NAME OF STATE&gt;, if applicable;</li> </ul>

	<ul style="list-style-type: none"> <li>e. Responses to questions related to the applicant’s background in the following areas:               <ul style="list-style-type: none"> <li>1) Pending disciplinary action or investigation regarding any professional license or credential.</li> <li>2) Loss of hospital privileges.</li> <li>3) Any pending criminal charges.</li> <li>4) Criminal conviction, <i>nolo contendere</i> plea, Alford plea or other plea arrangement in lieu of conviction.</li> <li>5) Any chemical, physical or mental impairment and/or disability that impacts the nurse’s ability to practice nursing safely, and a description of accommodations and/or practice limitations needed, if any.</li> <li>6) Any current substance abuse.</li> </ul> </li> <li>f. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant’s background.</li> <li>g. Federal criminal background checks completed within the last &lt; &gt; months.</li> </ul>
	<p>6.4.4 Criteria for Evaluating APRN Certification Programs</p> <p>The board shall determine whether a certification program can be used as a requirement for licensure of advanced practice registered nurses based upon the following standards:</p> <ul style="list-style-type: none"> <li>a. The program is national in the scope of its credentialing.</li> <li>b. Conditions for taking the certification examination are consistent with standards of the testing community.</li> <li>c. Educational requirements are consistent with the requirements of the advanced practice role and specialty.</li> <li>d. The standards methodologies used are acceptable to the testing community such as incumbent job analysis studies and logical job analysis studies.</li> </ul>

	<ul style="list-style-type: none"> <li>e. The examination represents entry-level practice in the advanced nursing practice role and specialty.</li> <li>f. The examination represents the knowledge, skills and abilities essential for the delivery of safe and effective advanced nursing care to clients.</li> <li>g. Examination items are reviewed for content validity, cultural bias and correct scoring using an established mechanism, both before use and periodically.</li> <li>h. Examinations are evaluated for psychometric performance.</li> <li>i. The passing standard is established using acceptable psychometric methods and is re-evaluated periodically.</li> <li>j. Examination security is maintained through established procedures.</li> <li>k. Certification is issued based upon passing the examination and meeting all other certification requirements.</li> <li>l. A re-take policy is in place.</li> </ul>
	<ul style="list-style-type: none"> <li>m. Certification maintenance program, which includes review of qualifications and continued competence, is in place.</li> <li>n. Mechanisms are in place for communication to boards of nursing for timely verification of an individual's certification status, changes in certification status, and changes in the certification program, including qualifications, test plan and scope of practice.</li> <li>o. An evaluation process is in place to provide quality assurance in the certification program.</li> </ul>
	<p>6.4.5 Board Review.  Each program shall be subject to periodic review by the board to determine whether criteria for approval are being maintained.</p>

	<p>6.4.6 Application of an Internationally Educated Advanced Practice Registered Nurse                  An internationally educated applicant for licensure in this state as an advanced practice registered nurse shall:</p> <ul style="list-style-type: none"> <li>a. Graduate from a graduate level APRN program equivalent to an approved APRN education program in the United States; as documented in an official transcript directly from the international nursing education program and verified through a credentials evaluation for the level of license being sought.</li> <li>b. Meet all other initial criteria required of applicants educated in the United States.</li> </ul> <p><i>***There has not been significant numbers of nurses prepared as Advanced Practice Registered Nurses immigrating to the United States. Nurses who have practiced in an advanced role in another country may initially obtain RN licenses when coming to this country. The same issues pertaining to licensure of internationally educated LPN/VN and RNs also pertain to APRNs, e.g., credential verification and English proficiency.</i></p>
<p><b>Section 5. Modified License.</b> The board may issue a modified license to an individual who has met licensure requirements-and who is able to practice without compromise to the public safety within a modified scope of practice or with accommodations or both as specified by the board.</p>	<p><b>6.5 Modified License.</b>                  A modified License requires that an individual nurse practice only within a modified scope of practice or with accommodations or both, as specified by the board of nursing. A modified license may be granted for all levels of licensure.</p>
	<p>6.5.1 Purpose                  To provide a process to authorize licensure for individuals with current disabilities who can practice nursing safely within a modified scope, or practice safely with accommodations, or both, to be granted a license for modified practice.</p>

	<p>6.5.2 Identification of Need. The board may be informed of the potential need for a modified license by:</p> <ul style="list-style-type: none"> <li>a. Request by an individual for a modified license;</li> <li>b. Information provided by an individual on application for licensure by examination, licensure by endorsement or licensure renewal;</li> <li>c. Information provided by an endorsing state as part of the license verification process; or</li> <li>d. Information provided by nursing educational program that a student required accommodation to accomplish clinical education objectives.</li> </ul> <p>6.5.3 Process. An applicant for licensure may request a modified license. The issuance of a modified license is documented in a written agreement between the applicant and the board.</p> <p><i>***Consideration should be given to whether the agreement needs to address practice in other jurisdictions. The board may require that the nurse holding the modified license inform the board of an intention to move or work in another state, as well as inform that state as to the modified license status in this state. This is particularly important if the board participates in the Nurse Licensure Compact and the nurse would have a privilege to practice in other compact states.</i></p> <p>6.5.4 Reconsideration. A nurse granted a Modified License may apply to the board for reconsideration if the licensee’s circumstances change.</p>
<p><b>Section 6. Licensure by Endorsement.</b></p> <p>An applicant for licensure by endorsement to practice as a registered nurse or licensed practical/vocational nurse shall:</p> <ul style="list-style-type: none"> <li>a. Submit a completed application and fees as established by the board.</li> <li>b. Graduate from or verify successful completion and eligibility for graduation from a board-approved nursing education program or a program that meets criteria comparable to those established by the board in its rules which prepares for the level of licensure being sought.</li> <li>c. Hold an unencumbered license as a registered nurse or a licensed practical/vocational nurse</li> </ul>	<p><b>6.6 Application for Licensure by Endorsement as a Registered Nurse or Licensed Practical/Vocational Nurse.</b></p> <p><i>*** Acceptance and use of the Uniform Core Licensure Requirements would promote mobility of nurses and decrease challenges arising from the variation between board licensure requirements. Verification of licensure in another jurisdiction, whether electronically or by paper copy, is the key requirement for licensure by endorsement. Boards are challenged to meet the goal of using technology and trust that other boards have reviewed transcripts and other information in making licensure decisions.</i></p>

<ul style="list-style-type: none"> <li>d. Have committed no acts or omissions which are grounds for disciplinary action in another jurisdiction or, if such acts have been committed and would be grounds for disciplinary action as set forth in Article X, Section 2, of this Act, the board has found after investigation that sufficient restitution has been made.</li> <li>e. Pass an examination authorized by the board.</li> <li>f. Be proficient in English language as set forth in the board rules.</li> <li>g. Submit verification of licensure status directly from the U.S. jurisdiction of licensure by examination.</li> <li>h. Meet continued competency requirements as stated in Article VI, Section 9(b) and as set forth in board rules.</li> </ul>	<p>6.6.1 Competence Development</p> <ul style="list-style-type: none"> <li>a. An applicant for licensure by endorsement in this state shall submit to the board the required fee for licensure by endorsement, as specified in Chapter 14 and a completed application for licensure by endorsement.</li> <li>b. The board shall verify licensure by examination by the state of original licensure and receive from that board information regarding graduation or successful program completion from a nursing education program for the level of license, date of original licensure and current licensure status in the jurisdiction.</li> <li>c. The board shall also verify date of the applicant's licensure and licensure status with the state of most recent employment, if different from the state of original licensure.</li> </ul> <p><i>Nursys offers board's direct access to licensure information for those participating boards.</i></p>
<ul style="list-style-type: none"> <li>i. Report any conviction, <i>nolo contendere</i> plea, Alford plea or other plea arrangement in lieu of conviction.</li> <li>j. Have committed no acts or omissions which are grounds for disciplinary action in another jurisdiction, or, if such acts have been committed and would be grounds for disciplinary action as set forth in Article X, Section 2, of this Act, the board has found, after investigation, that sufficient restitution has been made.</li> <li>i. Meet other criteria established by the board.</li> </ul>	<p>6.6.2 Competence Assessment</p> <ul style="list-style-type: none"> <li>a. Evidence of having passed the licensure examination required by this jurisdiction at the time the applicant was initially licensed in another jurisdiction.</li> <li>b. Evidence of continued competence as defined in 6.9.3 below.</li> </ul> <p><i>*** A refresher course may be required if an individual has not maintained active licensure and practice in the last three years.</i></p>

	<p>6.6.3 Competence Conduct</p> <p>a. Identification of any state, territory or country in which the applicant holds a health profession license or credential, if applicable. Required information includes:</p> <ol style="list-style-type: none"> <li>1) The number and status of the license or credential.</li> <li>2) The original state or country of licensure or credentialing.</li> </ol> <p><i>***Please note that a professional license may be that of a nurse or other health professional. Asking about any professional license, not just nursing, allows the board to evaluate the applicant's entire professional background for previous discipline history that could have implications for the applicant's ability to practice nursing safely.</i></p> <p>b. Current employer if employed in health care, including address, telephone number, position and dates of employment.</p> <p>c. Previous employer in health care, if any, if current employment is less than 12 months.</p> <p>d. The date the applicant previously applied for a license in &lt;NAME OF STATE&gt;, if applicable.</p>
	<p>e. Responses to questions related to the applicant's background in the following areas:</p> <ol style="list-style-type: none"> <li>1) Pending disciplinary action or investigation regarding any professional license or credential.</li> <li>2) Any pending criminal charges.</li> <li>3) Criminal conviction, <i>nolo contendere</i> plea. Alford plea or other plea arrangement in lieu of conviction.</li> <li>4) Any chemical, physical or mental impairment and/or disability that impacts the nurse's ability to practice nursing safely, and a description of accommodations and/or practice limitations needed, if any.</li> <li>5) Any current substance abuse.</li> </ol>

	<ul style="list-style-type: none"><li data-bbox="889 205 1479 323">h. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background.</li><li data-bbox="889 359 1507 449">i. Submission of state and federal criminal background checks completed within the last &lt; ___ months&gt;.</li></ul>
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**Section 7** *Endorsement of Advanced Practice Registered Nurses*

The board may issue a license by endorsement to an advanced practice registered nurse licensed under the laws of another state if, in the opinion of the board, the applicant meets the qualifications for licensure in this jurisdiction. An applicant for advanced practice registered nurse licensure by endorsement shall:

- a. Submit a completed written application and appropriate fees as established by the board.
- b. Be licensed as a registered nurse (unencumbered).
- c. Have completed an accredited graduate level APRN program or completed an approved APRN certificate program prior to 2003.
- d. Be currently certified by a national certifying body **recognized by the board** in the APRN role and specialty appropriate to educational preparation.
- e. Meet continued competency requirements as stated in Article VI, Section 10(b) and as set forth in board rules.
- f. Report any conviction, *nolo contendere* plea, Alford plea or other plea arrangement in lieu of conviction.
- g. Have committed no acts or omissions which are grounds for disciplinary action in another jurisdiction or, if such acts have been committed and would be grounds for disciplinary action as set forth in Article X, Section 2, of this Act, the board has found, after investigation, that sufficient restitution has been made.
- h. Provide other evidence as required by the board in its rules.

*\*\*\*An individual new to a state can apply for an RN and an APRN license at the same time.*

**6.7 Application for Licensure by Endorsement Requirements as an Advanced Practice Registered Nurse**

An applicant for licensure by endorsement as an advanced practice registered nurse in this state shall submit to the board the required fee as specified in Chapter 13, verification of an unencumbered license as a registered nurse in this jurisdiction, and a completed application that provides the following information:

**6.7.1 Competence Development**

- a. Graduation from or verification of completion from a graduate level APRN program, as evidenced by an official transcript or other official documentation directly from a graduate program accredited by nursing accrediting body that is recognized by the U.S. Secretary of Education and the board. This documentation shall verify the date of graduation, credential conferred and evidence of meeting the standards of nursing education in this state. A transcript is required prior to the issuance of a permanent license; or
- b. Demonstrates successful completion of approved APRN certificate program prior to 2003.

**6.7.2 Competence Assessment**

- a. Current certification by a national certifying body in the APRN role and specialty appropriate to educational preparation; or
- b. Authorized to practice as an APRN in another jurisdiction through a mechanism to ensure initial competence when no appropriate certification exam is available.

*\*\*\*For applicants for whom there is no appropriate certifying examination available, the Uniform Core Licensure/Authority to Practice Requirements allowed states to develop alternate mechanisms to assure initial competence until January 2005.*

	<p>6.7.3 Information Regarding Competence Conduct</p> <ul style="list-style-type: none"> <li>a. Identification of any state, territory or country in which the applicant holds a health profession license; the license number and status of the license, including original state of licensure, if applicable.</li> <li>b. Current employer if employed in health care, including address, telephone number, position and dates of employment.</li> <li>c. Previous employer in health care, if any, if current employment is less than 12 months.</li> <li>d. The date the applicant previously applied for a license in &lt;NAME OF STATE&gt;, if applicable.</li> <li>e. Responses to questions related to the applicant's background in the following areas:             <ul style="list-style-type: none"> <li>1) Pending disciplinary action or investigation regarding any professional license or credential;</li> <li>2) Loss of hospital privileges.</li> <li>3) Any pending criminal charges.</li> <li>4) Criminal conviction, <i>nolo contendere</i> plea, Alford plea or other plea arrangement in lieu of conviction.</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>5) Any chemical, physical or mental impairment and/or disability that impacts the nurse's ability to practice nursing safely, and a description of accommodations and/or practice limitations needed, if any.</li> <li>6) Any current substance abuse.</li> </ul>
	<ul style="list-style-type: none"> <li>f. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background.</li> <li>g. Submission of state and federal criminal background checks completed within the last &lt; ___ months&gt;.</li> </ul>

<p><b>Section 8. Temporary Permits</b>                  The board of nursing may issue time-limited authorization to practice nursing through the granting of temporary permits as set forth in board rules.</p>	<p><b>6.8 Temporary Permits.</b></p> <p>A temporary permit is a time-limited authorization to practice nursing as specified by the type of permit.</p> <p><b>6.8.1 Types of Temporary Permits</b>                  The board may issue, upon request of the applicant a temporary permit to practice nursing to:</p> <ul style="list-style-type: none"> <li>a. Applicants for licensure by examination, to practice under the direct supervision of a registered nurse.</li> <li>b. Applicants for endorsement, to practice nursing at the applied level of licensure to an individual who submits an application for licensure by endorsement and with verification of current licensure in another jurisdiction.</li> <li>c. Individuals enrolled in refresher courses, to provide direct client nursing care as part of a nursing refresher course. The individual shall have been previously licensed to practice. The refresher course may be for completing continued competence requirements, for seeking reinstatement of license, or application for licensure by endorsement.</li> <li>d. Applicants for licensure as advanced practice registered nurses to work under supervision of another APRN or physician.</li> </ul>
	<p><i>*** Rationale: In the previous version of the Model Rules, "Post-basic" was a separate type of permit granted to individuals in certain educational situations. However, the term "post basic" may be confusing in light of some of the new educational programs that have evolved since the last edition of the rules, so this type of permit was deleted. See exemptions in Article XIII for a provision to allow practice by graduate students.</i></p>

	<p>6.8.2 Duration. Temporary permits may be issued for a time period not to exceed &lt; &gt; months. Permits are non-renewable and are valid from the submission of a proper request until the date of the board decision on the application.</p> <p>6.8.3 Procedure for Issuing Temporary Permits. An applicant may request a temporary permit to practice nursing by making application to the board and paying the required fee, as specified in Chapter 14 of these rules.</p> <ul style="list-style-type: none"> <li>a. Upon submission of application for licensure and to sit for the licensing examination, including submission of request for a criminal background check, an applicant for licensure by examination may receive a temporary permit to practice under the direct supervision of a Registered Nurse.</li> <li>b. Upon submission of application for licensure, including submission of request for criminal background check, and receipt of verification of unencumbered license from another jurisdiction, an applicant for licensure by endorsement may receive a temporary permit to practice nursing.</li> <li>c. Upon verification, made on the applicant's behalf, that the individual has been enrolled as a nursing refresher student and agreement by the applicant to practice nursing only as part of the nursing refresher course and under the supervision of a Registered Nurse, an applicant may receive a temporary permit to enroll in nursing refresher course. This permit is only in effect while the holder is enrolled in a refresher course and authorizes the holder to actively practice only in the clinical portion of the refresher course.</li> <li>d. Upon submission of application for licensure, including submission of request for a criminal background check and verification that the</li> </ul>
	<p>applicant has registered for the appropriate certification examination an applicant may receive a temporary permit for supervised nursing practice in a specified APRN role and specialty.</p> <p><i>***The temporary APRN permit allows graduate APRNs to practice with supervision during the time between when an applicant registers for a certification examination and when results are available.</i></p>

<p><b>Section 9. Renewal of RN/LPN/VN Licenses.</b></p> <p>Registered Nurse and Licensed Practical/Vocational Nurse licenses issued under this Act shall be renewed every &lt; &gt; years according to a schedule established by the board.</p> <ul style="list-style-type: none"> <li>a. An applicant for license renewal shall submit a verified statement that indicates whether the applicant has been convicted of a felony, and if convicted of one or more felonies, indicates the date of absolute discharge from the sentences for all felony convictions.</li> <li>b. A renewal license shall be issued to a registered nurse or licensed practical/vocational nurse who remits the required fee and satisfactorily completes any other requirements established by the board as set forth in rules.</li> <li>c. No license shall be renewed unless the RN or LPN/VN shows evidence of continued competence as specified in board rule.</li> </ul> <p>Failure to renew the license shall result in forfeiture of the right to practice nursing in this jurisdiction.</p>	<p><b>6.9 Renewal of Licenses.</b></p> <p>The renewal of a license must be accomplished by &lt;date determined by the board&gt;. Failure to renew the license on or before the date of expiration shall result in the forfeiture of the right to practice nursing in this state.</p> <p>6.9.1 Notification to Renew. At least &lt; &gt; days before the expiration date of a license, the board shall notify the licensee that it is time to renew and inform the licensee of the timelines and options for completing the application.</p> <p><i>***Many boards are using new ways to provide notice of renewal to nurses, including the use of postcards and the Internet.</i></p> <p>6.9.2 Application for Renewal of License as a Registered Nurse or Licensed Practical/Vocational Nurse. An applicant for license renewal shall submit to the board the required fee for license renewal, as specified in Chapter 14, and a completed application for license renewal that provides the following information:</p> <ul style="list-style-type: none"> <li>a. Evidence of completion of the continued competence requirements specified in 6.9.3 below;</li> </ul>
	<ul style="list-style-type: none"> <li>b. Responses to questions related to the applicant's background in the following areas:             <ul style="list-style-type: none"> <li>1) Pending disciplinary action or investigation regarding any professional license or credential.</li> <li>2) Pending criminal conviction.</li> <li>3) Criminal conviction, <i>nolo contendere</i> plea, Alford plea or other plea arrangement in lieu of conviction <b>since the last renewal.</b></li> <li>4) Any chemical, physical or mental impairment and/or disability that impacts the nurse's ability to practice nursing safely, and a description of accommodations and/or practice limitations needed, if any.</li> <li>5) Any current substance abuse.</li> </ul> </li> <li>c. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background.</li> </ul>

	<p>6.9.3 License Renewal Practice Hours Requirement for Registered Nurses and Licensed Practical/Vocational Nurses.</p> <ul style="list-style-type: none"> <li>a. Purpose. The purpose of requiring practice hours for license renewal is to promote currency of practice for licensed nurses.</li> <li>b. Practice Hours Requirement. Each Registered Nurse and Licensed Practical/Vocational Nurse shall document 960 hours of nursing practice satisfactory to the board in the three-year period immediately preceding application for license renewal.</li> <li>c. Documentation and Audit. Practice hours requirements shall be documented as directed by the board and are subject to audit at the discretion of the board.</li> </ul>
	<p><i>***Examples of satisfactory practice hours may include clinical practice, nursing education (both as educator and as student) nursing research and performance of other activities requiring a nursing license. The board may provide additional guidelines for nurses regarding the practice requirement through policy development. It is the responsibility of the licensee to demonstrate to the board how activities constitute nursing practice.</i></p> <p><i>Requiring practice hours for license renewal is based on National Council of State Boards of Nursing research, "Evaluating the Efficacy of Continuing Education Mandates" (Smith, 2003) that indicated that the factor that contributed most to professional development was the practice of that profession. Five other healthcare professions participated in this research study with the same outcomes. Continuing education, while an important strategy that is used by many nurses regardless of board mandate, in and of itself has not been demonstrated to assure competence.</i></p>

	<p><i>At the 2004 Midyear Meeting, the subcommittee received feedback regarding this approach to continued competency that requested that a specific number of practice hours be recommended to promote uniformity and ease of endorsement. The 960 practice hours in three years requirement was added per this recommendation. Having a set number of practice hours is intended to promote consistency among boards. This number was selected because it approximates the number of hours of service and training required annually of military reservists. Given that reserve training is intended to prepare personnel for ready deployment, it seemed a reasonable and realistic model to use to show practice currency, until specific research is available to assist in setting this figure. In addition, this number is reflective of practice hours currently required in one state that uses practice hours for renewal of licensure.</i></p> <p><i>Life-long learning and professional development have never been more important. There are several ongoing NCSBN initiatives as well as several state projects that will provide additional data to support the work in this area. Given the continuous development of new technology and the short half-life for knowledge, it is likely that some form of standardized continued competency assessment, which may include testing, would be used by boards in the future.</i></p>
	<p>6.9.4 Issuance of License. The board shall renew the license of each renewal applicant who complies with the requirements listed in 6.9.2 and 6.9.3.</p>

**Section 10. *Renewal of APRN License***

Advanced practice registered nurse licenses issued under this Act shall be renewed every < > according to a schedule established by the board. An applicant for APRN license renewal shall:

- a. Submit a renewal application as directed by the board and remit the required fee as set forth in rule.
- b. Maintain national certification in the appropriate APRN role and specialty through an ongoing certification maintenance program of a nationally recognized certifying body.
- c. Meet other requirements set forth in rule.

**6.10 Application for Renewal of License as an Advanced Practice Registered Nurse**

6.10.1 Application for Renewal. An applicant for license renewal as an advanced practice registered nurse shall submit to the board the required fee for license renewal, as specified in Chapter 14, and a completed license renewal application that provides the following information:

- a. Responses to questions related to the applicant's background in the following areas:
  - 1) Pending disciplinary action or investigation regarding any professional license or credential;
  - 2) Pending criminal charges.
  - 3) Criminal conviction, *nolo contendere* plea, Alford plea or other plea arrangement in lieu of conviction since the last renewal.
  - 4) Any chemical, physical or mental impairment and/or disability that impacts the nurse's ability to practice nursing safely, and a description of accommodations and/or practice limitations needed, if any.
  - 5) Any current substance abuse.
- b. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background;

	<p>c. Evidence of completion of Continued Competence Requirements</p> <ol style="list-style-type: none"> <li>1) Evidence of current certification or recertification, as applicable, by a national professional certification or recertification organization that meets the requirements of section 6.4.4; and</li> <li>2) Satisfactory completion of 960 hours of practice in the advanced practice role and specialty in the three years preceding APRN renewal.</li> </ol> <p><i>***A different approach has been used with the continued competence requirements for APRNs because the majority of boards require national certification. Most certification programs require significant amounts of continuing education or other activities that are appropriate for meeting the licensure continued competence requirements. Practice hours used to meet certification requirements could also be used to meet license renewal requirements.</i></p>
	<p>6.10.2 Documentation and Audit.</p> <ol style="list-style-type: none"> <li>a. Satisfaction of continued competence requirements shall be documented as directed by the board and must be submitted prior to license renewal.</li> <li>b. All information concerning continued competence submitted with a renewal application or licensure by endorsement application is subject to audit at the discretion of the board.</li> </ol>
	<p>c. The board may conduct a random audit of nurses to verify APRN recertification or verify APRN practice hours. Upon request of the board, licensees shall submit documentation of compliance with 6.10.1 c.</p> <p>6.10.3 Issuance of License. The board shall renew the license of each APRN renewal applicant who complies with all the above requirements.</p>

<p><b>Section 11. <i>Reinstatement of License.</i></b>                  The board of nursing shall reinstate a nursing license as set forth in board rules.</p>	<p><b>6.11 Reinstatement of License.</b>                  An individual whose license has lapsed by failure to renew may apply for reinstatement by submitting an application, paying a fee, as specified in Chapter 14 of these rules, meeting all practice requirements for renewal of licensure set forth in Chapter 6.9 and satisfying the conditions listed below. At any time after a license has been lapsed or inactive, the board may require evidence of the licensee’s current nursing knowledge and skill before reinstating the licensee to the status of active license.</p>
	<p><b>6.11.1 Refresher Course Required</b>                  An individual who applies for licensure reinstatement who has been out of practice for three years or longer shall provide evidence of passing a nursing refresher course approved by the board. Completion of a refresher course would waive the current practice hours requirement of 6.9.3 for RNs and LPN/VNs and 6.10.1c2) for APRNs.</p>
	<p><b>6.11.2 Reinstatement Following Disciplinary Action</b>                  For those licensees applying for reinstatement following discipline action, compliance with all board licensure requirements as well as any specific requirements set forth in the board’s discipline order is required.</p>

<p><b>Section 12. Duties of Licensees.</b></p> <p>a. The nurse shall comply with the provisions of this act. The burden of responsibility is on the licensee to know and practice according to the laws and regulations of the state.</p> <p>b. The nurse shall report to the board those acts or omissions which are violations of the Act or grounds for disciplinary action as set forth in Articles IX and X of this Act.</p> <p>c. The licensee shall, in response to board inquiries, provide relevant and truthful personal, professional or demographic information requested by the board to perform its duties in regulating and controlling nursing practice in order to protect the public health, safety and welfare.</p> <p>d. Failure to provide the requested information may result in non-renewal of the license to practice nursing and/or licensure disciplinary action.</p> <p>e. A licensee or an applicant for licensure shall submit to a board ordered physical or mental evaluation for cause. The board shall direct the licensee or applicant in writing of the type of evaluation and shall designate a professional to conduct the evaluation.</p>	<p><b>6.12 Duties of Licensees</b></p> <p><i>***The specificity of Article VI in the Model Nursing Practice Act precludes the need for additional rules at this time. This chapter is a placeholder until and if rules are needed in the future. This column is used for explanatory comments.</i></p> <p><i>***Board ordered evaluations of fitness to practice may include physical, mental, chemical dependency or other types of evaluation.</i></p>
<p>3) The licensee may also designate another professional to conduct an independent medical examination.</p> <p>4) Refusal or failure of a licensee or applicant to complete such examinations shall constitute an admission of any allegations relating to such condition.</p> <p>5) All objections shall be waived as to the admissibility of the examining professional's testimony or examination reports on the grounds that they constitute privileged communication.</p> <p>6) The medical testimony or examinations reports shall not be used against a registered nurse, licensed practical nurse or advanced practice registered nurse in another proceeding and shall be confidential.</p> <p>7) At reasonable intervals, a registered nurse, licensed practical nurse or advanced practice registered nurse shall be afforded the opportunity to demonstrate competence to resume the practice of nursing with reasonable skill and safety to clients.</p>	



<p><b>Article VII. Titles and Abbreviations</b></p>	<p><b>Chapter Seven – Titles and Abbreviations</b></p>
<p><b>Section 1.</b> <i>Titles and Abbreviations for Licensed Nurses.</i></p>	<p><b>7.1 Titles and Abbreviations for Licensed Nurses</b></p>
<p>a. Only those persons who hold a license to practice nursing in this state shall have the right to use the following title abbreviations:</p> <ol style="list-style-type: none"> <li>1. Title: "Registered Nurse" and the abbreviation "RN."</li> <li>2. Title: "Licensed Practical/Vocational Nurse" and the abbreviation "LPN/VN."</li> <li>3. Title: "Advanced Practice Registered Nurse" and the abbreviation "APRN."</li> </ol> <p>b. It shall be unlawful for any person to use the title "Nurse", "Registered Nurse", "Licensed Practical/Vocational Nurse", "Advanced Practice Registered Nurse", or their authorized abbreviations, or any other title that would lead a person to believe the individual is a licensed nurse unless permitted by this Act.</p>	<p>7.1.1 Individuals are licensed as Advanced Practice Registered Nurses in the categories of Nurse Practitioner, Nurse Anesthetist, Nurse Midwife or Clinical Nurse Specialist.</p> <p>7.1.2 Each Advanced Practice Registered Nurse shall use the category designation for purposes of identification and documentation.</p>
<p><b>Section 2.</b> <i>Titles and abbreviations for Temporary Permits.</i> Any person who has been approved as an applicant for licensure and has been granted a temporary permit shall have the right to use the titles &lt; &gt; and abbreviations &lt; &gt; designated by the state.</p>	

Article VIII. Nursing Assistive Personnel	Chapter Eight– Nursing Assistive Personnel
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<p><b>Section 1. Delegation.</b> Delegation is a management technique used by licensed nurses to work with nursing assistive personnel in a variety of healthcare settings.</p> <p><b>a. The registered nurse may delegate nursing care tasks/functions/activities to nursing assistive personnel, regardless of title, that are appropriate to the level of knowledge and skill of the nursing assistive personnel and are within the range of functions as defined by the board for the level of nursing assistive personnel.</b></p> <p><b>b. The licensed practical/vocation nurse may, in limited settings, delegate nursing care tasks/functions/activities to nursing assistive personnel, regardless of title, that are appropriate to the level of knowledge and skill of the nursing assistive personnel and are within the range of functions as defined by the board for the level of nursing assistive personnel.</b></p> <p><i>***States vary as to whether LPN/VNs are authorized to delegate. Because the review of board of nursing statutes showed that a majority of boards do allow LPN/VN delegation in specified settings, they are included in this section.</i></p> <p><b>b.</b> Those nursing care tasks/functions/activities that may be delegated to nursing assistive personnel are determined by criteria to be put forth in rule.</p>	<p><i>***Article XVIII of the Model Nursing Practice Act (MNPA) and Chapter Eighteen of the Model Nursing Administrative Rules (MNAR) address how licensed work with nursing assistive personnel and requirements for nursing assistive personnel.</i></p> <p>8.1 Criteria for determining nursing tasks/functions/activities that may be delegated:</p> <p>a. Knowledge and skills of the nursing assistive personnel;</p> <p>b. Verification of the clinical competence of the nursing assistive personnel by the employing agency;</p> <p>c. Stability of the patient’s condition that involves predictability, absence of risk of complication, and rate of change.</p> <p>d. The variables in each service setting that include but are not limited to:</p> <ol style="list-style-type: none"> <li>1. The accessible resources and established policies, procedures, practices and channels of communication that lend support to the type of nursing tasks/functions/activities being delegated to nursing assistive personnel.</li> <li>2. The complexity and frequency of care needed by a given patient population.</li> <li>3. The proximity of patients to staff.</li> <li>4. The number and qualifications of staff.</li> <li>5. The accessibility of the licensed nurse.</li> </ol> <p>e. Nursing tasks/functions/activities that inherently involve ongoing assessment, interpretation or decision-making that cannot be logically separated from the procedure(s) are not to be delegated to nursing assistive personnel.</p>
<p><b>Section 2. Nursing assistive personnel</b> – individuals employed within a healthcare, residential or community support context that includes a component of direct hands-on care and performing delegated nursing care tasks set forth by the board in administrative rules. Nursing assistive personnel work under the supervision of a registered nurse or, in limited settings, a licensed practical nurse.</p> <p><i>***States currently vary as to what types of nursing assistive personnel are regulated.</i></p>	<p><i>This section identifies standards for nursing assistive personnel.</i></p> <p><b>8.2 Purpose of Standards</b></p> <p>a. To communicate board expectations and provide guidance for nursing assistive personnel</p> <p>b. To articulate board criteria for evaluating nursing assistive personnel actions and behavior when providing nursing care under the supervision of a licensed nurse.</p>

	<p><i>***Standards promulgated by boards of nursing provide a broad framework and provide notice to nursing assistive personnel, nurses, and employers as to board expectations regarding the use of assistive personnel.</i></p>
<p><b>Section 3. Nursing Assistive Personnel Registry.</b> Each individual who successfully meets all requirements for certification shall be entitled to be listed on the Nursing Assistive Personnel Registry as a certified nursing assistant (CNA), certified nursing assistant II (CNA-II) or medication assistant-certified (MA-C).</p> <ul style="list-style-type: none"> <li>a. An applicant whose certificate or listing in another jurisdiction has been disciplined or who has had a criminal conviction may not be eligible for certification.</li> <li>b. Before listing nursing assistive personnel on the Nursing Assistive Personnel Registry, the board shall investigate and act upon each application for certification.</li> <li>c. The board shall require the periodic renewal of certifications and updating of listings in the registry on a biennial basis.</li> </ul>	<p><b>8.3 Nursing Assistant Registry.</b></p> <ul style="list-style-type: none"> <li>a. The board shall determine policies and procedures for the operation of the registry. Certified Nursing Assistants, Certified Nursing Assistants II, and Medication Assistants-Certified shall all be listed on the registry.</li> </ul> <p><i>***States may choose to operate three separate registries or include all levels of nursing assistive personnel on one registry. The advantage of having one registry is that tracking of individuals with multiple certificates would be facilitated. However, this may not be possible if different agencies are responsible for managing different categories of nursing assistive personnel.</i></p> <ul style="list-style-type: none"> <li>b. Duty to Report – nursing assistive personnel shall report to the board criminal convictions substantially related to the functions of their work.</li> </ul>
<p><b>Section 4. Certified Nursing Assistant (CNA) Range of Functions.</b> Nursing assistive personnel function within a range of tasks and activities that are typically performed by nursing assistive personnel for patients and that are learned in basic certified nursing assistant education and training as set forth in rule. A licensed nurse may need to limit the range of tasks based on patient needs, situation or available resources and shall supervise all nursing tasks/functions/activities.</p> <p><i>***The delegating/supervising nurse is accountable for decisions made and actions taken in the course of delegation and supervision.</i></p> <p><i>***Employers may choose to limit or restrict but cannot expand the range of functions articulated by the board.</i></p>	<p><b>8.4 Standards for Assistive Personnel</b></p> <p><i>The nursing assistant:</i></p> <ul style="list-style-type: none"> <li>f. Performs nursing tasks and functions within the range of functions authorized in the Nurse Practice Act and rules governing nursing.</li> <li>g. Demonstrates honesty and integrity in performing nursing tasks/functions/activities</li> <li>h. Bases nursing tasks/functions/activities on education, training and the direction of the supervising nurse.</li> <li>i. Accepts accountability for one's behavior and actions while assisting the nurse and providing services to patients.</li> <li>j. Performs delegated aspects patient's nursing care.</li> <li>k. Assists in observing patients and identifying patient needs.</li> <li>l. Communicates progress toward completing delegated nursing tasks/functions/abilities, as well as any problems or changes in a patient's status.</li> <li>m. Seeks clarification if unsure of expectations.</li> <li>n. Uses educational and training opportunities as available.</li> <li>o. Takes preventive measures to protect client, others and self.</li> <li>p. Respects client's rights, concerns, decisions and dignity.</li> </ul>

	<ul style="list-style-type: none"> <li>q. Functions as a member of the health care team, contributing to the implementation of an integrated health care plan.</li> <li>r. Respects client property and the property of others.</li> <li>s. Protects confidential information unless obligated by law to disclose the information.</li> </ul>
<p><b>Section 5 Certified Nursing Assistant II (CNAII)</b>  <i>Range of Functions.</i> A certified nursing assistant with additional education and training as prescribed in rule may perform more complex nursing skills with emphasis on sterile technique, elimination, oxygenation, and nutrition that are learned in a certified nursing assistant II education and training program and are performed under the direct supervision of a licensed nurse.</p>	
<p><b>Section 6. Medication Assistant-Certified (MA-C)</b>  <i>Range of Functions.</i> A certified nursing assistant or certified nursing assistant II, with additional education and training as set forth in rule, may administer medications as prescribed by an authorized provider within the parameters set forth in rule. A licensed nurse shall supervise the medication assistant-certified.</p> <p><i>***Any state restrictions regarding the type and route of medications to be administered by a medication assistant-certified should be placed here. Other state restrictions may address the licensure level required of supervising nurses.</i></p>	<p><b>8.6 Medication Administration by Medication Assistants- Certified (MAC)</b></p> <ul style="list-style-type: none"> <li>a. A medication assistant-certified may perform a task involving the administration of medications if:             <ul style="list-style-type: none"> <li>1. The medication assistant-certified's assignment is to administer medications under the supervision of a licensed nurse in accordance with provisions of this act and rules; and</li> <li>2. The delegation is not prohibited by any provision of this act and rules.</li> </ul> <p><i>***Medication assistants-certified may work under the supervision of another professional in some limited settings. Most, however, work in facilities where licensed nurses provide supervision.</i></p> </li> <li>b. A medication assistant- certified shall not perform a task involving the administration of medication if:             <ul style="list-style-type: none"> <li>1. The medication administration requires an assessment of the patient's need for medication, a calculation of the dosage of the medication or the conversion of the dosage;</li> <li>2. The supervising nurse is unavailable to monitor the progress of the patient and the effect on the patient of the medication; or</li> <li>3. The patient is not stable or has changing nursing needs.</li> </ul> </li> <li>c. A medication assistant- certified who has any reason to believe that he or she has made an error in the administration of medication shall follow facility policy and procedure to report the possible or known error to the appropriate superior and shall</li> </ul>

	<p>assist in completing any required documentation of the medication error.</p> <p><i>***The tracking of medication errors assists in the identification of any system issues that contributed to the error as well as identifying any need for retraining or remediation of the MAC.</i></p>
	<p>d. Medication Administration Policies</p> <ol style="list-style-type: none"> <li>1. Medication assistant- certified shall report to the supervising nurse:             <ol style="list-style-type: none"> <li>a. Signs or symptoms that appear life threatening;</li> <li>b. Events that appear health threatening; and</li> <li>c. Medications that produce no results or undesirable effects as reported by the patient.</li> </ol> </li> <li>2. A licensed nurse shall supervise medication assistant- certified.</li> <li>3. A registered nurse shall review periodically the following:             <ol style="list-style-type: none"> <li>g. Authorized provider orders; and</li> <li>h. Patient medication records.</li> </ol> </li> </ol>
<p><b>Section 7. Certified Nursing Assistants (CNA), Certified Nursing Assistants-II (CNA-II), and Medication Assistants-Certified (MA-C)</b></p> <ol style="list-style-type: none"> <li>a. The board of nursing shall regulate the preparation and competency assessment of nursing assistive personnel in this state.</li> <li>b. The board shall issue certification to qualified applicants.</li> <li>c. The board shall adopt rules regarding the certification of nursing assistive personnel, including educational, training, and other qualifications for certification that will ensure that the nursing assistive personnel are competent to perform safely within the range of functions.</li> <li>d. The board shall conduct state and federal criminal background checks on all applicants.</li> <li>e. The board will adopt an application process in rule.</li> </ol>	<p><b>8.7 Certified Nursing Assistants.</b></p> <ol style="list-style-type: none"> <li>a. Basic Training Required of all Certified Nursing Assistants             <ol style="list-style-type: none"> <li>1. Classroom Training. All nursing assistive personnel shall have instruction in the following areas:                 <ol style="list-style-type: none"> <li>a)Role of the nursing assistant</li> <li>b)Client and resident rights</li> <li>c)Legal and ethical duties</li> <li>d)Culturally sensitive care</li> <li>e)Range of functions</li> <li>f) Interpersonal communication</li> <li>g)Receiving delegation and working as a member of the healthcare team</li> <li>h)Basic safety skills, including infection prevention</li> <li>i) Basic nursing skills, including taking and recording vital signs, measuring and recording patient/resident height and weight, recording intake and output, recognizing and reporting abnormal changes in body functioning</li> <li>j) Personal care skills, including feeding, hydration, skin care, dressing, grooming and toileting.</li> <li>k)Caring for the client or resident environment.</li> <li>l) Promotion of patient/resident independence</li> </ol> </li> </ol> </li> </ol>

<p>f. Upon meeting all requirements and successful completion of the basic certified nursing assistant education, training and competency assessment prescribed in rule, an applicant shall be certified as a certified nursing assistant.</p> <p>g. Upon meeting all requirements and successful completion of additional education, training and competency assessment prescribed in rule, an applicant shall be certified as a medication assistant- certified.</p> <p>h. A person may not use the titles <i>certified nursing assistant, certified nursing assistant II, medication assistant- certified</i> or the abbreviations <i>CNA, CNAII or MAC</i> unless the person has been duly certified under this section.</p>	<p>m) Basic restorative skills, including transfer, ambulation, maintaining range of motion and positioning</p> <p>n) Characteristics that may put the patient or resident at risk include but are not limited to:</p> <ul style="list-style-type: none"> <li>i. Patient cognitive impairment</li> <li>ii. Patient sensory deficits or impairments</li> <li>iii. Communication limitations</li> <li>iv. Altered level of consciousness</li> <li>v. Agitation or combativeness</li> </ul> <p>o) Working with agitated or combative clients</p> <p>p) Restraints</p> <p>q) End of life care</p> <p>r) Documentation of vital signs, weights, intake and output, and other routine observations</p> <p>s) Mental health and social service skills</p> <p>t) Caring for the cognitively impaired</p> <p>u) Dealing with developmentally disabled</p> <p>v) Dealing with behavior problems</p> <p>w) Basic emergency procedures.</p>
	<p>2. Clinical experience. All nursing assistive personnel shall have supervised practical training, with early, realistic exposure to the job requirements. The clinical experience shall include the full range of nursing assistive skills needed in the workplace.</p> <p><i>***Additional clinical training in the assigned work setting is recommended as part of job orientation to assist the certified nursing assistant to adapt to the work setting. This training would focus on the type of setting, the healthcare team the certified nursing assistant is joining, the types of patient care typically provided, including information specific to disease processes or patient characteristics the assistant is likely to see.</i></p>

	<p><b>b. Additional Education and Training for Certified Nursing Assistant II shall include:</b></p> <ol style="list-style-type: none"><li>1. Role of the certified nursing assistant II in providing nursing care as established routines for stable, predictable patients with limited risk of complication and change under the supervision of a licensed nurse.</li><li>2. Oxygen therapy</li><li>3. Sterile technique</li><li>4. Wound care</li><li>5. Suctioning</li><li>6. Trach care for patient with well established trachs</li><li>7. Assisting with peripheral IV fluids</li></ol> <p><i>***Assisting with peripheral IVs refers to the set-up of equipment and discontinuing IVs. It does not include venipuncture or hanging IVs.</i></p> <ol style="list-style-type: none"><li>8. Urinary catheterization</li><li>9. Gastrostomy and other feeding</li><li>10. Elimination procedures</li></ol> <p>i. There shall be supervised clinical experiences.</p> <p>j. Each applicant shall test out for each skill area.</p>
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	<p>e. Additional Training for medication assistant-certified shall include:</p> <ol style="list-style-type: none"> <li>1. Role of the medication assistant- certified, including medication administration as a delegated nursing function under nursing supervision and the following acts that cannot be delegated to medication assistant- certified:             <ol style="list-style-type: none"> <li>a) Conversion or calculation of drug dosage.</li> <li>b) Assessment of patient need for or response to medication.</li> <li>c) Nursing judgment regarding the administration of PRN medications.</li> </ol> </li> <li>2. Rights of individuals</li> <li>3. Legal and ethical issues</li> <li>4. Agency policies and procedures related to medication administration.</li> <li>5. Functions involved in the management of medications, including prescription, dispensing, administration and self-administration.</li> <li>6. Principles of safe medication storage and disposal of medication.</li> <li>7. Reasons for medication administration</li> <li>8. Classes of drugs, their effects, common side effects and interactions</li> <li>9. Reporting of symptoms or side effects.</li> <li>10. Techniques to check, evaluate, and record vital signs as part of safe medication administration</li> <li>11. The rights of administration, including right person, right drug, right dose, right time, right route and right documentation.</li> <li>12. Documentation of medication administration</li> <li>13. Prevention of medication errors</li> <li>14. Incident reporting</li> <li>15. Location of resources and references</li> <li>16. Overview of the state agencies involved in the regulation of medication administration</li> <li>17. Supervised clinical experience in administering medications.</li> </ol>
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<p><b>Section 8. <i>Education and training program approval.</i></b>          The board shall adopt rules governing the approval of education and training programs for certified nursing assistants (CNA), certified nursing assistant II (CNA-II) and medication assistive-certified (MA-C).</p>	<p><b>8.8 Certified Nursing Assistant Education and Training Programs.</b></p> <p>a. A certified nursing assistant training program shall be conducted in a manner to assure that clients receive safe and competent care.</p> <p>b. To be approved by the board, certified nursing assistant education and training programs shall provide:</p> <ol style="list-style-type: none"> <li>1. Curriculum and clinical experience as described in rule 18.7a.</li> <li>2. Documents each student's demonstration of skills by completion of the certified nursing assistant skills checklist required by rule 18.9.</li> <li>3. Competency assessments for the level of program provided.</li> </ol> <p>c. To be approved by the board, certified nursing assistant II education and training programs shall provide:</p> <ol style="list-style-type: none"> <li>1. Curriculum and clinical experience as described in rule 18.7b.</li> <li>2. Documents each student's demonstration of skills by completion of the certified nursing assistant skills checklist required by rule 18.9.</li> <li>3. Competency assessments for the level of program provided.</li> </ol> <p>d. To be approved by the board, a medication assistant-certified education and training programs shall provide:</p> <ol style="list-style-type: none"> <li>1. Curriculum and clinical experience as described in rule 18.7c.</li> <li>2. Documents each student's demonstration of skills by completion of the certified nursing assistant skills checklist required by rule 18.9.</li> <li>3. Competency assessments for the level of program provided.</li> </ol> <p><b>k. All programs shall provide:</b></p> <ol style="list-style-type: none"> <li>1. Instructors who meet the requirements of 18.h.</li> <li>2. Classroom and clinical facilities that meet the requirements of 18f.</li> <li>3. Maintenance of records to verify class completion and competency evaluation. Maintenance of records that record the disposition of any complaints regarding the training program.</li> </ol>
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	<p>f. A basic certified nursing assistant education and training program preparing certified nursing assistants shall consist of a minimum of:</p> <ol style="list-style-type: none"> <li>1. 120 hours of hours of classroom instruction that meets the requirement of 18.7a.1.</li> <li>2. 80 hours of supervised clinical experience that meets the requirements of rule 18.7a.2.</li> </ol> <p><b>g. An education and training program preparing certified nursing assistant II shall consist of a minimum of:</b></p> <ol style="list-style-type: none"> <li>1. 120 hours of hours of classroom instruction that meets the requirement of 18.7.b.</li> <li>2. 80 hours of supervised clinical experience that meets the requirements of 18.7b.</li> </ol> <p>h. An education and training program preparing medication assistant- certified shall consist of:</p> <ol style="list-style-type: none"> <li>1. 120 hours of hours of classroom instruction that meets the requirement of 18.7.c.</li> <li>2. 80 hours of supervised clinical experience that meets the requirements of 18.c.</li> </ol>
	<p>i. Organization and Administration. Approved certified nursing assist, certified nursing assistant II and medication assistant- certified and a state approved educational institution, an independent contractor or a health care agency, may conduct competency evaluation programs.</p> <p>j. Program Coordinator. Certified nursing assistant, certified nursing assistant II, and medication assistant- certified education, training and competency evaluation programs coordinator shall:</p> <ol style="list-style-type: none"> <li>1. Hold a current, unencumbered registered nurse license in the state.</li> <li>2. Have at least two years of full time experience as a registered nurse in a health care agency or nursing education program</li> <li>3. Have at least two years experience relevant to areas of responsibility.</li> </ol>

	<ul style="list-style-type: none"><li>k. Program Instructors. Certified nursing assistant, certified nursing assistant II and medication assistant-certified instructors shall:<ul style="list-style-type: none"><li>1. Hold a current, unencumbered registered nurse license in the state</li><li>2. Have a minimum of two years practice experience in a health care facility.</li><li>3. Have at least one year clinical experience relevant to areas of responsibility.</li><li>4. Provide documented evidence of preparation for teaching adults.</li><li>5. Be listed on the state registry for certified nursing assistant, certified nursing assistant II and medication assistant- certified instructors.</li><li>6. Have completed periodic training updates.</li></ul></li> <li>l. Classroom and Clinical Facilities<ul style="list-style-type: none"><li>1. The resources, facilities and services of the education institutions or health care agency shall be available to the certified nursing assistant I and II, and medication assistant- certified training and competency evaluation programs in order to meet the purpose of the program.</li><li>2. The education and training programs shall receive adequate financial support for faculty, other support personnel, equipment, supplies and services.</li><li>3. The agencies and services used for clinical experiences shall be adequate in number and of the kind to meet the education and training program's curricular objectives.</li></ul></li></ul>
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	<p>m. Application for certified nursing assistant, certified nursing assistant II and medication assistant-certified Education and Training Programs Approval.          An applicant seeking to establish a certified nursing assistant, certified nursing assistant II, or a medication assistant- certified training program must submit, at least 90 days before the date the program is expected to begin:</p> <ol style="list-style-type: none"> <li>1. A completed application on a form provided by the board for each type of program, that includes             <ol style="list-style-type: none"> <li>a) Summary of the rationale, philosophy and purpose of the program</li> <li>b) Faculty qualifications</li> <li>c) Program outline, including program title, type of program, objectives, content and teaching methodology</li> <li>d) A copy of the curriculum and other instructional materials.</li> <li>e) A copy of the certified nursing assistant skills, certified nursing assistant II and/or medication assistant-certified checklist to be used to measure student clinical skills</li> <li>f) Program location</li> <li>g) A description of the classroom and clinical facilities.</li> <li>h) A schedule of classroom and clinical instruction hours</li> <li>i) The fee prescribed in chapter fourteen of these rules.</li> </ol> </li> </ol>
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	<ul style="list-style-type: none"><li>2. <b>Within 90 days of receipt of the application, the board will advise the applicant whether additional information is needed to complete the application. Once the application is complete, the board will provisionally approve the program if it meets the requirements of the intended program type. A program that has received provisional approval is authorized to conduct training until the board’s final decision on the application for approval.</b></li><li>3. <b>The board will conduct a review of the training facilities and personnel of a provisionally approved program during the first education and training offered by that program.</b></li><li>4. <b>If the program is determined to meet all the requirements of 18.8 the program will be granted full approval.</b></li><li>5. <b>The board will notify the program of any deficiencies.</b><ul style="list-style-type: none"><li>a) <b>If there are deficiencies, the program will be allowed &lt; &gt; time for correction. The program will notify the board when the deficiencies have been corrected.</b></li><li>b) <b>The board will conduct a follow-up site visit to verify that the program provider has corrected the deficiencies.</b></li><li>c) <b>If after follow-up review, the program has not corrected the deficiencies, the board will deny approval of the program.</b></li><li>d) <b>A program provider whose application has been denied may request a hearing under (state APA) to appeal the denial of training program approval.</b></li></ul></li></ul>
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	<p><b>n. Program Changes.</b> The board shall approve changes in an approved certified nursing assistant I, certified nursing assistant II, or medication assistant- certified training program. The program provider shall submit a description of the proposed change in curriculum or other substantive change to the board for review at least 60 days before the program provider plans to implement the changes. The board will base its approval on whether the proposed change meets the requirements of 18.8.</p>
	<p>t. Periodic Training Program Evaluation. To insure compliance with the standards for certified nursing assistant, certified nursing assistant II and medication assistant- certified programs:</p> <ol style="list-style-type: none"> <li>1. Each program coordinator shall submit a report every year regarding the program’s operation and compliance with the board rules.</li> <li>2. Each program shall be surveyed by representatives of the board and evaluated for ongoing approval every two years.</li> <li>3. If a program is cited by [applicable state agencies] or by the Center for Medicare and Medicaid Services (CMS), a copy of all deficiencies relating to certified nursing assistant, certified nursing assistant II and medication assistant- certified shall be appended to the report.</li> <li>4. A copy of the survey visit report will be made available to the education and training program.</li> </ol>

	<p>u. Withdrawal of Approval. The board shall withdraw approval of certified nursing assistant, certified nursing assistant II and medication assistant-certified education and training a programs when;</p> <ul style="list-style-type: none"><li>a. The board determines that there is not sufficient evidence that the program is meeting standards.</li><li>b. The program does not permit unannounced survey visits or if the education institution or health agency loses state approval or licensure</li><li>c. The board shall provide due process rights and adhere to the procedures of the State Administrative Procedures Act, providing notice, opportunity for hearing and correction of deficiencies.</li><li>d. The board may consider reinstatement or approval of a training and competency evaluation program upon submission of satisfactory evidence that the program meets the standards for the type of program.</li></ul>
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	<p>r. Closing of Education and Training Programs</p> <ol style="list-style-type: none"><li>1. Voluntary<ol style="list-style-type: none"><li>a. Notification to the board, in writing, stating the reason and planned date of intended closing</li><li>b. Continue program until the committed class schedule for currently enrolled students is completed</li><li>c. Notify board of final closing date at least 30 days prior to final closing.</li><li>d. The board shall be notified regarding custody and retention of records.</li></ol></li><li>2. Other Closing – If the board denies or withdraws approval of any type of training and competency evaluation program, the educational institution or health agency shall:<ol style="list-style-type: none"><li>a. Close the program after the graduation of all students currently enrolled or</li><li>b. Close the program after the transfer of students to approved programs.</li><li>c. Submit to the board a list of students transferred to approved program and date of transfer</li><li>d. Consider the date on which the last student was transferred the closing date of the program</li><li>e. Comply with the requirements of all applicable state and federal rules and notify the state that the requirements have been fulfilled and give date of final closing.</li><li>f. Comply with the requirements of 18.k.1d.</li></ol></li></ol>
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<p><b>Section 9. Certified Nursing Assistant, Certified Nursing Assistant II and Medication Assistant-Certified Competency Evaluation.</b>  <b>The board of nursing shall set forth in rule criteria for acceptable certified nursing assistant, certified nursing assistant II and medication assistant-certified competency evaluations.</b></p>	<p>8.8 Certified Nursing Assistant, Certified Nursing Assistant II and Medication Assistant-Certified Competency Evaluation.</p> <p><b>a. To be approved by the board, a certified nursing assistant competency evaluation shall:</b></p> <ol style="list-style-type: none"> <li><b>1. Meet the following criteria:</b> <ol style="list-style-type: none"> <li><b>2. Cover the topics addressed in rule 18.8.a.</b></li> <li><b>3. Examination that is psychometrically sound and legally defensible</b></li> <li><b>4. Based upon an incumbent job analysis conducted periodically</b></li> <li><b>5. Include a practical examination demonstrating the applicant’s clinical nursing assistant skills.</b></li> </ol> </li> <li>2. The competency evaluation will be administered by the board or by a person approved by the board.</li> <li>3. Notification to the applicant of the applicant’s performance on the competency evaluation, identifying those portions, if any, and the applicant did not pass.</li> </ol> <p><b>b. To be approved by the board, a certified nursing assistant II competency evaluation shall:</b></p> <ol style="list-style-type: none"> <li><b>1. Meet all the requirements of 18.9.a.1.b-d, 18.9.a.2 and 18.9.a.3.</b></li> <li><b>2. Cover the topics addressed in rule 18.8.b.</b></li> </ol> <p><b>c. To be approved by the board, a medication assistant-certified competency evaluation shall:</b></p> <ol style="list-style-type: none"> <li><b>1. Meet all the requirements of 18.9.a.1.b-d, 18.9.a.2 and 18.9.a.3.</b></li> <li><b>2. Cover the topics addressed in rule 18.8.c</b></li> </ol>
	<p>d. The board may contract with a test service for the development and administration of a competency evaluation.</p> <p>e. The board shall determine the minimum passing standard on the competency evaluation.</p>
	<p>f. Certified Nursing Assistant Skills Checklist</p> <ol style="list-style-type: none"> <li><b>1. A certified nursing assistant training program shall maintain a nursing assistant skills checklist that records the performance of each student. The nursing assistant skills checklist shall include:</b> <ol style="list-style-type: none"> <li><b>a) Each of the skills listed in 18.7.</b></li> <li><b>b) The date each skill was practiced or demonstrated.</b></li> </ol> </li> </ol>

	<ul style="list-style-type: none"><li>c) <b>The student's satisfactory or unsatisfactory performance of a skill each time it was practiced or demonstrated.</b></li><li>d) <b>The name and signature of the instructor who supervised the student's performance of a skill.</b></li></ul> <p><b>2. After a student has completed a certified nursing assistant education and training program, the program provider shall provide a copy of the certified nursing assistant skills checklist to the student.</b></p>
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	<p>g. Certified Nursing Assistant II Skills Checklist</p> <ol style="list-style-type: none"> <li>1. <b>A certified nursing assistant II training program shall maintain a nursing assistant II skills checklist that records the performance of each student. The nursing assistant II skills checklist shall include:</b> <ol style="list-style-type: none"> <li>a) Each of the skills listed in 18.7b.</li> <li>b) The date each skill was practiced or demonstrated.</li> <li>c) The student’s satisfactory or unsatisfactory performance of a skill each time it was practiced or demonstrated.</li> <li>d) The name and signature of the instructor who supervised the student’s performance of a skill.</li> </ol> </li> <li>2. <b>After a student has completed a certified nursing assistant II training program, the program provider shall provide a copy of the nursing assistant skills checklist to the student.</b></li> </ol> <p>h. Medication assistant-certified Skills Checklist</p> <ol style="list-style-type: none"> <li>1. <b>A medication assistant-certified education and training program shall maintain a medication assistant-certified skills checklist that records the performance of each student. The medication assistant-certified skills checklist shall include:</b> <ol style="list-style-type: none"> <li>a) Each of the skills listed in 18.7c.</li> <li>b) The date each skill was practiced or demonstrated.</li> <li>c) The student’s satisfactory or unsatisfactory performance of a skill each time it was practiced or demonstrated.</li> <li>d) The name and signature of the instructor who supervised the student’s performance of a skill.</li> </ol> </li> <li>2. <b>After a student has completed a medication assistant-certified education and training program, the program provider shall provide a copy of the nursing assistant skills checklist to the student.</b></li> </ol>
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<p><b>Section 10. Certification.</b> The board of nursing shall develop a certification process in rule.</p>	<p>18. 10. Application for Certification.</p> <p>a. An applicant for certified nursing assistant shall submit to the board:</p> <ol style="list-style-type: none"> <li>1. A completed application form</li> <li>2. Successful completion of an approved certified nursing assistant education and training program</li> <li>3. Successful completion of a certified nursing assistant competency evaluation</li> <li>4. Applicable fees</li> <li>5. Applicant's fingerprint information.</li> </ol> <p><i>*** Prepare educational materials for applicants that describe the purpose of fingerprinting, the procedures for screening, places to get fingerprinted, and that the applicant is responsible for any costs from local law enforcement, the state agency and the FBI.</i></p>
	<p>b. An applicant for certified nursing assistant II shall submit to the board:</p> <ol style="list-style-type: none"> <li>1. A completed application form</li> <li>2. Successful completion of an approved certified nursing assistant II education and training program</li> <li>3. Successful completion of a certified nursing assistant II competency evaluation</li> <li>4. Applicable fees</li> <li>5. Applicant's fingerprint information</li> </ol>
	<p>c. An applicant for medication assistant-certified shall submit to the board:</p> <ol style="list-style-type: none"> <li>1. A completed application form</li> <li>2. Successful completion of an approved medication assistant-certified education and training program</li> <li>3. Successful completion of a medication assistant-certified competency evaluation</li> <li>4. Applicable fees</li> <li>5. Applicant's fingerprint information</li> </ol>
	<p>d. Temporary certification.</p> <ol style="list-style-type: none"> <li>1. The board may issue a temporary certification to an applicant who has submitted all other requirements including state criminal background check, and is waiting for the federal criminal background report.</li> <li>2. Temporary certification is valid for six months from the date of issuance or until a permanent certification is issued or denied, whichever occurs first.</li> </ol>

	<p>e. A certificate shall not be issued to an applicant who has been convicted the following most serious felonies which are a permanent bar to becoming a certified nursing assistant, certified nursing assistant II or medication assistant-certified in this state:</p> <ul style="list-style-type: none"> <li>Murder</li> <li>Felonious assault</li> <li>Kidnapping</li> <li>Rape</li> <li>Aggravated robbery</li> <li>Sexual crimes involving children</li> <li>Criminal mistreatment of children or vulnerable adults</li> <li>Exploitation of vulnerable individual (e.g., financial exploitation in an entrusted role)</li> </ul>
	<p>f. A certificate shall not be issued to an applicant who has who has been convicted of the following serious felonies who has not received an absolute discharge from the sentences for the following felony convictions &lt; &gt; years prior to the date of filing the application:</p> <ol style="list-style-type: none"> <li>1. <i>Drug trafficking</i></li> <li>2. <i>Embezzlement</i></li> <li>3. <i>Theft</i></li> <li>4. <i>Arson</i></li> </ol> <p>i. The boards shall evaluate the behavior underlying plea bargains and lesser offenses on a case-by-case basis, considering any mitigating and/or aggravating factors in their decision-making.</p> <p><i>***These requirements are consistent with the recommendations in the proposed NCSBN model criminal background checks paper.</i></p>

	<p>j. Acceptance of Out of State Certificates</p> <ol style="list-style-type: none"> <li>1. The board may issue a certificate to a nursing assistant who has a current certificate or an equivalent document issued by another state if the board receives an application pursuant to 18.10a. and determines that the applicant meets the requirements of this rule.</li> <li>2. The board shall evaluate felony convictions according to Rule 18.10 e-g.</li> </ol> <p>k. Certification renewal.</p> <ol style="list-style-type: none"> <li>1. The certified nursing assistant shall submit to the board:             <ol style="list-style-type: none"> <li>a) A renewal application on a board form</li> <li>b) The applicable fee</li> <li>c) A verified statement that indicates whether the applicant has been convicted of a felony during the period of time since becoming certified or renewing the certification.</li> <li>d) Evidence of completion of &lt; &gt; hours of continued education.</li> </ol> <p><i>***Federal OBRA requirements are 12 hours per year. States may require additional hours.</i></p> <ol style="list-style-type: none"> <li>e) Evidence of completion of &lt; &gt; hours of work as a nursing assistant.</li> </ol> <p><i>***Federal OBRA requirements are 8 hours per year. States may require additional hours.</i></p> <ol style="list-style-type: none"> <li>f) Upon satisfactory review of the application, the board will renew the certification and update the Nursing Assistive Personnel Registry.</li> </ol> </li> <li>2. The certified nursing assistant II shall submit to the board:             <ol style="list-style-type: none"> <li>a) A renewal application on a board form</li> <li>b) The applicable fee</li> <li>c) A verified statement that indicates whether the applicant has been convicted of a felony during the period of time since becoming certified or renewing the certification.</li> <li>d) Evidence of completion of &lt; &gt; hours of continued education.</li> <li>e) Evidence of completion of &lt; &gt; hours of work as a nursing assistant.</li> </ol> </li> </ol>
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	<p>f) Upon satisfactory review of the application, the board will renew the certification and update the Certified Nursing Assistant II Registry.</p> <p>I. Lapsed certification. A nursing assistant who has not maintained a current certification but wishes to be reinstated:</p> <ol style="list-style-type: none"> <li>1. If the certification has been lapsed for less than &lt; &gt;, the nursing assistant may apply and meet the requirements of 18.10 e.</li> <li>2. If the certification has been lapsed for more than &lt; &gt;, the nursing assistant shall be required to repeat training and competency evaluation for the desired level.</li> </ol>
	<ol style="list-style-type: none"> <li>3. The Medication Assistant-Certified shall submit to the board:             <ol style="list-style-type: none"> <li>a) A renewal application on a board form</li> <li>b) The applicable fee</li> <li>c) A verified statement that indicates whether the applicant has been convicted of a felony during the period of time since becoming certified or renewing the certification.</li> <li>d) Evidence of completion of &lt;&gt;hours of continued education.</li> <li>e) Evidence of completion of &lt;&gt; hours of work as a nursing assistant.</li> <li>f) Upon satisfactory review of the application, the board will renew the certification and update the medication assistant-certified registry.</li> </ol> </li> </ol>

<p><b>Section 11. <i>Disciplinary Procedures</i></b></p> <p>a. Purpose</p> <ol style="list-style-type: none"> <li>1. To protect the public from unsafe nursing assistants</li> <li>2. To assure minimum competence of certified nursing assistants, certified nursing assistants II, and medication assistants-certified.</li> <li>3. To provide a process to resolve complaints regarding nursing assistants.</li> </ol> <p>b. Authority</p> <p>For any one or a combination grounds the board shall have the authority to:</p> <ol style="list-style-type: none"> <li>1. File a letter of concern if the board believes there is insufficient evidence to support direct action against the certified nursing assistants, certified nursing assistants II, and medication assistants-certified.</li> <li>2. Indicate on the certificate and registry the existence of any substantiated complaints against the certificate holder.</li> <li>4. Deny certification or recertification, suspend, revoke or accept the voluntary surrender of a certificate if a certified nursing assistant, certified nursing assistant II or medication assistant-certified commits an act of unprofessional conduct.</li> <li>5. Refer criminal violations of this article to the appropriate law enforcement agency.</li> <li>6. Revoke the certificate or not issue a certificate or recertification to an applicant who has committed serious felonies as set forth in rule.</li> <li>7. In addition to any other disciplinary action it may take, impose a civil penalty of not more than one thousand dollars per violation.</li> <li>8. Recover costs of case prosecution.</li> </ol>	
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- c. Grounds for denial, suspension, revocation or other discipline of nursing assistant include the inability to function with reasonable skill and safety for the following reasons:
1. Substance abuse/dependency
  2. Client abandonment
  3. Client abuse
  4. Fraud or deceit, which may include but is not limited to:
    - a. Filing false credentials
    - b. Falsely representing facts on an application for initial certification, reinstatement or certificate renewal.
    - c. Giving or receiving assistance in taking the competency evaluation
  5. Client neglect, abuse or abandonment
  6. Boundary violations
  7. Performance of unsafe client care.
  8. Performing acts beyond the certified nursing assistant, certified nursing assistant II or a medication assistant-certified range of functions or beyond those tasks delegated under provision of Article XVIII, section 1 of this Act.
  9. Misappropriation or misuse of property
  10. Obtaining money or property of a client or resident by fraud, misrepresentation or duress
  11. Criminal conviction
  12. Failure to conform to the standards of nursing assistant.
  13. Putting clients at risk of harm
  14. Violating the privacy or failing to maintain the confidentiality of client or resident information.
- d. Disciplinary Process. They shall comply with the provisions of the <STATE> Administrative Procedures Act for taking disciplinary actions against certificates.

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| <p>e. Disciplinary Records. The board shall maintain records of disciplinary actions and make available all public findings of abuse, neglect or misappropriation of client property, or other disciplinary findings, and any statement disputing the finding by the nursing assistant listed on the registry.</p> <p>f. Disciplinary Notification. The board will notify the [relevant state and federal agencies] of the disciplinary action.</p> |  |
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<p><b>Article IX. Approval of Nursing Education Programs</b></p>	<p><b>Chapter Nine – Nursing Education</b></p>
<p><b>Section 1. <i>Approval Standards.</i></b> The board shall, by administrative rules, set standards for the establishment and outcomes of nursing education programs, including clinical learning experiences, and approve such programs that meet the requirements of the Act and board rules.````</p>	<p><b>9.1 Purpose of Nursing Education Standards</b>          The purpose of nursing education standards is to:</p> <ul style="list-style-type: none"> <li>a. Ensure that graduates of nursing education programs are prepared for safe and effective nursing practice.</li> <li>b. Provide criteria for the development, evaluation and improvement of new and established nursing education programs.</li> <li>c. Assure candidates are educationally prepared for licensure and recognition at the appropriate level.</li> </ul>
	<p><b>9.1.1 Nursing Education Standards</b>          All nursing education programs shall meet these standards:</p> <ul style="list-style-type: none"> <li>a. The purpose and outcomes of the nursing program shall be consistent with the Nursing Practice Act and board-promulgated administrative rules, regulations, and other relevant state statutes.</li> <li>b. The purpose and outcomes of the nursing program shall be consistent with generally accepted standards of nursing practice appropriate for graduates of the type of nursing program offered.</li> <li>c. The input of consumers shall be considered in developing and evaluating the purpose and outcomes of the program.</li> <li>d. The nursing program shall implement a comprehensive, systematic plan for ongoing evaluation that is based on program outcomes and incorporates continuous improvement.</li> <li>e. The curriculum shall provide diverse didactic and clinical learning experiences consistent with program outcomes.</li> <li>f. Faculty and students shall participate in program planning, implementation, evaluation, and continuous improvement.</li> <li>g. The nursing program administrator shall be a professionally and academically qualified registered nurse with institutional authority and administrative responsibility for the program.</li> </ul>

	<ul style="list-style-type: none"> <li>h. Professionally, academically and clinically qualified nurse faculty shall be sufficient in number and expertise to accomplish program outcomes and quality improvement.</li> <li>i. The fiscal, human, physical, clinical and technical learning resources shall be adequate to support program processes, security and outcomes.</li> <li>j. Program information communicated by the nursing program shall be accurate, complete, consistent, and readily available.</li> </ul> <p><i>***This includes all methods of educational program delivery.</i></p>
	<p><b>9.1.2 Required Criteria for Nursing Education Programs</b></p> <p>The organization and administration of the nursing education program shall be consistent with the law governing the practice of nursing. The nursing education program shall be an integral part of a governing academic institution that is accredited by an accrediting body that is recognized by the US Secretary of Education.</p> <p>The following minimal criteria serve to support implementation of the Nursing Education Standards:</p> <ul style="list-style-type: none"> <li>a. Evaluation. A comprehensive nursing education program self-evaluation shall be performed annually for quality improvement and shall include but not be limited to:             <ul style="list-style-type: none"> <li>1) Students' achievement of program outcomes.</li> <li>2) Evidence of adequate program resources including fiscal, physical, human, clinical and technical learning resources; and the availability of clinical sites and the viability of those sites to meet the objectives of the program.</li> <li>3) Multiple measures of program outcomes for graduates.</li> </ul> </li> </ul> <p><i>*** Examples of measures of students' success include NCLEX pass rates, student and/or employer survey, and successful completion of national certification programs.</i></p> <ul style="list-style-type: none"> <li>4) Evidence that accurate program information for consumers is readily available</li> </ul> <p><i>***Examples of information include fees and admission criteria, which can be made available by oral, written and electronic means.</i></p>

	<p>5) The head of the academic institution and the administration support program outcomes.</p> <p>6) Program administrator and program faculty meet board qualifications and are sufficient to achieve program outcomes.</p> <p>7) Evidence that the academic institution assures security of student information.</p> <p><i>***This is a minimal requirement. Nursing programs are encouraged to develop ongoing evaluation programs as part of continuous quality improvement.</i></p>
	<p>b. Curriculum</p> <p>1) The curriculum of the nursing education program shall enable the student to develop the nursing knowledge, skills and competencies necessary for the level, scope and standards of nursing practice consistent with the level of licensure. The curriculum shall include:</p> <ul style="list-style-type: none"> <li>(a) Content regarding legal and ethical issues, history and trends in nursing and health care, and professional responsibilities;</li> <li>(b) Experiences that promote the development of clinical judgment, leadership and management skills, and professional socialization consistent with the level of licensure. This includes demonstration of the ability to supervise others and provide leadership of the profession;</li> <li>(c) Learning experiences and methods of instruction, including distance education methods, consistent with the written curriculum plan; and</li> <li>(d) Coursework including, but not limited to:             <ul style="list-style-type: none"> <li>i. Content in the biological, physical, social and behavioral sciences to provide a foundation for safe and effective nursing practice;</li> <li>ii. Didactic content and supervised clinical experience in the prevention of illness and the promotion, restoration, and maintenance of health in clients across the life span and in a variety of clinical settings, to include:                 <ul style="list-style-type: none"> <li>(01) Using informatics to communicate, manage knowledge, mitigate error and support decision making,</li> </ul> </li> </ul> </li> </ul>

	<p>(02) Employing evidence-based practice to integrate best research with clinical expertise and client values for optimal care, including skills to identify and apply best practices to nursing care.</p> <p>(03) Providing client-centered, culturally competent care</p> <ul style="list-style-type: none"> <li>a. Respecting client differences, values, preferences and expressed needs</li> <li>b. Involving clients in decision-making and care management</li> <li>c. Coordinating and managing continuous client care</li> <li>d. Promoting healthy lifestyles for clients and populations.</li> </ul> <p>(04) Working in interdisciplinary teams to cooperate, collaborate, communicate and integrate client care and health promotion.</p> <p>(05) Participating in quality improvement processes to measure client outcomes, identify hazards and errors, and develop changes in processes of client care.</p> <p><i>***(01) through (05) reflect the recommendations for competencies needed by all health care professionals as recommended by the Institute of Medicine in <u>Who Will Keep the Public Healthy: Educating Health Care Professionals for the 21<sup>st</sup> Century</u>. The content presented for these competencies will vary as to each level of educational preparation.</i></p> <p>2) Supervised clinical practice shall include development of skill in making clinical judgments, management and care of groups of clients, and delegation to and supervision of other health care providers.</p> <ul style="list-style-type: none"> <li>(a) Clinical experience shall be comprised of sufficient hours to meet these standards, shall be supervised by qualified faculty and ensure students' ability to practice at an</li> </ul>
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	<p>entry level.</p> <p>(b) All student clinical experiences, including those with preceptors, shall be directed by nursing faculty.</p> <p><i>*** Crossing state borders for clinical experiences raises questions regarding who approves these clinical sites, the state of the parent academic institution or the state where the clinical opportunity is located. In addition, schools need to determine whether student practice is covered under an exemption in the state where the practice occurs. [Chapter Thirteen of these rules provides an exemption for "the practice of nursing that is an integral part of a program by nursing students enrolled in board approved nursing education programs."]</i></p> <p><i>***Boards of the involved states need to determine who should approve these clinical sites and what the process should be. Consensus on the essential components of nursing education program approval would facilitate the reliance on program approval by another board. Interstate clinical presents an opportunity for boards of nursing to communicate and collaborate for the benefit of the student and the protection of the public.</i></p> <p>3) Delivery of instruction by distance education methods must be consistent with the program curriculum plan and enable students to meet the goals, competencies and objectives of the educational program and standards of the board.</p>
	<p>c. Students</p> <ol style="list-style-type: none"> <li>1) Students shall be provided the opportunity to acquire and demonstrate the knowledge, skills and abilities for safe and effective nursing practice, in theory and clinical experience with faculty oversight.</li> <li>2) All policies relevant to applicants and students shall be available in writing.</li> <li>3) Students shall be required to meet the health standards and criminal background checks as required in the state.</li> <li>4) Students shall receive faculty instruction, advisement and oversight.</li> <li>5) Students shall be held accountable for the integrity of their work.</li> </ol> <p><i>***This statement reflects the expectation that students do their own work, e.g., not purchasing pre-written papers.</i></p>

	<p>d. Administrator Qualifications</p> <p>1) Administrator qualifications in a program preparing for practical/vocational nurse licensure shall include:</p> <ul style="list-style-type: none"> <li>(a) A current, active, unencumbered registered nurse license or privilege to practice and meet requirements in the state where the program is approved and/or accredited.</li> <li>(b) A minimum of a baccalaureate degree in nursing and masters in nursing or related field, or a nursing doctorate;</li> <li>(c) Educational preparation and at least &lt; &gt; years experience in teaching and learning principles for adult education, including curriculum development and administration, and at least two years of clinical experience; and</li> <li>(d) A current knowledge of nursing practice at the practical/vocational level.</li> </ul> <p>2) Administrator qualifications in a program preparing for registered nurse licensure shall include:</p> <ul style="list-style-type: none"> <li>(a) A current, active, unencumbered registered nurse license or privilege to practice and meet requirements in the state where the program is approved and/or accredited.</li> <li>(b) A doctoral degree in nursing; or a master's degree in nursing and a doctoral degree in a related field.</li> <li>(c) Educational preparation or experience in teaching and learning principles for adult education, including curriculum development and administration, and at least two years of clinical experience; and</li> </ul>
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	<p>(d) A current knowledge of registered nursing practice.</p> <p>3) Administrator [program head] qualifications in a program preparing for advanced practice registered nurse licensure shall include:</p> <p>(a) A current, active, unencumbered registered nurse license or privilege to practice and meet requirements in the state where the program is approved and/or accredited.</p> <p>(b) A doctoral degree in nursing; or a master's degree in nursing and a doctoral degree in a related field.</p> <p>(c) Educational preparation or experience in teaching and learning principles for adult education, including curriculum development and administration, and at least two years of clinical experience; and</p> <p>(d) A current knowledge of advanced practice registered nurse practice.</p> <p><i>***Preparation in an advanced practice registered nursing role and specialty and licensure as an APRN is desirable for the APRN program administrator.</i></p>
	<p>e. Faculty</p> <p>1) There shall be sufficient number of qualified faculty to meet the objectives and purposes of the nursing education program.</p> <p>2) The nursing faculty shall hold a current, active, unencumbered registered nurse license or privilege to practice and meet requirements in the state where the program is approved and/or accredited.</p> <p>3) Clinical faculty shall hold a license or privilege to practice and meet requirements in the state of the student's clinical site.</p> <p>4) Qualifications for nursing faculty who teach in a program leading to licensure as a</p>

	<p>practical/vocational nurse:</p> <ul style="list-style-type: none"> <li>(a) Have a minimum of a baccalaureate degree with a major in nursing</li> <li>(b) Have &lt; &gt; years of clinical experience</li> <li>(c) Have preparation in teaching and learning principles for adult education, including curriculum development and implementation.</li> <li>(d) Have current knowledge of LPN/VN nursing practice.</li> </ul> <p><i>***It is preferable that the nursing faculty members have a Master's degree with major in Nursing or a Nursing Doctorate degree.</i></p> <p>5) Qualifications for nursing faculty who teach in a program leading to licensure as a registered nurse:</p> <ul style="list-style-type: none"> <li>(a) Have a minimum of a master's degree with a major in nursing or a nursing doctorate degree</li> <li>(b) Have &lt; &gt; years of clinical experience</li> <li>(c) Have preparation in teaching and learning principles for adult education, including curriculum development and implementation.</li> <li>(d) Have current knowledge of RN nursing practice.</li> </ul> <p><i>***It is preferable that the nursing faculty hold an earned doctorate related to nursing education and/or the specific content area that the individual teaches.</i></p> <p>6) Qualifications for nursing faculty who teach in a program leading to licensure as an advanced practice registered nurse:</p> <ul style="list-style-type: none"> <li>(a) Have a minimum of a master's degree with a major in nursing or a nursing doctorate degree</li> <li>(b) Licensure or privilege to practice as an advanced practice registered nurse.</li> <li>(c) Have &lt; &gt; years of clinical experience</li> <li>(d) Have preparation in teaching and learning principles for adult education, including curriculum development and implementation.</li> <li>(e) Have current knowledge of APRN nursing practice.</li> </ul> <p><i>*** Doctorate education is desirable for faculty of the APRN graduate nursing education track.</i></p> <p><i>***There is an evolving field of nursing where the nurse is educated with a practice doctorate, also termed a nurse doctorate. This education emphasizes the science of</i></p>
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	<p><i>nursing practice, rather than nursing theory and research. Boards of nursing should be aware of this movement and understand how it differs from traditional doctoral education and consider this degree for faculty qualifications for all three types of program when appropriate.</i></p> <p>7) Adjunct clinical faculty employed solely to supervise clinical nursing experiences of students shall meet all the faculty qualifications for the program level they are teaching.</p> <p>8) Interdisciplinary faculty who teach non-clinical nursing courses shall have advanced preparation appropriate to these areas of content.</p> <p><i>***The purpose of adjunct clinical faculty and interdisciplinary faculty is to supplement and complement the nursing faculty, not to substitute for nursing faculty. A team approach, having adjunct faculty work closely with the nursing faculty will facilitate the clinical application of the specialized content in nursing practice (e.g., issues and trends, nursing law and ethics, pharmacology, nutrition, research, management and statistics).</i></p> <p>9) Preceptors - Clinical preceptors shall have demonstrated competencies related to the area of assigned clinical teaching responsibilities and will serve as a role model and educator to the student. Clinical preceptors may be used to enhance faculty-directed clinical learning experiences. Clinical preceptors should be licensed as a nurse at or above the level for which the student is preparing.</p>
	<p>9.1.3 Additional Required Components of Graduate Education Programs preparing Advanced Practice Registered Nurses</p> <p>a. Licensure Requirement for APRN Students. Each student enrolled in an APRN program shall be currently licensed or privileged to practice as a registered nurse in this or another state prior to involvement in clinical practice as a student APRN, unless exempted from this licensure requirement under §13.1.</p> <p><i>***This requirement for RN licensure reflects that APRN roles and specialties build upon educational preparation and experience as a registered nurse.</i></p>
	<p>b. Education programs offered by an accredited college or university that offers a graduate degree with a concentration in the advanced nursing practice</p>

	<p>specialty; or post-masters certificate programs offered by an accredited college or university shall include the following components:</p> <ol style="list-style-type: none"> <li>1) Clinical supervision must be congruent with current national specialty organizations and nursing accrediting body standards applicable to the APRN role and specialty.</li> <li>2) The curriculum is congruent with national standards for graduate level and advanced practice nursing education and is consistent with nationally recognized APRN roles and specialties, and includes but is not limited to:             <ol style="list-style-type: none"> <li>a) Graduate nursing program core courses.</li> <li>b) An advanced practice-nursing core, including legal, ethical and professional responsibilities of the APRN.</li> </ol> <p><i>***Examples of APRN core courses include advanced pathophysiology, advanced pharmacology, advanced assessment and diagnostic reasoning, and management of health care status.</i></p> </li> <li>3) Coursework focusing on the APRN role and specialty.</li> </ol> <p>c. The curriculum meets the following criteria:</p> <ol style="list-style-type: none"> <li>1) Consistent with competencies of the specific areas of practice.</li> <li>2) Dual track APRN programs (preparing for two specialties) or combined nurse practitioner/clinical nurse specialist shall include content and clinical experience in both functional roles and specialties.</li> <li>3) Instructional track/major has a minimum of 500 hours supervised clinical. The supervised experience is directly related to the knowledge and role of the specialty and category. Specialty tracks that provide care to multiple age groups and care settings will require additional hours distributed in a way that represents the populations served.</li> </ol> <p><i>*** This requirement is for 500 hours supervised clinical for each specialty track</i></p> <ol style="list-style-type: none"> <li>4) There shall be provisions for the recognition or prior learning and advanced placement in the curriculum for individuals who hold a master's in nursing who are seeking preparation in a</li> </ol>
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	<p>different role and specialty. Post-masters nursing students shall complete the requirements of the master’s APRN program through a formal graduate level certificate or master level track in the desired role and specialty. Post-master students must master the same APRN outcome criteria as the master level students and are required to complete a minimum of 500 supervised clinical hours.</p> <p><i>***”The advanced practice nursing student prepared in any of the current direct care provider roles must receive sufficient clinical experience to provide depth and breadth in a given specialty or with designated populations.” (AACN, p.15, 1996) This rule reflects the 500-hour supervised clinical standard of the National Organization of Nurse Practitioners Faculties, the National Task Force on Quality Nurse Practitioner Education, and the National Association of Clinical Nurse Specialist and endorsed by the American Association of Colleges of Nursing. Boards should be aware that other APRN groups are requiring set numbers of cases (nurse anesthetists) or mastery of clinical skills (nurse midwives) to meet the supervised clinical requirement.</i></p> <p>d. A lead faculty member who is educated and nationally certified in the same specialty area and licensed as an APRN shall coordinate the educational component for the role and specialty in the APRN program.</p> <p><i>*** Most boards of nursing do not approve graduate level nursing programs at this time and some boards have raised concerns that national nursing accreditation programs address the entire graduate program without specifically focusing on APRN tracks. This concern about the oversight of APRN nursing programs, particularly with the number of new programs being developed, may reflect a future need for boards of nursing to become involved in the approval of graduate programs with APRN tracks, and these models include a regulatory basis for boards that identify the need to approve APRN educational programs in their jurisdiction. .</i></p>
<p><b>Section 2. Process for Determining Compliance with Standards.</b> The board shall, by administrative rules, identify the process for determining nursing education program compliance with standards.</p>	<p><b>9.2 Models for Determining Compliance with Standards</b> The evaluation model for achievement of these standards is determined by each individual jurisdiction and may be met by state approval and/or through accreditation by a recognized national, regional, or state accreditation body.</p> <p><i>***Member Boards vary in the approach used to implement standards. Many boards are involved in program approval, including school surveys. Others deem</i></p>

	<p><i>CCNE or NLNAC accreditation as meeting state approval requirements. Others perform initial approval and then make joint visits with the accrediting bodies and/or use the accrediting organization reports to inform their decision-making.</i></p>
<p><b>Section 3. Nursing Education Program Approval</b>                  The board shall approve nursing education programs that meet the legal standards established by the board.</p>	<p><b>9.3 Purposes of Nursing Education Program Approval</b></p> <ul style="list-style-type: none"> <li>a. To promote the safe practice of nursing by implementing standards for individuals seeking licensure as registered nurses, licensed practical/vocational nurses and advanced practice registered nurses.</li> <li>b. Grant legal recognition to nursing education programs that the board determines have met the standards.</li> <li>c. To assure graduates that they meet the educational and legal requirements for the level of licensure for which they are preparing and to facilitate their endorsement to other states and countries.</li> <li>d. Assure continuous evaluation and improvement of nursing education programs.</li> <li>e. To provide the public and prospective students with a list of nursing programs that meets the standards established by the board.</li> </ul>
<p>a. <i>Establishment of a New Nursing Education Program.</i>                  The board shall set requirements for the establishment of a new nursing education program.</p>	<p><b>9.3 1 Establishment of a New Nursing Education Program</b>                  Before establishing a new nursing education program, the program shall complete the process outlined below:</p> <ul style="list-style-type: none"> <li>a. Phase I – Application to board. The proposed program shall provide the following information to the board:                         <ul style="list-style-type: none"> <li>a. Results of a needs assessment, including identification of potential students and employment opportunities for program graduates.</li> <li>b. Identification of sufficient financial and other resources.</li> <li>c. Governing institution approval and support.</li> <li>d. Community support.</li> <li>e. Type of educational program proposed.</li> <li>f. Clinical opportunities and availability of resources.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>g. Availability of qualified faculty.</li> <li>h. A pool of available students.</li> <li>i. A proposed time line for initiating and expanding the program.</li> </ul>
	<p>b. Phase II – Approval for Admission of Students The proposed program shall provide verification to the board that the following program components and processes have been completed:</p>
	<ul style="list-style-type: none"> <li>1) Employ Director and faculty to develop program.</li> <li>2) Overview of total curriculum             <ul style="list-style-type: none"> <li>(a) Content</li> <li>(b) Schedule (course sequence)</li> <li>(c) Course descriptions</li> <li>(d) Contracts for Clinical sites</li> <li>(e) Program evaluation plan</li> <li>(f) Board consultation</li> <li>(g) Course syllabi for first year with identified timeline for submission of syllabi for next years.</li> </ul> </li> <li>3) Student policies for admission, progression, retention and graduation</li> </ul> <p>When the board determines that all components and processes are completed and in place, the board shall authorize the program to admit students.</p>
	<p>c. Phase III – Approval</p> <ul style="list-style-type: none"> <li>a. The board shall approve the program upon:             <ul style="list-style-type: none"> <li>i. Graduation of first class</li> <li>ii. Completion of board program survey visit concurrent with graduation of first class or eligibility for NCLEX, or with established eligibility for a national certification in an APRN role and specialty.</li> <li>iii. Submission of program’s ongoing evaluation plan and data.</li> <li>iv. Satisfactory survey report that verifies that the program is in compliance with the board’s Nursing Education Standards in 8.1.1.</li> </ul> </li> <li>b. The board may request periodic reports from the new program regarding initial</li> </ul>

	<p>program operations before granting approval.</p>
<p>b. <i>Continuing Approval of Nursing Programs.</i> The board shall periodically review educational nursing programs and require such programs to submit evidence of compliance with standards and administrative rules. If upon review of evidence the board determines that the program(s) meets the established standards, it shall grant continuing approval. The board will publish a list of approved programs.</p>	<p>9.3.2 Continuing Approval of Nursing Education Programs</p> <p>a. Every &lt;&gt; years or at the board's discretion, previously approved nursing education programs will be evaluated for continuing approval. The board shall monitor and analyze various sources of information regarding program performance, including but not limited to:</p> <ol style="list-style-type: none"> <li>1) Periodic survey visits and/or reports</li> <li>2) Accreditation visits and reports</li> <li>3) Results of ongoing program evaluations</li> <li>4) Other sources of information regarding achievement of program outcomes             <ol style="list-style-type: none"> <li>i. Student retention and attrition</li> <li>ii. Faculty turnover</li> <li>iii. Complaints regarding program</li> <li>iv. Trend data regarding NCLEX performance</li> <li>v. Trend data regarding success in obtaining national certification for APRN roles and specialties.</li> </ol> </li> </ol> <p>b. Continuing approval will be granted upon the board's verification that the program is in compliance with the board's Nursing Education Standards in 8.1.1.</p>
<p>c. <i>Denial or Withdrawal of Approval.</i> The board may deny or withdraw approval or take such action as deemed necessary when nursing education programs fail to meet the standards established by the board, provided that all such actions shall be in accordance with this state's Administrative Procedures Act and/or the Administrative Rules of the board.</p>	<p>9.3.3 Denial or Withdrawal of Approval.</p> <p>a. The board may deny initial approval if it determines that a new nursing education program will be unable to meet the standards for nursing education.</p> <p>b. The board may withdraw approval if it determines that:</p> <ol style="list-style-type: none"> <li>1) A nursing education program fails substantially to meet the standards for nursing education; or</li> <li>2) A nursing education program fails to correct the identified deficiencies within the time specified.</li> </ol> <p>9.3.4 Conditional Approval of Nursing Education Programs</p> <p>a. If the board determines that an approved nursing education program is not meeting the criteria set forth in these regulations, the governing academic institution shall be given a reasonable period of time to submit an action plan and to correct the</p>

	<p>identified program deficiencies.</p> <p>b. The board may grant conditional approval when it determines that a program is not fully meeting approval standards.</p> <p>9.3.5. Appeal. A program denied approval or given less than full approval may appeal that decision within a &lt; &gt; month period. All such actions shall be in accordance with due process rights and the &lt;NAME OF STATE&gt; Administrative Procedures Act and/or board rules.</p>
<p>d. <i>Reinstatement of Approval.</i> The board shall reinstate approval of a nursing education program upon submission of satisfactory evidence that its program meets the standards established by the board.</p>	<p>9.3.5 Reinstatement of Approval The board may reinstate approval if the program submits evidence of compliance with nursing education standards within the specified time frame.</p>
<p><b>Section 4. Closure of Nursing Education Programs.</b> The board shall, by administrative rules, identify the process for nursing education programs that cease operation.</p>	<p><b>9.4 Closure of Nursing Education Program and Storage of Records.</b> A nursing education program may close voluntarily or may be closed due to withdrawal of board approval. Provision shall be made for:</p> <ul style="list-style-type: none"> <li>a. Maintenance of the standards for nursing education during the transition to closure.</li> <li>b. Placement for students who have not completed the program.</li> <li>c. Arrangements for the secure storage and access to academic records and transcripts.</li> </ul>

<b>Article X. Violations and Penalties</b>	<b>Chapter Ten – Violations and Penalties</b>
<p><i>***This chapter describes the remedies available to the board when there is a violation of the Nursing Practice Act or Nursing Administrative Rules by a person who is not a licensee or a candidate for licensure, thus not directly subject to the jurisdiction of the board.</i></p>	<p><i>***The specificity of Article IX in the Model Nursing Practice Act precludes the need for rules at this time. The chapter title is a placeholder until and if rules are needed in the future.</i></p>
<p><b>Section 1. Violations.</b></p>	
<p>a. Failure of an employer of a licensed nurse or any person acting as an agent for the nurse in obtaining employment to verify the current status of the licensee’s authorization to practice nursing in this jurisdiction. As used in this section, the term “agent” includes, but is not limited to, nurse recruiters and nurse registries.</p>	
<p>b. No person shall:</p>	
<ol style="list-style-type: none"> <li>1) Engage in the practice of nursing as defined in the Act without a valid, current license, except as otherwise permitted under this Act.</li> <li>2) Practice nursing under cover of any diploma, license or record illegally or fraudulently obtained, signed or issued unlawfully or under fraudulent representation.</li> <li>3) Practice nursing during the time a license is suspended, revoked, surrendered, inactive or lapsed.</li> <li>4) Use any words, abbreviations, figures, letters, title, sign, card or device tending to imply that he or she is a registered nurse, licensed practical nurse or advanced practice registered nurse unless such person is duly licensed to practice under the provisions of this Act.</li> <li>5) Fraudulently obtain or furnish a license by or for money or any other thing of value.</li> <li>6) Knowingly employ unlicensed persons in the practice of nursing.</li> <li>7) Fail to report information relating to violations of this Act.</li> <li>8) Conduct a program for the preparation</li> </ol>	

<p>for licensure under this chapter unless the board has approved the program.</p> <p>9) Conduct courses or provide consultation that conflicts with the scope and standards of practice set forth in this Act and in rule.</p> <p>10) Otherwise violate, or aid or abet another person to violate any provision of this Act.</p> <p>11) Engage in irregular behavior in connection with the licensure examination, including, but not limited to, the giving or receiving of aid in the examination or the unauthorized possession, reproduction or disclosure of examination questions or answers.</p>	
<p><b>Section 2. Penalties.</b> Violation of any provision of this article shall constitute a misdemeanor.</p> <p><i>***A state's practice act may specify that all violations of the listed provisions are misdemeanors or may choose to specify which violation would constitute a misdemeanor.</i></p>	
<p><b>Section 3. Criminal Prosecution.</b> Nothing in this Act shall be construed as a bar to criminal prosecution for violation of the provisions of this Act.</p>	
<p><b>Section 4. Civil Penalties.</b> The board may, in addition to any other sanctions herein provided, impose on any person violating a provision of this Act or Administrative Rules, a civil penalty not to exceed (\$) for each count or separate offense.</p>	

<b>Article XI. Discipline and Proceedings</b>	<b>Chapter Eleven – Discipline and Proceedings</b>
<p><i>***This chapter provides remedies for the board to address violations of the Nursing Practice Act or Nursing Administrative Rules by licensees or applicants for licensure. The Model Act includes a very detailed list of discipline grounds. The subcommittee that worked on this revision identified two approaches to discipline grounds in Nursing Practice Acts:</i></p> <p><u><i>APPROACH ONE – BROAD GROUNDS CATEGORIES IN NPA</i></u>  <i>Details would be promulgated in rules/regulations.</i></p> <p><u><i>APPROACH TWO – DETAILED GROUNDS IN NPA</i></u>  <i>The detailed language is included as part of the Nursing Practice Act, precluding the need for additional rules.</i></p> <p><i>***There are advantages to both approaches. Having broad ground category with detail in rules/regulations provides more flexibility for the board to add to the rules as needed. Having the detail in the Act provides clear notice to nurses as to the types of conduct that the board sees as problematic.</i></p> <p><i>***This document presents the grounds in a format that will meet both needs: boards using the broad category approach can use the heading language for each group of grounds in their act, the details in their rules. The boards using the detailed grounds can use all or selected parts of the detailed language in their law.</i></p>	
<p><b>Section 1. Authority.</b> For any one or combination of the grounds set forth below, the board of nursing shall have the power to:</p> <ol style="list-style-type: none"> <li>a. Refuse to issue or renew a license.</li> <li>b. Limit/restrict a license.</li> <li>c. Suspend a license.</li> <li>d. Revoke a license.</li> <li>e. Place a license on probation or place conditions on a license.</li> <li>f. Reprimand or otherwise discipline a licensee.</li> </ol>	<p><i>***There is variation in the use of the language among boards of nursing to describe the disciplinary process. For example, some boards are specifically authorized to limit (or restrict) a license as a discipline action while other boards may incorporate a limitation as an element of probation (or conditional license).</i></p>

<p>g. Impose a civil penalty not exceeding \$10,000 for each separate violation.</p> <p>h. Impose fines of up to (\$).</p> <p>i. Take any other action justified by the facts in the case.</p> <p>j. Recover the costs of the proceedings resulting in revocation, suspension, or limitation/restrictions of a nursing license. The cost of proceedings shall include, but is not limited to, the cost paid by the board to the office of administrative hearings and the office of the attorney general or other board counsel for legal and investigative services, the costs of a court reporter and witnesses, reproduction of records, board staff time, travel and expenses, and board members' per diem reimbursements, travel costs and expenses.</p> <p><i>***States will vary as to how they obtain investigative, legal and administrative proceedings services, and the language of this section would need to be congruent with the state's administrative process and procedures.</i></p>	
<p><i>***The rationale for the option of large civil penalties is to deprive the nurse of any economic advantage gained by reason of the violation charged, to reimburse the board for the cost of counsel, investigation and proceeding, and to discourage repeated violations. The "other action" provision gives to the board flexibility to be creative with remedy provisions.</i></p>	
<p><b>Section 2. Grounds for Discipline.</b> The board may discipline a licensee or applicant for any one or a combination of the following grounds:</p> <p>a. <u>Failing to Meet Requirements</u> – failure to demonstrate the qualifications or satisfy the requirements for licensure contained in Article VI.</p> <p>b. <u>Licensing Examination Violations</u> – conduct that violates the security of the examination, including but not limited to:</p> <p>1) Copying, disseminating or receiving of any portion of an</p>	<p><i>*** A person applying for a license has the burden of proof to demonstrate the qualifications or satisfaction of the requirements.</i></p> <p><i>***Other examples of examination violations include:</i></p> <ol style="list-style-type: none"> <li>1. <i>Communicating with another examinee during the examination.</i></li> <li>2. <i>Possessing unauthorized materials during the examination.</i></li> </ol>

<p>examination.</p> <ol style="list-style-type: none"> <li>2) Having unauthorized possession of any portion of a future, current, or previously administrated examination.</li> <li>3) Violating the standard of test administration.</li> <li>4) Permitting an impersonator to take the examination on one’s behalf or impersonating an examinee.</li> </ol>	
<p>c. <u>Criminal Convictions</u> — convictions by a court or entry of an <i>Alford plea</i> or a <i>nolo contendere</i> plea to a crime in any jurisdiction that relates adversely to the practice of nursing or to the ability to practice nursing.</p>	<p><i>***While some states require a specific relationship between the crime and nursing practice, this broader ground provides the opportunity for boards to review a variety of crimes that, while not directly related to nursing practice, could be relevant to an individual’s ability to practice nursing, including information related to judgment and character issues.</i></p>
<p>d. <u>Fraud and/or Deceit</u> — employing fraud or deceit in procuring or attempting to procure a license to practice nursing, in filing any reports or completing client records, in representation of self to board or public, in authenticating any report or records in the nurse’s capacity as a registered nurse, licensed practical/vocational nurse or advanced practice registered nurse or in submitting any information or record to the board.</p>	<p><i>***Previous models have focused on fraud in procurement of a nursing license. This broadened language reflects other situations where a nurse’s misrepresentation or use of fraud could impact nursing practice. Unfortunately, this ground reflects situations observed in other professions and modern society.</i></p>
<p>e. <u>Unethical conduct</u> – including but not limited to conduct likely to deceive, defraud or harm the public; or demonstrating a willful or careless disregard for the health or safety of a client. Actual injury need not be established.</p>	<p><i>***Unethical conduct may include behavior that demeans the nursing profession at large. Examples of unethical nursing conduct include lying to a client and/or insurer about whether a service was provided; or failing to report an error to avoid difficulty for the nurse.</i></p>
<p>f. <u>Action in Another Jurisdiction</u> – a nurse’s license to practice nursing or a multi-state practice privilege or another professional license or other credential has been denied, revoked, suspended, restricted or otherwise disciplined in this or any other state.</p>	
<p>g. <u>Unsafe Practice/Unprofessional Practice</u> — actions or conduct including, but not limited to:</p> <ol style="list-style-type: none"> <li>1) Failure or inability to perform registered nursing,</li> </ol>	

<p>practical/vocational nursing or advanced practice nursing, as defined in Article II of this Act and rule, with reasonable skill and safety.</p> <p>2) Unprofessional conduct, including but not limited to:</p> <ul style="list-style-type: none"> <li>i. A departure from or failure to conform to nursing standards</li> <li>ii. Improper management of client records</li> <li>iii. Delegating or accepting the delegation of a nursing function or a prescribed health function when the delegation or acceptance could reasonably be expected to result in unsafe or ineffective client care</li> <li>iv. Failure to supervise the performance of acts by any individual working at the nurse's delegation or assignment</li> <li>v. Failure of a clinical nursing instructor to supervise student experiences.</li> </ul> <p>3) Failure of a chief administrative nurse to follow appropriate and recognized standards and guidelines in providing oversight of the nursing organization and nursing services of a health care delivery system.</p> <p>4) Failure to practice within a modified scope of practice or with the required accommodations, as specified by the board in granting a modified license as defined in Article VI, Section 5, or any stipulated agreement with the board.</p> <p>5) Conduct or any nursing practice that may create unnecessary danger to a client's life, health or safety. Actual injury to a client need not be established.</p>	<p><i>***Standards promulgated by boards of nursing provide a broad framework for nursing practice and provide notice to nurses as to Board expectations regarding practice. Violations of such standards may result in unsafe or unprofessional practice.</i></p> <p><i>***Appropriate oversight includes causing validation of a nurse's licensure status on initial hire and periodically throughout employment.</i></p>
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<p>6) Inability to Practice Safely — demonstration of actual or potential inability to practice nursing with reasonable skill and safety to clients by reason of illness, use of alcohol, drugs, chemicals, or any other material, or as a result of any mental or physical conditions.</p>	
<p>h. Misconduct — actions or conduct that include, but are not limited to:</p> <ol style="list-style-type: none"> <li>1) Falsifying reports, client documentation, agency records or other essential health documents.</li> <li>2) Failure to cooperate with a lawful investigation conducted by the board.</li> <li>3) Failure to maintain professional boundaries with clients and/or client family members.</li> <li>4) Use of excessive force upon or mistreatment or abuse of any client.</li> <li>5) Engaging in sexual conduct with a client, touching a client in a sexual manner, requesting or offering sexual favors or language or behavior suggestive of the same.</li> <li>6) Threatening or violent behavior in the workplace.</li> </ol>	<p><i>***Misconduct addresses situations when the client is harmed or placed at risk of harm by the conduct of the nurse, including deliberate acts. It may be useful for Boards using broad grounds categories in the NPA to promulgate rules with the more detailed descriptions and examples.</i></p> <p><i>*** Abuse includes all types of verbal and psychological abuse in addition to physical abuse.</i></p> <p><i>****“Excessive force” means force clearly greater than what would normally be applied in similar clinical situations.</i></p>
<p>i. <u>Drug Diversion</u> — diversion or attempts to divert drugs or controlled substances.</p>	
<p>j. <u>Failure to Comply with Alternative Program Requirements</u> — failure of a participant of an alternative (to discipline) program to comply with terms of his /her alternative program agreement.</p> <p>k. <u>Other Drug Related</u> — actions or conduct that include, but are not limited to:</p>	<p><i>*** This section of the Act provides a specific ground for failure to comply with terms of program agreement with Alternatives to Discipline Program. This ground addresses the challenge to investigate if a nurse who has been in a program for some time were to relapse and is referred to the board for possible disciplinary action.</i></p>
<p>7) Use of any controlled substance or any drug or device or alcoholic beverages, to an extent or in a matter dangerous or injurious to himself or herself, any other person, or the public or to the extent that such use may impair his or her ability to conduct with safety to the public the practice authorized by his or her license.</p>	

<p>8) Falsification of or making incorrect, inconsistent or unintelligible entries in any agency, client or other record pertaining to drugs or controlled substances.</p> <p>9) A positive drug screen for which there is no lawful prescription.</p>	<p><i>***Drug screening may be conducted as a condition of employment.</i></p>
<p>I. <u>Unlawful Practice</u> — actions or conduct that include, but are not limited to:</p> <ul style="list-style-type: none"> <li>a. Knowingly aiding, assisting, advising, or allowing an unlicensed person to engage in the unlawful practice of registered or practical nursing.</li> <li>b. Violating a rule adopted by the board, an order of the board, or a state or federal law relating to the practice of registered or practical nursing, or a state or federal narcotics or controlled substance law.</li> <li>c. Practicing beyond the scope of practice as stated in this Act.</li> <li>d. Failing to report violations of this Act as required in Article XI, Sections 1 and 2.</li> </ul>	<p><i>*** This section of the Act makes not completing or otherwise complying with a Board Order a ground for discipline in itself. Board orders are interpreted to include settlement agreements. This ground also addresses failure to comply with other laws and rules/regulations.</i></p>
<p><b>Section 3. Procedure.</b> The board shall establish a disciplinary process based on the Administrative Procedure Act of the State of &lt;NAME OF STATE&gt;.</p> <p><i>***The board of nursing disciplinary process assures due process to any nurse who is the subject of a complaint and investigation. The statutory language for due process requirements is set forth in the state's Administrative Procedures Act.</i></p>	<p><b>11.3 Disciplinary Process</b></p> <p>11.3.1 Complaint Investigation. The Board shall investigate alleged acts or omissions that the Board reasonably believes violate the Nursing Practice Act or Nursing Administrative Rules.</p> <p>11.4.2 Complaint Resolution</p> <ul style="list-style-type: none"> <li>a. Complaints may be settled through informal negotiations with the subject nurse and/or subject nurse's attorney.</li> <li>b. Negotiated settlements shall be reviewed to determine that any proposed remedy is appropriate for the facts as admitted or stipulated.</li> <li>c. If a complaint cannot be resolved through informal negotiations, the case may be referred for formal administrative hearings.</li> <li>d. The Board shall review the evidence and record produced at administrative</li> </ul>

	<p>hearings, and recommendations of the administrative law judge to determine whether the burden of proof has been met showing that the licensee has violated one or more grounds for disciplinary action. The Board is responsible for making complaint resolution decisions.</p>
<p><b>Section 4.</b> Immunity. Any member of the board or staff, or any person reporting to the board of nursing in good faith information relating to alleged incidents of negligence or malpractice or the qualifications, fitness or character of a person licensed or applying for a license to practice nursing shall not be subject to a civil action for damages as a result of reporting such information. The immunity provided by this section shall extend to the members of any professional review committee and witnesses appearing before the committee authorized by the board to act pursuant to this section.</p>	
<p><b>Section 5.</b> <i>Notification.</i> The board shall communicate disciplinary actions taken as set forth in rule and may report to other entities.</p>	<p><b>11.5 Notification.</b> The board shall provide information as required by federal law to federal databanks, to the National Council of State Boards of Nursing centralized licensing and discipline databank (Nursys) and may develop procedures for communicating with others in board policy.</p>
<p><b>Section 6.</b> <i>Alternative to Discipline Monitoring Program</i> The board shall establish through rules an alternative program to discipline for nurses with chemical dependency.</p>	<p><b>11.5 Alternative to Discipline Monitoring Program</b></p> <p>11.5.1 Purpose. Alternative to Discipline Monitoring Programs promote public health and safety by facilitating early intervention and entry into a non-punitive and non-public process for monitoring participants' recovery from substance abuse as well as their ability to provide safe nursing care.</p> <p>11.5.1 Objectives</p> <ul style="list-style-type: none"> <li>a. To promote early identification and close monitoring of nurses who are impaired due to substance abuse.</li> <li>b. To decrease the time between the nurse's acknowledgement of a substance abuse problem and the time she/he enters a treatment and recovery program.</li> <li>c. To assure that recovering nurses are compliant with treatment, recovery and</li> </ul>

	<p>work plans.</p> <ul style="list-style-type: none"> <li>d. To provide monitoring when the nurse returns to nursing practice to assure the safety of the public while the nurse progresses in recovery.</li> <li>e. To provide education to nurses, nursing schools and nursing employers regarding the disease of chemical dependency, the implications for nursing practice and to promote nurse self reporting as well as earlier identification and treatment.</li> </ul>
	<p>11.5.2 Program Structure</p> <ul style="list-style-type: none"> <li>a. A qualified administrator with education and expertise regarding the identification of substance abusers, treatment options and recovery maintenance shall direct the program.</li> <li>b. The program shall meet specific reporting criteria and timelines established by the board.</li> <li>c. The program shall make aggregate data regarding operations and outcomes available to the board and interested others.</li> </ul>
	<p>11.6.4 Criteria for Entry</p> <ul style="list-style-type: none"> <li>a. The program shall develop admission criteria for review and approval by the board.</li> <li>b. Admission to the alternative program may be denied for any of the following conditions, including but not limited to:             <ul style="list-style-type: none"> <li>1) The nurse is not eligible for licensure in the jurisdiction.</li> <li>2) The nurse has a history of prior licensure disciplinary action.</li> <li>3) The nurse has pending criminal action or past criminal conviction.</li> <li>4) The nurse denies substance abuse or addiction.</li> <li>5) The nurse has diverted controlled substances for sale or for other than self use.</li> </ul> </li> </ul>

	<p>6) The nurse’s participation in the program is determined to pose significant risk for the health care consumer as determined by alternative program staff, a consulting board member, the treatment provider or the nurse.</p> <p>7) The nurse’s practice has caused client harm.</p> <p><i>***Note that the verb in the stem of this provision is <b>may</b>. This section provides discretion for program staff to allow individuals into the program with one or more of these conditions.</i></p> <p><i>***An example of significant client risk would be a situation where there is information available indicating that incidents have occurred where the nurse caused harm, abuse or neglect to clients. In such cases, a disciplinary outcome for the nurse is needed.</i></p>
	<p>11.6.5 Terms and Conditions for Alternative Program Participation</p> <ul style="list-style-type: none"> <li>a. Each nurse entering the alternative program is responsible for meeting the requirements of the alternative program.</li> <li>b. Each nurse entering the alternative program shall agree to inform any and all employers of participation in the program.</li> <li>c. Alternative Program Agreements define the monitoring requirements, expected reports and information to be provided to the program.             <ul style="list-style-type: none"> <li>1) Standard provisions shall be developed and submitted to the board to approve use for all participants.</li> <li>2) Agreements may be individualized to meet specific nurse needs.</li> </ul> </li> <li>d. Agreements and supporting data shall be reviewed on a regular basis.</li> </ul>
	<p>11.6.5 Successful Program Completion</p> <ul style="list-style-type: none"> <li>a. A participant successfully completes the program when the participant complies with all terms and conditions of the program as specified in this chapter and</li> </ul>

	<p>the participant’s agreement.</p>
	<p>11.6.6 Causes for Termination from Program Participation from the alternative program may be terminated for any of the following reasons:</p> <ul style="list-style-type: none"> <li>a. The participant fails to comply with any of the terms and conditions of the program specified in this chapter.</li> <li>b. The participant fails to comply with any provision of the participant’s agreement.</li> <li>c. The participant is unable to practice according to acceptable and prevailing standards of safe care.</li> <li>d. The program receives information that indicates that the participant may have committed additional violations of the grounds for disciplinary action or the provisions of this chapter.</li> <li>e. The participant receives a felony conviction.</li> </ul>
<p><b>Section 7 – Practice Remediation Program.</b></p> <p>The board shall establish through rules a practice remediation program to offer an alternative to discipline opportunity to correct nursing practice deficiencies.</p>	<p><b>11.7 Practice Remediation Program (PRP)</b></p> <p><i>***The Practice Remediation Program (PRP) offers an alternative to discipline opportunity for nurses with demonstrated practice deficiencies to correct those deficiencies. The program serves nurses who work in employment settings where there are not adequate mechanisms in place to take corrective action, monitor effectiveness of remediation and monitor the nurses’ behavior and practice. The program is also available to nurses who request assistance from the board as an alternative to working with an employer (see minor incident rule, Chapter 12, section 12.3.1).</i></p> <p>11.7.1 Purpose. To offer an alternative to discipline for nurses with practice deficiencies.</p> <p>11.7.2 Objectives</p> <ul style="list-style-type: none"> <li>a. To promote early identification of practice deficiencies.</li> <li>b. To assess the practice deficiencies in relation to the nurse, the practice context and public safety.</li> <li>c. To provide remediation plans for</li> </ul>

	<p>correcting practice deficiencies.</p> <p>d. To monitor the progress of nurses toward meeting remediation goals.</p>
	<p>11.7.3 Program Structure</p> <p>a. A qualified administrator with education and teaching expertise working with adult learners shall direct the program.</p> <p>b. The program shall develop criteria for selection, performance and evaluation of educational providers who participate in the PRP.</p> <p>c. The program shall report to the board regarding the utilization of the program and meet specific reporting criteria established by the board.</p> <p>d. The program shall make aggregate data regarding operations and outcomes available to the board and interested others.</p>
	<p>11.7.4 Identification of Practice Deficiencies</p> <p>a. Reports that a nurse may have practice deficiencies may be referred to the Practice Remediation Program (PRP) for review.</p> <p>b. Criteria to determine if a licensee's identified practice deficiency can be corrected through participation in the PRP rather than through formal disciplinary action include but are not limited to:</p> <ol style="list-style-type: none"> <li>1) The licensee's eligibility to participate in the PRP in accordance with 10.7.5.</li> <li>2) The licensee's willingness to participate in the PRP.</li> <li>3) Whether the reported practice deficiency:             <ol style="list-style-type: none"> <li>a. Represented an intentional or willful commission or omission by the licensee.</li> <li>b. Represented a single incident or a pattern of behavior by the licensee, and if a pattern of behavior the frequency of the occurrence.</li> <li>c. Involved a vulnerable</li> </ol> </li> </ol>

	<p>client.</p> <ol style="list-style-type: none"> <li>4) The impact of the practice deficiency on patient care and outcomes.</li> <li>5) The likelihood of correcting the practice deficiency through remediation.</li> <li>6) Whether remediation and monitoring of the nurse’s practice will provide reasonable assurance that the public will be adequately protected from unsafe practice if the licensee enters the PRP.</li> </ol>
	<p>11.6.5 Eligibility Requirements for Participation in the Practice Remediation Program (PRP)</p> <p>A licensee may participate in the PRP if:</p> <ol style="list-style-type: none"> <li>a. The licensee is currently licensed to practice nursing in the state and is eligible to renew the license.</li> <li>b. The licensee has not been the subject of formal disciplinary action by any regulatory board or entity located in this state or in another jurisdiction unless the board determines that the previous disciplinary action was for a violation that would not preclude participation in the PRP.</li> <li>c. The nurse has no pending criminal conviction.</li> <li>d. The review of the criteria in 10.7.4 determines that the licensee’s identified practice deficiency is appropriate to correct through remediation and would not pose a significant risk for the health care consumer as determined by PRP staff.</li> </ol>
	<p>11.7.6 Provisions of the Participatory Agreement for the Practice Remediation Program</p> <ol style="list-style-type: none"> <li>a. When a licensee has been determined by the board to be eligible for the PRP, the licensee shall execute a participatory agreement with PRP which includes, but is not limited to:             <ol style="list-style-type: none"> <li>1) A description of the identified practice deficiency.</li> </ol> </li> </ol>

	<ul style="list-style-type: none"><li>2) Identifies the specific remediation the participant must complete, including identification of educational providers and time frame for compliance with the terms of the participatory agreement.</li><li>3) Requires the participant to pay all expenses the participant incurs as a result of the required remediation.</li><li>4) Requires the participant to notify all employers during the course of participation in the PRP.</li><li>5) Requires the participant to agree not to practice in any other jurisdiction during the term of the PRP agreement without prior authorization from the other jurisdiction and the PRP.</li><li>6) Identifies a monitoring plan and expected progress reports from all employers, education providers and the licensee.</li><li>7) Requires the participant to sign all waivers necessary to secure all reports required by PRP.</li><li>8) Sets forth expectations for successful completion of the program.</li><li>9) Sets forth the grounds</li></ul>
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	<p>for termination from the PRP.</p> <p>b. A licensee determined eligible for the PRP who refuses to enter into the participatory agreement set forth within this rule the time frame specified by PRP shall be subject to disciplinary action in accordance with Article X Section 3.</p>
	<p>11.7.7 Successful Completion of Program</p> <p>A participant successfully completes the program when the participant complies with all terms and conditions of the program as specified in this chapter and the participant's agreement.</p>
	<p>11.7.8 Termination from the Practice Remediation Program</p> <p>a. Participation in the PRP may be terminated from the program for any of the following:</p> <ol style="list-style-type: none"> <li>1) Failure to comply with any term of the participatory agreement entered into by the participant.</li> <li>2) Receipt of evidence from the educational provider indicating that the participant has failed to progress through or to successfully complete the remediation in the manner and during the time frame prescribed in the participatory agreement.</li> <li>3) Receipt of evidence from the workplace monitor indicating that the participant has continued to demonstrate the practice deficiency.</li> <li>4) Failure to complete the remediation.</li> <li>5) Failure to maintain eligibility for PRP.</li> </ol> <p>b. When a licensee is terminated from PRP for one or more of these reasons, the board may proceed with disciplinary action in accordance with Article X, Section Three. The board</p>

	<p>may consider the licensee's termination from the PRP when determining the discipline to be imposed.</p>
	<p>11.7.9 Disclosure of PRP Records</p> <ul style="list-style-type: none"> <li>a. Information obtained by the practice program pursuant to an investigation shall be classified as not public information.</li> <li>b. All records regarding a licensee's participation in the PRP are not public and shall be maintained in the program office in a secure place separate and apart from the board's record</li> <li>c. The records shall be made public only by subpoena and court order.</li> <li>d. All educational providers and workplace monitors selected to provide remediation by a participant in PRP shall, as representatives of the board, maintain the privacy of all records regarding the participant's remediation.</li> <li>e. The PRP shall make regular reports to the board setting forth in aggregate, information regarding practice deficiencies, the types of educational interventions undertaken to correct the deficiencies, and any other statistical information requested by the board.</li> <li>f. Non-public treatment of PRP records shall be cancelled if the nurse defaults on the PRP agreement and does not comply with the requirements of the program.</li> </ul> <p><i>***The Ohio State Board of Nursing Practice Identification and Improvement Program (PIIP) was the model for the Practice Remediation Program.</i></p>

<b>Article XII. Emergency Relief</b>	<b>Chapter Twelve – Emergency Relief</b>
<p><b>Section 1. Summary Suspension.</b></p> <p>a. Authority. The board is authorized to temporarily suspend the license of a nurse without a hearing if:</p> <ol style="list-style-type: none"> <li>1) The board finds that there is probable cause to believe that the nurse has violated a statute or rule that the board is empowered to enforce; and</li> <li>2) Continued practice by the nurse would create imminent and serious risk of harm to others.</li> </ol> <p>b. Duration. The suspension shall remain in effect until the board issues a stay of suspension or a final order in the matter after a hearing or upon agreement between the board and licensee.</p> <p>c. Hearing. The board shall schedule a disciplinary hearing to be held under the Administrative Procedures Act, to begin no later than &lt; &gt; days after the issuance of the summary suspension order. The licensee shall receive at least &lt; &gt; days notice of the hearing.</p>	<p><i>***Article XI of the MNPA and chapter eleven of the MNAR provide a process for the board to intervene quickly in emergency situations in order to protect the public from imminent and serious harm to the public. Although action is taken prior to hearing, the nurse is assured due process because of the provision that a hearing must be held within a specified time frame. Such emergency action is reserved for critical incidents.</i></p> <p><i>***The specificity of Article XI in the Model Nursing Practice Act precludes the need for additional rules at this time. This chapter is a placeholder until and if rules are needed in the future. This column has been used for explanatory comments.</i></p> <p><i>***States vary as to how summary suspensions are initiated.</i></p>
<p><b>Section 2. Automatic Suspension.</b></p> <p>a. Unless the board orders otherwise, a license to practice nursing is automatically suspended if:</p> <ol style="list-style-type: none"> <li>1) A guardian of a nurse is appointed by order of a court under sections &lt;REFERENCE TO GOVERNING STATE LAW&gt;.</li> <li>2) The nurse is committed by order of a court under &lt;REFERENCE TO GOVERNING STATE LAW&gt;.</li> <li>3) The nurse is determined to be mentally incompetent, mentally ill, chemically dependent, or a person dangerous to the public by a court of competent jurisdiction within or without this state.</li> </ol> <p>b. The license remains suspended until the nurse is restored to capacity by a court. The nurse shall petition the board for reinstatement. The board may terminate the suspension after a hearing or upon agreement between the board and the nurse.</p>	<p><i>*** This section allows a board to act on a previous court action without additional proceedings. The rationale for this section, in addition to the individual already having been in court, is that if a nurse is so ill or incompetent as to require a guardian, he or she would not be able to participate in the discipline process in a meaningful way.</i></p> <p><i>Example: a nurse who has been determined by a court of competent jurisdiction to be dangerous to the public because of serious mental disorder.</i></p> <p><i>Another option is to consider automatic suspension for specified, very serious criminal convictions.</i></p>
<p><b>Section 3. Injunctive Relief.</b></p> <p>a. Authority. The board or any prosecuting officer upon a proper showing of the facts is authorized to petition a court of competent</p>	<p><i>*** The board's prosecuting attorney may also petition for injunctive relief related to nursing practice.</i></p>

<p>jurisdiction for an order to enjoin (injunctive relief):</p> <ol style="list-style-type: none"> <li>1) Any person who is practicing nursing within the meaning of this Act from practicing without a valid license, unless exempted under Article XIII.</li> <li>2) Any person, firm, corporation, institution or association from employing any person who is not licensed to practice nursing under this Act or exempted under Article XIII.</li> <li>3) Any person, firm, corporation, institution or association from operating a school of nursing without approval.</li> <li>4) Any person whose license has been suspended or revoked for practicing as an RN, LPN/VN or APRN.</li> <li>5) Any person to use the title “Nurse”, “Registered Nurse,” “Advanced Practice Registered Nurse”, or their authorized abbreviations unless licensed to practice nursing in this state.</li> </ol> <p>b. The court may without notice or bond, enjoin such acts and practice. A copy of the complaint shall be served on the defendant and the proceedings thereafter shall be conducted as in other civil cases. In case of violation of an injunction issued under this section, the court, or any judge thereof, may summarily try and punish the offender for contempt of court.</p>	
<p><b>Section 4.</b> <i>Preservation of Other Remedies.</i> The emergency proceedings herein described shall be in addition to, not in lieu of, all penalties and other remedies provided by law.</p>	

<p><b>Article XIII. Reporting</b></p> <p><b>Section 1. Duty to Report by Licensed Nurses</b>  A licensed nurse shall report names of subject individuals to the board if the nurse has reasonable cause to suspect that a nurse or an applicant has violated any of the grounds for discipline found in Article X, Section 2, except for minor incidents as described in rule.</p> <p><b>Section 2. Duty to Report by Others.</b></p> <ul style="list-style-type: none"> <li>a. Hospitals, nursing homes, temporary staffing agencies and other employers of registered nurses, licensed practical/vocational nurses or advanced practice registered nurses shall report to the board the names of any licensee or applicant for nursing licensure whose employment has been terminated or who has resigned in order to avoid termination for any reasons stipulated in Article X, Section 2.</li> <li>b. A state agency that licenses, registers or certifies a hospital, nursing home, home health agency or other type of health care facility or agency section, or surveys one of these facilities or agencies shall report to the board when that agency has evidence that the nurse has violated Article IX, Section 2.</li> <li>c. Each insurer that provides professional liability insurance that covers claims arising from providing or failing to provide nursing care shall report any payment made on behalf of a nurse in a claim or lawsuit.</li> <li>d. The board shall develop procedures to identify criminal convictions of licensed nurse involving: <ul style="list-style-type: none"> <li>1) Moral turpitude.</li> <li>2) Violation of a state or federal narcotics or controlled substances law.</li> <li>3) Fraud or abuse under the Medicare or Medicaid program.</li> <li>4) Court determination that a nurse is mentally ill or mentally incompetent.</li> </ul> </li> <li>e. A person who is required to report a nurse</li> </ul>	<p><b>Chapter Thirteen– Reporting</b></p> <p>13.2.1 Insurers. Four times each year, by the first day of February, May, August and November, each insurer authorized to sell insurance in this state and providing professional liability insurance to registered nurses, licensed practical/vocational nurses or advanced practice registered nurses shall submit to the board a report concerning any nurse against whom a malpractice award has been made or who has been a party to a settlement. The report shall contain at least the following information:</p> <ul style="list-style-type: none"> <li>a. The total number of settlements or awards;</li> <li>b. The date the settlement or award was made;</li> <li>c. The allegations contained in the claim or complaint leading to the settlement or award;</li> <li>d. The dollar amount of each malpractice settlement or award and whether that amount was paid off as a result of a settlement or of an award; and</li> <li>e. The name and address of the nurse against whom an award was made or with whom a settlement was made.</li> </ul> <p>An insurer shall also report to the board any information it possesses that tends to substantiate a charge that a nurse may have engaged in conduct violating Article X, Section 2.</p> <p><i>***Boards that require liability insurer reporting may need to reference the state’s statutes and rules governing insurance carriers and collaborate with other agencies to enforce this provision.</i></p> <p>13.2.2 Courts. The court administrator of any court of competent jurisdiction shall report to the board any judgment or other determination of the court that adjudges or includes a finding that a nurse is a person who is mentally ill, mentally</p>
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<p>under this section because the nurse is impaired or suspected of being impaired by chemical dependency or mental illness may report to the alternative to discipline program instead of reporting to the Board.</p> <p>f. The Board shall inform, in the manner the board determines appropriate, nurses, facilities, agencies, and other persons of their duty to report under this section.</p>	<p>incompetent, chemically dependent, dangerous to the public, guilty of a felony or gross misdemeanor, guilty of a violation of federal or state narcotics laws or controlled substances act, guilty of operating a motor vehicle while under the influence of alcohol or a controlled substance, or guilty of an abuse or fraud under Medicare or Medicaid, appoints a guardian of the nurses or commits a nurse pursuant to the laws of this state.</p> <p>13.2.3 Deadlines; Forms. Reports required by 13.2 must be submitted no later than 30 days after the occurrence of the reportable event or transaction. The board may provide forms for the submission of reports required by this section, may require that the reports be submitted on the forms provided, and may adopt rules necessary to assure prompt and accurate reporting. The board shall review all reports, including those submitted after the deadline.</p> <p><i>***States vary as to processes for accessing court records. Criminal convictions involving licensed nurses should be reviewed to confirm the identity of the nurse and for the nature of the offense committed, the court's sentence and judgment.</i></p>
<p><b>Section 3. Exceptions to Duty to Report.</b> Minor incidents are exceptions to reporting requirements for violations of Article X, Section 2. when the continuing practice by the subject nurse does not pose a risk of harm to a client or others, and can be addressed through corrective action by the nurse's employer. The board shall adopt rules governing reporting of minor incidents. The board may evaluate a complaint and determine that it is a minor incident under this section.</p>	<p>13.3.1 Minor Incidents</p> <p><i>***The reporting of every minor violation of the Nursing Practice Act does not enhance protection of the public. This is particularly true when there are mechanisms in place in the nurse's employment setting to take corrective action and monitor effectiveness of remediation and patterns of nurse behavior and practice. This rule is intended to clarify both what constitutes a minor incident and when a minor incident need not be reported to the board.</i></p> <p>a. The chief administrative nurse or designee responsible for reviewing incidents of practice breakdown may determine that an incident need not be reported to the board of nursing if all of the following factors exist:</p> <ol style="list-style-type: none"> <li>1. The potential risk of physical, emotional or financial harm to the client due to the incident is minimal.</li> <li>2. The nurse exhibits a conscientious approach to and accountability for his or her</li> </ol>

	<p>practice.</p> <ol style="list-style-type: none"> <li>3. The nurse has demonstrated the knowledge and skill to practice safely.</li> </ol> <ol style="list-style-type: none"> <li>b. The review of the incident shall include evaluation of the significance of the event in the practice setting, the context of the event and the presence of contributing or mitigating circumstances in the nursing care delivery system.</li> <li>c. If an event is determined to be a minor incident:             <ol style="list-style-type: none"> <li>1. An incident/variance report shall be completed according to the employing facility’s policy, including a complete description of the incident, client record number, names of witnesses, identification of subject nurse and action to correct or remediate the problem.</li> <li>2. The chief administrative nurse or designee shall maintain a record of each minor incident involving nurses under his/her supervision.</li> </ol> </li> <li>d. The chief administrative nurse or designee shall report to the board if &lt; &gt; minor incidents involving a nurse are documented within a one-year time period, or if nurse leaves employment before completing any employer expectations for re-education or other remediation, or if the risk of ongoing problems that do not respond to employer remediation expose patients to unsafe nursing care.</li> <li>e. Nothing in this rule is intended to prevent reporting of a potential violation directly to the board.</li> <li>f. Failure to classify an event appropriately in order to avoid reporting may result in violation of the mandatory reporting statute.</li> </ol>
<p><b>Section 4. Court Order.</b> The board may seek an order from a court of competent jurisdiction for a report from any of the parties stipulated in Section 1 and 2 of this Article if one is not forthcoming voluntarily.</p>	<p><i>***This provision authorizes the board to seek court assistance in obtaining information required in Article XII of the MNPA.</i></p>

<p><b>Section 5. <i>Penalty.</i></b> The board may seek a citation for civil contempt if a court order for a report is not obeyed by any of the parties stipulated in Section 1 and 2 of this Article.</p>	
<p><b>Section 6. <i>Immunity.</i></b></p> <ul style="list-style-type: none"><li>a. Any organization or person reporting, in good faith, information to the board under this Article shall be immune from civil action as provided in Article X, Section 4.</li> <li>b. A physician or other licensed health care professional who, at the request of the board, examines a nurse, shall be immune from suit for damages by the nurse examined if the examining physician or examining health care professional conducted the examination and made findings or diagnoses in good faith.</li></ul>	

<p><b>Article XIV. Exemptions</b></p>	<p><b>Chapter Fourteen – Exemptions</b></p> <p><i>***Article XIII of the MNPA identifies exceptional situations when an individual may practice nursing without first being granted a license by the jurisdiction. Jurisdictions may use different terminology or mechanism to authorize practice in these temporary situations.</i></p>
<p><b>Section 1.</b> <i>No provisions of this Act shall be construed to prohibit:</i></p> <ul style="list-style-type: none"> <li>a. The practice of nursing that is an integral part of a program by nursing students enrolled in board approved nursing education programs.</li> <li>b. The clinical practice needed to fulfill program requirements by a graduate nursing student currently licensed in another jurisdiction who meets criteria set forth in rule.</li> <li>c. The rendering of assistance by any nurse in the case of an emergency or disaster.</li> <li>d. The practice of any nurse, currently licensed in another state, in the provision of nursing care in the case of emergency or disaster.</li> <li>e. The incidental and gratuitous care of the sick by members of the family, friends or companions; or household aides at the direction of a person needing such care who resides independently outside any hospital, nursing or health care facility, or other similar institutional setting.</li> <li>f. Caring for the sick in accordance with tenets or practices of any church or religious denomination that teaches reliance upon spiritual means for healing.</li> <li>g. The practice of any nurse, currently licensed in another state who is employed by any bureau, division or agency of the United States government while in the discharge of official governmental duties.</li> <li>h. The practice of any nurse currently licensed in another state who is in this</li> </ul>	<p><i>***Article XIII, Section 1 a. of the MNPA provides an exemption for nursing students enrolled in board approved nursing education programs and is intended to address practice by students in basic nursing education programs (preparation for initial licensure).</i></p> <p><i>***Clinical practice by a nurse completing a refresher course requires a temporary permit as stipulated in Chapter Six.</i></p> <p><b>14.1.1 Graduate Nursing Students from Another Jurisdiction</b></p> <p>Graduate students who are licensed as registered nurses in another jurisdiction and practicing nursing in this state in fulfillment of graduate nursing program requirements are exempted from licensure if they meet the following criteria:</p> <ul style="list-style-type: none"> <li>a. The graduate program verifies that the student holds an active, unencumbered RN license in another jurisdiction (either in the United States or in another country).</li> <li>b. The board approves the graduate study experience.</li> <li>c. The graduate program advises the student of expectations regarding student practice and required supervision.</li> <li>d. The graduate program provides direct supervision of the clinical experience, and informs faculty, preceptors and clinical facilities that the student is practicing under this limited exemption.</li> <li>e. The student limits practice to what is required for completion of the graduate program requirements.</li> </ul>

<p>state on a non-routine basis for a period not to exceed &lt; &gt; days to:</p> <ol style="list-style-type: none"> <li>1) Provide care to a client being transported into, out of, or through this state.</li> <li>2) Provide professional nursing consulting services.</li> <li>3) Attend or present a continuing nursing education program.</li> <li>4) Provide other short-term non-clinical nursing services.</li> </ol> <p>i. The practice of any other occupation or profession licensed under the laws of this state, provided that such care does not constitute the practice of nursing within the meaning of this Act.</p>	<p><i>***This exemption addresses the nursing practice by a graduate nursing student. Students who complete a graduate nursing program preparing for practice as an APRN would then apply for a temporary permit to practice during the time between program completion and licensure as an APRN.</i></p> <p><i>*** Most graduate nursing education programs in the United States require students to be licensed as RNs in the state the school is located. There are some exceptions, e.g., some programs waive this requirement for international students who come to the United States solely for education, planning to return to their native country and never intending to practice in this country. If a graduate student intends to work as a nurse while enrolled in a graduate nursing education program, the student is expected to apply for licensure.</i></p> <p><i>***In the previous version of the rules, practice by graduate students in schools where RN licensure was not required was covered by a category of permit for “post-basic” students that was included in MNPA, Article V, to provide for those situations when a graduate nurse wishes to practice to meet the clinical requirements of a graduate program but does not intend to otherwise practice in a jurisdiction. There was concern that the term “post-basic” was confusing, so this type of permit was deleted. Instead, Article XIII, Section 1 b. provides an exemption for graduate students meeting criteria set forth in rule.</i></p>
	<p><b>14.1.2 Practice Expectations</b></p> <p>The practice of any nurse currently licensed in another state who is in this jurisdiction on a time-limited, non-routine basis for the activities identified in Article XIII, I, shall comply with the scope of practice and standards of this jurisdiction.</p>

<b>Article XV. Revenue, Fees</b>	<b>Chapter Fifteen – Revenue and Fees</b>	
<b>Section 1. Revenue.</b> The board is authorized to establish appropriate fees for licensure by	<b>15.1 Collection of Fees</b> a. The board shall collect the following fees:	
	<u>Fee Category</u>	<u>Fee</u>



<p><b>Section 2.</b> <i>Disposition of Fees.</i> All fees collected by the board shall be administered according to the established fiscal policies of this state in such manner as to implement adequately the provisions of this Act.</p>	
<p><b>Section 3.</b> <i>Grants and Contributions.</i> The board may accept grants, contributions, devices, bequests and gifts that shall be kept in a separate fund and shall be used by the board to enhance the practice of nursing.</p>	

<b>Article XVI. Implementation</b>	<b>Chapter Sixteen – Implementation</b>
<p><b>Section 1. <i>Effective Date.</i></b> This Act shall take effect &lt;DATE&gt;.</p>	
<p><b>Section 2. <i>Persons Licensed Under a Previous Law</i></b></p> <ul style="list-style-type: none"> <li>a. Any person holding a license to practice nursing as a registered nurse in this state that is valid on [effective date] shall be deemed to be licensed as a registered nurse under the provisions of this Act and shall be eligible for renewal of such license under the conditions and standards prescribed in this Act.</li> <li>b. Any person holding a license to practice nursing as a licensed practical/vocational nurse in this state that is valid on [effective date] shall be deemed to be licensed as a licensed practical/vocational nurse under the provisions of this Act and shall be eligible for renewal of such license under the conditions and standards prescribed in this Act.</li> <li>c. Any person holding a license to practice nursing as an advanced practice registered nurse in this state that is valid on [effective date] shall be deemed to be licensed as an advanced practice registered nurse under the provisions of this Act and shall be eligible for renewal of such license under the conditions and standards prescribed in this Act.</li> <li>d. Any person eligible for reinstatement of a license as a registered nurse, licensed practical nurse or advanced practice nurse respectively, under provisions, conditions and standards prescribed in this act by applying for reinstatement according to rules established by the board of nursing. Application for such reinstatement must be made within &lt; &gt; months of the effective date of this Act.</li> <li>e. Any person holding a lapsed license to practice nursing as a registered nurse, licensed practical/vocational nurse or an advanced practice registered nurse on &lt;EFFECTIVE DATE&gt; because of failure</li> </ul>	<p><b>16.1 APRN Implementation</b></p> <p>A nurse practicing at an advanced level during a &lt; &gt; period preceding the effective date, may apply for licensure as an advanced practice registered nurse.</p> <ul style="list-style-type: none"> <li>a. The graduate degree requirement is waived before January 1, 2003. The waiver of the graduate education requirement continues to apply at the time of license renewal or reinstatement of a lapsed license.</li> <li>b. The applicant shall have completed an educational program designed to prepare the person to function in the advanced nursing practice role and specialty.</li> </ul> <p><i>***Boards of nursing that implement changes in the requirements for advanced practice registered nurses should provide adequate grandfathering language to assure continued practice by individuals already safely practicing in that category.</i></p>

<p>to renew may become licensed as a registered nurse, licensed practical/vocational nurse or advanced practice registered nurse respectively, under the provisions of this Act by applying for reinstatement according to rules established by the board of nursing. Application for such reinstatement must be made within &lt; &gt; months of the effective date of this Act.</p> <p>f. Those so licensed under the provisions of Article XV, Section 2 (a) through (e) above, shall be eligible for renewal of such license under the conditions and standards prescribed by this Act.</p>	
<p><b>Section 3. Severability.</b> The provisions of this Act are severable. If any provision of this Act is declared unconstitutional, illegal or invalid, the constitutionality, legality and validity of the remaining portions of this Act shall be unaffected and shall remain in full force and effect.</p>	
<p><b>Section 4. Repeal.</b> The laws specified below are repealed except with rights and duties that have matured, penalties that were incurred and proceedings that were begun before the effective date of this Act. &lt;LIST STATUTES TO BE REPEALED, FOR EXAMPLE THE CURRENT NURSING PRACTICE ACT OR APPROPRIATE SECTIONS.&gt;</p>	

**Article XVII. Nurse Licensure Compact****Chapter Seventeen – Nurse Licensure Compact**

*\*\*\*Set out below are a series of enabling act provisions which may be appropriate for states introducing the compact, depending on specific state requirements.*

**Section 1. Enabling Provisions.**

- a. The Nurse Licensure Compact is hereby enacted and entered into with all other jurisdictions that legally join in the compact, which is, in form, substantially as follows in Section 2.
- b. "The head of the nurse licensing board" as used to define the compact administrator in Article VIII (a) shall mean <DESIGNATED POSITION>.

*\*\*\*Each board of nursing designates a compact administrator to oversee the implementation of the compact. This may be the executive officer of the board, the head of an umbrella organization or other designee selected by the state.*

- c. Upon the effective date of this Compact, the licensing board will participate in a Compact Evaluation Initiative, designed to evaluate the effectiveness and operability of the Compact. Such a Compact Evaluation Initiative will be conducted by an outside researcher. A component of the Evaluation shall include a remote state identification system through which nurses will designate those remote states in which the nurse is practicing. A nurse's practice information in such identification system will be updated upon issuance and renewal of the nurse license. The Evaluation shall continue until the year 2005, after which time a report shall be produced for comment by the participating licensing boards and will be submitted to the legislature in the form of a Nurse Licensure Compact evaluation report.
- d. To facilitate cross-state enforcement efforts, the legislature finds that it is necessary for [this state] to have the power to recover from the affected nurse the costs of investigations and disposition of cases resulting from adverse actions taken by <this state> against that nurse. Coordinating language shall be inserted in the appropriate location in the Nurse Practice Act.

- e. This Compact is designed to facilitate the regulation of nurses, and does not relieve employers from complying with statutorily imposed obligations.
- f. This Compact does not supersede existing state labor laws.

**Section 2. Nurse Licensure Compact.**

a. NLC – ARTICLE I. *Findings and Declaration of Purpose*

- 1) The party states find that:
  - (a) The health and safety of the public are affected by the degree of compliance with and the effectiveness of enforcement activities related to state nurse licensure laws;
  - (b) Violations of nurse licensure and other laws regulating the practice of nursing may result in injury or harm to the public;
  - (c) The expanded mobility of nurses and the use of advanced communication technologies as part of our nation's health care delivery system require greater coordination and cooperation among states in the areas of nurse licensure and regulation;
  - (d) New practice modalities and technology make compliance with individual state nurse licensure laws difficult and complex;
  - (e) The current system of duplicative licensure for nurses practicing in multiple states is cumbersome and redundant to both nurses and states.
- 2) The general purposes of this Compact are to:
  - (a) Facilitate the states' responsibility to protect the public's health and safety;
  - (b) Ensure and encourage the cooperation of party states in the areas of nurse licensure and regulation;
  - (c) Facilitate the exchange of information between party states in

the areas of nurse regulation, investigation and adverse actions;

- (d) Promote compliance with the laws governing the practice of nursing in each jurisdiction;
- (e) Invest all party states with the authority to hold a nurse accountable for meeting all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state licenses.

**b. NLC – ARTICLE II. *Definitions***

As used in this Compact:

- 1) "Adverse Action" means a home or remote state action.
- 2) "Alternative program" means a voluntary, non-disciplinary monitoring program approved by a nurse licensing board.
- 3) "Coordinated licensure information system" means an integrated process for collecting, storing, and sharing information on nurse licensure and enforcement activities related to nurse licensure laws, which is administered by a non-profit organization composed of and controlled by state nurse licensing boards.
- 4) "Current significant investigative information" means: investigative information that a licensing board, after a preliminary inquiry that includes notification and an opportunity for the nurse to respond if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or investigative information that indicates that the nurse represents an immediate threat to public health and safety regardless of whether the nurse has been notified and had an opportunity to respond.
- 5) "Home state" means the party state which is the nurse's primary state of residence.
- 6) "Home state action" means any administrative, civil, equitable or criminal action permitted by the home state's laws which are imposed on a nurse by the home state's licensing board or other authority including actions against an individual's license such as: revocation, suspension, probation or any other action

**17.1 Definition of terms in the Compact.**

For the Purpose of the Compact:

- a. "Board" means party state's regulatory body responsible for issuing nurse licenses.
- b. "Information system" means the coordinated licensure information system.
- c. "Primary state of residence" means the state of a person's declared fixed permanent and principal home for legal purposes; domicile.
- d. "Public" means any individual or entity other than designated staff or representatives of party state boards or the National Council of State Boards of Nursing, Inc.

Other terms used in these rules are to be defined as in the Interstate Compact.

- which affects a nurse's authorization to practice.
- 7) "Licensing board" means a party state's regulatory body responsible for issuing nurse licenses.
  - 8) "Multistate licensure privilege" means current, official authority from a remote state permitting the practice of nursing as either a registered nurse or a licensed practical/vocational nurse in such party state. All party states have the authority, in accordance with existing state due process law, to take actions against the nurse's privilege such as: revocation, suspension, probation or any other action which affects a nurse's authorization to practice.
  - 9) "Nurse" means a registered nurse or licensed practical/vocational nurse, as those terms are defined by each party's state practice laws.
  - 10) "Party state" means any state that has adopted this Compact.
  - 11) "Remote state" means a party state, other than the home state, where the patient is located at the time nursing care is provided, or, in the case of the practice of nursing not involving a patient, in such party state where the recipient of nursing practice is located.
  - 12) "Remote state action" means any administrative, civil, equitable or criminal action permitted by a remote state's laws which are imposed on a nurse by the remote state's licensing board or other authority including actions against an individual's multistate licensure privilege to practice in the remote state, and cease and desist and other injunctive or equitable orders issued by remote states or the licensing boards thereof.
  - 13) "State" means a state, territory, or possession of the United States, the District of Columbia or the Commonwealth of Puerto Rico.
  - 14) "State practice laws" means those individual party's state laws and regulations that govern the practice of nursing, define the scope of nursing practice, and create the methods and grounds for imposing discipline.
  - 15) "State practice laws" does not include the initial qualifications for licensure or requirements necessary to obtain and retain a license, except for qualifications or

requirements of the home state.

c. NLC – ARTICLE III. *General Provisions and Jurisdiction*

- 1) A license to practice registered nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a multistate licensure privilege to practice as a registered nurse in such party state. A license to practice licensed practical/vocational nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a multistate licensure privilege to practice as a licensed practical/vocational nurse in such party state. In order to obtain or retain a license, an applicant must meet the home state's qualifications for licensure and license renewal as well as all other applicable state laws.
- 2) Party states may, in accordance with state due process laws, limit or revoke the multistate licensure privilege of any nurse to practice in their state and may take any other actions under their applicable state laws necessary to protect the health and safety of their citizens. If a party state takes such action, it shall promptly notify the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the home state of any such actions by remote states.
- 3) Every nurse practicing in a party state must comply with the state practice laws of the state in which the patient is located at the time care is rendered. In addition, the practice of nursing is not limited to patient care, but shall include all nursing practice as defined by the state practice laws of a party state. The practice of nursing will subject a nurse to the jurisdiction of the nurse licensing board and the courts, as well as the laws, in that party state.
- 4) This Compact does not affect additional requirements imposed by states for advanced practice registered nursing. However, a multistate licensure privilege to practice registered nursing granted by a party state shall be recognized by other party states as a license to practice registered nursing if one is required by

state law as a precondition for qualifying for advanced practice registered nurse authorization.

5) Individuals not residing in a party state shall continue to be able to apply for nurse licensure as provided for under the laws of each party state. However, the license granted to these individuals will not be recognized as granting the privilege to practice nursing in any other party state unless explicitly agreed to by that party state.

d. NLC – ARTICLE IV. *Applications for Licensure in a Party State*

- 1) Upon application for a license, the licensing board in a party state shall ascertain, through the coordinated licensure information system, whether the applicant has ever held, or is the holder of, a license issued by any other state, whether there are any restrictions on the multistate licensure privilege, and whether any other adverse action by any state has been taken against the license.
- 2) A nurse in a party state shall hold licensure in only one party state at a time, issued by the home state.
- 3) A nurse who intends to change primary state of residence may apply for licensure in the new home state in advance of such change. However, new licenses will not be issued by a party state until after a nurse provides evidence of change in primary state of residence satisfactory to the new home state’s licensing board.
- 4) When a nurse changes primary state of residence by:
  - i. Moving between two party states, and obtains a license from the new home state, the license from the former home state is no longer valid;
  - ii. Moving from a non-party state to a party state, and obtains a license from the new home state, the individual state license issued by the non-party state is not affected and will remain in full force if so provided by the laws of the non-party state;
  - iii. Moving from a party state to a non-party state, the license issued by

**17.2 Issuance of a license by a Compact party state.**

For the purpose of this Compact:

- a. A nurse applying for a license in a home party state shall produce evidence of the nurse's primary state of residence. Such evidence shall include a declaration signed by the licensee. Further evidence that may be requested may include but is not limited to:
  - 1) Driver's license with a home address;
  - 2) Voter registration card displaying a home address; or
  - 3) Federal income tax return declaring the primary state of residence.

*\*\*\*Statutory basis for these provisions are found in Article II § 5) and Article IV §§ 3) and 4) of the Nurse Licensure Compact.*

- b. A nurse changing primary state of residence, from one party state to another party state, may continue to practice under the former home state license and multi-state licensure privilege during the processing of the nurse's licensure application in the new home state for a period not to exceed thirty (30) days.
 

*\*\*\*Statutory basis: Article IV §§ 2), 3) and 4).*
- c. The licensure application in the new home state of a nurse under pending investigation by the former home state shall be held in abeyance and the thirty-(30) day period in section 2b shall be stayed until resolution of the pending

the prior home state converts to an individual state license, valid only in the former home state, without the multistate licensure privilege to practice in other party states.

investigation. \*\*\*Statutory basis: Article V § 2).

- d. The former home state license shall no longer be valid upon the issuance of a new home state license. \*\*\*Statutory basis: Article IV§ 4) (a).
- e. If a decision is made by the new home state denying licensure, the new home state shall notify the former home state within ten (10) business days and the former home state may take action in accordance with that state's laws and rules.

**17.3 Limitations on Multistate Licensure Privilege.**

Home state boards shall include in all licensure disciplinary orders and/or agreements that limit practice and/or require monitoring the requirement that the licensee subject to said order and/or agreement will agree to limit the licensee's practice to the home state during the pendency of the disciplinary order and/or agreement. This requirement may, in the alternative, allow the nurse to practice in other party states with prior written authorization from both the home state and such other party state boards. \*\*\*Statutory basis: State statute.

e. NLC – ARTICLE V. *Adverse Actions*

In addition to the General Provisions described in NLC Article III, the following provisions apply:

- 1) The licensing board of a remote state shall promptly report to the administrator of the coordinated licensure information system any remote state actions including the factual and legal basis for such action, if known. The licensing board of a remote state shall also promptly report any significant current investigative information yet to result in a remote state action. The administrator of the coordinated licensure information system shall promptly notify the home state of any such reports.
- 2) The licensing board of a party state shall have the authority to complete any pending investigations for a nurse who changes primary state of residence during the course of such investigations. It shall also have the authority to take appropriate

- action(s), and shall promptly report the conclusions of such investigations to the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the new home state of any such actions.
- 3) A remote state may take adverse action affecting the multistate licensure privilege to practice within that party state. However, only the home state shall have the power to impose adverse action against the license issued by the home state.
  - 4) For purposes of imposing adverse action, the licensing board of the home state shall give the same priority and effect to reported conduct received from a remote state as it would if such conduct had occurred within the home state. In so doing, it shall apply its own state laws to determine appropriate action.
  - 5) The home state may take adverse action based on the factual findings of the remote state, so long as each state follows its own procedures for imposing such adverse action.
  - 6) f. Nothing in this Compact shall override a party state's decision that participation in an alternative program may be used in lieu of licensure action and that such participation shall remain non-public if required by the party state's laws. Party states must require nurses who enter any alternative programs to agree not to practice in any other party state during the term of the alternative program without prior authorization from such other party state.

f. NLC – ARTICLE VI. *Additional Authorities Invested in Party State Nurse Licensing Boards*

Notwithstanding any other powers, party state nurse licensing boards shall have the authority to:

- 1) if otherwise permitted by state law, recover from the affected nurse the costs of investigations and disposition of cases resulting from any adverse action taken against that nurse;

- 2) issue subpoenas for both hearings and investigations which require the attendance and testimony of witnesses, and the production of evidence. Subpoenas issued by a nurse licensing board in a party state for the attendance and testimony of witnesses, and/or the production of evidence from another party state, shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state where the witnesses and/or evidence are located.
- 3) issue cease and desist orders to limit or revoke a nurse's authority to practice in their state;
- 4) promulgate uniform rules and regulations as provided for in Section h. NLC Article VIII (3).

**g. NLC – ARTICLE VII. *Coordinated Licensure Information System***

- 1) All party states shall participate in a cooperative effort to create a coordinated database of all licensed registered nurses and licensed practical/vocational nurses. This system will include information on the licensure and disciplinary history of each nurse, as contributed by party states, to assist in the coordination of nurse licensure and enforcement efforts.
- 2) Notwithstanding any other provision of law, all party states' licensing boards shall promptly report adverse actions, actions against multistate licensure privileges, any current significant investigative information yet to result in adverse action, denials of applications, and the reasons for such denials, to the coordinated licensure information system.
- 3) Current significant investigative information shall be transmitted through the coordinated licensure information system only to party state licensing boards.
- 4) Notwithstanding any other provision of law, all party states' licensing boards contributing information to the coordinated licensure information system may

**17.4 Information System.**

**a. Levels of access**

- 1) The Public shall have access to nurse licensure information limited to:
  - (a) the nurse's name,
  - (b) jurisdiction(s) of licensure,
  - (c) license expiration date(s),
  - (d) licensure classification(s) and status(es),
  - (e) public emergency and final disciplinary actions, as defined by contributing state authority, and
  - (f) the status of multi-state licensure privileges.
- 2) Non-party state boards shall have access to all Information System

designate information that may not be shared with non-party states or disclosed to other entities or individuals without the express permission of the contributing state.

- 5) Any personally identifiable information obtained by a party states' licensing board from the coordinated licensure information system may not be shared with non-party states or disclosed to other entities or individuals except to the extent permitted by the laws of the party state contributing the information.
- 6) Any information contributed to the coordinated licensure information system that is subsequently required to be expunged by the laws of the party state contributing that information, shall also be expunged from the coordinated licensure information system.
- 7) The Compact administrators, acting jointly with each other and in consultation with the administrator of the coordinated licensure information system, shall formulate necessary and proper procedures for the identification, collection and exchange of information under this Compact.

data except current significant investigative information and other information as limited by contributing party state authority.

- 3) Party state boards shall have access to all Information System data contributed by the party states and other information as limited by contributing non-party state authority.

*\*\*\*Statutory basis: Article VII § 7).*

- b. The licensee may request in writing to the home state board to review the data relating to the licensee in the Information System. In the event a licensee asserts that any data relating to him or her is inaccurate, the burden of proof shall be upon the licensee to provide evidence that substantiates such claim. The board shall verify and within ten (10) business days correct inaccurate data to the Information System.

*\*\*\* Statutory basis: Article VII § 7.*

- c. The board shall report to the Information System within ten (10) business days
  - a. disciplinary action, agreement or order requiring participation in alternative programs or which limit practice or require monitoring (except agreements and orders relating to participation in alternative programs required to remain nonpublic by contributing state authority),
  - b. dismissal of complaint, and
  - c. changes in status of disciplinary action,

	<p style="text-align: right;">or licensure encumbrance..</p> <p><i>Statutory basis: Article VII, § 2).</i></p> <p>f. Current significant investigative information shall be deleted from the Information System within ten (10) business days upon report of disciplinary action, agreement or order requiring participation in alternative programs or agreements which limit practice or require monitoring or dismissal of a complaint.</p> <p><i>***Statutory basis: Article VII §§ 2) and 6).</i></p> <p>g. Changes to licensure information in the Information System shall be completed within ten (10) business days upon notification by a board.</p> <p><i>***Statutory basis: Article VII §§ 2) and 8).</i></p>
<p>h. NLC – ARTICLE VIII. <i>Compact Administration and Interchange of Information</i></p> <ol style="list-style-type: none"> <li>1) The head of the nurse licensing board, or his/her designee, of each party state shall be the administrator of this Compact for his/her state.</li> <li>2) The Compact administrator of each party state shall furnish to the Compact administrator of each other party state any information and documents including, but not limited to, a uniform data set of investigations, identifying information, licensure data, and disclosable alternative program participation information to facilitate the administration of this Compact.</li> <li>3) Compact administrators shall have the authority to develop uniform rules to facilitate and coordinate implementation of this Compact. These uniform rules shall be adopted by party states, under the authority invested under Section f Article VI (4).</li> </ol>	
<p>i. NLC – ARTICLE IX. <i>Immunity</i></p>	

<p>No party state or the officers or employees or agents of a party state’s nurse licensing board who acts in accordance with the provisions of this Compact shall be liable on account of any act or omission in good faith while engaged in the performance of their duties under this Compact. Good faith in this article shall not include willful misconduct, gross negligence, or recklessness.</p>	
<p>j. NLC – ARTICLE X <i>Entry into Force, Withdrawal and Amendment</i></p> <ol style="list-style-type: none"> <li>1) This Compact shall enter into force and become effective as to any state when it has been enacted into the laws of that state. Any party state may withdraw from this Compact by enacting a statute repealing the same, but no such withdrawal shall take effect until six months after the withdrawing state has given notice of the withdrawal to the executive heads of all other party states.</li> <li>2) No withdrawal shall affect the validity or applicability by the licensing boards of states remaining party to the Compact of any report of adverse action occurring prior to the withdrawal.</li> <li>3) Nothing contained in this Compact shall be construed to invalidate or prevent any nurse licensure agreement or other cooperative arrangement between a party state and a non-party state that is made in accordance with the other provisions of this Compact.</li> <li>4) This Compact may be amended by the party states. No amendment to this Compact shall become effective and binding upon the party states unless and until it is enacted into the laws of all party states.</li> </ol>	
<p>k. NLC – ARTICLE XI. <i>Construction and Severability</i></p> <ol style="list-style-type: none"> <li>1) This Compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this Compact shall be severable and if any phrase, clause, sentence or provision of this Compact is declared to be contrary to the constitution of any party state or of the United States or the applicability thereof to any government, agency, person or</li> </ol>	

<p>circumstance is held invalid, the validity of the remainder of this Compact and the applicability thereof to any government, agency, person or circumstance shall not be affected thereby. If this Compact shall be held contrary to the constitution of any state party thereto, the Compact shall remain in full force and effect as to the remaining party states and in full force and effect as to the party state affected as to all severable matters.</p> <p>2) In the event party states find a need for settling disputes arising under this Compact:</p> <ul style="list-style-type: none"><li>(a) The party states may submit the issues in dispute to an arbitration panel which will be comprised of an individual appointed by the Compact administrator in the home state; an individual appointed by the Compact administrator in the remote state(s) involved; and an individual mutually agreed upon by the Compact administrators of all the party states involved in the dispute.</li><li>(b) The decision of a majority of the arbitrators shall be final and binding.</li></ul>	
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Article XVIII. APRN Compact	Chapter Eighteen – APRN Compact
<p><i>***Set out below are a series of enabling act provisions which may be appropriate for states introducing the compact, depending on specific state requirements.</i></p> <p><b>Section 1. APRN Compact Enabling Language</b></p> <p>The APRN Compact is hereby enacted and entered into with all other jurisdictions that legally join in the compact, which is, in form, substantially as follows:</p> <p>a. "The head of the licensing board" as used to define the compact administrator in Section h. APRN – Article VIII (1) shall mean &lt;title of role designated as compact administrator&gt;.</p> <p>b. For purposes of the APRN Compact, the term APRN includes individuals who are licensed/authorized to practice under Title &lt; &gt; as advanced practice registered nurses, in one of the following categories:</p> <ol style="list-style-type: none"> <li>1) Nurse Practitioner</li> <li>2) Clinical Nurse Specialists</li> <li>3) Nurse Anesthetists</li> <li>4) Nurse midwives.</li> </ol>	
<p>c. An APRN practicing in this State under a multi-state licensure privilege may only be granted prescriptive authority if he can document completion of graduate level course work in the following areas:</p> <ol style="list-style-type: none"> <li>1) Advanced health assessment;</li> <li>2) Pharmacotherapeutics; and</li> <li>3) Diagnosis and treatment.</li> </ol>	
<p>d. An APRN practicing in this State under a multi-state licensure privilege who desires to obtain prescriptive authority must meet all the requirements of Subsection (2) and this Subsection and be placed on a registry with the &lt;name of agency&gt;. To be placed on the registry, an APRN must:</p> <ol style="list-style-type: none"> <li>1) Submit a form prescribed by the &lt;name of board&gt;;</li> <li>2) Pay a fee; and</li> <li>3) If prescribing controlled substances:             <ol style="list-style-type: none"> <li>(a) Obtain a controlled substance license as required under Section &lt; &gt;</li> <li>(b) If prescribing Schedule II or III Controlled Substances, have a Consultation and Referral Plan with a</li> </ol> </li> </ol>	

<p>physician licensed in &lt;name of state&gt; as required in Subsection &lt; &gt;.</p>	
<p>e. To facilitate cross-state enforcement efforts, the legislature finds that it is necessary for &lt;name of state&gt; to have the power to recover from the affected APRN the costs of investigations and disposition of cases resulting from adverse actions taken by this state against that APRN. Coordinating language shall be inserted in the appropriate location in the Nurse Practice Act.</p>	
<p><b>Section 2. APRN Compact</b></p>	
<p>a. APRN – ARTICLE I. <i>Findings and Declaration of Purpose</i></p> <p>1) The party states find that:</p> <ul style="list-style-type: none"> <li>(a) The health and safety of the public are affected by the degree of compliance with APRN licensure/authority to practice requirements and the effectiveness of enforcement activities related to state APRN licensure/authority to practice laws;</li> <li>(b) Violations of APRN licensure/authority to practice and other laws regulating the practice of nursing may result in injury or harm to the public;</li> <li>(c) The expanded mobility of APRNs and the use of advanced communication technologies as part of our nation’s health care delivery system require greater coordination and cooperation among states in the areas of APRN licensure/authority to practice and regulation;</li> <li>(d) New practice modalities and technology make compliance with individual state APRN licensure/authority to practice laws difficult and complex;</li> <li>(e) The current system of duplicative APRN licensure/authority to practice for APRNs practicing in multiple states is cumbersome and redundant to both APRNs and states;</li> <li>(f) Uniformity of APRN requirements throughout the states promotes public safety and public health benefits; and</li> </ul>	

<p>(g) Access to APRN services increases the public's access to health care, particularly in rural and underserved areas.</p>	
<p>2)The general purposes of this Compact are to:</p> <ul style="list-style-type: none"> <li>(a) Facilitate the states' responsibilities to protect the public's health and safety;</li> <li>(b) Ensure and encourage the cooperation of party states in the areas of APRN licensure/authority to practice and regulation including promotion of uniform licensure requirements;</li> <li>(c) Facilitate the exchange of information between party states in the areas of APRN regulation, investigation and adverse actions;</li> <li>(d) Promote compliance with the laws governing APRN practice in each jurisdiction; and</li> <li>(e) Invest all party states with the authority to hold an APRN accountable</li> <li>(f) Meet all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state licenses.</li> </ul>	
<p>b. APRN – ARTICLE II. <i>Definitions</i></p> <p>As used in this Compact:</p> <ul style="list-style-type: none"> <li>1)"Advanced Practice Registered Nurse" or "APRN" means a Nurse Anesthetist; Nurse Practitioner; Nurse Midwife; or Clinical Nurse Specialist to the extent a party state licenses or grants authority to practice in that APRN role and title.</li> <li>2)"Adverse Action" means a home or remote state disciplinary action.</li> <li>3)"Alternative program" means a voluntary, non-disciplinary monitoring program approved by a licensing board.</li> <li>4)"APRN Licensure/Authority to Practice" means the regulatory mechanism used by a party state to grant legal authority to practice as an APRN.</li> </ul>	<p><b>18.1 Definition of Terms in the APRN Compact</b></p> <p>For the Purpose of the Compact:</p> <ul style="list-style-type: none"> <li>a. "APRN practice" means the scope of practice associated with an APRN role and title.</li> <li>b. "Board" means party state's regulatory body responsible for issuing nurse licenses.</li> <li>c. "Encumbrance" means that an APRN's license or authority to practice has been disciplined and that the current status of the licensure/authority to practice is subject to conditions and/or limitations or removal from practice.</li> <li>d. "Grand fathering" means the process that allows an APRN who previously</li> </ul>

<p>5)“APRN Uniform Licensure/Authority to Practice Requirements" means those minimum uniform licensure, education and examination requirements as agreed to by the Compact Administrators and adopted by licensing boards for the recognized APRN role and title."</p> <p>6)“Coordinated licensure information system” means an integrated process for collecting, storing and sharing information on APRN licensure/authority to practice and enforcement activities related to APRN licensure/authority to practice laws, which is administered by a non-profit organization composed of and controlled by state licensing boards.</p>	<p>qualified for licensure/authority to practice under different requirements to continue to be authorized to practice even though the APRN does not meet all current requirements for licensure/authority to practice.</p> <p>e. “Information system” means the coordinated licensure information system.</p> <p>f. “Prescriptive authority” means that an APRN is qualified and authorized to determine a client’s need for medications, drugs and/or prescribed devices and to order such therapy to be dispensed by a licensed pharmacist or other authorized provider.</p> <p>g. “Primary state of residence” means the state of a person’s declared fixed permanent and principal home for legal purposes; domicile.</p> <p>h. “Public” means any individual or entity other than designated staff or representatives of party state boards or the National Council of State Boards of Nursing, Inc.</p> <p>i. “Single state licensure/authority to practice” means that a Compact state has limited an APRN’s licensure/authority to practice to the home state only, without the multi-state privilege to practice in other party states.</p>
<p>7) “Current significant investigative information” means:</p> <p>(a) Investigative information that a licensing board, after a preliminary inquiry that includes notification and an opportunity for the APRN to respond if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or</p> <p>(b) Investigative information that indicates that the APRN represents an immediate threat to public health and safety regardless of whether the APRN has been notified and had an</p>	

<p style="text-align: center;">opportunity to respond.</p> <p>8)“Home state” means the party state that is the APRN's primary state of residence.</p> <p>9)“Home state action” means any administrative, civil, equitable or criminal action permitted by the home state’s laws which are imposed on an APRN by the home state’s licensing board or other authority including actions against an individual’s license/authority to practice such as: revocation, suspension, probation or any other action which affects an APRN’s authorization to practice.</p> <p>10) “Licensing board” means a party state’s regulatory body responsible for issuing APRN licensure/authority to practice.</p>	
<p>11) Multistate advanced practice privilege” means current, authority from a remote state permitting an APRN to practice in that state in the same role and title as the APRN is licensed/authorized to practice in the home state to the extent that the remote state laws recognize such APRN role and title. A remote state has the authority, in accordance with existing state due process laws, to take actions against the APRN’s privilege, including revocation, suspension, probation, or any other action that affects an APRN’s multistate privilege to practice.</p> <p>12) “Party state” means any state that has adopted this Compact.</p> <p>13) “Prescriptive authority” means the legal authority to prescribe medications and devices as defined by party state laws.</p> <p>14) “Remote state” means a party state, other than the home state,              (a) Where the patient is located at the time APRN care is provided, or,              (b) In the case of APRN practice not involving a patient, in such party state where the recipient of APRN practice is located.</p> <p>15) “Remote state action” means              (a) Any administrative, civil, equitable or criminal action permitted by a remote</p>	

<p>state’s laws which are imposed on an APRN by the remote state’s licensing board or other authority including actions against an individual’s multistate advanced practice privilege in the remote state, and</p> <p>(b) Cease and desist and other injunctive or equitable orders issued by remote states or the licensing boards thereof.</p> <p>16) “State” means a state, territory, or possession of the United States.</p> <p>17) “State practice laws” means a party state’s laws and regulations that govern APRN practice, define the scope of advanced nursing practice including prescriptive authority, and create the methods and grounds for imposing discipline. State practice laws do not include the requirements necessary to obtain and retain APRN licensure/authority to practice as an APRN, except for qualifications or requirements of the home state.</p> <p>18) “Unencumbered” means that a state has no current disciplinary action against an APRN’s license/authority to practice.</p>	
<p>c. APRN – ARTICLE III. <i>General Provisions and Jurisdiction</i></p> <p>1) All party states shall participate in the Nurse Licensure Compact for registered nurses and licensed practical/vocational nurses in order to enter into the APRN Compact.</p> <p>2) No state shall enter the APRN Compact until the state adopts, at a minimum, the APRN Uniform Licensure/Authority to Practice Requirements for each APRN role and title recognized by the state seeking to enter the APRN Compact.</p> <p>3) APRN Licensure/Authority to practice issued by a home state to a resident in that state will be recognized by each party state as authorizing a multistate advanced practice privilege to the extent that the role and title are</p>	<p><b>18.2 APRN Uniform Requirements</b></p> <p>As required in Article III 2), the “APRN Uniform Licensure/Authority to Practice Requirements” are:</p> <p>a. For initial licensure/authority to practice in a recognized APRN role and title:</p> <p>1) Unencumbered RN license;</p> <p>2) Education congruent with APRN role and title;</p> <p>(a) Graduation from or completion of a graduate level APRN program accredited by a national accrediting body congruent with the APRN role and title; or</p> <p>(b) Graduation from or completion of an</p>

<p>recognized by each party state. To obtain or retain APRN licensure/authority to practice as an APRN, an applicant must meet the home state's qualifications for authority or renewal of authority as well as all other applicable state laws.</p>	<p>educational program outside the United States that meets the same criteria for accreditation equivalent to a U.S. accrediting body;</p> <p>(c) Current certification by the national certifying body in the APRN specialty appropriate to educational preparation; and</p> <p>(d) Until January 1, 2005, states may develop alternate mechanisms to assure initial competence for those applicants for whom there is no appropriate certifying examination. After January 1, 2005, individuals will be required to have passed approved APRN examinations.</p>
<p>4) The APRN multistate advanced practice privilege does not include prescriptive authority, and does not affect any requirements imposed by states to grant to an APRN initial and continuing prescriptive authority according to state practice laws. However, a party state may grant prescriptive authority to an individual on the basis of a multistate advanced practice privilege to the extent permitted by state practice laws.</p> <p>5) A party state may, in accordance with state due process laws, limit or revoke the multistate advanced practice privilege in the party state and may take any other necessary actions under the party state's applicable laws to protect the health and safety of the party state's citizens. If a party state takes action, the party state shall promptly notify the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the home state of any such actions by remote states.</p>	<p>b. For licensure/authority to practice in a multi-state privilege in a recognized APRN role and title through endorsement from another jurisdiction and applicant shall provide evidence of:</p> <p>1) Meets education requirements for initial licensure/authority to practice; or</p> <p>2) Demonstrates successful completion of approved APRN certificate program prior to December 31, 2004;</p> <p>(a) Unencumbered RN license;</p> <p>(b) Unencumbered APRN licensure/authority to practice in another jurisdiction;</p> <p>(c) Education congruent with the APRN role and title;</p> <p>(d) Current certification by a national certifying body in the APRN specialty appropriate to the educational preparation;</p>

	<p>and</p> <p>(e) Authorized to practice as an APRN in another jurisdiction through a mechanism to ensure initial competence when no appropriate certification examination exists.</p>
<p>6) An APRN practicing in a party state must comply with the state practice laws of the state in which the patient is located at the time care is provided. The APRN practice includes patient care and all advanced nursing practice defined by the party state’s practice laws. The APRN practice will subject an APRN to the jurisdiction of the licensing board, the courts, and the laws of the party state.</p> <p>7) Individuals not residing in a party state may apply for APRN licensure/authority to practice as an APRN under the laws of a party state. However, the authority to practice granted to these individuals will not be recognized as granting the privilege to practice as an APRN in any other party state unless explicitly agreed to by that party state.</p>	<p>3) The Grandfathering Clause <u>Option One:</u> The minimum educational requirement in Subsection (2) for a multistate licensure privilege is completion of a graduate level APRN program. Those states that adopt these rules on a date later than December 31, 2003 for implementing a mandatory graduate degree for licensure/authority to practice as an APRN in their respective states, shall issue to an individual who does not meet the requirements set forth in Subsection (2) an APRN single state licensure/authority to practice. However, any licensure/authority to practice as an APRN issued prior to December 31, 2003 shall include a multistate licensure privilege.</p> <p><u>Option Two:</u> The minimum educational requirement in Subsection (2) for a multistate licensure privilege is completion of a graduate level APRN program. However, any licensure/authority to practice as an APRN issued prior to the effective date of these rules shall include a multistate licensure privilege.</p>
	<p>4) APRN Prescriptive Authority and Registry</p> <p>(a) An APRN working in party states in the same role and title as in the home state, who wishes to</p>

	<p>prescribe in a remote state, shall comply with the remote state's requirements to obtain prescriptive authority.</p> <p>(b) This rule does not preclude a state that automatically grants prescriptive authority as part of the APRN scope of practice from similarly granting prescriptive authority as part of the APRN privilege.</p> <p>5) APRN Practicing as an RN – The APRN multistate privilege includes the authority to practice as a Registered Nurse in party states.</p>
<p>d. APRN – ARTICLE IV. <i>Applications for APRN Licensure/Authority to Practice in a Party State</i></p> <p>1) Once an application for APRN licensure/authority to practice is submitted, a party state shall ascertain, through the Coordinated Licensure Information System, whether:</p> <p>(a) The applicant has held or is the holder of a nursing license/authority to practice issued by another state;</p> <p>(b) The applicant has had a history of previous disciplinary action by any state;</p> <p>(c) An encumbrance exists on any license/authority to practice; and</p> <p>(d) Any other adverse action by any other state has been taken against a license/authority to practice. This information may be used in approving or denying an application for APRN licensure/authority to practice.</p> <p>2) An APRN in a party state shall hold APRN licensure/authority to practice in only one party state at a time, issued by the home state.</p> <p>3) An APRN who intends to change primary</p>	<p>6) Issuance of a licensure/authority to practice by a Compact party state.</p> <p>(a) An APRN applying for licensure/authority to practice in a home party state shall produce evidence of the nurse's primary state of residence. Such evidence shall include a declaration signed by the licensee. Further evidence that may be requested may include but is not limited to:</p> <p>i. Driver's license with a home address</p> <p>ii. Voter registration card displaying a home address; or</p> <p>iii. Federal income tax return declaring the primary state of residence</p> <p>***The statutory basis for this rule is Article II § 5) and Article IV §§ 4) and 5).</p>

<p>state of residence may apply for APRN licensure/authority to practice in the new home state in advance of such change. However, new licensure/authority to practice will not be issued by a party state until after an APRN provides evidence of change in primary state of residence satisfactory to the new home state’s licensing board.</p> <p>4) When an APRN changes primary state of residence by:</p> <p>(a) Moving between two party states, and obtains APRN licensure/authority to practice from the new home state, the APRN licensure/authority to practice from the former home state is no longer valid;</p> <p>(b) Moving from a non-party state to a party state, and obtains APRN licensure/authority to practice from the new home state, the individual state license issued by the nonparty state is not affected and will remain in full force if so provided by the laws of the non-party state;</p> <p>(c) Moving from a party state to a non-party state, the APRN licensure/authority to practice issued by the prior home state converts to an individual state license, valid only in the former home state, without the multistate licensure privilege to practice in other party states.</p>	<p>(b) An APRN changing primary state of residence, from one party state to another party state, may continue to practice under the former home state licensure/authority to practice and multistate licensure privilege during the processing of the nurse’s licensure application in the new home state for a period not to exceed thirty (30) days.</p> <p><i>***The statutory basis for this rule is Article IV, §§ 2), 3) and 4).</i></p> <p>(c) The licensure application in the new home state of an APRN under pending investigation by the former home state shall be held in abeyance and the thirty (30) day period in section be stayed until resolution of the pending investigation.</p> <p><i>***The statutory basis for this rule is Article V, § 2).</i></p> <p>(d) The former home state licensure/authority to practice shall no longer be valid upon the issuance of a new home state license.</p> <p><i>***The statutory basis for this rule is Article IV, § 4).</i></p> <p>(e) If a decision is made by the new home state denying licensure/authority to practice, the new home state shall notify the former home state within ten (10) business days and the former home state may take action in accordance with that</p>
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	state's laws and rules
<p>e. APRN – ARTICLE V. <i>Adverse Actions</i>                      In addition to the General Provisions described in Article III, the following provisions apply:</p> <ol style="list-style-type: none"> <li>1) The licensing board of a remote state shall promptly report to the administrator of the coordinated licensure information system any remote state actions including the factual and legal basis for such action, if known. The licensing board of a remote state shall also promptly report any significant current investigative information yet to result in a remote state action. The administrator of the coordinated licensure information system shall promptly notify the home state of any such reports.</li>   <li>2) The licensing board of a party state shall have the authority to complete any pending investigations for an APRN who changes primary state of residence during the course of such investigations. It shall also have the authority to take appropriate action(s), and shall promptly report the conclusions of such investigations to the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the new home state of any such actions.</li>   <li>3) A remote state may take adverse action affecting the multistate advanced practice privilege to practice within that party state. However, only the home state shall have the power to impose adverse action against the APRN licensure/authority to practice issued by the home state.</li> </ol>	
<ol style="list-style-type: none"> <li>4) For purposes of imposing adverse action, the licensing board of the home state shall give the same priority and effect to reported conduct received from a remote state as it would if such conduct had occurred within the home state. In so doing, it shall apply its own state laws to determine appropriate action.</li>   <li>5) The home state may take adverse action based on the factual findings of the remote state, so long as each state follows its own procedures for imposing such adverse action.</li> </ol>	

<p>6) Nothing in this Compact shall override a party state’s decision that participation in an alternative program may be used in lieu of adverse action and that such participation shall remain non-public if required by the party state’s laws. Party states must require APRNs who enter any alternative programs to agree not to practice in any other party state during the term of the alternative program without prior authorization from such other party state.</p> <p>7) All home state licensing board disciplinary orders, agreed or otherwise, which limit the scope of the APRN’s practice or require monitoring of the APRN as a condition of the order shall include the requirements that the APRN will limit her or his practice to the home state during the pendency of the order. This requirement may allow the APRN to practice in other party states with prior written authorization from both the home state and party state licensing boards.</p>	
<p>f. APRN – ARTICLE VI. <i>Additional Authorities Invested in Party State Licensing Boards</i>          Notwithstanding any other powers, party state licensing boards shall have the authority to:</p> <p>1) If otherwise permitted by state law, recover from the affected APRN the costs of investigations and disposition of cases resulting from any adverse action taken against that APRN;</p> <p>2) Issue subpoenas for both hearings and investigations, which require the attendance and testimony of witnesses, and the production of evidence. Subpoenas issued by a licensing board in a party state for the attendance and testimony of witnesses, and/or the production of evidence from another party state, shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state where the witnesses and/or evidence are located;</p> <p>3) Issue cease and desist orders to limit or revoke an APRN’s privilege or licensure/authority to practice in their state;</p>	

<p>and d. Promulgate uniform rules and regulations as provided for in Section h. APRN - Article VIII(3).</p>	
<p>g. APRN – ARTICLE VII. <i>Coordinated Licensure Information System</i></p> <ol style="list-style-type: none"> <li>1) All party states shall participate in a cooperative effort to create a coordinated database of all APRNs. This system will include information on the APRN licensure/authority to practice and disciplinary history of each APRN, as contributed by party states, to assist in the coordination of APRN licensure/authority to practice and enforcement efforts.</li> <li>2) Notwithstanding any other provision of law, all party states' licensing boards shall promptly report adverse actions, actions against multistate advanced practice privileges, any current significant investigative information yet to result in adverse action, denials of applications, and the reasons for such denials, to the coordinated licensure information system.</li> <li>3) Current significant investigative information shall be transmitted through the coordinated licensure information system only to party state licensing boards.</li> </ol>	<p><b>18.3 Information System</b></p> <ol style="list-style-type: none"> <li>a. Levels of access             <ol style="list-style-type: none"> <li>1) The Public shall have access to nurse licensure information limited to:                 <ol style="list-style-type: none"> <li>(a) The nurse's name;</li> <li>(b) Jurisdiction(s) of licensure/authority to practice;</li> <li>(c) License expiration date;</li> <li>(d) Licensure classification(s) and status(es);</li> <li>(e) Public emergency and final disciplinary actions, defined by contributing state authority; and</li> <li>(f) The status of multistate licensure/authority to practice privilege.</li> </ol> </li> <li>2) Non-party state boards shall have access to all Information System data contributed by the party states and other information as limited by contributing party state authority.</li> <li>3) Party state boards shall have access to all Information System data contributed by the party states and other information as limited by contributing non-party state authority.</li> </ol> </li> </ol> <p>***The statutory basis for this rule is Article VII, § 7).</p> <ol style="list-style-type: none"> <li>b. The licensee may request in writing to the home state board to review the data relating to the licensee in the Information System. In the event a licensee asserts that any data relating to him or her is</li> </ol>

	<p>inaccurate, the burden of proof shall be upon the licensee to provide evidence that substantiates such claim. The board shall verify and within ten (10) business days correct inaccurate data to the Information System.</p> <p><i>***The statutory basis for this rule is Article VII, § 7).</i></p> <p>c. The board shall report to the Information System within ten (10) business days:</p> <ol style="list-style-type: none"> <li>1) Disciplinary action, agreement or order requiring participation in alternative programs or which limit practice or require monitoring (except agreements and orders relating to participation in alternative programs relating to participation in alternative programs required to remain nonpublic by contributing state authority.</li> <li>2) Dismissal of complaint, and</li> <li>3) Changes in status of disciplinary action, or licensure encumbrance.</li> </ol> <p><i>***The statutory basis for this rule is Article VII, § 2).</i></p> <p>d. Current significant investigative information shall be deleted from the Information System within ten (10) business days upon report of the disciplinary action, agreement or order requiring participation in alternative programs or agreements which limit practice or require monitoring or dismissal of a complaint.</p> <p><i>***The statutory basis for this rule is Article VII, §§ 2) and 6).</i></p> <p>e. Changes to licensure information in the Information System shall be completed within ten (10) business days upon notification by a board.</p> <p><i>***The statutory basis for this rule is Article VII, §§ 2) and 6).</i></p>
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<p>4) Notwithstanding any other provision of law, all party states' licensing boards contributing information to the coordinated licensure information system may designate information that may not be shared with non-party states or disclosed to other entities or individuals without the express permission of the contributing state.</p> <p>5) Any personally identifiable information obtained by a party states' licensing board from the coordinated licensure information system may not be shared with non-party states or disclosed to other entities or individuals except to the extent permitted by the laws of the party state contributing the information.</p> <p>6) Any information contributed to the coordinated licensure information system that is subsequently required to be expunged by the laws of the party state contributing that information, shall also be expunged from the coordinated licensure information system.</p> <p>7) The Compact administrators, acting jointly with each other and in consultation with the administrator of the coordinated licensure information system, shall formulate necessary and proper procedures for the identification, collection and exchange of information under this Compact.</p>	
<p>h. <i>APRN – ARTICLE VIII. Compact Administration and Interchange of Information</i></p> <p>1) The head of the licensing board, or his/her designee, of each party state shall be the administrator of this Compact for his/her state.</p> <p>2) The Compact administrator of each party state shall furnish to the Compact administrator of each other party state any information and documents including, but not limited to, a uniform data set of investigations, identifying information, licensure data, and disclosable alternative program participation information to facilitate the administration of this Compact.</p> <p>3) Compact administrators shall have the authority to develop uniform rules to facilitate and coordinate implementation of this Compact. These uniform rules shall be adopted by party states, under the authority</p>	

<p>invested under Section f APRN – Article VI (4).</p>	
<p>i. APRN – ARTICLE IX. <i>Immunity</i></p> <p>No party state or the officers or employees or agents of a party state’s licensing board who acts in accordance with the provisions of this Compact shall be liable on account of any act or omission in good faith while engaged in the performance of their duties under this Compact. Good faith in this article shall not include willful misconduct, gross negligence, or recklessness.</p>	
<p>j. APRN – ARTICLE X. <i>Entry into Force, Withdrawal and Amendment</i></p> <p>1) This Compact shall enter into force and become effective as to any state when it has been enacted into the laws of that state. Any party state may withdraw from this Compact by enacting a statute repealing the same, but no such withdrawal shall take effect until six months after the withdrawing state has given notice of the withdrawal to the executive heads of all other party states.</p> <p>2) No withdrawal shall affect the validity or applicability by the licensing boards of states remaining party to the Compact of any report of adverse action occurring prior to the withdrawal.</p> <p>3) Nothing contained in this Compact shall be construed to invalidate or prevent any APRN licensure/authority to practice agreement or other cooperative arrangement between a party state and a non-party state that is made in accordance with the other provisions of this Compact.</p> <p>4) This Compact may be amended by the party states. No amendment to this Compact shall become effective and binding upon the party states unless and until it is enacted into the laws of all party states.</p>	
<p>k. ARTICLE XI. <i>Construction and Severability</i></p> <p>1) This Compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this Compact shall be severable and if any phrase, clause, sentence or provision of this Compact is declared to be contrary to the constitution of any party state or of the United States or the applicability</p>	

<p>thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of this Compact and the applicability thereof to any government, agency, person or circumstance shall not be affected thereby. If this Compact shall be held contrary to the constitution of any state party thereto, the Compact shall remain in full force and effect as to the remaining party states and in full force and effect as to the party state affected as to all severable matters.</p> <p>2) In the event party states find a need for settling disputes arising under this Compact:</p> <ul style="list-style-type: none"><li>(a) The party states may submit the issues in dispute to an arbitration panel which will be comprised of an individual appointed by the Compact administrator in the home state; an individual appointed by the Compact administrator in the remote state(s) involved; and an individual mutually agreed upon by the Compact administrators of all the party states involved in the dispute.</li><li>(b) The decision of a majority of the arbitrators shall be final and binding.</li></ul>	
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