Attachment D

Model Rule Redline Version

Model Act and Rules and Education Committees FY2012 Edits to the January 2011 Model Nursing Administrative Rules

Model Nursing Administrative Rules

Chapter 1 – Title and Purpose
Chapter 2 – Definitions
Chapter 3 – Scope of RN and LPN/VN Practice Definitions
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Chapter 15 – Revenue and Fees
Chapter 16 – Implementation
Chapter 1811 – APRN Scope of Practice
Chapter 1212 – Nurse Licensure Compact
Chapter 18 – APRN Scope of Practice
Chapter 139 – APRN Compact

Chapter 1.1 Title. This section of the administrative rules shall be known and may be cited as the "NAME OF STATE" Nursing Administrative Rules.

***If a board of nursing (BON) has developed a BON philosophy and wishes to include it in the administrative rules, this would be an appropriate section to make that statement.

Chapter 2.3 – Definitions

3.4 Other Definitions
As used in Chapters 3 through 11 of this Act, unless the context thereof requires otherwise:

Adjunct faculty Temporary nursing faculty, in addition to regular program faculty, used to enrich student experiences.
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced nurse-refresher course</td>
<td>Formal program with both didactic and clinical components, designed to prepare an APRN who has been out of practice to re-enter into the profession.</td>
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<tr>
<td>APRN practice</td>
<td>The scope of practice associated with an APRN role and title.</td>
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<tr>
<td>BON</td>
<td>A party state’s regulatory body responsible for issuing nurse licenses.</td>
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<tr>
<td>Clinical judgment</td>
<td>The application of the nurse’s knowledge and experience in making decisions about client care.</td>
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<tr>
<td>Clinical learning experiences</td>
<td>The planned, faculty-guided learning experiences that involve direct contact with patients.</td>
</tr>
<tr>
<td>Competence assessment</td>
<td>Evaluation of the practitioner’s knowledge, skills and abilities. Assessment mechanisms may include examination, peer review, professional portfolio and professional certification.</td>
</tr>
<tr>
<td>Competence development</td>
<td>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 one’s career.</td>
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<tr>
<td>Content validity</td>
<td>The degree to which an examination is representative of a defined body of knowledge.</td>
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<tr>
<td>Cultural bias</td>
<td>Non-nursing elements of examination items that may influence the performance of culturally distinct groups of examinees.</td>
</tr>
<tr>
<td>Direction</td>
<td>Monitoring and guiding the practice of another through written or verbal communication.</td>
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<tr>
<td>Distance education</td>
<td>Teaching/learning strategies used to meet the learning needs of students when the students and faculty are separate from each other.</td>
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<tr>
<td><strong>This model uses a broad definition that captures many different technological approaches. Other sources may use this term in a more restricted fashion.</strong></td>
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<tr>
<td>Dual relationship</td>
<td><strong>Means</strong> When a nurse is involved in any relationship with a patient, in addition to the therapeutic nurse-patient relationship.</td>
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<tr>
<td>Electronic Media</td>
<td>Online forms of publication, including, but not limited to, websites, blogs and social networking sites.</td>
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<tr>
<td>Encumbrance</td>
<td>A nurse’s license or authority to practice has been disciplined and the current status of the licensure/authority to practice is subject to conditions and/or limitations or removal from practice.</td>
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<tr>
<td>Episodic care</td>
<td>Nursing care that occurs at non-specific intervals; focused on the individual and situation at hand.</td>
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<tr>
<td>Faculty directed clinical practice</td>
<td>The role of nursing program faculty in overseeing student clinical learning, including those programs utilizing preceptors.</td>
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<tr>
<td>Grandfathering</td>
<td>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.</td>
</tr>
</tbody>
</table>
### Health-related
Any domains that affect the well-being of a population.

### Informatics
Information technology that can be used to communicate, manage knowledge, mitigate error and support decision-making.

### Information system
The coordinated licensure information system.

### Interdisciplinary faculty
Faculty from other professions who, in addition to regular program faculty, add diversity and enrich student experiences.

### Interdisciplinary team
All individuals involved in providing a client’s care, who cooperate, collaborate, communicate and integrate care to ensure that care is continuous and reliable.

### Key party
Immediate family members and others who would be reasonably expected to play a significant role in health care decisions of the patient. This includes, but is not limited to, a spouse, domestic partner, sibling, parent, child, guardian and person authorized to make health care decisions for the patient.

### NCLEX-PN®
**Means** The National Council Licensure Examinations for Practical Nurses, used in the U.S. and its territories to assess licensure applicants' nursing knowledge, skills and abilities. BONs use passing the examination to inform licensing decisions.

### NCLEX-RN®
**Means** The National Council Licensure Examinations for Registered Nurses, used in the U.S. and its territories to assess licensure applicants' nursing knowledge, skills and abilities. BONs use passing the examination to inform licensing decisions.

### Nursing program faculty
**Means** Individuals employed full or part time by an academic institution, responsible for developing, implementing, evaluating and updating curricula.

### Nurse refresher course
A formal program with both didactic and clinical components, designed to prepare a nurse who has been out of practice to reenter the profession.

### Nursing management
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.

### Preceptors
**Means** 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.

### Prescribed devices
An instrument or an apparatus intended for use in diagnosis or treatment and in the prevention of disease or restoration of health.

### Prescriptive authority
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.

### Primary state of residence
The state of a person's declared fixed permanent and principal home for legal purposes; domicile.

### Professional boundaries
**Means** The space between the nurse’s power and the patient’s...
vulnerability: the power of the nurse comes from the professional position and access to private knowledge about the patient; establishing boundaries allows the nurse to control this power differential and allows a safe connection to meet the patient’s needs.

**Professional-boundary Crossing** Means A deviation from an appropriate boundary for a specific therapeutic purpose with a return to established limits of the professional relationship.

**Professional-boundary Violation** Means Failure of a nurse to maintain appropriate boundaries with a patient and key parties.

**Professional certification** A credential issued by a national certifying body meeting specified requirements acceptable to the BON that is used as a requirement for APRN licensure.

**Public** Any individual or entity other than designated staff or representatives of party state BONs or NCSBN.

**Quality improvement processes** 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.

**Sexual Misconduct** Conduct of a sexual nature that constitutes grounds for discipline, as defined by the board of nursing (BON).

**Sexualized Body Part** Means A part of the body not conventionally viewed as sexual in nature that evokes arousal.

**Single state licensure/authority to practice** A Compact state has limited a nurse’s authority to practice to the home state only, without the multi-state privilege to practice in other party states.

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### Chapter 3.2 – Scope of RN and LPN/VN Standards of Nursing Practice

***Article II of the Model Nursing Practice Act (MNPA) and Chapter 2 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.***

#### 2.3.1.1 Standards Related to Licensed Practical/Vocational Nurse (LPN/VN) Professional Accountability

The LPN/VN:

- a. Practices within the legal boundaries for practical nursing through the scope of practice authorized in the Nurse Practice Act (MNPA) and rules governing nursing.
- b. Demonstrates honesty and integrity in nursing practice.
- c. Bases nursing decisions on nursing knowledge and skills, the needs of patients and licensed practical nursing standards expectations delineated by the BON.
- d. Accepts responsibility for individual nursing actions, competence, decisions and behavior in the course of practical nursing practice.
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32.13.2 Standards Related to LPN/VN Scope of Practice Responsibilities for Nursing Practice Implementation.

The LPN/VN:

a. Participates in nursing care, health maintenance, patient teaching, counseling, collaborative planning and rehabilitation, to the extent of his/her generic and continuing education and experience.

The LPN/VN, practicing under the direction of an RN, advanced practice registered nurse (APRN), licensed physician or other authorized licensed health care provider:

1. Conducts a focused nursing assessment, which is an appraisal of the patient/client’s health status and needs situation at hand that contributes to ongoing data collection.
2. Plans for patient episodic nursing care, including:
   1. Planning episodic nursing care for a patient whose condition is stable or predictable.
   2. Assisting the registered nurse or supervising physician in identification of patient needs and goals and
   3. Determining priorities of care together with the supervising registered nurse or physician.
3. Demonstrates attentiveness and provides patient/client surveillance and monitoring.
   3. 1. Assists in identification of client needs.
   3. 2. Demonstrates attentiveness and provides patient/client surveillance and monitoring.
   3. 3. Determines priorities of care together with the supervising registered nurse or physician.
4. Seeks clarification of orders when needed.
5. Assists and contributes in the evaluation of the patient-centered health care plan/impact of nursing care. Contributes to the evaluation of client care.
6. Recognizes client characteristics that may affect the patient’s health status.
7. Obtains orientation/training for competency when encountering new equipment and technology or unfamiliar care situations.
8. Recognizes patient characteristics that may affect the patient’s health status.
9. Implements nursing interventions and prescribed medical regimens, appropriate aspects of client care in a timely and safe manner.
   1. Provides assigned and delegated aspects of client’s health care plan.
   2. Implements treatments and procedures.
   3. Administers medications accurately.
10. Documents nursing care provided accurately and timely.
11. Collaborates and communicates relevant and timely patient/client information with patients and other health team members to ensure quality and continuity of care, including:
   1. Patient/client status and progress.
   2. Patient/client response or lack of response to therapies.
   3. Significant changes in patient/client condition and
   3. 1. Patient/client needs and special requests.
   3. 2. Changes in patient/client condition and
12. Participates in nursing management.
   1. Assigns nursing activities to other LPN/VNs.
   2. Delegates nursing activities for stable clients to assistive personnel.
   3. Observes nursing measures and provides feedback to nursing manager.
   4. Observes and communicates outcomes of delegated and assigned activities.
13. Takes preventive measures to promote and environment that is conductive to safety and health for protect/client patients, others and self.
13.m. Respects the client’s patient diversity and advocates for the patient’s rights, concerns, decisions and dignity.

***This standard includes respecting the client’s concerns regarding end-of-life care.

14. Attends to client or family concerns or requests.
15. Promotes a safe client environment.
16. Participates in the health teaching required by the patient and family.
17. Maintains appropriate professional boundaries.


q. Contributes to evaluation of the plan of care by:
   1. Gathering, observing, recording, and communicating patient responses to nursing interventions; and
   2. Modifying the plan of care in collaboration with a registered nurse based on an analysis of patient responses.

r. Assigns and delegates nursing activities. The LPN shall:
   1. Assign nursing care within the LPN scope of practice to other LPNs;
   2. Delegate to another only those nursing measures for which that person has the necessary skills and competence to accomplish safely. In maintaining accountability for the delegation, the LPN shall ensure that the:
      a) Unlicensed assistive personnel (UAP) has the education, legal authority, and demonstrated competency to perform the delegated task;
      b) Tasks delegated are consistent with the UAP’s job description and can be safely performed according to clear, exact, and unchanging directions;
      c) Results of the task are reasonably predictable;
      d) Task does not require assessment, interpretation, or independent decision making during its performance or at completion;
      e) Selected patient and circumstances of the delegation are such that delegation of the task poses minimal risk to the patient and the consequences of performing the task improperly are not life-threatening;
      f) LPN provides clear directions and guidelines regarding the delegated task or, for routine tasks on stable patients, verifies that the UAP follows each written facility policy or procedure when performing the delegated task;
      g) LPN provides supervision and feedback to the UAP; and
      h) LPN observes and communicates the outcomes of the delegated task.

2.3.3 Standards Related to LPN/VN Responsibilities as a Member of an Interdisciplinary Health Care Team

The LPN/VN:
17.s. Functions as a member of the health care team, contributing to the implementation of an integrated, patient-centered health care plan.
18. Respects client property and the property of others.
19. Protects confidential information unless obligated by law to disclose the information.
20. Acts as an advocate for the patient.
u. Assumes responsibility for nurse’s own decisions and actions
v. Attends to patient concerns or requests

2.1 - Purpose of Standards
   a. To communicate BON expectations and provide guidance for nurses regarding safe nursing practice.
   b. To articulate BON criteria for evaluating the practice of nurses to determine if the practice is safe and effective.

***Standards promulgated by BONs of nursing provide a broad framework for nursing practice and provide notice to nurses as to BON expectations regarding practice. Nursing standards developed by professional and specialty nursing organizations complement BON standards, provide detail and specificity, and are typically drafted to promote excellence in clinical practice.

32.2.1 Standards Related to Registered Nurse (RN) Professional Accountability
The RN:
   a. Practices within the legal boundaries for nursing through the scope of practice authorized in the Nurse Practice Act (NPA) and rules governing nursing.
   b. Demonstrates honesty and integrity in nursing practice.
   c. Bases professional decisions on nursing knowledge and skills, the needs of patients and the expectations delineated in professional registered nursing standards.
   d. Accepts responsibility for judgments, individual nursing actions, competence, decisions and behavior in the course of nursing practice.
   e. Maintains continued competence through ongoing learning and application of knowledge in registered nursing practice and the client’s interest.
   f. Reports violations of the act or rules by self or other licensees

***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.

32.2.2 Standards Related to RN Responsibility for Nursing Practice Implementation
   a. Conducts a comprehensive nursing assessment that is an extensive data collection (initial and ongoing) regarding individuals, families, groups and communities.
   b. Detects faulty or missing patient/client information.
   c. Applies nursing knowledge effectively in the synthesis of the biological, psychological and social aspects of the patient/client’s condition.
   d. Detects faulty or missing patient/client information.
   e. Uses this broad and complete analysis to plan strategies of nursing care and nursing interventions consistent that are integrated within the patient/client’s overall health care plan.
f. Provides appropriate decision-making, critical thinking and clinical judgment to make independent nursing decisions and nursing diagnoses.
g. Seeks clarification of orders when needed.
h. Implements treatment and therapy, including medication administration and delegated medical and independent nursing functions.
i. Obtains orientation/training for competence when encountering new equipment and technology or unfamiliar care situations.
j. Demonstrates attentiveness and provides patient surveillance and monitoring.
k. Identifies changes in patient’s health status and comprehends clinical implications of patient’s signs, symptoms and changes as part of expected and unexpected patient course or emergent situations.
l. Evaluates the impact of nursing care, the patient’s response to nursing care, including:
   1. Patient’s response to interventions
   2. Need for alternative interventions, and the
   3. Need to communicate and consult with other health team members and
   4. Need to revise the plan of care
m. Communicates and consults with other health team members, including:
   1. Patient concerns and special needs
   2. Patient status and progress
   3. Patient response or lack of response to interventions and
   4. Significant changes in patient condition
n. Documents nursing care.
   1. Recognizes client characteristics that may affect the client’s health status.
   2. Takes preventive measures to protect patient, others and self.
   3. Provides comprehensive nursing and health care education in which the RN:
      1. Assesses and analyzes educational needs of learners
      2. Plans educational programs based on learning needs and teaching-learning principles
      3. Ensures implementation of an educational plan either directly or by delegating selected aspects of the education to other qualified persons and
      4. Evaluates the education to meet the identified goals

23.2.3 Standards Related to RN Responsibility to Act as an Advocate for Patient Client
The RN:

a. Respects the patient’s rights, concerns, decisions and dignity. ***This standard includes respecting the client’s concerns regarding end-of-life care.
b. Identifies patient client needs.
c. Attends to patient client concerns or requests.
d. Promotes safe patient client environment.
e. Communicates patient client choices, concerns and special needs with other health team members regarding:
   1. PatientClient status and progress.
   2. PatientClient response or lack of response to therapies. and
   3. Significant changes in patient client condition.
f. Maintains appropriate professional boundaries. and
   g. Maintains client confidentiality.
   h. Assumes responsibility for nurse’s own decisions and actions.
32.2.4 Standards Related to RN Responsibility to Organize, Manage and Supervise the Practice of Nursing

The RN:

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, including:

1. Assigning nursing care within the RN scope of practice to other RNs
2. Assigning nursing care to an LPN within the LPN scope of practice based on the RN’s assessment of the patient and the LPN’s ability
3. Supervising, monitoring and evaluating the care assigned to an LPN

b. Delegates to another only those nursing measures for which that person has the necessary skills and competence to accomplish safely. In maintaining accountability for the delegation, an RN shall ensure that the:

1. Unlicensed assistive personnel (UAP) has the education, legal authority, and demonstrated competency to perform the delegated task
2. Tasks delegated are consistent with the UAP’s job description and can be safely performed according to clear, exact, and unchanging directions
3. Results of the task are reasonably predictable
4. Task does not require assessment, interpretation, or independent decision making during its performance or at completion
5. Selected patient and circumstances of the delegation are such that delegation of the task poses minimal risk to the patient and the consequences of performing the task improperly are not life-threatening
6. RN provides clear directions and guidelines regarding the delegated task or, for routine tasks on stable patients, verifies that the UAP follows each written facility policy or procedure when performing the delegated task
7. RN provides supervision and feedback to the UAP and
8. RN observes and communicates the outcomes of the delegated task

b.c. Matches patient needs with personnel qualifications, available resources and appropriate supervision.

b.d. Communicates directions and expectations for completion of the delegated activity.

b.e. Supervises others to whom nursing activities are delegated or assigned by monitoring performance, progress and outcomes; and assures documentation of the activity.

b.f. Provides follow-up on problems and intervenes when needed.

b.g. Evaluates the effectiveness of the delegation or assignment.

b.h. Intervenes when problems are identified and revises plan of care as needed.

b.i. Retains professional accountability for nursing care as provided.

b.j. Promotes a safe and therapeutic environment by:

1. Providing appropriate monitoring and surveillance of the care environment.
2. Identifying unsafe care situations.
3. Correcting problems or referring problems to appropriate management level when needed

b.k. Teaches and counsels patient and families regarding their health care regimen, which may include, but is not limited to, general information about health and medical condition, specific procedures and wellness and prevention.

2.2.5 Standards Related to RN Responsibilities as a Member of an Interdisciplinary Health Care Team

The RN:
a. Functions as a member of the health care team, collaborating and cooperating in the implementation of an integrated client-centered health care plan.
b. Respects client property and the property of others.
c. Protects confidential information.

2.2.6 Standards Related to the RN When Functioning in a Chief Administrative Officer Role
The RN as a chief administrative nurse:

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.
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.
c. Assures that competent organizational management and management of human resources within the nursing organization is established and implemented to promote safe and effective nursing care for clients.
d. Assures that thorough and accurate documentation of personnel records, staff development, quality assurance and other aspects of the nursing organization are maintained.

***Assessing the knowledge, skills, and abilities of nursing staff includes initial and periodic validation of licensure status.

2.2.7 Standards Related to the RN when Functioning in a Nursing Program Educator (Faculty) Role
The RN as nursing faculty:

a. Teaches current theory, principles of nursing practice and nursing management.
b. Provides content and clinical experiences for students consistent with the MNPA, BON administrative rules and other relevant state statutes.
c. Supervises students in the provision of nursing services.
d. Evaluates student scholastic and clinical performance with expected program outcomes.

Chapter 4. — The Board of Nursing (BON)

***Article IV of the MNPA and Chapter 4 of the MNAR define the authority of the BON and parameters for how it functions.

4.1 Membership, Nominations, Qualifications, Appointment and Term of Office
4.2 Officers
4.3 Meetings
4.4 Guidelines
4.5 Vacancies, Removal and Immunity
4.6 Powers and Duties

4.3.1 Quorum

a. A majority of the board members, including the first or second officer, shall constitute a quorum for conducting a board meeting.
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 BON.

4.3.2 Guidelines

a. The BON shall develop guidelines to assist board members in the evaluation of possible conflicts of interests. Members shall abstain from voting when a conflict arises.

b. The BON shall develop guidelines to assist board members in the disclosure of ex parte communications.

c. The BON may develop other guidelines as needed that would support governance and direction of work.

***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 BON and the public. The users of these models are advised to seek legal counsel regarding the authority and required process in specific states.

Chapter 15—Revenue and Fees

4.7.15 Collection of Fees

a. The BON shall collect the following fees:

<table>
<thead>
<tr>
<th>Fee Category</th>
<th>Fee</th>
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<tbody>
<tr>
<td>1. Application for licensure by examination</td>
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<tr>
<td>a. RN</td>
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<tr>
<td>b. LPN/VN</td>
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<tr>
<td>c. APRN</td>
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<tr>
<td>2. Temporary permit for initial licensure applicant</td>
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<tr>
<td>a. RN</td>
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<tr>
<td>b. LPN/VN</td>
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<tr>
<td>c. APRN</td>
<td></td>
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<tr>
<td>3. Application for licensure by endorsement</td>
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<tr>
<td>a. RN</td>
<td></td>
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<tr>
<td>b. LPN/VN</td>
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<tr>
<td>c. APRN</td>
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<td>4. Temporary permit for endorsement applicant</td>
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<tr>
<td>a. RN</td>
<td></td>
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<tr>
<td>b. LPN/VN</td>
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<tr>
<td>c. APRN</td>
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<tr>
<td>5. Renewal of licensure</td>
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<tr>
<td>a. RN</td>
<td></td>
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<tr>
<td>b. LPN/VN</td>
<td></td>
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<tr>
<td>c. APRN</td>
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<tr>
<td>6. Temporary permit to practice for the clinical portion of a nursing refresher course</td>
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<td>7. Late renewal</td>
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<td>8. Reinstatement</td>
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<td>9. Certified statement that nurse is licensed in</td>
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</table>
4.6 Executive Officer

a. The BON shall employ an executive officer with the following qualifications:
   1. Master's degree or higher from an accredited college or university.
   2. Licensed to practice as an RN in this state.
   3. At least <= years experience in nursing practice, including administration, teaching or supervision in nursing educational programs, supervision in health agencies, or nursing regulation.

b. The BON shall monitor the effectiveness of the executive officer in carrying out the:
   1. Administrative performance of the BON.
   2. Employment of personnel needed to carry out the functions of the BON.

c. The BON 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 BON, to administer and enforce the provisions of this Act.

Chapter 5—Application of Other Statutes

***There are other state statutes that affect the operation of the BON and the practice of nursing. Examples range from state agencies working with the BON, to provisions governing worksites, to laws addressing the handling of pharmaceuticals and products.

Chapter 5.6—RN and LPN/VN Licensure and Exemptions

5.1 Titles and Abbreviations for Licensed Nurses
5.2 Examinations

6.1 Information
The BON will make information available to applicants regarding the:
56.32 Application for Licensure by Examination as an RN or LPN/VN
An applicant for licensure as an RN or LPN/VN, whichever is applicable, by examination in this state shall submit to the BON the required fee for licensure by examination, as specified in Chapter 44, and a completed application for licensure by examination that provides the following information:

6.2.1 Competence Development
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 or graduation eligibility and the credential conferred, and evidence of meeting the standards of nursing education in this state. An official transcript is required prior to the issuance of a permanent license.

*** 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®.

*** If a BON allows an RN student to sit for the NCLEX-PN examination, the BON may expect the RN educational program to identify a PN exit point.

***If a BON allows an RN graduate to sit for the NCLEX-PN examination, the BON 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.

*** If a BON chooses to permit RN graduates to sit for the NCLEX-PN, the BON should advise individuals regarding their ability to endorse to other states.

6.2.2 Competence Assessment
a. In order to be licensed in this state, all RN applicants shall take and pass the NCLEX-RN®. The results will be reported to the applicant as pass or fail.

b. If a BON allows an RN to take the NCLEX-RN examination, the BON should advise RN applicants regarding their ability to sit for the NCLEX-PN examination.

c. In order to be licensed in this state, all LPN/VNs shall take and pass the NCLEX-PN®. The results will be reported to the applicant as pass or fail.

6.2.3 Competence Conduct
a. Identification of any state, territory or country in which the applicant holds a professional license or credential, if applicable. Required information includes:
   1. The number and status of the license or credential, and
   2. The original state or country of licensure or credentialing.

*** 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 BON 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.
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b-e. Current employer if employed in health care, including address, telephone number, position and dates of employment.
c-f. Previous employer in health care, if any, if current employment is less than 12 months.
d-g. The date and jurisdiction the applicant previously applied for a license in <NAME OF STATE> another jurisdiction and either was denied a license, or withdrew the application or allowed the application to expire, if applicable.
e. 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 contendre plea, Alford plea or other plea arrangements in lieu of conviction.
   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.

f-h. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant’s background and.
g-i. Submission of state and federal criminal background checks completed within the last < > months.

*** 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.

*** 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.

5.46.3 Application for Licensure by Internationally Educated Applicants
An internationally educated applicant for licensure by examination in this state shall submit to the BON required fees 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:

6.3.1 Competence Development

a. Graduation from an international nursing program comparable to an approved nursing education program in the U.S., as documented in an official transcript directly from the international nursing education program and verified by a credentials evaluation by 1. BON-approved/authorized organization for the level of licensure being sought.

*** “Comparable” is the term used by many academic evaluation services for describing programs similar in content and process to U.S. nursing education programs.

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 the NCLEX®.
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 this jurisdiction.

***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 BONs; other BONs use other private agencies established for credential review or do the credential review internally.

### 6.3.2 Competence Assessment

*** 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 U.S.

#### 6.3.2.1 Evidence of Language Proficiency

- a. Documentation of English proficiency by:
  1. Graduation from a school of nursing outside of the U.S. in which:
     a) All classroom instruction was in English.
     b) All nursing textbooks were in English.
     c) The preponderance of clinical experience was in English.
  2. Passing a designated English proficiency examination with <BON set standard>.

- ***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.

- ***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 U.S. A health care certification identifies and documents that an international health care worker has met minimum requirements for training and English proficiency.

- ***The final rule applies to temporary and permanent employment based visas as well as Trade NAFTA health care workers from Canada and Mexico.

- ***This is an evolving situation and readers are advised to consult their legal counsel for updated information regarding immigration.

- 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.

- c. Assessment of nursing knowledge, skills and abilities:
  1. In order to be licensed in this state, all RN applicants shall take and pass the NCLEX-RN®. The results will be reported to the applicant as pass or fail.
  2. In order to be licensed in this state, all practical/vocational nurse applicants shall take and pass the NCLEX-PN®. The results will be reported to the applicant as pass or fail.
6.3.3 Competence Conduct

Current employer if employed in health care, including address, telephone number, position and dates of employment.

Previous employer in health care, if any, if current employment is less than 12 months.

The date and jurisdiction the applicant previously applied for a license in another jurisdiction and either was denied a license or withdrew the application, if applicable.

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 contendre plea, Alford plea or other plea arrangements in lieu of conviction.
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.

Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant’s background.

Submission of state and federal criminal background checks completed within the last < > months.

***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.

6.4 BON Review
Each program shall be subject to periodic review by the BON to determine whether criteria for approval are being maintained.

6.5 Modified License
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 BON. A modified license may be granted for all levels of licensure.

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.

6.5.2 Identification of Need. The BON may be informed of the potential need for a modified license by:

a. Request by an individual for a modified license.
b. Information provided by an individual on application for licensure by examination, licensure by endorsement or licensure renewal.
c. Information provided by an endorsing state as part of the license verification process.
d. Information provided by nursing educational program that a student required accommodation to accomplish clinical education objectives.

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 BON.

***Consideration should be given to whether the agreement needs to address practice in other jurisdictions. The BON may require that the nurse holding the modified license inform the BON 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 BON participates in the Nurse Licensure Compact (NLC) and the nurse would have a privilege to practice in other compact states.

6.5.4 Reconsideration. A nurse granted a modified license may apply to the BON for reconsideration if the licensee's circumstances change.

5.56.6 Application for Licensure by Endorsement as an RN or LPN/VN.

*** Acceptance and use of the Uniform Core Licensure Requirements (UCLR) would promote mobility of nurses and decrease challenges arising from the variation between BON licensure requirements. Verification of licensure in another jurisdiction, whether electronically or by paper copy, is the key requirement for licensure by endorsement. BONs are challenged to meet the goal of using technology and trust that other BONs have reviewed transcripts and other information in making licensure decisions.

6.6.1 Competence Development

a. An applicant for licensure by endorsement in this state shall submit to the BON the required fee for licensure by endorsement as specified in Chapter 14 and a completed application for licensure by endorsement.
b. The BON shall verify licensure by examination by the state of original licensure and receive from that information regarding graduation or successful program completion eligibility for graduation from a nursing education program for the level of license sought, date of original licensure and current licensure status in the jurisdiction.
c. The BON shall also verify date of the applicant’s licensure and licensure status or privilege with the state of most recent employment, if different from the state of original licensure.

Nursys® offers BONs direct access to licensure information for those participating BONs.

6.6.2 Competence Assessment

a. Evidence of having passed the licensure examination required by this jurisdiction at the time the applicant was initially licensed in another jurisdiction, and
b. Evidence of continued competence as defined in 5.6.26.9.3 below.
6.6.3 Competence Conduct

Identification of any state, territory or country in which the applicant holds a health profession license or credential, if applicable. Required information includes:

1. The number and status of the license or credential and;
2. The original state or country of licensure or credentialing.

***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 BON 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.

b. Current employer if employed in health care, including address, telephone number, position and dates of employment;

c. Previous employer in health care, if any, if current employment is less than 12 months;

d. The date and jurisdiction the applicant previously applied for a license in <NAME OF STATE> another jurisdiction and either was denied a license or withdrew the application, if applicable.

e. 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. Any pending criminal charges.
   3. Criminal conviction, nolo contendre plea, Alford plea or other plea arrangements in lieu of conviction.
   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.

f. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant’s background and;

g. Submission of state and federal criminal background checks completed within the last <> months.

5.5.16 Temporary Permits

a. A temporary permit is a time-limited authorization to practice nursing as specified by the type of permit.

6.7.1 Types of Temporary Permits

b. The BON may issue, upon request of the applicant, a temporary permit to practice nursing to:
   1. Applicants for licensure by examination; to practice under the direct supervision of an RN.
   2. 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.

b. 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.
*** Rationale: In the previous version of the Model Rules, “postbasic” 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.

6.7.2 Duration
c. Temporary permits may be issued for a time period not to exceed < > months. Permits are non-renewable and are valid from the submission of a proper request until the date of the BON decision on the application.

6.7.3 Procedure for Issuing Temporary Permits
d. An applicant may request a temporary permit to practice nursing by submitting application to the BON and paying the required fee, as specified in Chapter 14 of these rules.
   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 an RN.
   e. Upon submission of application for licensure, including submission of request for criminal background check and receipt of verification that the of unencumbered license from another jurisdiction is not encumbered, an applicant for licensure by endorsement may receive a temporary permit to practice nursing.

6. 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 an RN, an applicant may receive a temporary permit to practice nursing.

5.6.8 Renewal of Licenses
The renewal of a license must be accomplished by <date determined by the BON>. 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 jurisdiction.

6.8.1 Notification to Renew
At least < > days before the expiration date of a license, the BON shall notify the licensee that it is time to renew and inform the licensee of the timelines and options for completing the application.

***Many BONs are using new ways to provide notice of renewal to nurses, including the use of postcards and the Internet.

5.6.16.8.2 Application for Renewal of License as an RN or LPN/VN
An applicant for license renewal shall submit to the BON the required fee for license renewal, as specified in Chapter 14, and a completed application for license renewal that provides the following information:
   a. Evidence of completion of the continued competence requirements specified in 6.9.35.6.2 below. and
   b. 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 conviction.
3. Criminal conviction, nolo contendre plea, Alford plea or other plea arrangements 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.

c. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant’s background.

5.6.26.8.3 License Renewal Practice Hours Requirement for RNs and LPN/VNs Continued Competence

a. Purpose. The purpose of requiring practice hours for license renewal is to promote currency of practice for licensed nurses.
b. Practice hours requirement. Each RN and LPN/VN shall document 960 hours of nursing practice satisfactory to the BON in the three-year period immediately preceding application for license renewal.
c. Documentation and audit. Practice hours requirements shall be documented as directed by the BON and are subject to audit at the discretion of the BON.

***At the present time, evidence does not support any one mechanism for continued competence and further study is warranted.

***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 BON may provide additional guidelines for nurses regarding the practice requirement through policy development. It is the responsibility of the licensee to demonstrate to the BON how activities constitute nursing practice.

Requiring practice hours for license renewal is based on National Council of State Boards of Nursing (NCSBN) 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 BON mandate, in and of itself has not been demonstrated to assure competence.

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 BONs. 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.

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 BONs in the future.

5.6.36.8.4 Issuance of License
The BON shall renew the license of each renewal applicant who complies with the requirements of this Section listed in 6.9.2 and 6.9.3.

5.76.9 Reactivation of License
An individual whose license has lapsed by failure to renew may apply for reactivation 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 BON may require evidence of the licensee’s current nursing knowledge and skill before reactivating the licensee to the status of active license.

5.7.16.9.4 Reinstatement Following Disciplinary Action
For those licensees applying for reinstatement following disciplinary action, compliance with all BON licensure requirements, as well as any specific requirements set forth in the BON’s discipline order, is required.

5.86.10 Duties of Licensees

***The specificity of Article VI in the MNPA 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.

***BON ordered evaluations of fitness to practice may include physical, mental, chemical dependency or other types of evaluation.

5.9 Criminal Background Checks

a. All individuals convicted of a sexual offense involving a minor or performing a sexual act against the will of another person shall be subject to a BON order for evaluation by a qualified expert approved by the BON. If the evaluation identifies sexual behaviors of a predatory nature the BON shall deny licensure.
b. Other criminal convictions may be reviewed by the BON on a case by case basis to determine eligibility for licensure.

5.10 Exemptions

Chapter 96. Preliminary Nursing Education

96.1 Purpose of Preliminary Nursing Education Standards
The purposes of nursing education standards are to:

a. Ensure that graduates of nursing education programs are prepared for safe and effective nursing practice.
b. Provide criteria for the development, evaluation and improvement of new and established nursing education programs; and

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EnAssure candidates are educationally prepared for licensure and recognition at the appropriate level.

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### 69.1.1 Prelicensure Nursing Education Standards

All nursing education programs shall meet these standards:

a. The purpose and outcomes of the nursing program shall be consistent with the ActNRA and BON-p promulgated administrative rules, regulations and other relevant state statutes.

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.

c. The input of stakeholders consumers shall be considered in developing and evaluating the purpose and outcomes of the program.

d. The nursing program shall implement a comprehensive, systematic plan for ongoing evaluation that is based on program outcomes and incorporates continuous improvement.

e. The curriculum shall provide diverse didactic and clinical learning experiences consistent with program outcomes.

f. Faculty and students shall participate in program planning, implementation, evaluation and continuous improvement.

g. The nursing program administrator shall be a professionally and academically qualified RN with institutional authority and administrative responsibility for the program.

h. Professionally, academically and clinically qualified nurse faculty shall be sufficient in number and expertise to accomplish program outcomes and quality improvement.

i. The fiscal, human, physical, clinical and technical learning resources shall be adequate to support program processes, security and outcomes.

j. Program information communicated by the nursing program shall be accurate, complete, consistent and readily available.

***This includes all methods of educational program delivery.

### 69.1.2 Required Criteria for Prelicensure Nursing Education Programs

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 agency body that is recognized by the U.S. Department Secretary of Education. The nursing education program shall provide evidence of current accreditation by a national nursing accrediting agency recognized by the U.S. Department of Education by January 1, 2020.

The following minimal criteria serve to support implementation of the Nursing Education Standards:

a. Evaluation. A comprehensive nursing education program self-evaluation shall be performed annually for quality improvement and shall include, but not be limited to:

1. Students’ achievement of program outcomes.

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.

3. Multiple measures of program outcomes for graduates.

b. Examples of measures of students’ success include NCLEX pass rates, student and/or employer survey, and successful completion of national certification programs.

4. Evidence that accurate program information for consumers is readily available.

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c. Examples of information include fees and admission criteria, which can be made available by oral, written, and electronic means.

5. The head of the academic institution and the administration support program outcomes.

6. Program administrator and program faculty meet BON qualifications and are sufficient to achieve program outcomes.

7. Evidence that the academic institution assures security of student information.

***This is a minimal requirement. Nursing programs are encouraged to develop ongoing evaluation programs as part of continuous quality improvement.

b. Curriculum

1. The curriculum of the nursing education program shall enable the student to develop the nursing knowledge, skills, and abilities competencies necessary for the level, scope and standards of competent nursing practice expected at consistent with the level of licensure. Curriculum shall be revised as necessary to maintain a program that reflects advances in health care and its delivery.

2. The curriculum, as defined by nursing education, professional and practice standards, shall include:

   a. Content regarding legal and ethical issues, history and trends in nursing and health care, and professional responsibilities.

   b. Experiences that promote the development and subsequent demonstration of evidence-based clinical judgment, leadership and skill in clinical management skills, and the professional commitment to collaborate in continuously improving the quality and safety of the healthcare system for patients, socialization consistent with the level of licensure. This includes demonstration of the ability to supervise others and provide leadership in the profession.

   c. Evidence-based learning experiences and methods of instruction, including distance education methods, consistent with the written curriculum plan.

   d. Coursework including, but not limited to:

      i. Content in the biological, physical, social and behavioral sciences to provide a foundation for safe and effective nursing practice.

      ii. Content regarding professional responsibilities, legal and ethical issues, history and trends in nursing and health care

      iii. Didactic content and supervised clinical experience in the prevention of illness and the promotion, restoration and maintenance of health in patients / clients across the life-span and from diverse cultural, ethnic, social and economic backgrounds. Patient experience will occur in a variety of clinical settings, to include:

         1) Integrating patient safety principles throughout the didactic and clinical coursework using informatics to communicate, manage knowledge, mitigate error and support decision making.

         2) Implementing evidence-based practice to integrate best research with clinical expertise and patient / client values for optimal care, including skills to identify and apply best practices to nursing care.

         3) Providing patient-centered, culturally competent care that recognizes that the patient or designee is the source of control and full partner in providing coordinated care by:

            a. Respecting patient differences, values, preferences and expressed needs.

            b. Involving patients / clients / designees in decision-making and care management.

(d) Explaining appropriate and accessible interventions to patients and populations that may positively affect their ability to achieve promoting healthy lifestyles for clients and populations.

4) Collaborating with interprofessional working in interdiscipli
4) Collaborating with interprofessional working in interdisciplinary teams to foster open communication, mutual respect and shared decision-making in order to achieve quality patient care cooperate, collaborate, communicate and integrate client care and health promotion.

5) Participating in quality improvement processes to measure client monitor patient care outcomes, identify the possibility of hazards and errors, and collaborate in the development and testing of changes that improve the quality and safety of health care systems in processes of client care, and

5b) Using information technology to communicate, mitigate error and support decision making

***1) through 5) reflect the recommendations for competencies needed by all health care professionals as recommended by the Institute of Medicine in Who Will Keep the Public Healthy: Educating Health Care Professionals for the 21st Century. The content presented for these competencies will vary as to each level of educational preparation.

2.
3. Faculty supervised clinical practice shall include development of skills in direct patient care; making clinical judgments, management and care and management of both individuals and groups of patients clients across the lifespan; and delegation to and supervision of, as appropriate to level of education, other health care providers.

a) The program shall provide clinical hours comparable to those provided by an approved program of equivalent size and program type or, in the case of no equivalent program, clinical hours scaled relative to an approved program. 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 entry level.

b) Clinical experiences shall be supervised by qualified faculty.

c) All student clinical experiences, including those with preceptors, shall be directed by nursing faculty.

d) Measurement of students’ competencies shall focus on the students’ demonstration of care management and decision making skills when providing patient care in a variety of clinical situations and care settings.

b) BON determines the approval process when clinical experiences cross state/jurisdictional borders, and nursing education programs shall comply with the process.

*** 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 14 of these rules provides an exemption for “the practice of nursing that is an integral part of a program by nursing students enrolled in BON approved nursing education programs.”]

***BONs 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 BON. Interstate clinical presents an opportunity for BONs to communicate and collaborate for the benefit of the student and the protection of the public.

3-4. Delivery of instruction by distance education methods must be consistent with the program curriculum plan and enable students to meet the goals, competencies and outcomes objectives of the educational program and standards of the BON.

c. Students
The program shall provide students the opportunity to acquire and demonstrate the knowledge, skills, and abilities required for safe and effective nursing practice, in theory and clinical experience, through faculty supervision.

2. The program shall hold students accountable for professional behavior, including honesty and integrity, while in their program of study.

3. All policies relevant to applicants and students shall be readily available in writing.

4. Students shall be required to meet the health standards and criminal background checks as required in the state.

5. Students shall receive faculty instruction, advisement, and oversight.

This statement reflects the expectation that students do their own work, e.g., not purchasing pre-written papers.

d. Administrator qualifications

1. Administrator qualifications in a program preparing for LPN/VN licensure shall include:
   a) A current, active, unencumbered RN license or privilege to practice that is not encumbered and meet requirements in the jurisdiction where the program is approved and/or accredited.
   b) A minimum of a graduate baccalaureate degree in nursing or a bachelor's degree and masters in nursing with a graduate degree in a related field, or a nursing doctorate.
   c) Educational preparation and at least 2 years experience in teaching and knowledge of learning principles for adult education, including nursing curriculum development, and administration, and evaluation at least two years of clinical experience.
   d) A current knowledge of nursing practice at the practical/vocational level.

2. Administrator qualifications in a program preparing for RN licensure shall include:
   a) A current, active, unencumbered RN license or privilege to practice that is not encumbered and meet requirements in the jurisdiction where the program is approved and/or accredited.
   b) A doctoral degree in nursing; or a graduate master's degree in nursing and a doctoral degree in a related field.
   c) Educational preparation or experience in teaching and knowledge of learning principles for adult education, including nursing curriculum development, and administration, and evaluation at least two years of clinical experience.
   d) A current knowledge of registered nursing practice.

e. Faculty

1. There shall be sufficient number of qualified faculty to meet the outcomes objectives and purposes of the nursing education program.

2. The nursing faculty shall hold a current, active, unencumbered RN license or privilege to practice that is not encumbered and meet requirements in the jurisdiction where the program is approved and/or accredited.

3. Clinical faculty supervising clinical experiences shall hold a current, active RN license or privilege to practice that is not encumbered and meet requirements in the jurisdiction where the clinical practicum is conducted in the state of the student's clinical site.

4. Qualifications Qualifications for nursing faculty who teach in a program leading to licensure as an LPN/VN should be academically and experientially qualified with a minimum of a graduate degree in nursing or bachelor's degree in nursing with a graduate degree, for nursing faculty who teach in a program leading to licensure as an LPN/VN:
   a) Have a minimum of a master's degree with a major in nursing.
   b) Have <= years of clinical experience.
5. Qualifications for nursing faculty who teach in a program leading to licensure as an RN should be academically and experientially qualified with:
   a) Have a minimum of a graduate master’s degree with a major in nursing or a nursing doctorate degree.
   b) Have < 5 years of clinical experience.
   c) Have graduate preparation in the science of nursing, including clinical practice, and graduate preparation in teaching and learning, including curriculum development and implementation.
   d) Have current knowledge of RN nursing practice.

***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.

6. 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.

7. Interprofessional disciplinary faculty who teaching non-clinical nursing courses shall have advanced preparation appropriate for the to these areas of content being taught.

***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).

8. Preceptors. Clinical preceptors shall have demonstrated competencies related to the area of assigned clinical teaching responsibilities and will serve as a role models and educators for to the students. Clinical preceptors may be used to enhance faculty-directed clinical learning experiences. Clinical preceptors shall have an unencumbered license to practice as a nurse that is not encumbered at or above the level for which the student is being prepared in the jurisdiction where they are precepting students.

68.1.3 Models for Determination of Compliance with Standards

The evaluation model for achievement of these standards is determined by each individual jurisdiction and may be met by state BON initial and continuing approval is the model for determining compliance with these standards, and/or through accreditation by a recognized national, regional or state accreditation body. National nursing accreditation shall be required by January 1, 2020, and evidence of compliance with the accreditation standards may be used for evaluating continuing approval. Nursing programs must submit to the BON copies of accreditation related correspondence with the national nursing accrediting agency within 30 days of receipt. The BON shall identify the required correspondence that the programs must submit.

***Member Boards vary in the approach used to implement standards. Many BONs are involved in program approval, including school surveys. Some deem the Commission on Collegiate Nursing Education (CCNE) or the National League for Nursing Accrediting Commission (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.
96.1.4 Purposes of Prelicensure Nursing Education Program Approval
a. To promote the safe practice of nursing by implementing standards for individuals seeking licensure as RNs and LPN/VNs.
b. To grant legal recognition to nursing education programs that the BON determines have met the standards.
c. To ensure 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.
d. To ensure continuous evaluation and improvement of nursing education programs.
e. To provide the public and prospective students with a published list of nursing programs that meets the standards established by the BON.

96.1.5 Establishment of a New Prelicensure Nursing Education Program
Before establishing a new nursing education program, the program shall contact the BON and complete the process outlined below:

a. Phase I – Application to BON. The proposed program shall provide the following information to the BON:
   1. Results of a needs assessment, including identification of potential and available students and employment opportunities for program graduates.
   2. Identification of sufficient financial and other resources.
   3. Governing institution approval and support.
   4. Community support.
   5. Type of educational program proposed.
   6. Evidence of the institution meeting state requirements, and regional or national accreditation by an accredited agency recognized by the U.S. Department of Education.
   7. Evidence of the nursing program actively seeking accreditation from a U.S. Department of Education recognized national nursing accrediting agency.
   8. Clinical opportunities and availability of resources.
   9. Availability of qualified faculty and program director and a pool of available students.
   10. A proposed timeline for initiating and expanding the program.

b. Phase II – Initial Approval for Admission of Students. The proposed program shall provide verify to the BON with verification that the following program components and processes have been completed:
   1. Employment of a director and faculty to develop program.
   2. Overview of total curriculum:
      a) Content
      b) Schedule (course sequence)
      c) Course descriptions
      d) Contracts for clinical sites
      e) Program evaluation plan
      f) BON consultation
      g) Course syllabi for first year with identified timeline for submission of syllabi for next years.
   3. Establishment of student policies for admission, progression, retention and graduation
   4. The BON shall deny initial approval if it determines that a proposed nursing education program is unable to meeting the standards for nursing education.
When the BON determines that all components and processes are completed and in place, the BON shall authorize the program to admit students.

When the BON determines that all components and processes are completed and in place, the BON shall authorize the program to admit students.

c. Phase III – Full Approval of Program. The BON shall fully approve the program upon:
   1. Graduation of first class.
   2. Completion of BON 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.
   3. Submission of program’s ongoing systematic evaluation plan and data.
   4. Satisfactory completion of survey report that verifies that the program is in compliance with the BON’s Nursing Education Standards in 9.1.1.
   5. The BON may request periodic reports from the new program regarding initial program operations before granting approval.

6.1.6 Continuing Approval of Prelicensure Nursing Education Programs

a. Every < > years, or at the BON’s discretion, previously approved nursing education programs with full program approval status will be evaluated for continuing approval by the BON. The BON may accept all or partial evidence prepared by a program to meeting national nursing accreditation requirements. The BON shall monitor review and analyze various sources of information regarding program performance, including, but not limited to:
   1. Periodic BON survey visits, as necessary, and/or reports.
   2. Evidence of being accredited by a U.S. Department of Education recognized national nursing accredited agency.
   3. BON recognized national nursing accreditation visits, and reports and other pertinent documents provided by the program.
   4. Results of ongoing program evaluations.
   5. Other sources of evidence information regarding achievement of program outcomes, including, but not limited to:
      a) Student retention, and attrition and on-time program completion rates.
      b) Sufficient/adequate type and number of faculty, faculty competence and faculty retention/turnover.
      c) Adequate laboratory and clinical learning experiences. Complaints regarding program.
      d) NCLEX pass rates which are at least < > % for one year for graduates taking the examination for the first time.
      e) Trend data regarding NCLEX performance.
      f) Performance improvement initiatives related to employer and graduate satisfaction regarding success in obtaining national certification for APRN roles and specialties.
      e) Program complaints/grievance review and resolutions.

b. Continuing approval will be granted upon the BON’s verification that the program is in compliance with the BON’s Nursing Education administrative rules in 9.1.1.

9.1.7 Denial or Withdrawal of Approval

a. The BON may deny initial approval if it determines that a new nursing education program will be unable to meet the standards for nursing education;

b. The BON may withdraw approval if it determines that:
   1. A nursing education program fails substantially to meet the standards for nursing education;
   2. A nursing education program fails to correct the identified deficiencies within the time specified,.

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69.1.78 Conditional Approval of Prelicensure Nursing Education Programs
   a. The BON may grant conditional approval when it determines that a program is not fully meeting approval standards.
   b. If the BON determines that an approved nursing education program is not meeting the criteria set forth in these regulations, the nursing program governing academic institution shall be given a reasonable period of time to submit an action plan and to correct the identified program deficiencies.
   c. The BON may grant conditional approval when it determines that a program is not fully meeting approval standards.

69.1.87 Denial or Withdrawal of Approval
   c. The BON may deny initial approval if it determines that a new nursing education program will be unable to meet the standards for nursing education.
   d. The BON shall withdraw approval if, after proper notice and opportunity, it determines that:
      1. A nursing education program fails substantially to meet the standards of this Rule for nursing education.
      2. A nursing education program fails to correct the identified deficiencies within the time specified.
      d. After January 1, 2020, a program that has not received national nursing accreditation from a U.S. Department of Education recognized agency shall, upon request, be granted a one year extension by the BON to comply with this requirement.

69.1.9 Appeal.
   A program denied approval or given less than full approval may appeal that decision within a < > month period. All such actions shall be in accordance with due process rights, and the <NAME OF STATE> Administrative Procedures Act and/or BON rules.

69.1.10 Reinstatement of Approval
   The BON may reinstate approval if the program submits evidence of compliance with nursing education standards within the specified time frame.

6.29.3 Closure of Prelicensure Nursing Education Program and Storage of Records
   A nursing education program may close voluntarily or may be closed due to withdrawal of BON approval or may close voluntarily. Provision shall be made for:
   a. Maintenance of the standards for nursing education during the transition to closure.
   b. Placement for students who have not completed the program.
   c. Arrangements for the secure storage and access to academic records and transcripts.

6.2.1. Closure of a Prelicensure Nursing Education Program as a Result of Withdrawal of BON Approval
   The program shall submit to the BON:
   a. An acceptable plan for students to complete a BON approved program
   b. Confirmation in writing that the plan has been fully implemented and
   c. Arrangements for the secure storage and access to academic records and transcripts.

6.2.2. Prelicensure Nursing Education Program Closed Voluntarily
   The program shall submit to the BON:
68.32 Innovative Approaches in Prelicensure Nursing Education Programs

A nursing education program may apply to implement an innovative approach by complying with the provisions of this section. Nursing education programs approved to implement innovative approaches shall continue to provide quality nursing education that prepares graduates to practice safely, competently, and ethically within the scope of practice as defined in <jurisdiction’s> Act/statutes.

96.23.1 Purposes

a. To foster innovative models of nursing education to address the changing needs in health care.
b. To assure that innovative approaches are conducted in a manner consistent with the Board’s role of protecting the public and.
c. To assure that innovative approaches conform to the quality outcome standards and core education criteria established by the BONBoard.

96.33.2 Eligibility

a. The nursing education program shall hold full Board approval without conditions.
b. There are no substantiated complaints in the past 2 years.
c. There are no rule violations in the past 2 years.

96.33.3. Application

The following information (no longer than <> pages with a 1-page executive summary) shall be provided to the Board at least <> days prior to a Board meeting:

a. Identifying information (name of nursing program, address, responsible party and contact information).
b. A brief description of the current program, including accreditation and Board approval status.
c. Identification of the regulation(s) affected by the proposed innovative approach.
d. Length of time for which the innovative approach is requested.
e. Description of the innovative approach, including objective(s).
f. Brief explanation of why you want to implement an innovative approach at this time.
g. Explanation of how the proposed innovation differs from approaches in the current program.
h. Rationale with available evidence supporting the innovative approach.
i. Identification of resources that support the proposed innovative approach.
j. Expected impact innovative approach will have on the program, including administration, students, faculty, and other program resources.
k. Plan for implementation, including timeline.
l. Plan for evaluation of the proposed innovation, including measurable criteria/outcomes, method of evaluation, and frequency of evaluation and.
m. Additional application information as requested by the BONBoard.

96.33.4. Standards for approval

a. Eligibility criteria in 96.33.2. and application criteria in 96.33.3. are met.
b. The innovative approach will not compromise the quality of education or safe practice of students.
c. Resources are sufficient to support the innovative approach.
d. Rationale with available evidence supports the implementation of the innovative approach.
e. Implementation plan is reasonable to achieve the desired outcomes of the innovative approach.
f. Timeline provides for a sufficient period to implement and evaluate the innovative approach and.
g. Plan for periodic evaluation is comprehensive and supported by appropriate methodology.

69.32.5. Review of application and board action
a. Annually the Board BON may establish the number of innovative approach applications it will accept, based on available Board resources.
b. The Board BON shall evaluate all applications to determine if they meet the eligibility criteria in 96.23.2 and the standards established in section 96.23.4.
c. The Board BON shall inform the education program of the approval process timeline within <> days of the receipt of the application.
d. If the application meets the standards, the Board BON may:
   1. Approve the application, or
   2. Approve the application with modifications as agreed between the Board BON and the nursing education program.
e. If the submitted application does not meet the criteria in 69.32.2 and 69.32.4., the Board may deny approval or request additional information.
f. The Board BON may rescind the approval or require the program to make modifications if:
   1. The Board BON receives substantiated evidence indicating adverse impact or.
   2. The nursing program fails to implement the innovative approach as presented and approved.

69.32.6. Periodic Evaluation
a. The education program shall submit progress reports conforming to the evaluation plan annually or as requested by the Board BON.
b. The final evaluation report shall conform to the evaluation plan, detailing and analyzing the outcomes data.
c. If any report indicates that students were adversely impacted by the innovation, the nursing program shall provide documentation of corrective measures and their effectiveness.
d. Nursing education program maintains eligibility criteria in 96.32.2.

96.32.7. Requesting continuation of the innovative approach
a. If the innovative approach has achieved the desired outcomes and the final evaluation has been submitted, the program may request that the innovative approach be continued.
b. Request for the innovative approach to become an ongoing part of the education program must be submitted <> days prior to a regularly scheduled Board meeting.
c. The Board BON may grant the request to continue approval if the innovative approach has achieved desired outcomes, has not compromised public protection, and is consistent with core nursing education criteria.

9.3. Closure of Nursing Education Program and Storage of Records
A nursing education program may close voluntarily or may be closed due to withdrawal of BON approval. Provision shall be made for:
  a. Maintenance of the standards for nursing education during the transition to closure.
  b. Placement for students who have not completed the program.
  c. Arrangements for the secure storage and access to academic records and transcripts.

Chapter 7—Titles and Abbreviations
7.1 Titles and Abbreviations for Licensed Nurses

Chapter 7.11 – Discipline and Proceedings

***There is variation in the use of the language among BONs to describe the disciplinary process. For example, some BONs are specifically authorized to limit (or restrict) a license as a discipline action while other BONs may incorporate a limitation as an element of probation (or conditional license).

***A person applying for a license has the burden of proof to demonstrate the qualifications or satisfaction of the requirements.

***Other examples of examination violations include:
1. Communicating with another examinee during the examination.
2. Possessing unauthorized materials during the examination.

***While some states require a specific relationship between the crime and nursing practice, this broader ground provides the opportunity for BONs 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.

***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. This ground reflects situations observed in other professions and modern society.

***Unethical conduct may include behavior that deems 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.

***Standards promulgated by BONs provide a broad framework for nursing practice and provide notice to nurses as to BON expectations regarding practice. Violations of such standards may result in unsafe or unprofessional practice.

***Appropriate oversight includes causing validation of a nurse’s licensure status on initial hire and periodically throughout employment.

***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 BONs using broad grounds categories in the NPA to promulgate rules with the more detailed descriptions and examples.

7.1 Authority

7.2 Accountability

7.3 Grounds for Discipline

a. Non-Compliance with federal, jurisdictional or contractual requirements, including, but not limited to:
   1. Failing to meet the initial requirements of a license
2. Engaging in conduct that violates the security of the licensure examination or the integrity of the examination results, including, but not limited to:
   a) Copying, disseminating or receiving of any portion of an examination
   b) Having unauthorized possession of any portion of a future, current or previously administered examination
   c) Violating the standard of test administration
   d) Permitting an impersonator to take the examination on one’s behalf.
   e) Impersonating an examinee
   f) Communicating with another examinee during the examination
   g) Possessing unauthorized materials during the examination or
   h) Any other conduct that violates the security or integrity of the exam

3. Having a license to practice nursing, a multi-state privilege to practice or another professional license or other credential denied, revoked, suspended, restricted or otherwise disciplined in this or any other state, territory, possession or country or by a branch of the United States military

4. Failing to cooperate with a lawful BON investigation

5. Practicing without an active license

6. Drug screening violation or failure of a participant in an alternative to discipline program to comply with the program requirements.

7. Failing to comply with continuing education or competency requirements

8. Failing to meet licensing board reporting requirements

9. Violating or failing to comply with BON order

10. Practicing beyond the legal scope of practice

11. Failing to comply with health and safety requirements established by an employer, health facility, or federal or jurisdictional laws or rules

12. Violating federal or jurisdictional tax code pursuant to the procedural laws and rules of the jurisdiction

13. Failing to pay child support or delinquent child support pursuant to the procedural laws and rules of the jurisdiction

14. Defaulting on health education loan or scholarship obligations pursuant to the procedural laws and rules of the jurisdiction

15. Violating jurisdictional health code

b. Criminal conviction or adjudication in any jurisdiction under Article VII section 3 of the <jurisdiction’s> Nurse Practice Act

c. Confidentiality, patient privacy, consent or disclosure violations, including, but not limited to:
   1. Failing to safeguard the patient’s dignity, the right to privacy and confidentiality of patient information. This does not prohibit or affect reporting responsibilities under other statutes such as Child Abuse or Older Adults Protective Services Acts.
   2. Failure to obtain informed consent
   3. Failure to comply with patient consultation requirements
   4. Breach of confidentiality

d. Misconduct or abuse, including, but not limited to:
   1. Soliciting, borrowing or misappropriating money or property from a patient or a patient’s family.
   1.2. Violating principles of professional boundaries.

11.2.1 Principles of Professional Boundaries

The following principles shall delineate the responsibilities of the nurse regarding the establishment and maintenance of appropriate professional boundaries with a current or former patient and key party.
Patient consent to, or initiation of a personal relationship, is not a defense. The nurse shall:
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a) **Establish, maintain and communicate professional boundaries with the patient;**

b) **Not engage** Avoid in relationships with patients that could impair the nurse’s professional judgment;

c) **Not exploit in any manner the professional relationship with a patient for the nurse’s emotional, financial, sexual, or personal advantage or benefit;**

d) **Not engage** Avoid in dual relationships to the extent possible for <years>, making alternate arrangements for care when necessary, if a nurse’s ability to provide appropriate care would be impaired due to the nature of the additional relationship with the patient (always avoid dual relationships in mental health nursing);

e) **Not engage in self-disclosure to a patient unless it is limited in terms of amount, nature and duration, and does not adversely impact the patient’s care and well-being;**

f) **Recognize the potential for negative patient outcomes of professional-boundary crossings;**

g) **Not use any confidence of a patient to the patient’s disadvantage or for the advantage of the nurse;**

h) **Recognize the importance of clear understandings with the patient regarding financial matters. For nurses practicing independently, arrangements for reimbursement must be made at the initiation of the nurse-patient relationship. A nurse shall not engage in loans to or from a patient and shall not barter with a patient;**

i) **Only accept gifts of minimal value from a patient or key party;**

j) **Make no** Avoid statements or disclosures that create a risk of compromising a patient’s privacy, confidentiality and dignity. This includes, but is not limited to, statements or disclosures via electronic media; and

k) **Make no** Avoid suggestions or discussions of the possibility of dating or a sexual or romantic relationship after the professional relationship ends.

***Abuse includes all types of verbal and psychological abuse, in addition to physical abuse.

11.2.2 Sexual Misconduct

3. Sexual misconduct including, but is not limited to, the following behavior with a current or former patient or key party. Patient consent to, or the initiation of a sexual or romantic relationship, is not a defense:

a) Sexual intercourse;

b) Touching of the breasts, genitals, anus or any sexualized body part initiated by the nurse or patient, except as consistent with accepted standards of nursing practice;

c) Rubbing against current or former patient or key party, initiated by the nurse, current or former patient, or key party, for sexual gratification;

d) Hugging, kissing or caressing of a romantic or sexual nature;

e) Failing to provide adequate patient privacy to dress or undress, except as may be medically necessary or required for patient safety;

f) Failing to provide the patient with an appropriate gown or draping, except as may be medically necessary or required for patient safety;

g) Dressing or undressing in the presence of the patient;

h) Encouraging masturbation or other sex acts in the presence of the nurse;
i) Masturbation or other sex acts performed by the nurse in the presence of the current or former patient or key party;

j) Discussing sexual history, behaviors or fantasies of the nurse;

k) Behavior, gestures, statements or expressions that may reasonably be interpreted as romantic or sexual;

l) Making inappropriate statements to current or former patients or key parties regarding their body parts, appearance, sexual history or sexual orientation;

m) Sexually demeaning behavior, which may be reasonably interpreted as humiliating, embarrassing, threatening, or harmful to current or former patients or key parties;

n) Showing a current or former patient or key party sexually explicit materials, other than for health care purposes;

o) Posing, photographing or recording the body or any body part of a current or former patient or key party, other than for health care purposes with consent;

p) Transmitting information via electronic media that can be reasonably interpreted as sexual or sexually demeaning by the current or former patient or key party; and

q) Engaging in sexual or romantic conduct with a key party when that person is being manipulated into such a relationship by the nurse.

\section*{11.2.3 Former Patient}

4. A nurse may not engage or attempting to engage in sexual or romantic conduct with a former patient if doing so creates a risk that the relationship could cause harm to or exploitation of the former patient.

Factors which the BON may consider in determining risk of harm or exploitation include, but are not limited to:

a) The length of time the nurse-patient relationship existed;

b) The circumstances of the cessation or termination of the nurse-patient relationship;

c) The amount of time that has passed since nursing services were terminated;

d) The nature of the patient’s health status and the extent of care received;

e) The degree of the patient’s dependence and vulnerability;

f) The extent to which there exists an ongoing nurse-patient relationship following the termination of services, and whether the patient is reasonably anticipated to become a patient of the nurse in the future; and

g) Any statements or actions made by the nurse during the course of treatment suggesting or inviting the possibility of sexual or romantic conduct.

4-5. Due to the unique vulnerability of mental health patients, including patients with substance use or dependency disorders, nurses are prohibited from engaging in or attempting to engage in sexual or romantic conduct with such former patients or key parties for a period of at least two years after termination of nursing services.

\section*{2.6 11.2.4 These Rules Do Not Prohibit}

Providing health care services to a person with whom the nurse has a preexisting, established personal relationship where there is no evidence of, or potential for, exploiting the patient; and

Contact that is necessary for a health care purpose that meets the standards of the profession.

7. Non-sexual dual relationship or boundary violation

8. Exploiting a patient for financial gain

9. Abusive conduct toward staff

10. Disruptive conduct in the workplace
11. Conduct evidencing moral unfitness
12. Conduct evidencing ethical unfitness
13. Physical or emotional abuse of a patient
14. Misappropriation of patient property or other property
15. Conflict of interest
e. Fraud, deception, or misrepresentation, including, but not limited to:
   1. Committing fraud or deceit in the practice of nursing
   2. Submitting false documentation or information, such as credentials, letters of
      recommendations, resumes, curriculum vitae, certificates, educational certificates or
      transcripts, or licenses to an employer or potential employer for the purpose of securing or
      maintaining employment.
   3. Submitting false documentation or information to an employer for the purpose of receiving
      remuneration or reimbursement of costs to which the licensee is not entitled.
   4. Submitting false information in the course of an investigation or as part of any application.
   5. Failing to document and maintain accurate records, includes, but is not limited to:
      a) Falsifying reports, patient documentation, agency records, or other essential health
         documents.
      b) Knowingly making incorrect entries a patient’s medical record or other related documents.
   6. Improper or abusive billing practices
   7. Submitting false claims
   8. Misrepresentation of credentials
   9. Insurance fraud (Medicare, Medicaid or other insurance)
   10. Providing or ordering unnecessary tests or services
   11. Filing false reports or falsifying records
   12. Fraud, deceit or material omission in obtaining license or credentials
   13. Misleading, false or deceptive advertising or marketing
   14. Failure to disclose
f. Unsafe practice, substandard care or unprofessional conduct, including, but not limited to:
   1. Failing or inability to perform registered nursing, practical/vocational nursing or advanced
      practice registered nursing as defined in Article II of this Act and rule, with reasonable skill and
      safety.
   2. Departing from or failing to conform to an ethical or quality standard of the nursing profession.
   3. Improperly managing patient records.
   4. Failing to supervise student experiences as a clinical nursing instructor.
   5. Failing to respect and consider the patient’s right to freedom from psychological and physical
      abuse.
   6. Failing to act to safeguard the patient from the incompetent, abusive or illegal practice of any
      individual.
   7. Discriminating on the basis of age, marital status, gender, sexual preference, race, religion,
      diagnosis, socioeconomic status or disability while providing nursing services.
   8. Leaving a nursing assignment prior to the proper reporting and notification to the appropriate
      department head or personnel of such an action.
   9. Knowingly abandon a patient in need of nursing care. Abandonment is defined as the
      intentional deserting of or leaving a patient for whom the nurse is responsible without
      providing for another nurse or appropriate caretaker to assume care upon the nurse’s leaving.
   10. Engaging in conduct or any nursing practice that may create unnecessary danger to a patient’s
       life, health or safety. Actual injury to a patient need not be established.
11. Demonstrating an actual or potential inability to practice nursing with reasonable skill and safety to patients by reason of illness, use of alcohol, drugs, chemicals, or any other material or as a result of any mental or physical illnesses or conditions.

12. Immediate threat to health or safety of a patient or the public

13. Unable to practice safely by reason of alcohol or other substance use

14. Unable to practice safely by reason of psychological impairment or mental disorder

15. Unable to practice safely by reason of physical illness or impairment

16. Unable to practice safely

17. Substandard or inadequate care

18. Substandard or inadequate skill level

19. Failure to consult or delay in seeking consultation with supervisor/proctor

20. Patient abandonment

21. Inappropriate refusal to treat

22. Incompetence

23. Malpractice

24. Negligence

25. Patient neglect

26. Inadequate or improper infection control practices

27. Failure to provide medically reasonable and/or necessary items or services

28. Improper supervision or allowing unlicensed practice, including, but not limited to:

   a. Delegating a nursing function or a prescribed health function when the delegation could reasonably be expected to result in unsafe or ineffective patient care,

   b. Accepting the delegation of a nursing function or undertaking a specific practice without the necessary knowledge, preparation, experience and competency to properly execute the practice that could reasonably be expected to result in unsafe or ineffective patient care,

   c. Failing to supervise the performance of acts by any individual working at the nurse’s delegation or assignment,

   d. Failing to follow appropriate and recognized standards and guidelines in providing oversight of the nursing organization and nursing services of a health care delivery system as a chief administrative nurse,

   e. Inappropriate or inadequate supervision or delegation

   f. Knowingly aiding, abetting, assisting, advising or allowing an unlicensed person to engage in the unlawful practice of registered or practical nursing or in violating or circumventing a law or BON regulation or rule

29. Drug related offenses, including, but not limited to:

   a. Narcotics violation or other violation of drug statutes

   b. Unauthorized prescribing medicine

   c. Unauthorized dispensing of medication

   d. Unauthorized administration of medication

   e. Error in prescribing, dispensing or administering medication

   f. Diversion of controlled substance

***“Excessive force” means force clearly greater than what would normally be applied in similar clinical situations.

***This section of the Act provides a specific ground for failure to comply with terms of the program agreement with the 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 BON for possible disciplinary action.

***Drug screening may be conducted as a condition of employment.***

***This section of the Act makes not completing or otherwise complying with a BON order a ground for discipline in itself. BON orders are interpreted to include settlement agreements.***

***This ground also addresses failure to comply with other laws and rules/regulations.***

**7.4 Procedure Disciplinary Process**

**7.4.11 Complaint Investigation**  
The BON shall investigate alleged acts or omissions that the BON reasonably believes violate the NPA or Nursing Administrative Rules.

**7.4.21 Complaint Resolution**  
a. Complaints may be settled through informal negotiations with the subject nurse and/or subject nurse’s attorney.
b. Negotiated settlements shall be reviewed and approved by the BON to determine whether any proposed remedy is appropriate for the facts as admitted or stipulated.
c. If a complaint cannot be resolved through informal negotiations, the case may be referred for formal administrative hearings.
d. The BON shall review the evidence and record produced at the administrative hearings along with the recommendations of the administrative law judge to determine whether the burden of proof has been met with regards to any violation. The BON is responsible for making complaint resolution decisions.

**7.5 Immunity**

**7.611 Notification**  
The BON shall provide information as required by federal law to federal databanks, to the NCSBN centralized licensing and discipline databank (Nursys) and may develop procedures for communicating with others in BON policy.

**7.7 Alternative to Discipline Monitoring Program**

**7.7.11 Purpose.**  
Alternative to Discipline Monitoring

**Responsibilities of the Programs**

a. The alternative to discipline monitoring program shall have the following functions and responsibilities:

1. Protect promote the public health while monitoring the nurse to assure safe practice 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.

**11.5.2 Objectives**

2. Encourage To promote early identification, entry into treatment and practice and close monitoring of nurses who are impaired due to substance abuse.

3. Identify, respond to and report noncompliance to the BON in a timely manner

4. Facilitate nurses to enter and maintain an ongoing recovery consistent with patient safety
5. Be transparent and accountable to the public by providing information to the public, which also includes:
   a) Policies and procedures of the program
   b) Annual reports, audits and aggregate data
   c) Educational materials and other resources and
   d) Conferences and continuing education offerings and

6. Provide adequate resources and staffing to implement policies and procedures and all contract requirements
   a.b. All nurse participants or nurse licensure applicants in alternative programs may be reported to a non-public national database that gives access to all states.
      a. 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.
      b. To assure that recovering nurses are compliant with treatment, recovery and work plans.
      c. To provide monitoring when the nurse returns to nursing practice to assure the safety of the public while the nurse progresses in recovery.
      d. 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.

11.5.3 Program Structure
   a. A qualified administrator with education and expertise regarding the identification of substance abusers, treatment options and recovery maintenance shall direct the program.
   b. The program shall meet specific reporting criteria and timelines established by the BON.
   c. The program shall make aggregate data regarding operations and outcomes available to the BON and interested others.

7.7.211.5.4 Eligibility - Criteria for Entry
   a. The program shall develop admission criteria for review and approval by the BON.
   a. An individual may be admitted to the program if he or she meets the following eligibility criteria:
      1. Is an APRN, RN, or LPN/VN in this jurisdiction
      2. Requests admission in writing and
      3. Admits to substance use disorder
   a.b. Admission to the alternative program shall may be denied for any of the following conditions, including, but not limited to if the applicant:
      1. Has diverted controlled substances for sale or for other than self administration
      2. Has caused known provable harm to patients
      3. Has engaged in behavior that has a high potential to cause patient harm such as diverting drugs by replacing the drug with another drug or
      4. The nurse is not eligible for licensure in the jurisdiction.
   b.c. Admission to the program may be denied if the applicant:
      1. The nurse has a history of past prior licensure disciplinary action that is not related to substance use and resulted in probation, revocation or suspension.
      2. The nurse has pending criminal action or prior felony past criminal conviction.
      3. Has had incidents that may have caused harm, abuse or neglect to patients
      4. Has been discharged or terminated from the same or any other alternative program for non-compliance
      5. Is on medication-assisted treatment or therapy
      6. Has been prescribed controlled substances for dual diagnosis or chronic pain or
2.7 Has had previous and unsuccessful participation and substantial noncompliance with the contractual agreement in the last five years.

3. The nurse denies substance abuse or addiction.

4. The nurse has diverted controlled substances for sale or for other than self use.

c.d. An applicant’s request for admission to the program may be denied if the applicant’s participation in the program is determined to pose a significant risk for the health care consumer as determined by alternative program staff, a consulting board BON member, or the treatment provider or the nurse.

2. The nurse’s practice has caused client harm.

***Note that the verb in the stem of this provision is may. This section provides discretion for program staff to allow individuals into the program with one or more of these conditions.

***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.

7.7.3 Screening and Assessment

a. All individuals entering into the programs shall undergo appropriate screening and assessment.

b. An individual seeking admission into the alternative program shall initially be screened by staff to determine the person’s motivations for entering the alternative program and whether the person meets admission requirements and is willing to participate.

c. The individual seeking admission shall obtain a current chemical dependency evaluation, which may include a complete physical and psychosocial assessment performed by a licensed or certified medical, mental health or psychological specialist.

7.7.4 Contracts

11.5.5 Terms and Conditions for Alternative Program Participation

a. Each nurse entering the alternative program is responsible for meeting the requirements of the alternative program.

b. Each nurse entering the alternative program shall agree to inform any and all employers of participation in the program.

c. Alternative Program Agreements define the monitoring requirements, expected reports and information to be provided to the program.

1. Standard provisions shall be developed and submitted to the BON to approve use for all participants.

2. Agreements may be individualized to meet specific nurse needs.

d. Agreements and supporting data shall be reviewed on a regular basis.

a. The alternative program shall have a written contract, which the participant must sign voluntarily upon entering the program. Each contract shall bear the witnessed signature of the nurse participating in the alternative program and the alternative program coordinator or designated representative.

b. The contract shall address the following areas:

1. The voluntary and non-disciplinary nature of the program

2. The program records that are non-public and have necessary exceptions for disclosure such as to the BON members, other state boards and other states’ alternative programs regarding the participants in the alternative program

3. The dates of the nurse’s participation and the expected length of participation
4. The requirements of drug and alcohol screens, 12-step, support, therapeutic meeting attendance and self and supervisory reports
5. The requirements for work-site monitoring upon return to work
6. The consequences of relapse and noncompliance with the alternative program contract including a dismissal from the alternative program or referral to the BON for disciplinary action because of noncompliance with alternative program contract requirements
7. The parameters for referral to the BON, including the non-public records of program participation that are shared with the BON
8. Definitions of relevant terms such as relapse
9. Appropriate waivers and releases and
10. The period of monitoring which shall be three to five years

c. The contract shall provide that the participant is expected to:
   1. Abstain from all alcohol and alcohol-containing products without prior approval from the alternative program
   2. Abstain from drug use, including all over-the-counter medications and other mind-altering substances unless lawfully prescribed with prior approval of the alternative program
   3. Obtain a current evaluation of co-occurring conditions such as psychiatric or medical disorders as indicated
   4. Maintain current state nursing licensure, including meeting any continued competence or continuing education requirements and
   5. Cease nursing practice and agree to inactivate their license until or unless approved to continue or return to practice by the treatment professional and the alternative program

d. The participant shall execute any releases that are necessary to sign for monitoring and consents to information exchange between:
   1. Employer and alternative program
   2. Healthcare providers and alternative program
   3. Alternative program and BON
   4. Treatment professionals and alternative program and
   5. Other state boards and alternative programs

e. The contract shall also provide that the participant agrees to:
   1. Enter treatment and participate in all treatment recommendations
   2. Provide counselors with the necessary forms to complete and give back to the program
   3. Obtain an assessment by a medical doctor who is approved by the alternative program and has a sub-specialty in addictions and pain management
   4. Sign and adhere to pain management contracts if there are pain issues as well as addiction issues
   5. Undergo any additional evaluation as requested by the alternative program or treatment provider and
   6. Complete substance disorder, dependency or mental health assessment, treatment, continuing care and aftercare

7.7.5 Recovery Monitoring Requirements
The participant is expected to:
   a. Attend three 12-step or other approved self-help meetings a week and one peer support group per week and submit documentation to the alternative program at least monthly
   b. Maintain an active and consistent relationship with a sponsor
   c. Select and provide the contact information for one pharmacy for prescription needs, one health care provider for health care needs and one dentist for dental needs to the alternative program
d. Report any prescriptions for mood-altering drugs as well as over-the-counter medications within 24 hours of receipt of prescription to the alternative program and prior to returning to nursing practice. Notify any and all health care providers of substance use history prior to receiving any prescription.

e. Provide a written statement from the prescribing provider that confirms the provider’s awareness of the participant’s history of substance use or dependence and the participant’s responsibility to confirm any prescription within 24 hours of prescribing.

f. Have practitioners complete medication verification forms and medication logs provided by the program and submit quarterly.

g. Submit medication forms quarterly.

h. If licensed in another state or seeking licensure in another state, the participant shall authorize the alternative program to release participant information to any other state of licensure or where seeking application for licensure.

i. The participant shall maintain continuous employment in a nursing position for at least one year of the three- to five-year contract in order to be eligible for successful discharge from the program.

j. The participant shall notify and obtain approval from the alternative program of any health care related position or job change prior to making the change or relocating.

k. The participant shall abide by return-to-work restrictions and requirements.

l. The participant shall abide by all policies, procedures and contracts of employer.

m. The participant shall inform all employers or schools of participation in the alternative program and provide a copy of the contract, stipulations or final orders from the BON to any prospective or current nursing position employers.

n. The participant shall ensure that the supervisor at the place of employment is given a copy of the contract and any other necessary forms.

o. The participant shall ensure that the alternative program receives the agreement form signed by the direct supervisor at the place of employment prior to beginning a new or resuming an existing position.

p. The participant shall schedule at least monthly check-in meetings with the supervisor at the place of employment for the purpose of addressing any concerns of either party. Documentation of such meetings shall be available to the alternative program staff if requested.

q. Any exceptions to work restrictions may be approved in writing by the alternative program. Approval must be obtained from the alternative program prior to any position acceptance, job responsibility change or other related employment activity.

r. The participant shall discontinue access to and administration of controlled substances or any potentially addictive medications for a minimum of six months of returning to work.

7.7.7 Program Notification Requirements
a. The contract shall provide that the participant shall:
   1. Notify the alternative program within two days if participant has a disciplinary meeting or employment counseling with employer.
   2. Notify the alternative program within two days of any changes in residency, contact information and for any termination or resignation from employment.
   3. Report within 24 hours any crimes committed, criminal arrests, citations, or deferred sentences and conviction including a conviction following a plea of nolo contendere.
   4. Notify the alternative program if a complaint is filed against the license of the participant.
   5. Report all alcohol or unauthorized substance use regardless of amount or route of administration.
   6. Obtain a re-assessment by a licensed addiction counselor in the event of relapse or suspected relapse.
   7. Abide by further recommendations in the event of a relapse or suspected relapse as deemed clinically appropriate.
   8. Appear in person for all routinely scheduled interviews and any additional interviews with reasonable notice given by the alternative program.
   9. Inform the alternative program manager verbally and in writing of a pending relocation out of the state and.
   10. Pay all fees and costs associated with being in the alternative program.

b. By signing the contract the participant agrees to the following:
   1. He or she has had or is having problems with substance use or have a substance use disorder.
   2. He or she has violated the nurse practice act and that any violation of the contract is a further violation of the nurse practice act and grounds for referral to the BON.
   3. Entry into the alternative program was voluntary, there was an opportunity to seek advice of legal counsel or personal representative and there was opportunity to clarify any terms or conditions that were not understood.
   4. He or she has read and will abide by the terms and conditions of the program handbook or manual as well as any new policies or procedures received in writing throughout participation in the alternative program.

c. By signing the contract, the participant waives all rights to appeal, grievances, complaints or otherwise contest licensure actions arising out of alternative program participation, and the right to contest the imposition of discipline arising from a breach of this agreement with the exception of contesting a determination that one or more terms of the agreement have been violated.

d. The identity of participants and the terms of the contract are non-public but may be shared with parties who have an official need to know such as state BON members, other state boards, other state’s alternative programs and participant’s employers.

e. The participant shall give the supervisor a copy of the contract and any other necessary forms prior to beginning a new or resuming an existing position and agrees to notify the program immediately of any change in supervision. Failure to comply will result in an immediate cease and desist of all work-related activities from the alternative program.

f. Any noncompliance with the contract or unsuccessful termination from the program is unprofessional conduct, is in violation of the rules and laws regarding the practice of nursing and may be used to support any future progressive disciplinary actions.

g. If any single part or parts of the contract are violated by the participant, the remaining parts remain valid and operative.

h. Any unauthorized missed drug or alcohol testing will be considered non-compliance with the program.
i. Any confirmed positive drug screen may be considered noncompliance if the program has not received the proper documentation from the prescribing practitioner.

j. Any confirmed positive drug screen for which the alternative program has not received prior written authorization and confirmation from an approved provider and any drug screen that is confirmed as an adulterated or substituted specimen shall result in the participant ceasing nursing practice until further evaluation and receipt of written authorization to return to practice from the alternative program.

k. Noncompliance with drug and alcohol testing will result in an increased level of testing and will result in a report to the BON.

l. In the event of any non-compliance with any of the terms of the contract in any respect, the alternative program may require the participating nurse to cease practice, notify the nurse’s employer and the length and terms of this contract may be extended and modified.

m. In the event of any non-compliance with the terms of the contract, the participant may be discharged from the alternative program or reported to the BON while remaining in monitoring.

n. If discharged from the alternative program for non-compliance or referred to the BON for non-compliance, the BON may use any misconduct that may have occurred while enrolled in the program in disciplinary proceedings and the BON may obtain complete records of participation in the alternative program.

o. The contract does not preclude the program from initiating or taking appropriate action regarding any other misconduct not covered by the contract. Such action could include reporting the offense to the BON.

7.7.8 Standards for Treatment Programs

a. Treatment programs that meet the standards set forth in this rule shall be approved by the alternative program for use by participants.

b. The minimum standards for approved treatment providers include:

1. Licensure by the state
2. Provide a geographically convenient location for treatment to encourage the participation of family members in the nurse’s primary treatment
3. Offer family involvement in the treatment
4. Adhere to an abstinence-based program
5. Adhere to a 12-step philosophy
6. Require frequent random and for-cause drug screening with positive results reported to the alternative program
7. Development of an individualized initial treatment and a minimum 12-month aftercare program to meet the specific needs of the nurse patient, based on evaluation by a multidisciplinary team and
8. Provide information to the alternative program staff on the status of referred patients after appropriate consents to release information are obtained including immediate reports on significant events that occur in treatment that are related to the nurse’s ability to practice safely. Information that needs to be communicated includes assessments, diagnosis, prognosis, discharge summary, follow-up recommendations and compliance with treatment.

7.7.9 Return to Work

a. Upon entry into the alternative program, the participant agrees that their license will be placed on inactive status until return to work is recommended by the alternative program.

b. In order to ensure patient safety, the nurse’s practice must be monitored through the following:
1. The participant’s supervisor and whenever possible at least one nurse monitor must be identified in the participant’s return-to-work contract.

2. Supervisors or work-site monitors shall be licensed or privileged to practice nursing, shall not have an encumbered license, shall not be a current participant in any alternative program and shall avoid any conflicts of interest that could impede the ability to objectively monitor the nurse.

3. Supervisors and work-site monitors are nurses who have assumed responsibility for overseeing the participant’s practice and at least one monitor or the supervisor must be available on-site in order to intervene if there is a concern or an incident involving the participant.

4. Supervisors and work-site monitors must be knowledgeable of the participant’s nursing role and the nurse’s participation in the alternative program including the nurse’s return-to-work agreement and any associated practice restrictions.

5. Nurse monitors or supervisors must provide to the alternative program regular and as-needed reports on the nurse’s ability to practice safely.

6. Nurse monitors, supervisors and program staff must have continuous and ongoing communication to ensure the nurse’s compliance with the contract and workplace policies and procedures.

7. There shall be periodic face-to-face visits with the nurse, work-site monitor or supervisor.

8. Nurse employers must make reasonable accommodations for nurses with a substance use disorder under the Americans with Disabilities Act of 1990.

9. The employer shall have the authority to request a for-cause specimen for drug testing when warranted or when requested by the alternative program and

10. A meeting shall be held with the nurse’s co-workers who have a legitimate need to know regarding the nurse’s work restrictions.

c. Upon return to work, the participant is not allowed to work any of the following for a minimum of 12 months:

1. Odd schedules such as overtime, night shift or anything in excess of a 12-hour shift

2. More than three consecutive 12-hour shifts

3. Without direct supervision

4. With limited or full access to controlled substances

5. In a home health or hospice type of setting, travel, registry or agency, float or on-call PRN pool, tele-nursing and disaster relief nursing or

6. In any other unsupervised nursing position

d. If relapse, diversion or other violations of the work-related requirements occur, the alternative program will require the participant to immediately cease practice and the alternative program will notify the employer and the BON.

e. The program will continue to monitor the nurse even after referring the nurse to the BON or the discipline program until the discipline program can begin monitoring or pending board action.

7.7.10 Successful Program Completion
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 contract agreement.

7.7.11 Causes for Termination from Program
Participation from the alternative program may be terminated for any of the following reasons:

a. The participant fails to comply with any of the terms and conditions of the program specified in this chapter;

b. The participant fails to comply with any provision of the participant’s contract agreement.
c. The participant is unable to practice according to acceptable and prevailing standards of safe care; 
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 or;
e. The participant receives a criminal felony conviction.

7.8

11.6

Practice Remediation Program (PRP) Structure
***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 no 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 BON as an alternative to working with an employer (see minor incident rule, Chapter 12, section 12.3.1).

11.6.1 Purpose. To offer an alternative to discipline for nurses with practice deficiencies.

11.6.2 Objectives
a. To promote early identification of practice deficiencies.
b. To assess the practice deficiencies in relation to the nurse, the practice context and public safety.
c. To provide remediation plans for correcting practice deficiencies.
d. To monitor the progress of nurses toward meeting remediation goals.

11.6.3 Program Structure
a. The program shall be directed by a qualified administrator with adult education and teaching expertise.
b. The program shall develop criteria for selection, performance and evaluation of educational providers who participate in the PRP.
c. The program shall report to the BON regarding the utilization of the program and meet specific reporting criteria established by the BON.
d. The program shall make aggregate data regarding operations and outcomes available to the BON and interested others.

7.8.11.6.4 Identification of Practice Deficiencies
a. Reports that a nurse may have practice deficiencies may be referred to the PRP for review.
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:
   1. The licensee’s eligibility to participate in the PRP in accordance with Article X, Section 1(b).
   2. The licensee’s willingness to participate in the PRP.
   3. Whether the reported practice deficiency:
      a) Represented an intentional or willful commission or omission by the licensee.
      b) Represented a single incident or a pattern of behavior by the licensee and, if a pattern of behavior, the frequency of the occurrence.
      c) Involved a vulnerable patient/client.
   4. The impact of the practice deficiency on patient care and outcomes.
   5. The likelihood of correcting the practice deficiency through remediation.
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.

### 7.8.2 Eligibility Requirements for Participation in the PRP

A licensee may participate in the PRP if:

- The licensee is currently licensed to practice nursing in the jurisdiction state and is eligible to renew the license.
- The licensee has not been the subject of formal disciplinary action by any regulatory BON or entity located in this state or in another jurisdiction, unless the BON determines that the previous disciplinary action was for a violation that would not preclude participation in the PRP.
- The nurse has no pending criminal conviction.
- The review of the criteria in 7.8.1 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.

### 7.8.3 Provisions of the Participatory Agreement for the PRP

A licensee has been determined by the BON to be eligible for the PRP, the licensee shall execute a participatory agreement with PRP, which includes but is not limited to:

1. A description of the identified practice deficiency.
2. The specific remediation the participant must complete, including identification of educational providers and time frame for compliance with the terms of the participatory agreement.
3. The requirement that the participant pay all expenses the participant incurs as a result of the required remediation.
4. Requires the participant to notify all employers during the course of participation in the PRP.
5. The requirement that the participant 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.
6. A monitoring plan and expected progress reports from all employers, education providers and the licensee.
7. The requirement that the participant sign all waivers necessary to secure all reports required by PRP.
8. Expectations for successful completion of the program and.
9. The grounds for termination from the PRP.

### 7.8.4 Successful Completion of Program

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.

### 7.8.5 Termination from the Practice Remediation Program

A participant in the PRP may be terminated from the program for any of the following:

1. Failure to comply with any term of the participatory agreement entered into by the participant.
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.
3. Receipt of evidence from the workplace monitor indicating that the participant has continued to demonstrate the practice deficiency.
4. Failure to complete the remediation, or
5. Failure to maintain eligibility for PRP.

b. When a licensee is terminated from PRP for one or more of these reasons, the BON may proceed with disciplinary action in accordance with Article VII, Section 3. The BON may consider the licensee’s termination from the PRP when determining the discipline to be imposed.

7.8.6 Disclosure of PRP Records
a. Information obtained by the practice program pursuant to an investigation shall be classified as not public information.

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 BON’s record.

c. The records shall be made public only by subpoena and court order.

d. All educational providers and workplace monitors selected to provide remediation by a participant in PRP shall, as representatives of the BON, maintain the privacy of all records regarding the participant’s remediation.

e. The PRP shall make regular reports to the BON 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 BON.

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.

***The Ohio State Board of Nursing Practice Identification and Improvement Program (PIIP) was the model for the PRP.

Chapter 12 – Emergency Relief

***Article XII of the MNPA and Chapter 12 of the MNAR provide a process for the BON 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.

***The specificity of Article XII in the MNPA 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.

***States vary as to how summary suspensions are initiated.

***This section allows a BON 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.

Example: A nurse who has been determined by a court of competent jurisdiction to be dangerous to the public because of serious mental disorder.

Another option is to consider automatic suspension for specified, very serious criminal convictions.

*** The BON’s prosecuting attorney may also petition for injunctive relief related to nursing practice.

7.9 Chapter 13 – Reporting

7.93.2.1 Insurers

Four times each year, by the first day of February, May, August and November, each insurer authorized to sell insurance in this jurisdiction and providing professional liability insurance to RNs, LPN/VNs or APRNs shall submit to the BON 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:

a. The total number of settlements or awards.

b. The date the settlement or award was made.

c. The allegations contained in the claim or complaint leading to the settlement or award.

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.

e. The name and address of the nurse against whom an award was made or with whom a settlement was made.

An insurer shall also report to the BON any information it possesses that tends to substantiate a charge that a nurse may have engaged in conduct violating Article X, Section 1.

***BONs 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.

13.2.2 Courts

The court administrator of any court of competent jurisdiction shall report to the BON any judgment or other determination of the court that adjudges or includes a finding that a nurse is:

a. Mentally ill.

b. Mentally incompetent.

c. Chemically dependent.

d. Dangerous to the public.

e. Guilty of a felony or gross misdemeanor.

f. Guilty of a violation of federal or state narcotics laws or controlled substances act.

g. Guilty of operating a motor vehicle while under the influence of alcohol or a controlled substance.

h. Guilty of an abuse or fraud under Medicare or Medicaid.

i. Appointed a guardian.

j. Committed under the laws of the state.

7.9.2.3.2.3 Deadlines; and Forms
Reports required by 13.2 must be submitted no later than 30 days after the occurrence of the reportable event or transaction. The BON 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 BON shall review all reports, including those submitted after the deadline.

***States vary as to processes for accessing court records. Criminal convictions involving licensed nurses should be reviewed to confirm the identity of the nurse, the nature of the offense committed, and the court’s sentence and judgment.

7.9.3 13.3.1 Minor Incidents

***The reporting of every minor violation of the NPA 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 BON.

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 BON if all of the following factors exist:
   2. The potential risk of physical, emotional or financial harm to the client due to the incident is minimal.
   3. The nurse exhibits a conscientious approach to and accountability for his or her practice.
   4. The nurse has demonstrated the knowledge and skill to practice safely and.
   4.5. The nurse maintains employment at the health care facility where the incident occurred.

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.

c. If an event is determined to be a minor incident:
   1. An incident/variance report shall be completed according to the employing facility’s policy, including a complete description of the incident, patient/client record number, names of witnesses, identification of subject nurse and action to correct or remediate the problem.
   2. The chief administrative nurse or designee shall maintain a record of each minor incident involving nurses under his/her supervision.

d. The chief administrative nurse or designee shall report to the BON if > minor incidents involving a nurse are documented within a one-year time period; if a nurse leaves employment before completing any employer expectations for reeducation or other remediation; or if the risk of ongoing problems that do not respond to employer remediation expose patients to unsafe nursing care.

e. Nothing in this rule is intended to prevent reporting of a potential violation directly to the BON.

f. Failure to classify an event appropriately in order to avoid reporting may result in violation of the mandatory reporting statute.

***This provision authorizes the BON to seek court assistance in obtaining information required in Article XII of the MNPA.

7.10 Emergency Action
Chapter 810 – Violations and Penalties

Chapter 9. Implementation

***The specificity of Article IX in the MNPA precludes the need for rules at this time. The chapter title is a placeholder until and if rules are needed in the future.

Chapter 810 – Unlicensed Nursing Assistive Personnel

This section identifies standards for nursing assistive personnel.

8.2 Purpose of Standards

a. To communicate BON expectations and provide guidance for nursing assistive personnel.
b. To articulate BON criteria for evaluating nursing assistive personnel actions and behavior when providing nursing care under the supervision of a licensed nurse.

***Standards promulgated by BONs provide a broad framework and provide notice to nursing assistive personnel, nurses and employers as to BON expectations regarding the use of assistive personnel.

8.3 Nursing Assistant Registry

a. The BON shall determine policies and procedures for the operation of the registry. Certified nursing assistants (CNA), certified nursing assistants II (CNA II) and medication assistant-certified (MA-C) shall all be listed on the registry.

***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.

b. Duty to Report. Nursing assistive personnel shall report to the BON criminal convictions substantially related to the functions of their work.

10.1 Certified Nursing Assistant (CNA)

10.1.1 Basic Curriculum Required of All CNAs

a. All CNAs shall complete at least < > hours of instruction which can be met by completing at least < > hours of classroom instruction with < > hours of clinical instruction at a long-term or comparable facility.
b. A CNA training program shall provide a written curriculum plan to each student that includes overall course goals and for each required subject:
   1. Measurable learner-centered objectives
   2. An outline of the material to be taught
   3. The time allotted for each unit of instruction and
   4. The learning activities or reading assignments
c. A CNA training program shall provide classroom and clinical instruction regarding each of the following subjects:
   1. Communication, interpersonal skills and documentation
2. Infection control
3. Safety and emergency procedures, including the Heimlich© maneuver and cardiopulmonary resuscitation instruction
4. Patient or resident independence
5. Patient or resident rights, including:
   a) The right to confidentiality
   b) The right to privacy
   c) The right to be free from abuse, mistreatment, and neglect
   d) The right to make personal choices
   e) The right to obtain assistance in resolving grievances and disputes
   f) The right to care and security of a patient’s or resident’s personal property and
   g) The right to be free from restraints;
6. Recognizing and reporting abuse, mistreatment or neglect to a supervisor
7. Basic CNA skills, including:
   a) Taking vital signs, height, and weight
   b) Maintaining a patient’s or resident’s environment
   c) Observing and reporting pain
   d) Assisting with diagnostic tests
   e) Providing care for patients or residents with drains and tubes
   f) Recognizing and reporting abnormal changes to a supervisor
   g) Applying clean bandages
   h) Providing perioperative care and
   i) Assisting in admitting, transferring, or discharging patients or residents
8. Personal care skills, including:
   a) Bathing, skin care, and dressing
   b) Oral and denture care
   c) Shampoo and hair care
   d) Fingernail care
   e) Toilette, perineal and ostomy care and
   f) Feeding and hydration, including proper feeding techniques and use of assistive devices in
      feeding
9. Age specific, mental health, and social service needs, including:
   a) Modifying the CNA’s behavior in response to patient or resident behavior
   b) Demonstrating an awareness of the developmental tasks associated with the aging process
   c) Responding to patient or resident behavior
   d) Promoting patient or resident dignity
   e) Providing culturally sensitive care
   f) Caring for the dying patient or resident and
   g) Interacting with the patient’s or resident’s family
10. Care of the cognitively impaired patient or resident including:
    a) Addressing the unique needs and behaviors of patients or residents with dementia
    b) Communicating with cognitively impaired patients or residents
    c) Understanding the behavior of cognitively impaired patients or residents and
    d) Reducing the effects of cognitive impairment
11. Skills for basic restorative services, including:
    a) Body mechanics
    b) Resident self-care
    c) Assistive devices used in transferring, ambulating, eating and dressing

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d) Range of motion exercises  

e) Bowel and bladder training  

f) Care and use of prosthetic and orthotic devices and  
g) Family and group activities  

12. Health care team member skills including time management and prioritizing work  

13. Legal aspects of CNA practice, including:  

a) BON prescribed requirements for certification and re-certification  
b) Delegation  
c) Ethics and  
d) Advance directives and do-not-resuscitate orders, and  

14. Body structure and function, together with common diseases and conditions of the elderly  

d) A CNA training program shall provide a student with a minimum of 16 hours instruction in the subjects identified in subsections c.1-6 before allowing a student to care for patients or residents.  
e) A CNA training program shall utilize a CNA textbook that has been published within the previous five years.  

10.1.28-4 Standards for CNAs Assisting Personnel  
The CNA shall meet the following standards:  

a. Competently performs nursing tasks and functions as delegated by the nurse and within the range of functions authorized in the Act, NPA and rules governing nursing.  
b. Demonstrates honesty and integrity in performing nursing tasks/functions/activities.  
c. Bases nursing tasks/functions/activities on education, training and the direction of the supervising nurse.  
d. Accepts accountability for one’s behavior and actions while assisting the nurse and providing services to patients.  
e. Performs delegated aspects of patient’s nursing care.  
f. Assists in observing patients and identifying patient needs.  
g. Communicates progress toward completing delegated nursing tasks/functions/abilities, as well as any problems or changes in a patient’s status.  
h. Seeks clarification if unsure of expectations.  
i. Uses educational and training opportunities as available.  
j. Takes preventive measures to protect patient/client, others and self.  
k. Respects patient/client’s rights, concerns, decisions and dignity.  
l. Functions as a member of the health care team, contributing to the implementation of an integrated health care plan.  
m. Respects patient/client property and the property of others, and  
n. Protects confidential information unless obligated by law to disclose the information.  

10.2 Medication Assistant Certified (MAC)  
An MAC is a CNA who meets the additional qualifications and training requirements to administer selected medications under the delegation of a licensed nurse.  

10.2.1 Additional Training for MACs  
a. Additional training for MACs shall include < > hours of didactic instruction and < > hours of clinical instruction regarding the following:  

1. Role of the MAC  

2. Medication administration as a delegated nursing function under nursing supervision  

3. Acts that cannot be delegated to MACs, including:
b) Conversion or calculation of drug dosage  
c) Assessment of patient need for or response to medication and  
d) Nursing judgment regarding the administration of PRN medications

4. Rights of individuals  
5. Legal and ethical issues  
6. Agency policies and procedures related to medication administration  
7. Functions involved in the management of medications, including prescription, dispensing, administration and self-administration  
8. Principles of safe medication storage and disposal of medication

9. Reasons for medication administration  
10. Classes of drugs, their effects, common side effects and interactions  
11. Reporting of symptoms or side effects  
12. Techniques to check, evaluate and record vital signs as part of safe medication administration

13. The rights of administration, including right person, right drug, right dose, right time, right route and right documentation  
14. Documentation of medication administration  
15. Prevention of medication errors  
16. Incident reporting  
17. Location of resources and references  
18. Overview of the state agencies involved in the regulation of medication administration

19. Supervised clinical experience in administering medications.

10.2.2 Medication Administration by an MA-C

a. An MA-C may perform a task involving the administration of medications when:
   1. The MA-C’s assignment is to administer medications under the supervision of a licensed nurse in accordance with provisions of this Act and rules.
   2. The delegation is not prohibited by any provision of this Act and rules.

b. An MA-C shall not perform a task involving the administration of medication when:
   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.
   2. The supervising nurse is unavailable to monitor the progress of the patient and the effect on the patient of the medication.
   3. The patient is not stable or has changing nursing needs. Or
   3a. The medication order includes the following medications and routes:

An MA-C 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 assist in completing any required documentation of the medication error.

***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 MA-C.

c. Medication administration policies

c. MA-Cs shall report to the supervising nurse:
1. Signs or symptoms that appear life threatening.
2. Events that appear health threatening.
3. Medications that produce no results or undesirable effects as reported by the patient.
4. A licensed nurse shall supervise MA-Cs.

10.2.3 Standards for MACs
The MAC shall meet the following standards:

- Competently perform nursing tasks and functions as delegated by the nurse and authorized in the Act and rules.
- Demonstrate honesty and integrity.
- Base nursing tasks/functions/activities on education, training and the direction of the supervising nurse.
- Accept accountability for one's behavior and actions while assisting the nurse and providing services to patients.
- Assist in observing patients and identifying patient needs.
- Communicate progress toward completing delegated nursing tasks/functions/abilities, as well as any problems or changes in a patient's status.
- Seek clarification if unsure of expectations.
- Take preventive measures to protect patient, others and self.
- Respect patient's rights, concerns, decisions and dignity.
- Function as a member of the health care team; contributing to the implementation of an integrated health care plan.
- Respect patient property and the property of others and
- Protect confidential information unless obligated by law to disclose the information.

8.7 CNAs

- Basic Training required of all CNAs:
  1. Classroom training. All nursing assistive personnel shall have instruction in the following areas:
     a. Role of the nursing assistant.
     b. Client and resident rights.
     c. Legal and ethical duties.
     d. Culturally sensitive care.
     e. Range of functions.
     f. Interpersonal communication.
     g. Receiving delegation and working as a member of the health care team.
     h. Basic safety skills, including infection prevention.
     i. Basic nursing skills, including taking and recording vital signs, measuring and recording patient/resident height and weight, recording intake and output, and recognizing and reporting abnormal changes in body functioning.
     j. Personal care skills, including feeding, hydration, skin care, dressing, grooming and toileting.
k) Caring for the client or resident environment.
l) Promotion of patient/resident independence.
m) Basic restorative skills, including transfer, ambulation, maintaining range of motion and positioning.
n) Characteristics that may put the patient or resident at risk include, but are not limited to:
   i. Patient cognitive impairment.
   ii. Patient sensory deficits or impairments.
   iii. Communication limitations.
   iv. Altered level of consciousness.
   v. Agitation or combativeness.
o) Working with agitated or combative clients.
p) Restraints.
q) End of life care.
r) Documentation of vital signs, weights, intake and output, and other routine observations.
s) Mental health and social service skills.
t) Caring for the cognitively impaired.
u) Dealing with developmentally disabled.
v) Dealing with behavior problems.
w) Basic emergency procedures.

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.

***Additional clinical training in the assigned work setting is recommended as part of job orientation to assist the CNA to adapt to the work setting. This training would focus on the type of setting, the healthcare team the CNA is joining, the types of patient care typically provided, including information specific to disease processes or patient characteristics the assistant is likely to see.

b. Additional education and training for CNAs II shall include:
   1. Role of the CNA 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.
   2. Oxygen therapy.
   3. Sterile technique.
   5. Suctioning.
   6. Trach care for patient with well-established trachs.
   7. Assisting with peripheral IV fluids.

***Assisting with peripheral IVs refers to the set-up of equipment and discontinuing IVs. It does not include venipuncture or hanging IVs.

   8. Urinary catheterization.
   10. Elimination procedures.
   11. Supervised clinical experiences.
12. Option for applicant to test out of each skill area.

e. Additional training for MA-Cs shall include:

1. Role of the MA-C, including medication administration as a delegated nursing function
   under nursing supervision and the following acts that cannot be delegated to MA-Cs:
   a) Conversion or calculation of drug dosage.
   b) Assessment of patient need for or response to medication.
   c) Nursing judgment regarding the administration of PRN medications.

2. Rights of individuals.

3. Legal and ethical issues.

4. Agency policies and procedures related to medication administration.

5. Functions involved in the management of medications, including prescription, dispensing,
   administration and self-administration.


7. Reasons for medication administration.

8. Classes of drugs, their effects, common side effects and interactions.

9. Reporting of symptoms or side effects.

10. Techniques to check, evaluate and record vital signs as part of safe medication
    administration.

11. The rights of administration, including right person, right drug, right dose, right time, right
    route and right documentation.

12. Documentation of medication administration.


15. Location of resources and references.

16. Overview of the state agencies involved in the regulation of medication administration.

17. Supervised clinical experience in administering medications.

108.31 Criteria Safe Delegation for determining nursing tasks/functions/activities that may be
delegated:
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.

10.3.1 Criteria
The following criteria shall be used to determine nursing tasks/functions/activities that may be
delegated.

a. Knowledge and skills of the nursing assistive personnel.

b. Verification of the clinical competence of the nursing assistive personnel by the employing
   agency, and

c. Stability of the patient’s condition that involves predictability, absence of risk of complication
   and rate of change.

10.3.28.1.1 The variables
The variables in each service setting include, but are not limited to:

a. 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.

b. The complexity and frequency of care needed by a given patient population.
c. The proximity of patients to staff.

d. The number and qualifications of staff.

e. The accessibility of the licensed nurse.

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.

10.4 CNA and MAC Certification

10.4.1.8.3 Nursing Assistant Registry

The BON shall determine policies and procedures for the operation of the registry. Certified nursing assistants (CNA), certified nursing assistants II (CNA-II) and medication assistant-certified (MA-C) shall all be listed on the registry.

***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.

1. Duty to Report. Nursing assistive personnel shall report to the BON criminal convictions substantially related to the functions of their work.

10.4.1.8.10 Application for Certification

a. An applicant for certification as a CNA shall submit to the BON:

1. A completed application form.
2. Proof of successful completion of an approved CNA education and training program.
3. Proof of successful completion of a CNA competency evaluation.
4. Applicable fees.
5. Applicant’s fingerprint information.

***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.

b. An applicant for CNA-II shall submit to the BON:

1. A completed application form.
2. Proof of successful completion of an approved CNA-II education and training program.
3. Proof of successful completion of a CNA-II competency evaluation.
4. Applicable fees.
5. Applicant’s fingerprint information.

b. An applicant for certification as an MA-C shall submit to the BON:

1. A completed application form.
2. Proof of successful completion of an approved MA-C education and training program.
3. Proof of successful completion of an MA-C competency evaluation.
4. Applicable fees.
5. Applicant’s fingerprint information.

Temporary certification.
1. The BON 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.

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.

4. A certificate shall not be issued to an applicant who has been convicted of any of the following most serious felonies, which are a permanent bar to becoming a CNA, CNA-II or MA-C in this state:
   1. Murder
   2. Felonious assault
   3. Kidnapping
   4. Rape
   5. Aggravated robbery
   6. Sexual crimes involving children
   7. Criminal mistreatment of children or vulnerable adults
   8. Exploitation of vulnerable individual, e.g., financial exploitation in an entrusted role

f. A certificate shall not be issued to an applicant who has been convicted of any of the following serious felonies and has not received an absolute discharge from the sentence(s) < > years prior to the date of filing the application:
   1. Drug trafficking
   2. Embezzlement
   3. Theft
   4. Arson

The BONs 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.

***These requirements are consistent with the recommendations in the proposed NCSBN model criminal background checks paper.

8.c. Acceptance of out-of-state certificates
   1. The BON may issue a certificate to a CNA nursing assistant who has a current certificate or an equivalent document issued by another state if the BON receives an application pursuant to 8.10.a. and determines that the applicant meets the requirements of this rule.

2. The BON shall evaluate felony convictions according to Rule 5.9.10.e.g.

10.4.2 Renewal of Certification

b.a. The CNA shall submit to the BON:
   1. A renewal application on a BON form.
   2. The applicable fee.
   3. A verified statement that indicates whether the applicant has been convicted of a crime felony during the period of time since becoming certified or renewing the certification.
   4. Evidence of completion of < > hours of continued education, and

***Federal Omnibus Budget Reconciliation Act (OBRA) requirements are 12 hours per year. States may require additional hours.

5. Evidence of completion of < > hours of work as a CNA nursing assistant.
Federal OBRA requirements are eight hours per year. States may require additional hours.

b. Upon satisfactory review of the application, the BON shall renew the certification and update the Nursing Assistant Personnel Registry.

2. The CNA-II shall submit to the BON:
   b) A renewal application on a BON form.
   c) The applicable fee.
   d) 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.
   a) Evidence of completion of > hours of continued education.
   f) Evidence of completion of > hours of work as a nursing assistant.
   g) Upon satisfactory review of the application, the BON will renew the certification and update the CNA-II Registry.

c. The MA-C shall submit to the BON:
   1. A renewal application on a BON form.
   2. The applicable fee.
   3. A verified statement that indicates whether the applicant has been convicted of a crime during the period of time since becoming certified or renewing the certification.
   4. Evidence of completion of < hours of continued education.
   5. Evidence of completion of < hours of work as a MAC nursing assistant.

d. Upon satisfactory review of the application, the BON shall renew the certification and update the MA-C registry.

10.4.3 Lapsed Certification.
A CNA nursing assistant who has not maintained a current certification but wishes to be reinstated:
   a. If the certification has been lapsed for less than >, the nursing assistant may apply and meet the requirements of 10.4.2, 10.4.5.
   b. If the certification has been lapsed for more than >, the CNA nursing assistant shall be required to repeat training and competency evaluation for the desired level of certification.

10.4.4 Reporting Criminal Convictions
The CNA and MAC shall report any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction within 90 days.

10.5 Titles and Abbreviations

10.6 CNA and MAC Education and Training Programs

10.6.1 Initial Application
   a. An applicant for initial CNA or MAC training program approval shall submit an application packet to the BON least 90 days before the expected starting date of the program. An applicant shall submit application documents that are unbound, typed or word processed, single-sided, and on white, letter-size paper.
   b. The application packet for initial program approval shall include all of the following:
      1. Name, address, telephone number, and fax number of program
      2. Identity of the program
      3. Name, license number, telephone number and qualifications of the program coordinator
      4. Name, license number, telephone number and qualifications of each program instructor
5. Name and telephone number of the person with administrative oversight of the training program
6. Accreditation status of the applicant, if any, including the name of the accrediting body and date of last review
7. Name, address, telephone number, contact person, program status, and most recent review for all health care institutions where program classroom or clinical instruction will take place
8. Medicare certification status, if any
9. Documentation of the following:
   a) Program description, and an implementation plan, including timelines
   b) Classroom facilities, equipment, and instructional tools available
   c) Written curriculum, consistent with section 10.1.1 or 10.2.1 for the type of program
   d) A copy of the documentation that the program will use to verify psycho-motor skills for each student
   e) A copy of the document issued to the student upon completion of the program
   f) Textbook author, name, year of publication, and publisher and
   g) A copy of course policies
10. For a Medicare or Medicaid certified long-term care facility-based program, a signed, sworn, and notarized document, executed by a program coordinator, affirming that the program does not require a CNA student to pay a fee for any portion of the program including the state competency exam.
11. For a Medicare or Medicaid long-term care facility-based program, the actual price of a textbook and other loaned equipment, if the CNA program charges a student who does not return these items upon course completion, and any commercially available standard uniform, watch, pen, paper, duty shoes, and other commonly available personal items that are required for the course, for which a student may incur an expense.

c. Following receipt of a complete application packet, the BON shall review the application
   1. schedule an onsite evaluation of the program and:
   2. If requirements are met, approve the program for a period not to exceed two years
   3. Deny approval of the program if the applicant does not meet the requirements

d. A program shall not conduct classes before receiving program approval
e. If approval is in the best interest of the public, the BON shall grant initial approval to any applicant who meets requirements prescribed by the BON in statute or rule. If the BON denies approval, an applicant may request a hearing by filing a written request with the BON within 30 days of service of the BON’s order denying the application for approval.

10.6.2 Program Requirements
a. All CNA training programs shall provide:
   1. A minimum of one clinical instructor for every <10> students if students perform one or more CNA activities for a patient or resident. The program shall ensure that the instructor is physically present in the health care setting during each performance of a CNA activity for a patient or resident
   2. An instructor-supervised clinical experience for each CNA student, which consists of at least < > hours of direct patient or resident care, and includes at least < > hours caring for long-term care facility residents. If there is no long-term care facility available within a 50-mile radius of the program, the program may conduct clinical sessions in a healthcare institution that provides experiences with patients or residents who have nursing care needs similar to those of long-term care facility residents.
3. A method to ensure that each CNA student is identified as a student by a name badge or another means readily observable to staff, patients, or residents and not utilize students as staff during clinical experiences

4. Instructional and educational resources for implementing the program, for the planned number of students and instructional staff, including:
   a) Current reference materials, related to the level of the curriculum
   b) Equipment in functional condition for simulating patient care, including:
      i. A patient bed, overbed table and nightstand
      ii. Privacy curtains and call bell
      iii. Thermometers, stethoscopes, including a teaching stethoscope, blood pressure cuffs and a balance-type scale
      iv. Hygiene supplies, elimination equipment, drainage devices and linens
      v. Hand washing equipment and clean gloves and
      vi. Wheelchair, gait belt, walker, anti-embolic hose, and cane
   c) Audio-visual equipment and media and
   d) Designated space for didactic teaching and skill practice that provides a clean, distraction-free learning environment for accomplishing the educational goals of the program and is comparable to the space provided by a previously approved program of similar size and type, if any

2. Evidence of successful program completion to the student

3. A CNA training program shall maintain the following program records for three years:
   a) Curriculum and course schedule for each cohort group
   b) Results of state-approved written and manual skills testing
   c) Completed student program evaluation forms, a summary of the evaluations for each cohort group, and measures taken by the program, if any, to improve the program based on student and instructor evaluation and
   d) A copy of any BON reports, applications or correspondence related to the program

4. A CNA training program shall maintain the following student records for three years:
   a) A record of the student's name, date of birth, and Social Security number, if available
   b) Skills checklist for each student that shall include:
      i. Each of the skills listed in sections 10.1.1 or 10.2.1 as applicable to the type of program
      ii. The date each skill was practiced or demonstrated
      iii. The student's satisfactory or unsatisfactory performance of a skill each time it was practiced or demonstrated and
      iv. The name and signature of the instructor who supervised the student's performance of a skill
   c) Attendance record, which describes any make-up class sessions
   d) Scores on each test, quiz or exam and, if applicable, whether such test quiz or exam was retaken and
   e) A copy of the certificate of completion issued to the student upon successful completion of the training program

b. All MAC training programs shall provide:
   1. A minimum of one clinical instructor for every <> students during the administration of medications to ensure that each administration of medication is verified by a licensed nurse. The program shall ensure that the instructor is physically present in the health care setting during each performance of an MAC activity for a patient or resident
   2. An instructor-supervised clinical experience for each MAC student, which consists of at least <> hours of medication administration
3. A method to assure that each MAC student is identified as a student by a name badge or another means readily observable to staff, patients or residents and assure that no students are utilized as staff during clinical experiences.

4. Instructional and educational resources for implementing the program, for the planned number of students and instructional staff, including:
   a) Current reference materials related to the level of the curriculum
   b) Equipment in functional condition for simulating medication administration
   c) Audio-visual equipment and media and
   d) Designated space for didactic teaching and skill practice that provides a clean, distraction-free learning environment for accomplishing the educational goals of the program and is comparable to the space provided by a previously approved program of similar size and type, if any.

5. Evidence of successful program completion to the student.

6. An MAC training program shall maintain the following program records for three years:
   a) Curriculum and course schedule for each cohort group
   b) Results of state-approved testing
   c) Completed student program evaluation forms, a summary of the evaluations for each cohort group, and measures taken by the program, if any, to improve the program based on student and instructor evaluation and
   d) A copy of any BON reports, applications or correspondence related to the program.

7. An MAC training program shall maintain the following student records for three years:
   a) A record of the student’s name, date of birth and Social Security number, if available
   b) Skills checklist for each student that shall include:
      i. The student’s satisfactory or unsatisfactory performance of each medication administration skill each time it was practiced or demonstrated and
      ii. The name and signature of the instructor who supervised the student’s performance of a skill
   c) Attendance record, which describes any make-up class sessions
   d) Scores on each test, quiz or exam and, if applicable, whether such test quiz or exam was retaken and
   e) A copy of the certificate of completion issued to the student upon successful completion of the training program.

   c. A CNA and MAC education, training and competency evaluation programs coordinator shall:
      1. Hold a current RN license or privilege in the state that is not encumbered
      2. Have at least two years of full time experience as an RN in a health care agency or nursing education program
      3. For a CNA program, at least one year nursing experience in the provision of long term care services.

d. CNA and MAC instructors shall:
   1. Hold a current RN license or privilege in the state that is not encumbered
   2. Have a minimum of two years practice experience in a health care facility and
   3. For a CNA training program have at least one of the following:
      a) A year’s experience supervising CNAs
      b) A year’s experience teaching adults or
      c) Completion of a course in teaching adults.
   4. For an MAC training program provide documented evidence of preparation for teaching adults.
e. A CNA training program shall be conducted in a manner to assure that clients receive safe and competent care.

f. To be approved by the BON, CNA education and training programs shall provide:
   1. Curriculum and clinical experience as described in rule 8.7a.
   2. Documentation of each student’s demonstration of skills by completion of the CNA skills checklist required by rule 8.9.
   3. Competency assessments for the level of program provided.

g. To be approved by the BON, CNA-II education and training programs shall provide:
   1. Curriculum and clinical experience as described in rule 8.7b.
   2. Documentation of each student’s demonstration of skills by completion of the CNA skills checklist required by rule 8.9.
   3. Competency assessments for the level of program provided.

h. To be approved by the BON, a MA-C education and training programs shall provide:
   1. Curriculum and clinical experience as described in rule 8.7c.
   2. Documentation of each student’s demonstration of skills by completion of the CNA skills checklist required by rule 8.9.
   3. Competency assessments for the level of program provided.

i. All programs shall provide:
   1. Instructors who meet the requirements of 8.8k.
   2. Classroom and clinical facilities that meet the requirements of 8f.
   3. Maintenance of records to verify class completion and competency evaluation.
   4. Maintenance of records that record the disposition of any complaints regarding the training program.

j. A basic CNA education and training program preparing CNAs shall consist of a minimum of:
   1. 120 hours of hours of classroom instruction that meets the requirement of 8.7a.1.
   2. 80 hours of supervised clinical experience that meets the requirements of rule 8.7a.2.

k. An education and training program preparing CNAs-II shall consist of a minimum of:
   1. 120 hours of hours of classroom instruction that meets the requirement of 8.7b.
   2. 80 hours of supervised clinical experience that meets the requirements of 8.7b.

l. An education and training program preparing MA-Cs shall consist of:
   1. 120 hours of hours of classroom instruction that meets the requirement of 8.7c.
   2. 80 hours of supervised clinical experience that meets the requirements of 8.7c.

m. Organization and administration. An approved CNA, CNA-II and MA-C and a state approved educational institution, an independent contractor or a health care agency may conduct competency evaluation programs.

n. Program coordinator. CNA, CNA-II, and MA-C education, training and competency evaluation programs coordinator shall:
   1. Hold a current, unencumbered RN license in the state.
   2. Have at least two years of full time experience as an RN in a health care agency or nursing education program.
   3. Have at least two years experience relevant to areas of responsibility.

o. Program instructors. CNA, CNA-II and MA-C instructors shall:
   1. Hold a current, unencumbered RN license in the state.
   2. Have a minimum of two years practice experience in a health care facility.
   3. Have at least one year clinical experience relevant to areas of responsibility.
   5. Have completed periodic training updates.

p. Classroom and clinical facilities.
1. The resources, facilities and services of the education institutions or health care agency shall be available to the CNA, CNA II, and MA C training and competency evaluation programs in order to meet the purpose of the program.

2. The education and training programs shall receive adequate financial support for faculty, other support personnel, equipment, supplies and services.

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.

4. Application for CNA, CNA II and MA C education and training programs approval. An applicant seeking to establish a CNA, CNA II or a MA C training program must submit at least 90 days before the date the program is expected to begin:
   1. A completed application on a form provided by the BON for each type of program, that includes:
      a) Summary of the rationale, philosophy and purpose of the program.
      b) Faculty qualifications.
      c) Program outline, including program title, type of program, objectives, content and teaching methodology.
      d) A copy of the curriculum and other instructional materials.
      e) A copy of the CNA skills, CNA II and/or MA C checklist to be used to measure student clinical skills.
      f) Program location.
      g) A description of the classroom and clinical facilities.
      h) A schedule of classroom and clinical instruction hours.
      i) The fee prescribed in Chapter 15 of these rules.
   2. Within 90 days of receipt of the application, the BON will advise the applicant whether additional information is needed to complete the application. Once the application is complete, the BON 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 BON's final decision on the application for approval.
   3. The BON 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.
   4. If the program is determined to meet all the requirements of 8.8, the program will be granted full approval.

5. The BON will notify the program of any deficiencies.
   a) If there are deficiencies, the program will be allowed <time> for correction. The program will notify the BON when the deficiencies have been corrected.
   b) The BON will conduct a follow-up visit to verify that the program provider has corrected the deficiencies.
   c) If, after follow-up review, the program has not corrected the deficiencies, the BON will deny approval of the program.
   d) A program provider whose application has been denied may request a hearing to appeal the denial of training program approval.

10.6.3 Renewal of Program
   a. A training program applying for renewal of approval shall submit an application packet to the BON before expiration of the current approval. An applicant shall submit application documents that are unbound, typed or word processed, single-sided, and on white, letter-size paper.
   b) The application packet shall include the following:
      a) The application packet shall include the following:
      b) A program description and course goals.
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10.6.3 Application for Program Approval

b. Following receipt of the application packet, a BON representative shall review the application packet for completeness.

c. Upon receipt and review of a complete application packet the BON, through its authorized representative, shall evaluate the entity offering the program either by site visit or conferring with program representatives.

d. If the BON finds deficiencies with the program:

a) The BON shall notify the program of any deficiencies.

b) The program shall be allowed time for correction.

c) The program shall notify the BON when the deficiencies have been corrected.

d) The BON shall conduct a follow-up site visit to verify that the program provider has corrected the deficiencies.

e) If, after follow-up review, the program has not corrected the deficiencies, the BON shall deny approval of the program.

f) A program provider whose application has been denied may request a hearing to appeal the denial of training program approval.

b. Following evaluation, the BON shall renew program approval for two years if a program complies with requirements of this Article and renewal is in the best interest of the public. If the program does not comply, the BON shall issue a notice of deficiency.

c. If the BON denies renewal of approval, a program may request a hearing by filing a written request with the BON within 30 days of service of the BON's order denying the application for renewal of approval.

d. A program that is denied renewal of approval shall not apply for reinstatement of approval for two years from the date of the denial.

10.6.4 Program changes–Continuation of Approval

a. The BON shall approve changes in an approved CNA-I, CNA-II, or MA-C training program. The program provider shall submit a description of the proposed change in curriculum or other substantive change to the BON for review at least 60 days before the program provider plans to implement the changes. The BON will base its approval on whether the proposed change meets the requirements of 10.6.2.

b. A training program provider shall submit written documentation and information to the BON regarding the following changes within 30 days of instituting the change: a description of the proposed change in curriculum or other substantive change to the BON for review at least 60 days before the program provider plans to implement the changes.
1. For a change or addition of an instructor or coordinator: the name, license number and documentation of meeting coordinator or instructor requirements of this Section
2. For a decrease in the number of program hours: a description of the change, the reason for the change, a revised curriculum outline and a revised course schedule
3. For a change in classroom location: the address of the new location, if applicable, and a description of the new classroom
4. For a change in a clinical facility: the name of the new facility and a copy of the clinical contract and
5. For a change in the name or ownership of the facility: the former, present and new name of the facility

10.6.5 Site Visits and Investigations
a. A training program shall permit the BON, or a state agency designated by the BON, to conduct an onsite scheduled evaluation for initial BON approval and renewal of approval.
b. For reasonable cause, as determined by the BON, a training program shall permit the BON, or a state agency designated by the BON, to conduct an onsite announced or unannounced evaluation of the program.

Periodic training program evaluation. To insure compliance with the standards for CNA, CNA II and MA-C programs:
1. Each program coordinator shall submit a report every year regarding the program’s operation and compliance with the BON rules.
2. Each program shall be surveyed by representatives of the BON and evaluated for ongoing approval every two years.
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 CNAs, CNA II and MA-Cs shall be appended to the report.
4. A copy of the survey visit report will be made available to the education and training program.

10.6.6 Withdrawal of Approval
a. The BON shall withdraw approval of CNA, CNA II and MA-C education and training programs when:
1. The BON determines that there is not sufficient evidence that the program is meeting standards.
2. The education institution or health agency loses state approval or licensure
3. The program fails to correct deficiencies within the period set by the BON in the notice of deficiency
4. The program is noncompliant with federal, state, or if applicable, privacy postsecondary requirements
5. The program does not permit a scheduled or unannounced onsite evaluation, authorized by this Article survey visits or if the education institution or health agency loses state approval or licensure.
6. The program loans or transfers program approval to another entity or facility, including a facility with the same ownership
7. The program conducts a CNA training program before approval is granted
8. The program conducts a CNA training program after expiration of approval without filing an application for renewal of approval before the expiration date or
2.9. The program is conducted by a long-term care facility, charging for any portion of the program.

b. The BON 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.

c. The BON may consider reinstatement or approval of a training and competency evaluation education program upon submission of satisfactory evidence that the program meets the standards for the type of program after a period of two years.

10.6.7 Closing of education and training programs.

a. In order for a program to voluntarily close, the program shall:

1. Notify the BON, in writing, stating the reason and planned date of intended closing.
2. Continue program until the committed class schedule for currently enrolled students is completed.
3. Notify the BON of final closing date at least 30 days prior to final closing.
4. Notify the BON shall be notified regarding custody and retention of records.

b. Other closing. If the BON denies or withdraws approval of any type of training and competency evaluation program, the educational institution or health agency shall cease admitting students and any of the following:

1. Close the program after the graduation of all students currently enrolled.
2. Close the program after the transfer of students to approved programs.
3. Submit to the BON a list of students transferred to approved program and date of transfer.
4. Consider the date on which the last student was transferred the closing date of the program.

c. The program shall 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.

10.78.9 CNA, CNA-II and MA-C Competency Evaluation

a. To be approved by the BON, a CNA competency evaluation shall:

1. Cover the topics addressed in rule 8.8.b.
2. Administer an examination that is psychometrically sound and legally defensible.
3. Be based upon an incumbent job analysis conducted periodically.
4. Include a practical examination demonstrating the applicant’s CNA clinical nursing assistant skills.
5. Be administered by the BON or by a person approved by the BON.
6. Notify the applicant of the applicant’s performance on the competency evaluation.

i. To be approved by the BON, a CNA-II competency evaluation shall:

1. Meet all the requirements of 8.9.a.1.b, 8.9.a.2 and 8.9.a.3.
2. Cover the topics addressed in rule 8.8.c.

b. To be approved by the BON, a MA-C competency evaluation shall:

1. Meet all the requirements of the CNA evaluation and 8.9.a.1.b, 8.9.a.2 and 8.9.a.3.
2. Cover the topics addressed in rule 8.8.d.

D. The BON shall determine the minimum passing standard on the competency evaluation.
1. A CNA training program shall maintain a nursing assistant skills checklist that records the performance of each student. The nursing assistant skills checklist shall include:
   a) Each of the skills listed in 8.7.a.
   b) The date each skill was practiced or demonstrated.
   c) The student’s satisfactory or unsatisfactory performance of a skill each time it was practiced or demonstrated.
   d) The name and signature of the instructor who supervised the student’s performance of a skill.
2. After a student has completed a CNA education and training program, the program provider shall provide a copy of the CNA skills checklist to the student.
   f. CNA-II skills checklist
   1. A CNA-II training program shall maintain a CNA-II skills checklist that records the performance of each student. The CNA-II skills checklist shall include:
      a) Each of the skills listed in 8.7.a and 8.7.b.
      b) The date each skill was practiced or demonstrated.
      c) The student’s satisfactory or unsatisfactory performance of a skill each time it was practiced or demonstrated.
      d) The name and signature of the instructor who supervised the student’s performance of a skill.
   2. After a student has completed a CNA-II training program, the program provider shall provide a copy of the nursing assistant skills checklist to the student.
   g. MA-C skills checklist
   1. A MA-C training program shall maintain a MA-C skills checklist that records the performance of each student. The MA-C skills checklist shall include:
      a) Each of the skills listed in 8.7.c.
      b) The date each skill was practiced or demonstrated.
      c) The student’s satisfactory or unsatisfactory performance of a skill each time it was practiced or demonstrated.
      d) The name and signature of the instructor who supervised the student’s performance of a skill.
   2. After a student has completed a MA-C education and training program, the program provider shall provide a copy of the nursing assistant skills checklist to the student.

8.10 Application for Certification

h. d. An applicant for CNA shall submit to the BON:
   6. A completed application form.
   7. Proof of successful completion of an approved CNA education and training program.
   8. Proof of successful completion of a CNA competency evaluation.
   9. Applicable fees.
   10. Applicant’s fingerprint information.

*** 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. e. An applicant for CNA-II shall submit to the BON:
   6. A completed application form.
   7. Proof of successful completion of an approved CNA-II education and training program.
8.3 **Proof of successful completion of a CNA-II competency evaluation.**

9.2 **Applicable fees.**

10.5 **Applicant’s fingerprint information.**

**h.** An applicant for MA-C shall submit to the BON:

6. A completed application form.

7. Proof of successful completion of an approved MA-C education and training program.

8. Proof of successful completion of a MA-C competency evaluation.

9. Applicable fees.

10. Applicant’s fingerprint information.

**i.** Temporary certification:

3.1 The BON 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.

4.2 Temporary certification is valid for six months from the date of issuance or until a permanent certification is issued or denied, whichever occurs first.

**j.** A certificate shall not be issued to an applicant who has been convicted of any of the following most serious felonies, which are a permanent bar to becoming a CNA, CNA-II or MA-C in this state:

9.1 **Murder**

10.2 **Felonious assault**

11.3 **Kidnapping**

12.4 **Rape**

13.5 **Aggravated robbery**

14.6 **Sexual crimes involving children**

15.7 **Criminal mistreatment of children or vulnerable adults**

16.8 **Exploitation of vulnerable individual, e.g., financial exploitation in an entrusted role**

**k.** A certificate shall not be issued to an applicant who has been convicted of any of the following serious felonies and has not received an absolute discharge from the sentence(s) << years prior to the date of filing the application:

5.1 **Drug trafficking**

6.2 **Embezzlement**

7.3 **Theft**

8.4 **Arson**

The BON 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.

***These requirements are consistent with the recommendations in the proposed NCSBN model criminal background checks paper.***

**l.** Acceptance of out-of-state certificates

3. The BON may issue a certificate to a nursing assistant who has a current certificate or an equivalent document issued by another state if the BON receives an application pursuant to 8.10a. and determines that the applicant meets the requirements of this rule.

4. The BON shall evaluate felony convictions according to Rule 8.10 e.g.

**m.** Certification renewal

h. The CNA shall submit to the BON:

b) A renewal application on a BON form.

c) The applicable fee.
d) 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.

e) Evidence of completion of ≥ 2 hours of continued education.

***Federal Omnibus Budget Reconciliation Act (OBRA) requirements are 12 hours per year. States may require additional hours.

f) Evidence of completion of ≥ 8 hours of work as a nursing assistant.

***Federal OBRA requirements are eight hours per year. States may require additional hours.

g) Upon satisfactory review of the application, the BON will renew the certification and update the Nursing Assistant Personnel Registry.

h) The CNA-II shall submit to the BON:
   i) A renewal application on a BON form.
   j) The applicable fee.
   k) 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.
   l) Evidence of completion of ≥ 2 hours of continued education.
   m) Evidence of completion of ≥ 8 hours of work as a nursing assistant.
   n) Upon satisfactory review of the application, the BON will renew the certification and update the CNA-II Registry.

p) The MAC shall submit to the BON:
   a) A renewal application on a BON form.
   b) The applicable fee.
   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.
   d) Evidence of completion of ≥ 2 hours of continued education.
   e) Evidence of completion of ≥ 8 hours of work as a nursing assistant.
   f) Upon satisfactory review of the application, the BON will renew the certification and update the MAC registry.

q-m. Lapsed certification. A nursing assistant who has not maintained a current certification but wishes to be reinstated:
   c. If the certification has been lapsed for less than ≥ , the nursing assistant may apply and meet the requirements of 8.10 e.
   d. If the certification has been lapsed for more than ≥ , the nursing assistant shall be required to repeat training and competency evaluation for the desired level.

10.8 Discipline of CNAs and MACs

Any conduct or practice that is or may be harmful or dangerous to the health of a patient or the public constitutes a basis for disciplinary action on a certificate, including the following:

a. Failing to maintain professional boundaries or engaging in a dual relationship with a patient, resident, or any member of the patient’s or resident’s family

b. Engaging in sexual conduct with a patient, resident, or any member of the patient’s or resident’s family who does not have a pre-existing relationship with the CNA or MAC, or any conduct in the workplace that a reasonable person would interpret as sexual
c. Leaving an assignment or abandoning a patient or resident who requires care without properly notifying the immediate supervisor

d. Failing to accurately document care and treatment provided to a patient or resident

e. Falsifying or making a materially incorrect entry in a health care record

f. Failing to follow an employer’s policies and procedures, designed to safeguard the patient or resident

g. Failing to take action to protect a patient or resident whose safety or welfare is at risk from potential or actual incompetent health care practice, or to report the practice to the immediate supervisor or a facility administrator

h. Failing to report signs, symptoms, and changes in patient or resident conditions to the immediate supervisor in an ongoing and timely manner

i. Violating the rights or dignity of a patient or resident

j. Violating a patient or resident’s right of privacy by disclosing confidential information or knowledge concerning the patient or resident, unless disclosure is otherwise required by law

k. Neglecting or abusing a patient or resident physically, verbally, emotionally, or financially

l. Soliciting, or borrowing, property or money from a patient or resident, or any member of the patient’s or resident’s family

m. Removing, without authorization, any money, property or personal possessions, or requesting payment for services not performed from a patient, resident, employer, co-worker or member of the public

n. Use or being under the influence of alcohol, medication, or any other substance to the extent that judgment may be impaired and practice detrimentally affected or while on duty in any work setting

o. Accepting patient or resident care tasks that the CNA or MAC lacks the education or competence to perform

p. Removing, without authorization, narcotics, drugs, supplies, equipment, or medical records from any work setting

q. Obtaining, possessing, using, or selling any narcotic, controlled substance, or illegal drug in violation of any employer policy or any federal or state law

r. Permitting or assisting another person to use the CNA’s or MAC’s certificate or identity for any purpose

s. Making untruthful or misleading statements in advertisements of the individual’s practice as a CNA or MAC

t. Offering or providing CNA or MAC services for compensation without a designated RN supervisor

u. Threatening, harassing or exploiting an individual

v. Using violent or abusive behavior in any work setting

w. Failing to cooperate with the BON during an investigation by:
   a. Not furnishing in writing a complete explanation of a matter reported under the Act
   b. Not responding to a subpoena issued by the BON
   c. Not completing and returning a BON-issued questionnaire within 30 days or
   d. Not informing the BON of a change of address or phone number within 10 days of each change

x. Engaging in fraud or deceit regarding the certification exam or an initial or renewal application for certification

y. Making a written false or inaccurate statement to the BON or the BONs designee during the course of an investigation

z. Making a false or misleading statement on a CNA, MAC or health care related employment or credential application concerning previous employment, employment experience, education, or credentials
aa. Failing to notify the BON, in writing, of any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction within 90 days of the conviction. The CNA or MAC or applicant shall include the following in the notification:
1. Name, current address, telephone number, Social Security number and certification number, if applicable
2. Date of the conviction and
3. Nature of the offense
bb. Practicing in any other manner that gives the BON reasonable cause to believe that the health of a patient, resident, or the public may be harmed.

Chapter 10—Violations and Penalties

***The specificity of Article IX in the MNPA precludes the need for rules at this time. The chapter title is a placeholder until and if rules are needed in the future.

Chapter 11—Discipline and Proceedings

***There is variation in the use of the language among BONs to describe the disciplinary process. For example, some BONs are specifically authorized to limit (or restrict) a license as a discipline action while other BONs may incorporate a limitation as an element of probation (or conditional license).

***A person applying for a license has the burden of proof to demonstrate the qualifications or satisfaction of the requirements.

***Other examples of examination violations include:
1. Communicating with another examinee during the examination.
2. Possessing unauthorized materials during the examination.

***While some states require a specific relationship between the crime and nursing practice, this broader ground provides the opportunity for BONs 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.

***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. This ground reflects situations observed in other professions and modern society.

***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.

***Standards promulgated by BONs provide a broad framework for nursing practice and provide notice to nurses and to BON expectations regarding practice. Violations of such standards may result in unsafe or unprofessional practice.

***Appropriate oversight includes causing validation of a nurse’s licensure status on initial hire and periodically throughout employment.
**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 BONs using broad grounds categories in the NPA to promulgate rules with the more detailed descriptions and examples.**

### 11.2.1 Principles of Professional Boundaries

The following principles shall delineate the responsibilities of the nurse regarding the establishment and maintenance of appropriate professional boundaries with a current or former patient and key party. 

**Patient consent to, or initiation of a personal relationship, is not a defense. The nurse shall:**

a) Establish, maintain and communicate professional boundaries with the patient;

b) Avoid relationships with patients that could impair the nurse’s professional judgment;

c) Not exploit in any manner the professional relationship with a patient for the nurse’s emotional, financial, sexual, or personal advantage or benefit;

d) Avoid dual relationships to the extent possible, making alternate arrangements for care when necessary, if a nurse’s ability to provide appropriate care would be impaired due to the nature of the additional relationship with the patient (always avoid dual relationships in mental health nursing);

e) Not engage in self-disclosure to a patient unless it is limited in terms of amount, nature and duration, and does not adversely impact the patient’s care and well-being;

f) Recognize the potential for negative patient outcomes of professional boundary crossing;

h) Recognize the importance of clear understandings with the patient regarding financial matters. For nurses practicing independently, arrangements for reimbursement must be made at the initiation of the nurse-patient relationship. A nurse shall not engage in loans to or from a patient and shall not barter with a patient;

i) Only accept gifts of minimal value from a patient or key party;

j) Avoid statements or disclosures that create a risk of compromising a patient’s privacy, confidentiality and dignity. This includes, but is not limited to, statements or disclosures via electronic media;

k) Avoid suggestions or discussions of the possibility of dating or a sexual or romantic relationship after the professional relationship ends.

**Abuse includes all types of verbal and psychological abuse, in addition to physical abuse.**

### 11.2.2 Sexual Misconduct

Sexual misconduct includes, but is not limited to, the following behavior with a current or former patient or key party. Patient consent to, or the initiation of a sexual or romantic relationship, is not a defense:

a) Sexual intercourse;

b) Touching of the breasts, genitalia, anus or any sexualized body part initiated by the nurse or patient, except as consistent with accepted standards of nursing practice;

c) Rubbing against current or former patient or key party, initiated by the nurse, current or former patient, or key party, for sexual gratification.
d) Hugging, kissing or caressing of a romantic or sexual nature;

e) Failure to provide adequate patient privacy to dress or undress, except as may be medically necessary or required for patient safety;

f) Failure to provide the patient with an appropriate gown or draping, except as may be medically necessary or required for patient safety;

g) Dressing or undressing in the presence of the patient;

h) Encouraging masturbation or other sex acts in the presence of the nurse;

i) Masturbation or other sex acts performed by the nurse in the presence of the current or former patient or key party;

j) Discussing sexual history, behaviors or fantasies of the nurse;

k) Behavior, gestures, statements or expressions that may reasonably be interpreted as romantic or sexual;

l) Making inappropriate statements to current or former patients or key parties regarding their body parts, appearance, sexual history or sexual orientation;

m) Sexually demeaning behavior, which may be reasonably interpreted as humiliating, embarrassing, threatening, or harmful to current or former patients or key parties;

n) Showing a current or former patient or key party sexually explicit materials, other than for health care purposes;

o) Posing, photographing or recording the body or any body part of a current or former patient or key party, other than for health care purposes with consent;

p) Transmitting information via electronic media that can be reasonably interpreted as sexual or sexually demeaning by the current or former patient or key party; and

q) Sexual or romantic conduct with a key party when that person is being manipulated into such a relationship by the nurse.

11.2.3 Former Patient
A nurse may not engage or attempt to engage in sexual or romantic conduct with a former patient if doing so creates a risk that the relationship could cause harm to or exploitation of the former patient.

a. Factors which the BON may consider in determining risk of harm or exploitation include, but are not limited to:

h) The length of time the nurse-patient relationship existed;

i) The circumstances of the cessation or termination of the nurse-patient relationship;

j) The amount of time that has passed since nursing services were terminated;

k) The nature of the patient's health status and the extent of care received;

l) The degree of the patient's dependence and vulnerability;

m) The extent to which there exists an ongoing nurse-patient relationship following the termination of services, and whether the patient is reasonably anticipated to become a patient of the nurse in the future; and

n) Any statements or actions made by the nurse during the course of treatment suggesting or inviting the possibility of sexual or romantic conduct.

b. Due to the unique vulnerability of mental health patients, including patients with substance use or dependency disorders, nurses are prohibited from engaging in or attempting to engage in sexual or romantic conduct with such former patients or key parties for a period of at least two years after termination of nursing services.

11.2.4 These Rules Do Not Prohibit
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### 11.3 Disciplinary Process

#### 11.3.1 Complaint Investigation

The BON shall investigate alleged acts or omissions that the BON reasonably believes violate the NPA or Nursing Administrative Rules.

#### 11.3.2 Complaint Resolution

- a. Complaints may be settled through informal negotiations with the subject nurse and/or subject nurse’s attorney.
- b. Negotiated settlements shall be reviewed to determine whether any proposed remedy is appropriate for the facts as admitted or stipulated.
- c. If a complaint cannot be resolved through informal negotiations, the case may be referred for formal administrative hearings.
- d. The BON shall review the evidence and record produced at the administrative hearings along with the recommendations of the administrative law judge to determine whether the burden of proof has been met with regards to any violation. The BON is responsible for making complaint resolution decisions.

#### 11.4 Notification

The BON shall provide information as required by federal law to federal databanks, to the NCSBN centralized licensing and discipline databank (Nursys) and may develop procedures for communicating with others in BON policy.

#### 11.5 Alternative to Discipline Monitoring Program

**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.

**11.5.2 Objectives**
To promote early identification and close monitoring of nurses who are impaired due to substance abuse.

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.

To assure that recovering nurses are compliant with treatment, recovery, and work plans.

To provide monitoring when the nurse returns to nursing practice to assure the safety of the public while the nurse progresses in recovery.

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.

11.5.3 Program Structure

a. A qualified administrator with education and expertise regarding the identification of substance abusers, treatment options, and recovery maintenance shall direct the program.

b. The program shall meet specific reporting criteria and timelines established by the BON.

c. The program shall make aggregate data regarding operations and outcomes available to the BON and interested others.

11.5.4 Criteria for Entry

a. The program shall develop admission criteria for review and approval by the BON.

b. Admission to the alternative program may be denied for any of the following conditions, including but not limited to:

1. The nurse is not eligible for licensure in the jurisdiction.

2. The nurse has a history of prior licensure disciplinary action.

3. The nurse has pending criminal action or past criminal conviction.

4. The nurse denies substance abuse or addiction.

5. The nurse has diverted controlled substances for sale or for other than self use.

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.

7. The nurse's practice has caused client harm.

***Note that the verb in the stem of this provision is may. This section provides discretion for program staff to allow individuals into the program with one or more of these conditions.

***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.

11.5.5 Terms and Conditions for Alternative Program Participation

a. Each nurse entering the alternative program is responsible for meeting the requirements of the alternative program.

b. Each nurse entering the alternative program shall agree to inform any and all employers of participation in the program.

c. Alternative Program Agreements define the monitoring requirements, expected reports and information to be provided to the program.
3.1 Standard provisions shall be developed and submitted to the BON to approve use for all participants.
4.2 Agreements may be individualized to meet specific nurse needs.
5.6 Agreements and supporting data shall be reviewed on a regular basis.

11.5.6 Successful Program Completion
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.

11.5.7 Causes for Termination from Program
Participation from the alternative program may be terminated for any of the following reasons:
  f. The participant fails to comply with any of the terms and conditions of the program specified in this chapter.
  g. The participant fails to comply with any provision of the participant’s agreement.
  h. The participant is unable to practice according to acceptable and prevailing standards of safe care.
  i. 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.
  j. The participant receives a felony conviction.

11.6 Practice Remediation Program
***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 no adequate mechanisms in place to take corrective action, monitor effectiveness of remediation, and monitor the nurse’s behavior and practice. The program is also available to nurses who request assistance from the BON as an alternative to working with an employer (see minor incident rule, Chapter 12, section 12.3.1).

11.6.1 Purpose.
To offer an alternative to discipline for nurses with practice deficiencies.

11.6.2 Objectives
a. To promote early identification of practice deficiencies.
  b. To assess the practice deficiencies in relation to the nurse, the practice context and public safety.
  c. To provide remediation plans for correcting practice deficiencies.
  d. To monitor the progress of nurses toward meeting remediation goals.

11.6.3 Program Structure
  e. The program shall be directed by a qualified administrator with adult education and teaching expertise.
  f. The program shall develop criteria for selection, performance and evaluation of educational providers who participate in the PRP.
  g. The program shall report to the BON regarding the utilization of the program and meet specific reporting criteria established by the BON.
  h. The program shall make aggregate data regarding operations and outcomes available to the BON and interested others.

11.6.4 Identification of Practice Deficiencies
c. Reports that a nurse may have practice deficiencies may be referred to the PRP for review.

d. 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:

7. The licensee's eligibility to participate in the PRP in accordance with Article X, Section 1(b).
8. The licensee's willingness to participate in the PRP.
9. Whether the reported practice deficiency:
   d) Represented an intentional or willful commission or omission by the licensee.
   e) Represented a single incident or a pattern of behavior by the licensee and, if a pattern of behavior, the frequency of the occurrence.
   f) Involved a vulnerable client.
10. The impact of the practice deficiency on patient care and outcomes.
11. The likelihood of correcting the practice deficiency through remediation.
12. 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.

11.6.5 Eligibility Requirements for Participation in the PRP

A licensee may participate in the PRP if:

e. The licensee is currently licensed to practice nursing in the state and is eligible to renew the license.

f. The licensee has not been the subject of formal disciplinary action by any regulatory BON or entity located in this state or in another jurisdiction, unless the BON determines that the previous disciplinary action was for a violation that would not preclude participation in the PRP.

g. The nurse has no pending criminal conviction.

h. The review of the criteria in 11.7.4 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.

11.6.6 Provisions of the Participatory Agreement for the PRP

a. When a licensee has been determined by the BON to be eligible for the PRP, the licensee shall execute a participatory agreement with PRP, which includes but is not limited to:

10. A description of the identified practice deficiency.
11. The specific remediation the participant must complete, including identification of educational providers and time frame for compliance with the terms of the participatory agreement.
12. The requirement that the participant pay all expenses the participant incurs as a result of the required remediation.
13. Requires the participant to notify all employers during the course of participation in the PRP.
14. The requirement that the participant 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.
15. A monitoring plan and expected progress reports from all employers, education providers and the licensee.
16. The requirement that the participant sign all waivers necessary to secure all reports required by PRP.
17. Expectations for successful completion of the program.
18. The grounds for termination from the PRP.
b. A licensee determined eligible for the PRP who refuses to enter into the participatory agreement within the time frame specified by PRP shall be subject to disciplinary action in accordance with Article X, Section 3.

### 11.6.7 Successful Completion of Program

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.

### 11.6.8 Termination from the Practice Remediation Program

- Participation in the PRP may be terminated from the program for any of the following:
  - Failure to comply with any term of the participatory agreement entered into by the participant.
  - 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.
  - Receipt of evidence from the workplace monitor indicating that the participant has continued to demonstrate the practice deficiency.
  - Failure to complete the remediation.
  - Failure to maintain eligibility for PRP.

- When a licensee is terminated from PRP for one or more of these reasons, the BON may proceed with disciplinary action in accordance with Article X, Section 3. The BON may consider the licensee’s termination from the PRP when determining the discipline to be imposed.

### 11.6.9 Disclosure of PRP Records

- Information obtained by the practice program pursuant to an investigation shall be classified as not public information.
- All records regarding a licensee’s participation in the PRP are not public and shall be maintained in a secure place separate and apart from the BON’s record.
- The records shall be made public only by subpoena and court order.
- All educational providers and workplace monitors selected to provide remediation by a participant in PRP shall, as representatives of the BON, maintain the privacy of all records regarding the participant’s remediation.
- The PRP shall make regular reports to the BON 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 BON.
- 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.

***The Ohio State Board of Nursing Practice Identification and Improvement Program (PIIP) was the model for the PRP.***

### Chapter 12 – Emergency Relief

***Article XII of the MNPA and Chapter 12 of the MNAR provide a process for the BON 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.

***The specificity of Article XII in the MNPA 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.

***States vary as to how summary suspensions are initiated.

*** This section allows a BON 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 or to require a guardian, he or she would not be able to participate in the discipline process in a meaningful way.

Example: A nurse who has been determined by a court of competent jurisdiction to be dangerous to the public because of serious mental disorder.

Another option is to consider automatic suspension for specified, very serious criminal convictions.

*** The BON’s prosecuting attorney may also petition for injunctive relief related to nursing practice.

Chapter 13—Reporting

3.2.1 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 RNs, LPN/VNs or ARPNs shall submit to the BON 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:

a. The total number of settlements or awards.
b. The date the settlement or award was made.
c. The allegations contained in the claim or complaint leading to the settlement or award.
d. The dollar amount of each malpractice settlement or award and whether that amount was paid off as a result of a settlement or as an award.
e. The name and address of the nurse against whom an award was made or with whom a settlement was made.

An insurer shall also report to the BON any information it possesses that tends to substantiate a charge that a nurse may have engaged in conduct violating Article X, Section 1.

***BONs 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.

13.2.2 Courts

The court administrator of any court of competent jurisdiction shall report to the BON any judgment or other determination of the court that adjudges or includes a finding that a nurse is:

k. Mentally ill.
l. Mentally incompetent.
m. Chemically dependent.
Dangerous to the public.

o. Guilty of operating a motor vehicle while under the influence of alcohol or a controlled substance.

p. Guilty of an abuse or fraud under Medicare or Medicaid.

q. Appointed a guardian.

r. Committed under the laws of the state.

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 Bon 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 Bon shall review all reports, including those submitted after the deadline.

***States vary as to processes for accessing court records. Criminal convictions involving licensed nurses should be reviewed to confirm the identity of the nurse, the nature of the offense committed, and the court’s sentence and judgment.

13.3.1 Minor Incidents

***The reporting of every minor violation of the NPA 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 Bon.

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 Bon if all of the following factors exist:

5. The potential risk of physical, emotional or financial harm to the client due to the incident is minimal.

6. The nurse exhibits a conscientious approach to and accountability for his or her practice.

7. The nurse has demonstrated the knowledge and skill to practice safely.

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.

c. If an event is determined to be a minor incident:

3. 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.

4. The chief administrative nurse or designee shall maintain a record of each minor incident involving nurses under his/her supervision.

d. The chief administrative nurse or designee shall report to the Bon if ≥ minor incidents involving a nurse are documented within a one-year time period; if a nurse leaves employment before completing any employer expectations for reeducation or other remediation; or if the risk of ongoing problems that do not respond to employer remediation expose patients to unsafe nursing care.
e. Nothing in this rule is intended to prevent reporting of a potential violation directly to the BON.
f. Failure to classify an event appropriately in order to avoid reporting may result in violation of the mandatory reporting statute.

***This provision authorizes the BON to seek court assistance in obtaining information required in Article XII of the MNPA.

Chapter 14 – Exemptions

***Article XIV 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.

***Article XIV, Section 1 a. of the MNPA provides an exemption for nursing students enrolled in BON approved nursing education programs and is intended to address practice by students in basic nursing education programs (preparation for initial licensure).

***Clinical practice by a nurse completing a refresher course requires a temporary permit as stipulated in Chapter 6.

14.1.1 Graduate Nursing Students from Another Jurisdiction

Graduate students who are licensed as RNs 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:

a. The graduate program verifies that the student holds an active, unencumbered RN license in another jurisdiction (either in the U.S. or in another country).
b. The BON approves the graduate study experience.
c. The graduate program advises the student of expectations regarding student practice and required supervision.
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.
e. The student limits practice to what is required for completion of the graduate program requirements.

***This exemption addresses the nursing practice by a graduate nursing student.

*** Most graduate nursing education programs in the U.S. 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 coming to the U.S. 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.

***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 XIV, Section 1 b. provides an exemption for graduate students meeting criteria set forth in rule.

14.1.2 Practice Expectations
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 XIV, Section 1, shall comply with the scope of practice and standards of this jurisdiction.

Chapter 15—Revenue and Fees

15.1 Collection of Fees
a. The BON shall collect the following fees:

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<thead>
<tr>
<th>Fee Category</th>
<th>Fee</th>
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<tr>
<td>1. Application for licensure by examination</td>
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<td>a. RN</td>
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<td>b. LPN/VN</td>
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<td>c. APRN</td>
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<td>2. Temporary permit for initial licensure applicant</td>
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<td>d. RN</td>
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<td>e. LPN/VN</td>
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<td>f. APRN</td>
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<td>3. Application for licensure by endorsement</td>
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<td>d. RN</td>
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<td>e. LPN/VN</td>
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<td>f. APRN</td>
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<td>4. Temporary permit for endorsement applicant</td>
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<td>d. RN</td>
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<td>e. LPN/VN</td>
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<td>f. APRN</td>
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<td>5. Renewal of license</td>
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<td>d. RN</td>
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<td>e. LPN/VN</td>
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<td>f. APRN</td>
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<td>6. Temporary permit to practice for the clinical portion of a nursing refresher course</td>
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Chapter 11.8 – APRN Scope of Practice

11.8.1 Standards Related to the APRN
a. The APRN shall comply with the standards for RNs as specified in Chapter 32 above and to the standards of the national professional nursing associations recognized approved by the BON. Standards for a specific role and population focus of APRN supersede standards for RNs where conflict between the standards, if any, exists.

b. APRNs shall practice within standards established by the BON in rule and assure patient care is provided according to relevant patient care standards recognized by the BON, including standards of national professional nursing associations.

c. An APRN performing direct patient care shall maintain a method of quality assurance for evaluation of the APRN’s practice. Proof of quality assurance reviews must be maintained for five years. The APRN will make the method and reviews available to the BON upon request.

11.8.2 Licensure as an APRN

11.8.2.1 Application for Initial Licensure as an APRN
a. An applicant for licensure as an APRN in this state shall submit to the BON the required fee as specified in Chapter 415, verification of licensure or eligibility for licensure as an RN in this jurisdiction and a completed application that provides the following information:

b. Competence development
1. Graduation from an APRN graduate or post-graduate program as evidenced by official documentation received directly from an APRN graduate-program accredited by a nursing accrediting body that is recognized by the U.S. Secretary of Education and/or the Council for Higher Education Accreditation (CHEA), or its successor organization as acceptable by the BON and.
2. Verification of completion 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/or the Council for Higher Education Accreditation (CHEA) as acceptable by the BON.

This documentation shall verify the date of graduation, credential conferred, number of clinical hours completed, completion of three separate graduate level courses in advanced physiology and pathophysiology, advanced health assessment and advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents; role and population focus of the education program, qualifications for prescribing and ordering, and evidence of meeting the standards of nursing education in this state.

c. Competence assessment

d. In order to be licensed in this state, all APRN applicants must be currently licensed as an RN or hold a privilege to practice as an RN in this state.

e. In order to be licensed in this state, all APRN applicants must take and pass the appropriate APRN national certification examination in the APRN role and population focus congruent with educational preparation.

f. Criteria for evaluating APRN certification programs

The BON shall determine whether a certification program can be used as a requirement for licensure of APRNs based upon the following standards:

1. The certification program is national in the scope of its credentialing.
2. Conditions for taking the certification examination are consistent with acceptable standards of the testing community and are intended to ensure minimal competence to practice at an advanced level of nursing.
3. Educational requirements are consistent with the requirements of the advanced practice role and population focus.
4. The standards/methodologies used are acceptable to the testing community, such as incumbent job analysis studies and logical job analysis studies.
5. Certification programs are accredited by a national accreditation body as acceptable by the BON.
6. The examination represents entry-level practice with minimal, though critical competencies, in the APRN role and population focus.
7. The certification program will have an established process of communication with the BON.
8. The examination represents the knowledge, skills and abilities essential for the delivery of safe and effective advanced nursing care to patients.
9. Examination items are reviewed for content validity, cultural bias and correct scoring using an established mechanism, both before use and periodically at least every five years. When possible, items will be reviewed for cultural bias.
10. Examinations are evaluated for psychometric performance.
11. The passing standard is established using acceptable psychometric methods and is reevaluated periodically at least every five years.
12. Examination security is maintained through established procedures.
13. Certification is issued based upon meeting all certification requirements and passing the examination and meeting all other certification requirements.
14. A retake policy is in place.
15. The certification program will notify the BON when individuals are certified, recertified and when there is a change in certification status.
16. A certification maintenance program, which includes review of qualifications and continued competence, is in place.

17. Mechanisms are in place for communication to BONs 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.

18. An evaluation process is in place to provide quality assurance in its certification program.

The BON will notify certification programs when APRNs have encumbrances placed on their licenses or privilege to practice.

**18.2.2 Competence Conduct**

e. Requirements of 5.3.d-I shall apply to APRNs APRN competence conduct is the same as previously stated for RN and LPN/VN competence conduct in 6.7.3.

**18.2.23 Application of an Internationally Educated APRN**

An internationally educated applicant for licensure in this state as an APRN in this state shall:

a. Graduate from a graduate or post-graduate level APRN program equivalent to an APRN educational program in the U.S. accepted by the BON.

b. Submit documentation through an official transcript directly from the international nursing education program and verified through a BON approved qualified credentials evaluation process for the license being sought. and

c. Meet all other licensure criteria required of applicants educated in the U.S.

**18.2.34 Application for Licensure by Endorsement Requirements as an APRN**

a. An applicant for licensure by endorsement as an APRN in this state shall submit to the BON the required fee as specified in Chapter 4, verification of eligibility for an unencumbered license or privilege to practice as an RN in this jurisdiction and a completed APRN application that provides the following information:

   1. Competence development

      1. Graduation from or verification of completion from a graduate level APRN program, as evidenced by an official transcript or other official documentation received directly from a graduate program accredited by a nursing accrediting body that is recognized by the U.S. Secretary of Education and/or CHEA, or its successor organization, as acceptable by the BON.

      2. This documentation shall verify the date of graduation, credential conferred, number of clinical hours completed, completion of three separate graduate level courses in advanced physiology and pathophysiology, advanced health assessment, advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents, role and population focus of the education program, qualifications for prescribing and ordering, and evidence of meeting the standards of nursing education in this state.

   2. Verification of completion 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/or CHEA, as acceptable by the BON.

      This documentation shall verify the date of graduation, credential conferred, number of clinical hours, completion of three separate graduate level courses in advanced physiology and pathophysiology,
advanced health assessment, advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents, role and population focus of the education program, and evidence of meeting the standards of nursing education in this state.

3. Demonstration of successful completion of approved APRN certificate program.  
   b. Competence assessment
   3. Current certification by a national certifying body in the APRN role and population focus appropriate to educational preparation.
      a) Primary source of verification of certification is required.
      b) If the applicant has not been in clinical practice for more than the past two years, the applicant shall provide evidence of satisfactory completion of 24 contact hours, 12 in pharmacotherapeutics and 12 in the clinical management of patients, within the two years prior to applying for approval to practice. No more than two hours may concern the study of herbal or complementary therapies.
      c) If the applicant has not been in clinical practice for more than the past five years, the applicant shall provide evidence of satisfactory completion of 45 contact hours of pharmacotherapeutics within the two years prior to applying for approval to practice. No more than two hours may concern the study of herbal or complementary therapies. The applicant must also successfully complete a refresher course approved by the BON or an extensive orientation in the appropriate advanced practice role and population focus, which includes a supervised clinical component by a qualified preceptor.
      e) Preceptor must meet the following requirements:
         i. Holds an active unencumbered license or privilege to practice as an APRN or physician that is not encumbered and practices in a comparable practice and focus and
         ii. Is in current practice in the advanced role and population foci.
         iii. Functions as a supervisor and teacher and evaluates the individual’s performance in the clinical setting.

***The preceptor may be a practicing physician or other licensed graduate prepared health care provider with comparable practice focus.

118.2 APRN Application for License Renewal

An applicant for license renewal as an APRN shall submit to the BON the required fee for license renewal, as specified in Chapter 435, and a completed license renewal application including:

a. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant’s background.

b. Evidence of completion of a minimum of 24 contact hours obtained within the most recent licensure renewal cycle; 12 hours in pharmacotherapeutics and 12 hours in the clinical management of patients from an approved continuing education provider recognized by the BON. No more than two pharmacology contact hours may concern the study of herbal or complementary therapies.
c. Evidence of current certification(s), or recertification as applicable, by a national professional certification organization that meets the requirements of \ref{118.2.1}.

\section*{118.2.56 Quality Assurance/Documentation and Audit}
The BON may conduct a random audit of nurses to verify current APRN certification and/or continuing education. Upon request of the BON, licensees shall submit documentation of compliance as described in \section*{Chapter 6}.

\section*{118.2.67 Reinstatement of APRN License}
The reinstatement of APRN licensure is the same as previously stated for RNs and LPN/VNs in \section*{Chapter 5} plus the following:

a. \textbf{Refresher course required}
An individual who applies for licensure reinstatement and who has been out of practice for more than five years shall provide evidence of successfully completing < > hours of a passing an APRN nursing refresher course approved by the BON or an extensive reorientation in the appropriate advanced practice role and population focus, which includes a supervised clinical component by a qualified preceptor.

b. \textbf{Preceptor must who meets the following requirements:}
1. Holds an active unencumbered license or privilege to practice as an APRN or physician that is not encumbered and practices in a comparable practice focus and,
2. Is in current practice in the advanced role and population foci,
3. Functions as a supervisor and teacher and evaluates the individual’s performance in the clinical setting.

The preceptor may be a practicing physician or other licensed graduate prepared health care provider with comparable practice focus.

b. \textbf{Reinstatement following disciplinary action}
For those licensees applying for licensure reinstatement following disciplinary action, compliance with all BON licensure requirements, as well as any specified requirements set forth in the BON’s discipline order, is required.

\section*{118.3. Titles and Abbreviations for APRNs}
a. Individuals are licensed or granted privilege to practice as APRNs in the roles of certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS) and certified nurse practitioner (CNP) and in the population focus of family/individual across the lifespan, adult-gerontology, neonatal, pediatrics, women’s health/gender-related or psychiatric/mental health.

b. Each APRN shall use the designation “APRN” plus role title as a minimum for purposes of identification and documentation. The APRN with an earned doctorate may use the term doctor or abbreviation “Dr.”

c. When providing nursing care, the APRN shall provide clear identification that indicates his or her APRN designation.

\section*{118.4 APRN Nursing Education}

\subsection*{18.4.1. Purpose of Nursing Education Standards}
The purpose of APRN nursing education standards is the same as previously stated for RN and LPN/VN in Section 9.1.

118.4.12. Required Criteria for APRN Nursing Education Programs

The BON shall determine whether an APRN nursing education program meets the qualifications for the establishment of a program based upon the following standards:

a. An APRN program shall appoint the following personnel:

b. Faculty

1. APRN program administrator qualifications shall include:
   a) A current, active, unencumbered APRN license or privilege to practice that is not encumbered in the state where the program is approved and/or accredited.
   b) A doctoral degree in a health-related field.
   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 as an APRN.
   d) Current knowledge of national APRN certification practice.

2. A lead faculty member who is educated and nationally certified in the same role and population foci and licensed as an APRN shall coordinate the educational component, including curriculum development, for the role and population foci in the APRN program.

2. Qualifications for nursing faculty who teach any APRN nursing course that includes clinical learning experiences leading to licensure as an APRN shall meet the following qualifications:
   a) A current, active, unencumbered APRN license or privilege to practice that is not encumbered in the state where the program is approved and/or accredited.
   b) A minimum of a master’s degree in nursing or health related field in the clinical specialty.
   c) Two years of APRN clinical experience.
   d) Current knowledge, competence and certification as an APRN in the role and population foci consistent with teaching responsibilities.

***Doctorate education is desirable for faculty of the APRN graduate nursing education track.

***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 nursing practice, rather than nursing theory and research. BONs 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 programs when appropriate.

3. 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.

4. Interdisciplinary faculty who teach non-clinical nursing courses shall have advanced preparation appropriate to these areas of content.

5. 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, but not to replace them. Clinical preceptors will be approved by faculty and meet the following requirements:
a) Hold an active unencumbered APRN license or privilege to practice that is not encumbered as an APRN or physician and practices in a comparable practice focus and -

b) Is in current practice in the advanced role and population focus.

c) Function as a supervisor and teacher and evaluates the individual's student’s performance in the clinical setting.

The preceptor may be a practicing physician or other licensed graduate prepared health care provider with comparable practice focus. However, they cannot consist of a majority of the preceptors.

c. **Curriculum**

The curriculum of the APRN nursing education program must prepare the graduate to practice in one of the four identified APRN roles, i.e., CRNA, CNM, CNS and CNP, and at least one of the six population foci, i.e., family/individual across the lifespan, adult-gerontology, neonatal, pediatrics, women's health/gender-related or psychiatric /mental health. The curriculum shall include:

1. Three separate graduate level courses (the APRN core) in:
   a) Advanced physiology and pathophysiology, including general principles that apply across the lifespan.
   b) Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches.
   c) Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents.

***Additional content specific to the role and population focus in these three APRN core areas should be integrated throughout the other role and population didactic and clinical courses.

2. Diagnosis and management of diseases across practice settings including diseases representative of all systems and caused by major morbidities.

3. Preparation that provides a basic understanding of the principles for decision making in the identified role.

4. Preparation in the core competencies for the identified APRN role and-

5. Role preparation in one of the six population focus of practice.

Preparation in a specialty area of practice is optional, but if included, must build on the APRN role/population focus competencies. Clinical and didactic coursework must be comprehensive and sufficient to prepare the graduate to practice in the APRN role and population focus.

d. **Additional required components of graduate or post-graduate education programs preparing APRNs shall include the following:**

1. Each student enrolled in an APRN program shall have an unencumbered RN license or privilege to practice that is not encumbered in the state of clinical practice and be currently licensed as an RN in this state prior to involvement in clinical practice as a student APRN, unless exempted from this licensure requirement under Article 5 section 106.14.1.

***This requirement for RN licensure reflects that APRN roles and population foci build upon educational preparation and experience as an RN.
2. Education programs offered by an accredited college or university that offers a graduate degree with a concentration in the advanced nursing practice role and at least one population focus or post-masters certificate programs offered by an accredited college or university shall include the following components:
   a) Clinical supervision congruent with current national professional organizations and nursing accrediting body standards applicable to the APRN role and population focus and.
   b) Curriculum that is congruent with national standards for graduate level and advanced practice nursing education, is consistent with nationally recognized APRN roles and population foci, and includes, but is not limited to:
      i. Graduate APRN program core courses, and
      ii. An advanced practice nursing core, including legal, ethical and professional responsibilities of the APRN.

***Examples of APRN core courses include advanced pathophysiology, advanced pharmacotherapeutics, advanced assessment and diagnostic reasoning, and management of health care status.

3. Coursework focusing on the APRN role and population focus. The curriculum meets the following criteria:
   Shall be consistent with competencies of the specific areas of practice.

4. APRN programs preparing for two population foci or combined nurse practitioner/clinical nurse specialist shall include content and clinical experience in both functional roles and population foci.

5. Each instructional track/major shall have a minimum of 500 supervised clinical hours as defined by the BON. The supervised experience is directly related to the role and population foci, including pharmacotherapeutic management of patients.

6. There shall be provisions for the recognition of prior learning and advanced placements in the curriculum for individuals who hold a master’s in nursing and are seeking preparation in a different role and population focus. Post-masters nursing students shall complete the requirements of the master’s APRN program through a formal graduate level certificate in the desired role and population focus. Post-master students must meet the same APRN outcome competencies as the master level students.

***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 population foci. A 500-hour supervised clinical is the standard of the National Organization of Nurse Practitioners Faculties, the National Task Force on Quality Nurse Practitioner Education, the National Association of Clinical Nurse Specialist and is endorsed by the American Association of Colleges of Nursing. BONs 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. A lead faculty member who is educated and nationally certified in the same role and population foci and licensed as an APRN shall coordinate the educational component for the role and population foci in the APRN program.

118.4.62 Models for Determining Compliance with Standards
The models for determining compliance with APRN nursing education standards are the same as previously stated for RNs and LPN/VNs in Chapter 69.2.
### Establishment of a New APRN Nursing Education Program

Before establishing a new nursing education program, the APRN program shall complete the process outlined below:

- **a.** Application to the professional accrediting body **and**
- **b.** The proposed program shall provide the following information to the BON:
  1. Results of a needs assessment, including identification of potential students and employment opportunities for program graduates.
  2. Identification of sufficient financial and other resources.
  3. Governing institution approval and support.
  4. Community support.
  5. Type of educational program proposed.
  6. Clinical opportunities and availability of resources.
  7. Availability of qualified faculty.
  8. A pool of available students **and**
  9. A proposed time line for initiating and expanding the program.

### Prescriptive Authority

#### Requirements for Prescribing, and Ordering, Dispensing and Furnishing Authority

- **a.** **Regulating authority.** An APRN licensed by the BON may prescribe, order, procure, administer, and dispense and furnish over the counter, legend and controlled substances pursuant to applicable state and federal laws and within the APRN’s role and population focus. APRNs plan and initiate a therapeutic regimen that includes ordering and prescribing medical devices and equipment, nutrition, diagnostic and supportive services including, but not limited to, home health care, hospice, and physical and occupational therapy. BONs may limit the ability of APRNs to prescribe and order.

- **b.** **Prescribing practices.** Written, verbal or electronic prescriptions and orders shall comply with all applicable state and federal laws.
  1. All prescriptions shall include, but not be limited to, the following information:
     - a) Name, title, address and phone number of the APRN who is prescribing.
     - b) Name of patient.
     - c) Date of prescription.
     - d) The full name of the drug, dosage, route, amount to be dispensed and directions for its use.
     - e) Number of refills.
     - f) Signature of prescriber on written prescription, **and**
     - g) DEA number of the prescriber on all scheduled drugs.
       - i. The APRN shall comply with Federal Drug Enforcement Administration (DEA) requirements related to controlled substances.
       - ii. The APRN shall immediately file any and all of the nurse’s DEA registrations and numbers with the BON.

- **c.** The BON shall maintain current records of all APRNs with DEA registration and numbers.

#### Distribution of Samples

- **a.** APRNs may receive, sign for, record and distribute samples to patients.
- **b.** Distribution of drug samples shall be in accordance with state law and DEA laws, regulations and guidelines.
**18.6 Discipline**

**18.6.1 a.** APRN discipline and proceedings is the same as previously stated for RNs and LPN/VNs in Chapter 711.

**18.6.2 b.** The BON may limit, restrict, deny, suspend or revoke APRN licensure, and/or prescriptive and/or dispensing authority.

**18.6.3 c.** Additional grounds for discipline related to prescriptive and/or dispensing authority include, but are not limited to:

a. Prescribing, dispensing, administering, or distributing drugs in an unsafe manner or without adequate instructions to patients according to acceptable and prevailing standards.
b. Selling, purchasing, trading, or offering to sell, purchase or trade drug samples.
c. Prescribing, dispensing, administering or distributing drugs for other than therapeutic or prophylactic purposes.
d. Prescribing or distributing drugs to individuals who are not patients of the APRN or who are not within that nurse’s role and population focus.

***These rules are related to the statutes, Article XI, Section 1 (authority) and Article XI, Section 2 (grounds for discipline).***

**18.7.1 APRN Implementation**

10.6 After <Dec. 31, 2015>, all new graduates applying for APRN licensure must meet the stipulated licensure requirements.

10.7 An APRN applying for licensure by endorsement in another state may would be eligible for licensure if the applicant demonstrates that the following criteria have been met:

1. Current, active practice in the advanced role and population focus area.
2. Current active national certification, or recertification, as applicable, in the advanced role and population focus area.
3. Compliance with the APRN educational requirements of the state in which the APRN is applying for licensure that were in effect at the time the APRN completed his or her APRN education program.
4. Compliance with all other criteria set forth by the state in which the APRN is applying for licensure, e.g. continuing education.

Chapter 12. Nursing Licensure Compact

4. Chapter 13. APRN Compact