

**CHAPTER 36 - BOARD OF NURSING**

**SECTION .0100 - GENERAL PROVISIONS**

**21 NCAC 36 .0101 LOCATION**

*History Note:* Authority G.S. 90-171.23(b)(3);  
Eff. February 1, 1976;  
Amended Eff. January 1, 1984;  
Repealed Eff. January 1, 1986.

**21 NCAC 36 .0102 FUNCTIONS**

*History Note:* Authority G.S. 90-171.23(b)  
Eff. February 1, 1976;  
Amended Eff. January 1, 1983;  
Repealed Eff. April 1, 1989.

**21 NCAC 36 .0103 ORGANIZATION**

*History Note:* Authority G.S. 90-159(2); 90-162;  
Eff. February 1, 1976;  
Repealed Eff. January 1, 1983.

- 21 NCAC 36 .0104 OFFICERS**
- 21 NCAC 36 .0105 COMMITTEES**
- 21 NCAC 36 .0106 EXECUTIVE DIRECTOR**
- 21 NCAC 36 .0107 SEAL**

*History Note:* Authority G.S. 90-171.22; 90-171.23(b)(3),(4),(14); 90-171.24;  
Eff. February 1, 1976;  
Amended Eff. November 1, 1984; January 1, 1984; January 1, 1983;  
Repealed Eff. January 1, 1986.

**21 NCAC 36 .0108 PROCEDURE FOR ADOPTION OF RULES**

*History Note:* Authority G.S. 90-162;  
Eff. February 1, 1976;  
Repealed Eff. January 1, 1983.

**21 NCAC 36 .0109 SELECTION AND QUALIFICATIONS OF NURSE MEMBERS**

- (a) Vacancies in nurse member positions on the Board that are scheduled to occur during the next year shall be announced in the last issue of the North Carolina Board of Nursing "Bulletin" for the calendar year, which shall be mailed to the address on record for each North Carolina licensed nurse and posted on the Board's website at [www.ncbon.com](http://www.ncbon.com). The "Bulletin" and website shall include a petition form for nominating a nurse to the Board and information on filing the petition with the Board.
- (b) Each petition shall be checked with the records of the Board to validate that the nominee and each petitioner holds a current North Carolina license to practice nursing. If the nominee is not currently licensed, the petition shall be declared

invalid. If any petitioners are not currently licensed and this decreases the number of petitioners to less than 10, the petition shall be declared invalid.

(c) On forms provided by the Board, each nominee shall:

- (1) indicate the category for which the nominee is seeking election;
- (2) attest to meeting the qualifications specified in G.S. 90-171.21(d);
- (3) provide written permission to be listed on the ballot; and
- (4) complete the Application for Boards and Commissions in accordance with Governor Perdue's Executive Order 55.

The forms must be received by the Board or postmarked on or before April 15.

(d) Minimum on-going employment requirements for the registered nurse or licensed practical nurse member shall include continuous employment equal to or greater than 50% of a full-time position that meets the criteria for the specified Board member position.

(e) This Paragraph applies in determining qualifications for registered nurse categories of membership:

- (1) Nurse Educator includes any nurse who teaches in or directs a Board approved nursing program in the specific category as outlined in G.S. 90-171.21(d).
- (2) Hospital is defined as any facility which has an organized medical staff and which is designed, used, and primarily operated to provide health care, diagnostic and therapeutic services, and continuous nursing services to inpatients, but excludes nursing homes and adult care homes.
- (3) A hospital system is defined as a multihospital system, or a single diversified hospital system that includes a hospital as defined in Subparagraph (e)(2) of this Rule plus non-hospital preacute and postacute client services.
- (4) A nurse accountable for the administration of nursing services shall be the chief nurse executive of a hospital, hospital system, or the director of nursing services for a service division that includes inpatient care within a hospital or hospital system.
- (5) A nurse practitioner, nurse anesthetist, nurse midwife or clinical nurse specialist includes any advanced practice registered nurse who meets the criteria specified in G.S. 90-171.21(d)(4).

(f) The term "nursing practice" when used in determining qualifications for registered or practical nurse categories of membership, means any position for which the holder of the position is required to hold a current license to practice nursing at the appropriate licensure level for each category.

(g) A nominee shall be listed in only one category on the ballot.

(h) Separate slates shall be prepared for election of registered nurse nominees and for election of licensed practical nurse nominees. Nominees shall be listed in random order on the slate for licensed practical nurse nominees and within the categories for registered nurse nominees. Slates shall be published in the "Bulletin" and posted to the Board website following the Spring Board meeting and shall be accompanied by biographical data on nominees and a passport-type photograph.

(i) The procedure for voting shall be identified in the "Bulletin" following the Spring Board meeting.

(j) The Board of Nursing may contract with a computer or other service to receive the votes and tabulate the results.

(k) The tabulation and verification of the tabulation of votes shall include the following:

- (1) The certificate number shall be provided for each individual voting; and
- (2) The certificate number shall be matched with the database from the Board.

(l) A plurality vote shall elect. If more than one person is to be elected in a category, the plurality vote shall be in descending order until the required number has been elected. In any election, if there is a tie vote between nominees, the tie shall be resolved by a draw from the names of nominees who have tied.

(m) The results of an election shall be recorded in the minutes of the next regular meeting of the Board of Nursing following the election and shall include at least the following:

- (1) the number of nurses eligible to vote;
- (2) the number of votes cast; and
- (3) the number of votes cast for each person on the slate.

(n) The results of the election shall be forwarded to the Governor and the Governor shall commission those elected to the Board of Nursing.

(o) All petitions to nominate a nurse, signed consents to appear on the slate, verifications of qualifications, and copies of the computerized validation and tabulation shall be retained for a period of three months following the close of an election.

*History Note:* Authority G.S. 90-171.21; 90-171.23(b);

*Eff. May 1, 1982;*  
*Amended Eff. August 1, 1998; January 1, 1996; June 1, 1992; March 1, 1990; April 1, 1989;*  
*Temporary Amendment Eff. July 2, 2001;*  
*Amended Eff. December 1, 2010; November 1, 2008; January 1, 2004; August 1, 2002.*

**21 NCAC 36 .0110 OPEN MEETINGS**

- (a) All meetings of the Board, including Board committee meetings, are open to the public.
- (b) The agenda for the meeting will be available upon request and will be posted at the meeting site. Copies of the agenda are available approximately ten days prior to a meeting.
- (c) Any agency or individual, directly affected by any item to be considered by the Board, may request an opportunity to speak in relation to the specific item. Such request must be in writing and received in the Board office at least five business days prior to the scheduled meeting.
- (d) No more than two individuals representing a specific agency shall speak to any single item on the agenda. Presentations shall be limited to no more than five minutes each. The presentation shall be written and a copy of it shall be made available to the Board for use in decision-making and in compiling the record of the meeting.
- (e) Persons wishing to request that an item be placed on the Board agenda shall submit the request in writing no less than 30 days prior to the scheduled regular meeting. Such request shall specify the nature of the matter to be discussed and suggest the amount of time needed for the discussion.
- (f) The Board may vote to hold an executive session as provided in G.S. 143-318.11. Actions shall be taken in open session and so recorded.

*History Note: Authority G.S. 90-171.23(a); 143-318.10;*  
*Eff. January 1, 1983;*  
*Amended Eff. May 1, 1988; July 1, 1984.*

**21 NCAC 36 .0111 REMOVAL OF BOARD MEMBERS**

*History Note: Authority G.S. 90-171.21(f);*  
*Eff. January 1, 1983;*  
*Repealed Eff. January 1, 1986.*

**21 NCAC 36 .0112 DETERMINATION OF VACANCY**

- (a) Except for the RN At-Large Member, should a licensed nurse member of the Board cease to meet the employment criteria as defined in G.S. 90-171.21(d) and Rule .0109 Paragraphs (d) and (e) of this Section, the member shall have 60 days to resume employment in the designated area. If employment criteria for the specified area are not met within 60 days, the seat shall be declared vacant. Provided, however, that if such a change in employment for the specified category of Board member occurs within 18 months of the end of the member's term, such member may continue to serve until the end of the term.
- (b) If at any time a registered nurse member no longer meets the eligibility requirements listed in G.S. 90-171.21(d)(1)(a) and (a1), such member shall no longer continue to serve and the position shall be declared vacant.
- (c) If at any time a licensed practical nurse member no longer meets the eligibility requirements listed in G.S. 90-171.21(d)(2)(a) and (a1), such member shall no longer continue to serve and the position shall be declared vacant.
- (d) Any vacancy of an unexpired term shall be filled according to G.S. 90-171.21(c).

*History Note: Authority G.S. 90-171.21(c); 90-171.23(b);*  
*Eff. May 1, 1988;*  
*Amended Eff. November 1, 2008; January 1, 2004; August 1, 2002; March 1, 1990; May 1, 1989.*

**21 NCAC 36 .0113 DETERMINATION OF QUALIFICATIONS**

For purposes of G.S. 90-171.21 and Rule .0109(d) and (e) of this Section, the Board shall determine whether a person meets the employment requirements by examining the following factors:

- (1) whether the licensee is presently employed equal to or greater than 50% of a full-time position;
- (2) the number of days during the preceding three years devoted to practice in the specified activity that would qualify the licensee for election in that category;
- (3) the duration of any periods of interruption of engaging in the specified activity during the preceding three years and the reasons for any such interruptions;
- (4) job descriptions, contracts, and any other relevant evidence concerning the time, effort, and education devoted to the specified activity; and
- (5) whether engagement in the specified activity is or has been for compensation, and whether income from the specified activity meets the eligibility requirements for the specified nurse member category.

*History Note* Authority G.S. 90-171.21(d); 90-171.23(b)(2);  
Eff. May 1, 1988;  
Amended Eff. January 1, 2004; August 1, 2002; May 1, 1989.

**21 NCAC 36 .0114 RESERVED FOR FUTURE CODIFICATION**  
**21 NCAC 36 .0115 RESERVED FOR FUTURE CODIFICATION**  
**21 NCAC 36 .0116 RESERVED FOR FUTURE CODIFICATION**  
**21 NCAC 36 .0117 RESERVED FOR FUTURE CODIFICATION**  
**21 NCAC 36 .0118 RESERVED FOR FUTURE CODIFICATION**  
**21 NCAC 36 .0119 RESERVED FOR FUTURE CODIFICATION**  
**21 NCAC 36 .0119 SUSPENSION OF AUTHORITY TO EXPEND FUNDS**

In the event the Board's authority to expend funds is suspended pursuant to G.S. 93B-2(d) the board shall continue to issue and renew licenses and all fees tendered shall be placed in an escrow account maintained by the Board for this purpose. Once the Board's authority is restored, the funds shall be moved from the escrow account into the general operating account.

*History Note:* Authority G.S. 93B-2;  
Eff. December 1, 2010.

**21 NCAC 36 .0120 DEFINITIONS**

The following definitions apply throughout this chapter unless the context indicates otherwise:

- (1) "Academic term" means one semester of a school year.
- (2) "Accountability/Responsibility" means being answerable for action or inaction of self, and of others in the context of delegation or assignment.
- (3) "Accredited institution" means an institution accredited by a United States Department of Education approved institutional accrediting body.
- (4) "Active Practice" means activities that are performed, either for compensation or without compensation, consistent with the scope of practice for each level of licensee as defined in G.S. 90-171.20(4), (7) and (8).
- (5) "Advanced Practice Registered Nurse (APRN)" means a nurse practitioner, nurse anesthetist, nurse-midwife or clinical nurse specialist.
- (6) "Assigning" means designating responsibility for implementation of a specific activity or set of activities to a person licensed and competent to perform such activities.
- (7) "Clinical experience" means application of nursing knowledge in demonstrating clinical judgment.
- (8) "Clinical judgment" means the application of the nursing student's knowledge, skills, abilities and experience in making decisions about client care.
- (9) "Competent" means having the knowledge, skills and ability to safely perform an activity or role.
- (10) "Continuing Competence" means the on-going acquisition and application of knowledge and the decision-making, psychomotor, and interpersonal skills expected of the licensed nurse resulting in nursing care that contributes to the health and welfare of clients served.
- (11) "Contact Hour" means 60 minutes of an organized learning experience.
- (12) "Continuing Education Activity" means a planned, organized learning experience that is related to the practice of nursing or contributes to the competency of the nurse as defined in 21 NCAC 36 .0223 Subparagraph (a)(2).

- (13) "Controlling institution" means the degree-granting organization or hospital under which the nursing education program is operating.
- (14) "Curriculum" means an organized system of teaching and learning activities directed toward the achievement of specified learning objectives/outcomes.
- (15) "Delegation" means transferring to a competent individual the authority to perform a selected nursing activity in a selected situation. The nurse retains accountability for the delegation.
- (16) "Dimensions of Practice" means those aspects of nursing practice that include professional responsibility, knowledge-based practice, legal/ethical practice and collaborating with others, consistent with G.S. 90-171.20(4), (7) and (8).
- (17) "Distance education" means the teaching and learning strategies used to meet the learning needs of students, when the students and faculty are separate from each other.
- (18) "Faculty directed clinical practice" means the responsibility of nursing program faculty in overseeing student clinical learning including the utilization of preceptors.
- (19) "Focused client care experience" means a clinical experience that simulates an entry-level work experience. The intent is to assist the student to transition to an entry-level practice. There is no specific setting requirement. Supervision may be by faculty and preceptor dyad or direct faculty supervision.
- (20) "Interdisciplinary faculty" means faculty from professions other than nursing.
- (21) "Interdisciplinary team" means all individuals involved in providing a client's care who cooperate, collaborate, communicate and integrate care to ensure that care is continuous and reliable.
- (22) "Level of Licensure" means practice of nursing by either a Licensed Practice Nurse or a Registered Nurse as defined in G.S. 90-171.20(7) and (8).
- (23) "Level of student" means the point in the program to which the student has progressed.
- (24) "Maximum enrollment" means the total number of pre-licensure students that can be enrolled in the nursing program at any one time. The number reflects the capacity of the nursing program based on demonstrated resources sufficient to implement the curriculum.
- (25) "Methods of Instruction" means the planned process through which teacher and student interact with selected environment and content so that the response of the student gives evidence that learning has taken place. It is based upon stated course objectives and outcomes for learning experiences in classroom, laboratory and clinical settings.
- (26) "National Credentialing Body" means a credentialing body that offers certification or re-certification in the licensed nurse's or Advanced Practice Registered Nurse's specialty area of practice.
- (27) "NCLEX-PN™" means the National Council Licensure Examinations for Practical Nurses.
- (28) "NCLEX-RN™" means the National Council Licensure Examinations for Registered Nurses.
- (29) "Nursing Accreditation body" means a national nursing accrediting body, recognized by the United States Department of Education.
- (30) "Nursing program faculty" means individuals employed full or part time by academic institution responsible for developing, implementing, evaluation and updating nursing curricula.
- (31) "Nursing project" means a project or research study of a topic related to nursing practice that includes a problem statement, objectives, methodology and summary of findings.
- (32) "Participating in" means to have a part in or contribute to the elements of the nursing process.
- (33) "Pattern of noncompliance" means episodes of recurring non-compliance with one or more Rules in Section .0300.
- (34) "Preceptor" means a registered nurse at or above the level of licensure that an assigned student is seeking, who may serve as a teacher, mentor, role model and supervisor for a faculty directed clinical experience.
- (35) "Prescribing Authority" means the legal permission granted by the Board of Nursing and Medical Board for the nurse practitioner and nurse midwife to procure and prescribe legend and controlled pharmacological agents and devices to a client in compliance with Board of Nursing rules and other applicable federal and state law and regulations.
- (36) "Program Closure" means to cease operation of a nursing program.
- (37) "Program Type" means a course of study that prepares an individual to function as an entry-level practitioner of nursing. The three program types are:
  - (a) BSN - Curriculum components for Bachelor of Science in Nursing provides for the attainment of knowledge and skill sets in the current practice in nursing, nursing theory, nursing research, community and public health, health care policy, health care delivery and finance,

- communications, therapeutic interventions and current trends in health care. For this program type, the client is the individual, family, group, and community.
- (b) Associate Degree in Nursing (ADN)/Diploma in Registered Nursing - Curriculum components for the ADN/Diploma in Registered Nursing provides for the attainment of knowledge and skillsets in the current practice in nursing, community concepts, health care delivery, communications, therapeutic interventions and current trends in health care. For this program type, client is the individual, group of individuals, and family.
  - (c) Practical Nurse Diploma - Curriculum prepares for functioning in a dependent role in providing direct nursing care under the direction of a registered nurse or other health care provider as defined by the Nursing Practice Act. Curriculum components provide for the attainment of knowledge and skill sets in the current practice of practical nursing, communications, therapeutic interventions, including pharmacology, growth and development and current trends in health care. For this program type client is the individual, or group of individuals.
- (38) "Review" means collecting and analyzing information to assess compliance with Section .0300 of this Chapter. Information may be collected by multiple methods including review of written reports and materials, on-site observations and review of documents or in person or telephone interview(s) and conference(s).
  - (39) "Rescind Approval" means a Board action that removes the approval status previously granted.
  - (40) "Self Assessment" means the process whereby the individual reviews her or his own nursing practice and identifies the knowledge and skills possessed, as well as those skills to be strengthened.
  - (41) "Specialty" means a broad, population-based focus of study encompassing the common health-related problems of that group of patients and the likely co-morbidities, interventions and responses to those problems.
  - (42) "Supervision" means the provision of guidance or direction, evaluation and follow-up by the licensed nurse for accomplishment of an assigned or delegated nursing activity or set of activities.
  - (43) "Survey" means an on-site visit for the purpose of gathering data in relation to reviewing nursing programs compliance with Section .0300 of this Chapter.

*History Note:* Authority G.S. 90-171.23; 90-171.38;  
 Eff. April 1, 2003;  
 Amended Eff. July 1, 2012; November 1, 2008; May 1, 2006; December 1, 2005; August 1, 2005.

## **SECTION .0200 – LICENSURE**

### **21 NCAC 36 .0201      REGULAR RENEWAL**

- (a) Renewal notices shall be sent no less than 60 days prior to expiration date of a license to all registrants whose licenses are due for biennial renewal. The notices will be mailed to each eligible registrant's address as it appears in the records of the Board. A license is issued for the following biennium when:
- (1) all required information is submitted as requested on the application form; and
  - (2) all payment of required fees are received.
- (b) It shall be the duty of each registrant to keep the Board informed of a current mailing address.
- (c) Renewal applications must be postmarked on or before the date the current license expires.
- (d) A member of the United States Armed Services is exempt from compliance if on active duty and to whom G.S. 105-249.2 grants an extension of time to file a tax return.

*History Note:* Authority G.S. 90-171.29; 90-171.23(b); 90-171.34; 90-171.37; 93B-15; 105-249.2;  
 Eff. February 1, 1976;  
 Amended Eff. January 1, 2011; December 1, 2008; April 1, 1989; May 1, 1982.

### **21 NCAC 36 .0202      INACTIVE AND RETIRED STATUS**

- (a) A registrant whose licensure status is inactive and who desires to resume the practice of nursing in North Carolina shall be removed from inactive status and shall obtain a current license. To this end the registrant shall:
- (1) submit evidence of unencumbered license in all jurisdictions in which a license is or has ever been held;

- (2) submit evidence of completion of all court conditions resulting from any misdemeanor or felony conviction(s);
  - (3) submit evidence showing that the nurse is safe and competent to re-enter the practice of nursing;
  - (4) submit the current fee for renewal; and
  - (5) attest to having completed Continuing Competence requirements and be prepared to submit evidence of completion if requested by the Board as specified in Rule .0232(b) of this Section.
- (b) The registrant whose license has been inactive for a period of five years or more shall also submit:
- (1) self-certification that the registrant is of mental and physical health necessary to competently practice nursing;
  - (2) evidence of competency to resume the practice of nursing through:
    - (A) satisfactory completion of a Board-approved course; or
    - (B) an active license in another jurisdiction within the last five years.
- (c) If a refresher course is required, the registrant shall apply for reactivation of license within one year of completing the refresher course in order to receive a current license. The application for reactivation shall include verification from the provider of the refresher course that the registrant has satisfactorily met both theory and clinical objectives.
- (d) The Board shall decline to reactivate a license if it is not satisfied as to the applicant's competency to practice nursing.
- (e) A registrant who has retired from the practice of nursing may request and be granted by the Board retired nurse status, provided the registrant:
- (1) holds a current unencumbered license issued by the North Carolina Board of Nursing;
  - (2) is not currently the subject of an investigation by this Board for possible violation of the Nursing Practice Act; and
  - (3) pay the application fee pursuant to G.S. 90-171.27(b).
- (f) While remaining on retired status, the registrant shall not practice nursing in North Carolina and shall not be subject to payment of the license renewal fee.
- (g) The registrant may use the title Retired Registered Nurse or Retired Licensed Practical Nurse once issued retired status.
- (h) The registrant whose licensure status is retired shall not be eligible to vote in Board elections.
- (i) A registrant whose licensure status is retired and who desires to resume the practice of nursing shall apply for reinstatement of a license to practice nursing and meet the same reinstatement requirements for a nurse on inactive status as set forth in Paragraphs (b)–(e) of this Rule.

*History Note:* Authority G.S. 90-171.21; 90-171.23(b) 90-171.27(b); 90-171.36; 90-171.36A; 90-171.37; 90-171.43; Eff. February 1, 1976;  
 Legislative Objection [(g)] Lodged Eff. June 16, 1980;  
 Legislative Objection [(g)] Removed Eff. July 1, 1981;  
 Amended Eff. November 1, 2008; January 1, 2004; January 1, 1996; January 1, 1990; May 1, 1982;  
 January 1, 1980.

**21 NCAC 36 .0203 REINSTATEMENT OF LAPSED LICENSE**

- (a) The registrant whose license has lapsed and who desires reinstatement of that license shall:
- (1) furnish information required by these rules on forms provided by the Board;
  - (2) submit evidence of unencumbered license in all jurisdictions in which a license is or has ever been held;
  - (3) attest to having completed Continuing Competence requirements and be prepared to submit evidence of completion if requested by the Board as specified in 21 NCAC 36 .0232(b).
  - (4) submit evidence of completion of all court conditions resulting from any misdemeanor or felony conviction(s);
  - (5) submit such other evidence that the Board may require according to these rules to determine whether the license should be reinstated;
  - (6) provide a statement of the reason for failure to apply for renewal prior to the deadline; and
  - (7) submit payment of reinstatement and renewal fee.
- (b) A member of the United States Armed Services is exempt from payment of reinstatement fee if on active duty and to whom G.S. 105-249.2 grants an extension of time to file a tax return.
- (c) The registrant whose license has lapsed for a period of five years or more shall also submit:
- (1) evidence of mental and physical health necessary to competently practice nursing; and

- (2) evidence of satisfactory completion of a Board-approved refresher course or proof of active licensure within the past five years in another jurisdiction.
- (d) If a refresher course is required, the registrant shall apply for reinstatement of the license within one year of completing the refresher course in order to receive a current license. The application for reinstatement shall include verification from the provider of the refresher course that the registrant has satisfactorily met both theory and clinical objectives and is deemed competent to practice nursing at the appropriate level of licensure.
- (e) The Board shall not reinstate a license if it is not satisfied as to the applicant's ability to practice nursing based on these rules.

*History Note:* Authority G.S. 90-171.23(b); 90-171.35; 90-171.37; 93B-15; 105-249.2;  
Eff. February 1, 1976;  
Amended Eff. December 1, 2010; December 1, 2008; January 1, 1996; February 1, 1994; August 3, 1992;  
January 1, 1990.

**21 NCAC 36 .0204           ENDORSEMENT INTO STATE: REGISTERED NURSE**  
**21 NCAC 36 .0205           ENDORSEMENT INTO STATE: LICENSED PRACTICAL NURSE**  
**21 NCAC 36 .0206           LICENSE BY ENDORSEMENT: APPLICATION**

*History Note:* Authority G.S. 90-171;  
Eff. February 1, 1976;  
Repealed Eff. May 1, 1982.

**21 NCAC 36 .0207           VERIFICATION TO ANOTHER STATE**

The North Carolina Board of Nursing will verify a registrant to another state upon receipt of a request from the registrant or another Board of nursing which is accompanied by information properly identifying the registrant and by the appropriate fee.

*History Note:* Authority G.S. 90-171.23(b)(3); 90-171.27(b);  
Eff. February 1, 1976;  
Amended Eff. April 1, 1989.

**21 NCAC 36 .0208           CHANGE OF NAME**

In the event of a name or address change, the registrant must submit a written, signed request and provide identifying data, including certificate number and social security number.

*History Note:* Authority G.S. 90-171.23(b)(3); 90-171.27(b);  
Eff. February 1, 1976;  
Amended Eff. December 1, 2006; May 1, 1989; May 1, 1988; May 1, 1982.

**21 NCAC 36 .0209           DUPLICATE CERTIFICATE**

(a) A duplicate certificate, so stamped, may be issued in the event of loss of the original certificate upon receipt of a written, signed request which provides:

- (1) identifying data, including certificate number and social security number;
- (2) statement of circumstances surrounding loss; and
- (3) payment of a duplication fee.

(b) In the event that the original certificate never reached the registrant, a duplicate shall be furnished without fee upon receipt of a notarized statement to that effect.

*History Note:* Authority G.S. 90-171.23(b)(3); 90-171.27(b);  
Eff. February 1, 1976;  
Amended Eff. January 1, 1996; October 1, 1989; May 1, 1982.



**21 NCAC 36 .0210            RESUMPTION OF PREVIOUS NAME**

*History Note:    Authority G.S. 90-162;  
                         Eff. February 1, 1976;  
                         Repealed Eff. May 1, 1982.*

**21 NCAC 36 .0211            LICENSURE BY EXAMINATION**

(a) An applicant shall meet the educational qualifications to take the examination for licensure to practice as a registered nurse by:

- (1)     graduating from a Board approved nursing program (21 NCAC 36 .0300) designed to prepare a person for registered nurse licensure; or
- (2)     graduating from a nursing program outside the United States that is designed to provide graduates with comparable education preparation as required in 21 NCAC 36 .0321(b) through (d) for licensure as a registered nurse, and submitting evidence from an evaluation agency of the required educational qualifications and evidence of English proficiency. The evaluation agency(s) for educational qualifications shall be selected from a list of evaluation agencies published by the National Council of State Boards of Nursing Inc., which is hereby incorporated by Reference, including subsequent amendments of the referenced materials. The list of such agencies is available, at no cost, from the North Carolina Board of Nursing. The evidence of English proficiency shall be the Test of English as a Foreign Language or a test determined by the Board to be equivalent to the Test of English as a Foreign Language;

(b) An applicant shall meet the educational qualifications to take the examination for licensure to practice as a licensed practical nurse by:

- (1)     graduating from a Board approved nursing program (21 NCAC 36 .0300) designed to prepare a person for practical nurse licensure;
- (2)     graduating from a nursing program outside the United States that is designed to provide graduates with comparable preparation for licensure as a licensed practical nurse, and submitting evidence from an evaluation agency of the required educational qualifications and evidence of English proficiency. The evaluation agency(s) for educational qualifications shall be selected from a list of evaluation agencies published by the National Council of State Boards of Nursing, Inc., which is hereby incorporated by Reference, including subsequent amendments of the referenced materials. The list of such agencies is available, at no cost, from the North Carolina Board of Nursing. The evidence of English proficiency shall be passing the Test of English as a Foreign Language or a test determined by the Board to be equivalent to the Test of English as a Foreign Language;
- (3)     graduating from a Board approved nursing program designed to prepare graduates for registered nurse licensure, and failing to pass the examination for registered nurse licensure; or
- (4)     graduating from a nursing program outside the United States that is designed to prepare graduates with comparable preparation for licensure as a registered nurse, and submitting the evidence as described in Subparagraph (a)(2) of this Rule of the required educational qualifications, and failing to pass the examination for registered nurse licensure in any jurisdiction.

(c) An application shall be submitted to the Board of Nursing and a registration form to the testing service. The applicant shall meet all requirements of the National Council of State Boards of Nursing, Inc.

(d) The initial application shall be held active until the applicant passes the examination or one year, whichever occurs first. The time begins on the date the applicant is determined to be eligible for the licensure examination.

(e) The examinations for licensure developed by the National Council of State Boards of Nursing, Inc. shall be the examinations for licensure as a registered nurse or as a licensed practical nurse in North Carolina.

- (1)     These examinations shall be administered in accordance with the contract between the Board of Nursing and the National Council of State Boards of Nursing, Inc.
- (2)     The examinations for licensure shall be administered at least twice a year.

- (3) Results for the examination shall be reported to the individual applicant and to the director of the program from which the applicant was graduated. Aggregate results from the examination(s) may be published by the Board.
  - (4) The passing standard score for each of the five tests comprising the examination for registered nurse licensure, up to and including the February 1982 examination was 350. For the examination offered in July 1982 and through July 1988, the passing score was 1600. Beginning February 1989, the results for registered nurse licensure is reported as "PASS" or "FAIL".
  - (5) The passing score for the examination for practical nurse licensure, up to and including the April 1988 was 350. Beginning October 1988, the results for practical nurse licensure is reported as "PASS" or "FAIL".
- (f) Applicants who meet the qualifications for licensure by examination shall be issued a certificate of registration and a license to practice nursing for the remainder of the biennial period. The qualifications include:
- (1) a "PASS" result on the licensure examination;
  - (2) evidence of unencumbered license in all jurisdictions in which a license is or has ever been held;
  - (3) evidence of completion of all court conditions resulting from any misdemeanor or felony convictions; and
  - (4) a written explanation and all related documents if the nurse has ever been listed as a Nurse Aide and if there have ever been any substantiated findings pursuant to G.S. 131E-255. The Board may take these findings into consideration when determining if a license should be denied pursuant to G.S. 90-171.37. In the event findings are pending, the Board may withhold taking any action until the investigation is completed.
- (g) Applicants for a North Carolina license may take the examination for licensure developed by the National Council of State Boards of Nursing, Inc. in any National Council approved testing site.

*History Note:* Authority G.S. 90-171.23(15); 90-171.29; 90-171.30; 90-171.37(1); 90-171.48;  
 Eff. February 1, 1976;  
 Amended Eff. December 1, 2004; April 1, 2003; January 1, 1996; July 1, 1994; February 1, 1994; August 3, 1992.

**21 NCAC 36 .0212            SPECIFIC REQUIREMENTS**

*History Note:* Authority G.S. 90-168 through 90-170;  
 Eff. February 1, 1976;  
 Repealed Eff. May 1, 1982.

**21 NCAC 36 .0213            REEXAMINATION**

An applicant who fails an examination and is eligible to retake a subsequent examination must submit a completed Board of Nursing application, a completed testing service registration form, and related fees. The applicant is eligible to retake the examination in accordance with the timeframe specified by the National Council of State Boards of Nursing, Inc.

*History Note:* Filed as a Temporary Amendment Eff. June 26, 1985, for a period of 120 days to expire on October 23, 1985;  
 Authority G.S. 90-171.31; 90-171.33; 90-171.38;  
 Eff. February 1, 1976;  
 Amended Eff. August 1, 2000; July 1, 1994; February 1, 1994; October 1, 1989; May 1, 1989.

**21 NCAC 36 .0214            PROCTORING OF EXAMINATION**

**21 NCAC 36 .0215            FOREIGN EDUCATED NURSES**

*History Note:* Authority G.S. 90-162; 90-170; 90-171;  
 Eff. February 1, 1976;  
 Repealed Eff. May 1, 1982.

**21 NCAC 36 .0216 CENSUS OF NURSING PERSONNEL**

(a) Employers shall maintain a current list of persons employed for the practice of nursing as of January 1 of each year which provides the following:

- (1) name;
- (2) level of licensure;
- (3) certificate number; and
- (4) expiration date of license.

(b) Upon request of the Board, this list shall be submitted for review.

*History Note: Authority G.S. 90-171.23(b); 90-171.43; 90-171.44(3)(5);  
Eff. February 1, 1976;  
Amended Eff. January 1, 1996; April 1, 1989; January 1, 1984.*

**21 NCAC 36 .0217 REVOCATION, SUSPENSION, OR DENIAL OF LICENSE**

(a) The definitions contained in G.S. 90-171.20 and G.S. 150B-2 (01), (2), (2b), (3), (4), (5), (8), (8a), and (8b) apply. In addition, the following definitions apply:

- (1) "Investigation" means an exploration of the events and circumstances related to reported information in an effort to determine if there is a violation of any provisions of this Act or any rule promulgated by the Board.
- (2) "Administrative Law Counsel" means an attorney whom the Board of Nursing has retained to serve as procedural officer for contested cases.
- (3) "Prosecuting Attorney" means the attorney retained by the Board of Nursing to prepare and prosecute contested cases.

(b) A nursing license which has been forfeited under G.S. 15A-1331A may not be reinstated until the licensee has successfully complied with the court's requirements, has petitioned the Board for reinstatement, has appeared before the Licensure Committee, and has had reinstatement approved. The license may initially be reinstated with restrictions.

(c) Behaviors and activities which may result in disciplinary action by the Board include the following:

- (1) drug or alcohol abuse;
- (2) illegally obtaining, possessing or distributing drugs or alcohol for personal or other use, or other violations of G.S. 90-86 to 90-113.8;
- (3) commission of any crime which bears on a licensee's fitness to practice nursing as set out in G.S. 90-171.48(a)(2);
- (4) failure to make available to another health care professional any client information crucial to the safety of the client's health care;
- (5) delegating responsibilities to a person when the licensee delegating knows or has reason to know that the competency of that person is impaired by physical or psychological ailments, or by alcohol or other pharmacological agents, prescribed or not;
- (6) practicing or offering to practice beyond the scope permitted by law;
- (7) accepting and performing professional responsibilities which the licensee knows or has reason to know that he or she is not competent to perform;
- (8) performing, without adequate supervision, professional services which the licensee is authorized to perform only under the supervision of a licensed professional, except in an emergency situation where a person's life or health is in danger;
- (9) abandoning or neglecting a client who is in need of nursing care, without making reasonable arrangements for the continuation of such care;
- (10) harassing, abusing, or intimidating a client either physically or verbally;
- (11) failure to maintain an accurate record for each client which records all pertinent health care information as defined in Rule .0224(f)(2) or .0225(f)(2);
- (12) failure to exercise supervision over persons who are authorized to practice only under the supervision of the licensed professional;
- (13) exercising undue influence on the client, including the promotion of the sale of services, appliances, or drugs for the financial gain of the practitioner or of a third party;

- (14) directly or indirectly offering, giving, soliciting, or receiving or agreeing to receive, any fee or other consideration to or from a third party for the referral of a client, or other violations of G.S. 90-401;
- (15) failure to file a report, or filing a false report, required by law or by the Board, or impeding or obstructing such filing or inducing another person to do so;
- (16) revealing identifiable data, or information obtained in a professional capacity, without prior consent of the client, except as authorized or required by law;
- (17) guaranteeing that a cure will result from the performance of professional services;
- (18) altering a license, using a license that has been altered or permitting or allowing another person to use his or her license for the purpose of nursing. Altering is defined to include changing the expiration date, certification number, or any other information appearing on the license;
- (19) delegating professional responsibilities to a person when the licensee delegating such responsibilities knows or has reason to know that such a person is not qualified by training, by experience, or by licensure;
- (20) violating any term of probation, condition, or limitation imposed on the licensee by the Board;
- (21) accepting responsibility for client care while impaired by alcohol or other pharmacological agents;
- (22) falsifying a client's record or the controlled substance records of the agency; or
- (23) engaging in any activities of a sexual nature with a client including kissing, fondling or touching while responsible for the care of that individual.

(d) When a person licensed to practice nursing as a licensed practical nurse or as a registered nurse is also licensed in another jurisdiction and that other jurisdiction takes disciplinary action against the licensee, the North Carolina Board of Nursing may summarily impose the same or lesser disciplinary action upon receipt of the other jurisdiction's action. The licensee may request a hearing. At the hearing the issues will be limited to:

- (1) whether the person against whom action was taken by the other jurisdiction and the North Carolina licensee are the same person;
- (2) whether the conduct found by the other jurisdiction also violates the North Carolina Nursing Practice Act; and
- (3) whether the sanction imposed by the other jurisdiction is lawful under North Carolina law.

(e) Before the North Carolina Board of Nursing makes a final decision in any contested case, the person, applicant or licensee affected by such decision shall be afforded an administrative hearing pursuant to the provisions of G.S. 150B, Article 3A.

- (1) The Paragraphs contained in this Rule shall apply to conduct of all contested cases heard before or for the North Carolina Board of Nursing.
- (2) The following general statutes, rules, and procedures apply unless another specific statute or rule of the North Carolina Board of Nursing provides otherwise: Rules of Civil Procedure as contained in G.S. 1A-1 and Rules of Evidence pursuant to G.S. Chapter 8C; G.S. 90-86 through 90-113.8; 21 NCAC 36 .0224-.0225; Article 3A, Chapter 150B; and Rule 6 of the General Rules of Practice for Superior and District Court.
- (3) Every document filed with the Board of Nursing shall be signed by the person, applicant, licensee, or his attorney who prepares the document and shall contain his name, title/position, address, and telephone number. If the individual involved is a licensed nurse the nursing license certificate numbers shall appear on all correspondence with the Board of Nursing.

(f) In accordance with G.S. 150B-3(c) a license may be summarily suspended if the public health, safety, or welfare requires emergency action. This determination is delegated to the Chairman or Executive Director of the Board pursuant to G.S. 90-171.23(b)(3). Such a finding shall be incorporated with the order of the Board of Nursing and the order is effective on the date specified in the order or on service of the certified copy of the order at the last known address of the licensee, whichever is later, and continues to be effective during the proceedings. Failure to receive the order because of refusal of service or unknown address does not invalidate the order. Proceedings shall be commenced in a timely manner.

(g) Board staff shall issue a Letter of Charges only upon completion of an investigation, by authorized Board staff, of a written or verbal complaint and review with legal counsel or prosecuting attorney or Executive Director.

- (1) Subsequent to an investigation and validation of a complaint, a Letter of Charges shall be sent on behalf of the Board of Nursing to the person who is the subject of the complaint.
  - (A) The Letter of Charges shall be served in accordance with G.S. 1A-1, Rule 4, Rules of Civil Procedure.
  - (B) The Letter of Charges serves as the Board's formal notification to the person that an allegation of possible violation(s) of the Nursing Practice Act has been initiated.
  - (C) The Letter of Charges does not in and of itself constitute a contested case.
- (2) The Letter of Charges shall include the following:

- (A) a short and plain statement of the factual allegations;
  - (B) a citation of the relevant sections of the statutes or rules involved;
  - (C) notification that a settlement conference will be scheduled upon request;
  - (D) explanation of the procedure used to govern the settlement conference;
  - (E) notification that if a settlement conference is not requested, or if held, does not result in resolution of the case, an administrative hearing shall be scheduled; and
  - (F) if applicable, any sanction or remediation in accordance with Board-adopted policy may be included.
- (3) A case becomes a contested case after the person disputes the allegations contained in the Letter of Charges, requests an administrative hearing, or refuses to accept a settlement offer extended by the Board of Nursing.
- (h) No Board member shall discuss with any person the merits of any case pending before the Board of Nursing. Any Board member who has direct knowledge about a case prior to the commencement of the proceeding shall disqualify himself from any participation with the majority of the Board of Nursing hearing the case.
- (i) A settlement conference, if requested by the person, shall be held for the purpose of attempting to resolve a dispute through informal procedures prior to the commencement of formal administrative proceedings.
- (1) The conference shall be held in the offices of the Board of Nursing, unless another site is designated by mutual agreement of all involved parties.
  - (2) All parties shall attend or be represented at the settlement conference. The parties shall be prepared to discuss the alleged violations and the incidents on which these are based.
  - (3) Prior to the commencement of the settlement conference, a form shall be signed by the person which invalidates all previous offers made to the person by the Board.
  - (4) At the conclusion of the day during which the settlement conference is held, a form shall be signed by all parties which indicates whether the settlement offer is accepted or rejected. Subsequent to this decision:
    - (A) if a settlement is reached, the Board of Nursing shall forward a written settlement agreement containing all conditions of the settlement to the other party(ies); or
    - (B) if a settlement cannot be reached, the case shall proceed to a formal administrative hearing.
- (j) Disposition may be made of any contested case or an issue in a contested case by stipulation, agreement, or consent order at any time prior to or during the hearing of a contested case.
- (k) The Board of Nursing shall give the parties in a contested case a Notice of Hearing not less than 15 calendar days before the hearing. The Notice shall be given in accordance with G.S. 1A-1, Rule 4, Rules of Civil Procedure. The notice shall include:
- (1) Acknowledgment of service, or attempted service, of the Letter of Charges in compliance with Part (g)(1)(A) of this Rule;
  - (2) Date, time, and place of the hearing;
  - (3) Notification of the right of a party to represent himself or to be represented by an attorney;
  - (4) A statement that, pursuant to Paragraph (n) of this Rule, subpoenas may be requested by the licensee to compel the attendance of witnesses or the production of documents;
  - (5) A statement advising the licensee that a notice of representation, containing the name of licensee's counsel, if any, shall be filed with the Board of Nursing not less than 10 calendar days prior to the scheduled date of the hearing;
  - (6) A statement advising the licensee that a list of all witnesses for the licensee shall be filed with the Board of Nursing not less than 10 calendar days prior to the scheduled date of the hearing; and
  - (7) A statement advising the licensee that failure to appear at the hearing may result in the allegations of the Letter of Charges being taken as true and that the Board may proceed on that assumption.
- (l) Pre-hearing conferences may be held to simplify the issues to be determined, to obtain stipulations in regards to testimony or exhibits, to obtain stipulations of agreement on nondisputed facts or the application of particular laws, to consider the proposed witnesses for each party, to identify and exchange documentary evidence intended to be introduced at the hearing, and to consider such other matters that may be necessary or advisable for the efficient and expeditious conduct of the hearing.
- (1) The pre-hearing conference shall be conducted in the offices of the Board of Nursing, unless another site is designated by mutual agreement of all parties.
  - (2) The pre-hearing conference shall be an informal proceeding and shall be conducted by a Board-designated administrative law counsel.

- (3) All agreements, stipulations, amendments, or other matters resulting from the pre-hearing conference shall be in writing, signed by all parties, and introduced into the record at the beginning of the formal administrative hearing.
- (m) Administrative hearings conducted before a majority of Board members shall be held in Wake County or, by mutual consent in another location when a majority of the Board has convened in that location for the purpose of conducting business. For those proceedings conducted by an Administrative Law Judge the venue shall be determined in accordance with G. S. 150B-38(e). All hearings conducted by the Board of Nursing shall be open to the public.
- (n) The Board of Nursing, through its Executive Director, may issue subpoenas for the Board or a licensee, in preparation for, or in the conduct of, a contested case.
- (1) Subpoenas may be issued for the appearance of witnesses or the production of documents or information, either at the hearing or for the purposes of discovery.
  - (2) Requests by a licensee for subpoenas shall be made in writing to the Executive Director and shall include the following:
    - (A) the full name and home or business address of all persons to be subpoenaed; and
    - (B) the identification, with specificity, of any documents or information being sought.
  - (3) Subpoenas shall include the date, time, and place of the hearing and the name and address of the party requesting the subpoena. In the case of subpoenas for the purpose of discovery, the subpoena shall include the date, time, and place for responding to the subpoena.
  - (4) Subpoenas shall be served as provided by the Rules of Civil Procedure, G.S. 1A-1. The cost of service, fees, and expenses of any witnesses or documents subpoenaed shall be paid by the party requesting the witnesses.
- (o) All motions related to a contested case, except motions for continuance and those made during the hearing, shall be in writing and submitted to the Board of Nursing at least 10 calendar days before the hearing. Pre-hearing motions shall be heard at a pre-hearing conference or at the contested case hearing prior to the commencement of testimony. The designated administrative law counsel shall hear the motions and the response from the non-moving party pursuant to Rule 6 of the General Rules of Practice for the Superior and District Courts and rule on such motions. If the pre-hearing motions are heard by an Administrative Law Judge from Office of Administrative Hearings the provisions of G.S. 150B-40(e) shall govern the proceedings.
- (p) Motions for a continuance of a hearing may be granted upon a showing of good cause. Motions for a continuance must be in writing and received in the office of the Board of Nursing no less than seven calendar days before the hearing date. In determining whether good cause exists, consideration will be given to the ability of the party requesting a continuance to proceed effectively without a continuance. A motion for a continuance filed less than seven calendar days from the date of the hearing shall be denied unless the reason for the motion could not have been ascertained earlier. Motions for continuance filed prior to the date of the hearing shall be ruled on by the Administrative Law Counsel of the Board. All other motions for continuance shall be ruled on by the majority of the Board members or Administrative Law Counsel sitting at hearing.
- (q) All hearings by the Board of Nursing shall be conducted by a majority of members of the Board of Nursing, except as provided in Subparagraph (1) of this Paragraph. The Board of Nursing shall designate one of its members to preside at the hearing. The Board of Nursing shall designate an administrative law counsel who shall advise the presiding officer. The seated members of the Board of Nursing shall hear all evidence, make findings of fact and conclusions of law, and issue an order reflecting a majority decision of the Board.
- (1) When a majority of the members of the Board of Nursing is unable or elects not to hear a contested case, the Board of Nursing shall request the designation of an administrative law judge from the Office of Administrative Hearings to preside at the hearing. The provisions of G.S. 150B, Article 3A and 21 NCAC 36 .0217 shall govern a contested case in which an administrative law judge is designated as the Hearing Officer.
  - (2) In the event that any party or attorney or other representative of a party engages in conduct which obstructs the proceedings or would constitute contempt if done in the General Court of Justice, the Board may apply to the applicable superior court for an order to show cause why the person(s) should not be held in contempt of the Board and its processes.
  - (3) During a hearing, if it appears in the interest of justice that further testimony should be received and sufficient time does not remain to conclude the testimony, the Board of Nursing may continue the hearing to a future date to allow for the additional testimony to be taken by deposition or to be presented orally. In such situations and to such extent as possible, the seated members of the Board of Nursing and the designated administrative law counsel shall receive the additional testimony. In the event that new

members of the Board or a different administrative law counsel must participate, a copy of the transcript of the hearing shall be provided to them prior to the receipt of the additional testimony.

(r) All parties have the right to present evidence, rebuttal testimony, and argument with respect to the issues of law, and to cross-examine witnesses. The North Carolina Rules of Evidence in G.S. 8C shall apply to contested case proceedings, except as provided otherwise in this Rule and G.S. 150B-41.

- (1) Sworn affidavits may be introduced by mutual agreement from all parties.
- (2) All oral testimony shall be under oath or affirmation and shall be recorded. Unless otherwise stipulated by all parties, witnesses are excluded from the hearing room until such time that they have completed their testimony and have been released.

(s) Any form or Board-approved policy or procedure referenced in this Rule, or any rules applicable to a case, are available upon request from the Board of Nursing and shall be supplied at cost.

*History Note: Authority G.S. 14-208.5; 15A-1331A; 90-171.23(b)(3)(7); 90-171.37; 90-171.47; 90-401; 150B-3(c); 150B-11; 150B-14; 150B-38 through 150B-42; Eff. February 1, 1976; Amended Eff. October 1, 1989; November 1, 1988; July 1, 1986; July 1, 1984; Temporary Amendment Eff. December 7, 1990 for a period of 180 days to expire on June 5, 1991; ARRC Objection Lodged December 20, 1990; Amended Eff. January 1, 1991; ARRC Objection Removed February 25, 1991; Temporary Amendment Eff. February 26, 1991 for a period of 35 days to expire on April 1, 1991; Amended Eff. January 1, 1996; February 1, 1995; April 1, 1991; Temporary Amendment Eff. March 5, 2001; Amended Eff. January 1, 2007; August 2, 2002.*

#### **21 NCAC 36 .0218 LICENSURE WITHOUT EXAMINATION (BY ENDORSEMENT)**

(a) The Board shall provide an application form which the applicant who wishes to apply for licensure without examination (by endorsement) shall complete in its entirety.

(b) The applicant for licensure by endorsement as a registered nurse shall show evidence of:

- (1) completion of a program of nursing education for registered nurse licensure which was approved by the jurisdiction of original licensure;
- (2) attainment of the standard score on the examination which was required by the jurisdiction issuing the original certificate of registration;
- (3) self-certification that the applicant is of mental and physical health necessary to competently practice nursing;
- (4) unencumbered license in all jurisdictions in which a license is or has ever been held. A license that has had all encumbrances resolved in the jurisdictions in which the reasons for the encumbrances occurred shall be considered an unencumbered license for purposes of this provision;
- (5) current license in a jurisdiction; if the license has been inactive or lapsed for five or more years, the applicant shall be subject to requirements for a refresher course as indicated in G.S. 90-171.35 and G.S. 90-171.36;
- (6) completion of all court conditions resulting from any misdemeanor or felony convictions; and
- (7) a written explanation and all related documents if the nurse has been listed as a Nurse Aide and there has been a substantiated finding(s) pursuant to G.S. 131E-255. The Board may take the finding(s) into consideration when determining if a license should be denied pursuant to G.S. 90-171.37. In the event a finding(s) is pending, the Board may withhold taking any action until the investigation is completed.

(c) The applicant for licensure by endorsement as a licensed practical nurse shall show evidence of:

- (1) completion of:
  - (A) a program in practical nursing approved by the jurisdiction of original licensure; or
  - (B) course(s) of study within a program(s) which shall be comparable to that required of practical nurse graduates in North Carolina; or
  - (C) course of study for military hospital corpsman which shall be comparable to that required of practical nurse graduates in North Carolina.

The applicant who was graduated prior to July 1956 shall be considered on an individual basis in light of licensure requirements in North Carolina at the time of original licensure;

- (2) attainment of the standard score on the examination which was required by the jurisdiction issuing the original certificate of registration;
  - (3) self-certification that the applicant is of mental and physical health necessary to competently practice nursing;
  - (4) unencumbered license in all jurisdictions in which a license is or has ever been held. A license that has had all encumbrances resolved in the jurisdictions in which the reasons for the encumbrances occurred shall be considered an unencumbered license for purposes of this provision;
  - (5) current license in a jurisdiction; if the license has been inactive or lapsed for five or more years, the applicant shall be subject to requirements for a refresher course as indicated in G.S. 90-171.35 and G.S. 90-171.36;
  - (6) completion of all court conditions resulting from any misdemeanor or felony convictions; and
  - (7) a written explanation and all related documents if the nurse has been listed as a Nurse Aide and there has been a substantiated finding(s) pursuant to G.S. 131E-255. The Board may take the finding(s) into consideration when determining if a license should be denied pursuant to G.S. 90-171.37. In the event a finding(s) is pending, the Board may withhold taking any action until the investigation is completed.)
- (d) A nurse educated in a foreign country (including Canada) shall be eligible for North Carolina licensure by endorsement if the nurse has:
- (1) proof of education as required by the jurisdiction issuing the original certificate;
  - (2) prior to January 1, 2004 proof of passing either the:
    - (A) Canadian Nurses Association Test Service Examination (CNATS) in the English language; or
    - (B) Canadian Registered Nurse Examination (CRNE) in the English language; or
    - (C) the licensing examination developed by the National Council of State Board of Nursing (NCLEX).
  - (3) beginning January 1, 2004, the applicant educated in a foreign country including Canada shall show evidence of Subparagraph (d)(1) and Part (2)(C) of this Paragraph; Parts (d)(2)(A) and (B) shall no longer apply;
  - (4) self-certification that the applicant is of mental and physical health necessary to competently practice nursing;
  - (5) unencumbered license in all jurisdictions which a license is or has ever been held. A license that has had all encumbrances resolved in the jurisdictions in which the reasons for the encumbrances occurred shall be considered an unencumbered license for purposes of this provision;
  - (6) current license in another jurisdiction or foreign country. If the license has been inactive or lapsed for five or more years, the applicant shall be subject to requirements for a refresher course as indicated in G.S. 90-171.35 and G.S. 90-171.36;
  - (7) completed all court conditions resulting from any misdemeanor or felony conviction(s); and
  - (8) a written explanation and all related documents if the nurse has been listed as a Nurse Aide and if there has been a substantiated finding(s) pursuant to G.S. 131E-255. The Board may take the finding(s) into consideration when determining if a license should be denied pursuant to G.S. 90-171.37. In the event a finding(s) is pending, the Board may withhold taking any action until the investigation is completed.
- (e) When an applicant is eligible for licensure consistent with Part (d)(2)(A) or (d)(2)(B) of this Rule the license issued by the Board will not permit the individual to practice in other states party to the Nurse Licensure Compact.
- (f) Facts provided by the applicant and the Board of Nursing of original licensure shall be compared to confirm the identity and validity of the applicant's credentials. Status in other states of current licensure may be verified. When eligibility is determined, a certificate of registration and a current license for the remainder of the biennial period shall be issued.

*History Note: Authority G.S. 90-171.23(b); 90-171.32; 90-171.33; 90-171.37; 90-171.48;*  
*Eff. May 1, 1982;*  
*Amended Eff. December 1, 2005; April 1, 2003; January 1, 1996; July 1, 1994;*  
*February 1, 1994; August 3, 1992.*

## **21 NCAC 36 .0219            TEMPORARY LICENSE**

(a) The Board may issue a Status P nonrenewable temporary license to persons who have filed a completed application for licensure without examination with correct fee and provided validation of an active license in another jurisdiction. If an



applicant indicates prior court conviction(s) or disciplinary action(s) in another jurisdiction, eligibility for a temporary license shall be determined after review of relevant documents.

(b) The following applies to Status P temporary licenses:

- (1) The Status P nonrenewable temporary license shall expire on the lesser of six months or the date a full license is issued or when it is determined the applicant is not qualified to practice nursing in North Carolina.
- (2) Status P temporary license shall authorize the holder to practice nursing in the same manner as a fully licensed R.N. or L.P.N., whichever the case may be.
- (3) Holders of valid Status P temporary license shall identify themselves as R.N. Petitioner (R.N.P.) or L.P.N. petitioner (L.P.N.P.), as the case may be, after signatures on records.
- (4) Upon expiration or revocation of the Status P temporary license, the individual is ineligible to practice nursing as described in Subparagraph (b)(2) of this Rule.

*History Note: Authority G.S. 90-171.33;*

*Eff. May 1, 1982;*

*Temporary Amendment Eff. June 29, 1988 for a period of 180 days to expire on December 25, 1988;*

*Amended Eff. December 1, 2006; January 1, 1996; July 1, 1994; August 3, 1992; January 1, 1989.*

## **21 NCAC 36 .0220 REFRESHER COURSE**

(a) A refresher course shall be designed for those persons, previously licensed, who are not eligible for re-entry into nursing practice because their license has lapsed for five or more years.

(b) Satisfactory completion of a Board-approved refresher course is required of the person who:

- (1) requests reactivation of an inactive license and who has not held an active license for five or more years;
- (2) requests reinstatement of a lapsed license and who has not held an active license for five or more years;
- (3) requests endorsement to North Carolina who has not held an active license for five or more years;
- (4) is directed by the Board to complete such a course when the Board takes action as authorized in G.S. 90-171.37; or
- (5) needs a refresher course as a result of the license being inactive for disciplinary action and has met all eligibility requirements for reinstatement of the license.

Those persons identified in Subparagraph (4) or (5) of this Paragraph may be subject to Board-stipulated restrictions in the clinical component of the refresher course.

(c) Application for approval of a refresher course shall be completed and submitted by the provider at least 90 days prior to the expected date of enrollment and shall include evidence of complying with the rules for refresher courses. Board approval shall be secured prior to the enrollment of students. Provider approval will be granted for a period of time not to exceed five years. However, any changes in faculty, curriculum, or clinical facilities shall be approved by the Board prior to implementation as set out in the Rules of this Chapter.

(d) The Board will make site visits if necessary. A decision on an application to offer a refresher course will be given within 30 days following receipt of the application.

(e) The provider of a refresher course shall be approved by the Board as set out in these Rules. A provider may be a post-secondary educational institution, a health care institution, or other agency.

(f) Administrative responsibility for developing and implementing the course shall be vested in a registered nurse director.

(g) Instructors in the course shall be directly accountable to the nurse director. The director shall have had at least one year prior teaching experience preparing individuals for LPN or RN licensure at the post-secondary level or in a nursing staff development position. The director and each instructor shall:

- (1) be licensed to practice nursing as a registered nurse in North Carolina;
- (2) hold a baccalaureate or higher degree; and
- (3) have had at least two years experience in direct patient nursing practice as an RN.

(h) Proximity of the instructor to students is the major factor in determining faculty-student ratio for clinical learning experiences. In no case shall this ratio exceed 1:10.

(i) Course objectives shall be stated which:

- (1) show relationships between theory and practice; and
- (2) indicate behaviors consistent with the ability to safely practice nursing.

(j) The curriculum for the R.N. Refresher Course shall incorporate:

- (1) common medical-surgical conditions and management of common nursing problems associated with these conditions, including mental health principles associated with management of nursing problems;

- (2) functions of the registered nurse as defined in G.S. 90-171.20 and 21 NCAC 36 .0221, .0224, .0225 and .0401; and
  - (3) instruction in and opportunities to demonstrate ability to safely practice nursing and knowledge in caring for clients with common medical-surgical problems.
- (k) The curriculum for the L.P.N. Refresher Course shall incorporate:
- (1) common medical-surgical conditions and common nursing approaches to their management, including mental health principles;
  - (2) functions of the licensed practical nurse as defined in G.S. 90-171.20(8) and 21 NCAC 36 .0221, .0225 and .0401; and
  - (3) instruction in and opportunity to demonstrate ability to safely practice nursing and knowledge in caring for clients with common medical-surgical problems.
- (l) The course shall include both theory and clinical instruction:
- (1) The R.N. Refresher Course shall include at least 240 hours of instruction, at least 120 of which shall consist of clinical learning experiences.
  - (2) The L.P.N. Refresher Course shall include at least 180 hours of instruction, at least 90 of which shall consist of clinical learning experiences.
- (m) Evaluation processes shall be implemented which effectively measure the refresher student's:
- (1) knowledge and understanding of curriculum content; and
  - (2) ability to provide safe nursing care to clients with common medical-surgical conditions.
- (n) Clinical resources shall indicate in written contract their support and availability to provide the necessary clinical experiences.
- (o) The application for approval of a refresher course shall include:
- (1) course objectives, content outline and time allocation;
  - (2) didactic and clinical learning experiences including teaching methodologies, for measuring the registrant's abilities to practice nursing;
  - (3) plan for evaluation of student competencies and ability to practice safe nursing;
  - (4) a faculty list which includes the director and all instructors and identifies their qualifications and their functions in teaching roles; and
  - (5) the projected clinical schedule.
- (p) A course or combination of courses within a basic nursing curriculum may be considered a refresher course for re-entry into practice if:
- (1) such course or combination of courses equals or exceeds requirements for refresher courses;
  - (2) such course or combination of courses is taught on a level commensurate with level of relicensure sought; and
  - (3) the Board designee approves such course or combination of courses as a substitute for a refresher course.
- (q) Individuals, previously licensed in North Carolina, presently residing outside of North Carolina, may meet these requirements by successfully completing a North Carolina approved refresher course completed in another state or country. Agencies desiring approval for conducting refresher courses shall submit applications per Paragraphs (c) through (p) of this Rule. Clinical experiences shall be in agencies approved by the comparable state/country agency to the Board of Nursing. The agency applying for refresher course approval shall submit evidence of the agency approval.
- (r) Individuals enrolled in refresher courses shall identify themselves as R.N. Refresher Student (RN RS) or LPN Refresher Student (LPN RS) consistent with the course level, after signatures on records or on name pins.
- (s) Upon completion of a Board-approved refresher course, the course provider shall furnish the Board with the names and North Carolina certificate numbers of those persons who have satisfactorily completed the course and are deemed safe to practice nursing at the appropriate level of licensure on the Board supplied form.
- (t) Upon request, the Board shall provide:
- (1) a list of approved providers;
  - (2) forms for applications for program approval; and
  - (3) forms for verification of successful completion to all approved programs.

*History Note:* Authority G.S. 90-171.23(b)(3); 90-171.35; 90-171.36; 90-171.37; 90-171.38; 90-171.83; Eff. May 1, 1982; Amended Eff. January 1, 2007; July 1, 2000; June 1, 1993; April 1, 1989.

**21 NCAC 36 .0221 LICENSE REQUIRED**

(a) No cap, pin, uniform, insignia or title shall be used to represent to the public, that an unlicensed person is a registered nurse or a licensed practical nurse as defined in G.S. 90-171.43.

(b) The repetitive performance of a common task or procedure which does not require the professional judgment of a registered nurse or licensed practical nurse shall not be considered the practice of nursing for which a license is required. Tasks that may be delegated to the Nurse Aide I and Nurse Aide II shall be established by the Board of Nursing pursuant to 21 NCAC 36 .0403. Tasks may be delegated to an unlicensed person which:

- (1) frequently recur in the daily care of a client or group of clients;
- (2) are performed according to an established sequence of steps;
- (3) involve little or no modification from one client-care situation to another;
- (4) may be performed with a predictable outcome; and
- (5) do not inherently involve ongoing assessment, interpretation, or decision-making which cannot be logically separated from the procedure(s) itself.

Client-care services which do not meet all of these criteria shall be performed by a licensed nurse

(c) The registered nurse or licensed practical nurse shall not delegate the professional judgment required to implement any treatment or pharmaceutical regimen which is likely to produce side effects, toxic effects, allergic reactions, or other unusual effects; or which may rapidly endanger a client's life or well-being and which is prescribed by a person authorized by state law to prescribe such a regimen. The nurse who assumes responsibility for implementing a treatment or pharmaceutical regimen shall be accountable for:

- (1) recognizing side effects;
- (2) recognizing toxic effects;
- (3) recognizing allergic reactions;
- (4) recognizing immediate desired effects;
- (5) recognizing unusual and unexpected effects;
- (6) recognizing changes in client's condition that contraindicates continued administration of the pharmaceutical or treatment regimen;
- (7) anticipating those effects which may rapidly endanger a client's life or well-being; and
- (8) making judgments and decisions concerning actions to take in the event such effects occur.

(d) When health care needs of an individual are incidental to the personal care needs of the individual, nurses shall not be accountable for care performed by clients themselves, their families or significant others, or by caretakers who provide personal care to the individual.

(e) Pharmacists may administer drugs in accordance with 21 NCAC 46 .2507.

*History Note: Authority G.S. 90-85.3; 90-171.23(b); 90-171.43; 90-171.83; Eff. May 1, 1982; Amended Eff. July 1, 2004; April 1, 2002; December 1, 2000; July 1, 2000; January 1, 1996; February 1, 1994; April 1, 1989; January 1, 1984; Emergency Amendment Eff. September 10, 2004; Amended Eff. April 1, 2008; December 1, 2004.*

**21 NCAC 36 .0222 COMPONENTS OF NURSING PRACTICE**

*History Note: Authority G.S. 90-171.20(7),(8); 90-171.23(b); Eff. January 1, 1984; Amended Eff. June 1, 1989; July 1, 1984; Repealed Eff. January 1, 1991.*

**21 NCAC 36 .0223 CONTINUING EDUCATION PROGRAMS**

(a) Definitions.

- (1) Continuing education in nursing is a planned, organized learning experience taken after completion of a basic nursing program which prepares a nurse to perform advanced skills. Types of learning experiences that may be considered continuing education as defined in Subparagraph (a)(3) of this Rule include:

- (A) a non-degree oriented program;
  - (B) a course(s) or component(s) of a course(s) within an academic degree-oriented program; or
  - (C) an advanced academic degree-granting program which prepares the registered nurse for advanced practice as a clinical nurse specialist, nurse anesthetist, nurse midwife or nurse practitioner.
- (2) Programs offering an educational experience designed to enhance the practice of nursing are those which include one or more of the following:
- (A) enrichment of knowledge;
  - (B) development or change of attitudes; or
  - (C) acquisition or improvement of skills.
- (3) Programs are considered to teach nurses advanced skills when:
- (A) the skill taught is not generally included in the basic educational preparation of the nurse; and
  - (B) the period of instruction is sufficient to assess or provide necessary knowledge from the physical, biological, behavioral and social sciences, and includes supervised clinical practice to ensure that the nurse is able to practice the skill safely and properly.
- (4) Student status may be granted to an individual who does not hold a North Carolina nursing license but who participates in a clinical component of a continuing education programs in North Carolina when:
- (A) the individual possesses a current unencumbered license to practice nursing in a jurisdiction other than North Carolina;
  - (B) the course offering meets one of the following criteria:
    - (i) is part of an academic degree-granting nursing program which has approval in a jurisdiction other than North Carolina or national accreditation; or
    - (ii) is offered through an in-state academic institution which has Board approval for basic nursing education program(s) or national accreditation for advanced nursing education program(s); or
    - (iii) is approved by the Board as a continuing education offering, thereby meeting the criteria as defined in Paragraph (b) of this Rule;
  - (C) the individual receives supervision by a qualified preceptor or member of the faculty who has a valid license to practice as a registered nurse in North Carolina;
  - (D) the course of instruction has a specified period of time not exceeding twelve months;
  - (E) the individual is not employed in nursing practice in North Carolina during participation in the program; and
  - (F) the Board has been given advance notice of the name of each student, the jurisdiction in which the student is licensed, the license number, and the expiration date.
- (b) Criteria for voluntary approval of continuing education programs in nursing.
- (1) Planning the educational program shall include:
    - (A) definition of learner population; for example, registered nurse, licensed practical nurse, or both;
    - (B) identification of characteristics of the learner; for example, clinical area of practice, place of employment, and position; and
    - (C) assessment of needs of the learner; for example, specific requests from individuals or employers, pre-tests, or audits of patient records.
  - (2) Objectives shall:
    - (A) be measurable and stated in behavioral terms;
    - (B) reflect the needs of the learners;
    - (C) state desired outcomes;
    - (D) serve as criteria for the selection of content, learning experiences and evaluation of achievement;
    - (E) be achievable within the time allotted; and
    - (F) be applicable to nursing.
  - (3) Content shall:
    - (A) relate to objectives;
    - (B) reflect input by qualified faculty; and
    - (C) contain learning experiences appropriate to objectives.
  - (4) Teaching methodologies shall:
    - (A) utilize pertinent educational principles;
    - (B) provide adequate time for each learning activity; and

- (C) include sharing objectives with participants.
  - (5) Resources shall include:
    - (A) faculty who have knowledge and experience necessary to assist the learner to meet the program objectives and are in sufficient number not to exceed a faculty-learner ratio in a clinical practicum of 1:10. If higher ratios are desired, sufficient justification must be provided; and
    - (B) physical facilities which ensure that adequate and appropriate equipment and space are available and appropriate clinical resources are available.
  - (6) Evaluation must be conducted:
    - (A) by the provider to assess the participant's achievement of program objectives and content and will be documented; and
    - (B) by the learner in order to assess the program and resources.
  - (7) Records shall be maintained by the provider for a period of three years and shall include a summary of program evaluations, roster of participants, and course outline. The provider shall award a certificate to each participant who successfully completes the program.
- (c) Approval process.
- (1) The provider shall:
    - (A) make application on forms provided by the Board no less than 60 days prior to the proposed enrollment date;
    - (B) present written documentation as specified in (b)(1) through (b)(7) of this Rule; and
    - (C) notify the Board of any significant changes relative to (b)(1) through (b)(7) of this Rule; for example, changes in faculty or total program hours.
  - (2) Approval is granted for a two year period. Any request to offer an approved program by anyone other than the original provider must be made to the North Carolina Board of Nursing.
  - (3) If a course is not approved, the provider may appeal in writing for reconsideration within 30 days after notification of the disapproval. If the course is not approved upon reconsideration, the provider may request, within 10 days, a hearing at the next regularly scheduled meeting of the Board, or no later than 90 days from the date of request, whichever shall come first.
  - (4) Site visits may be made by the Board as deemed appropriate to determine compliance with the criteria as specified in Paragraph (b) of this Rule.
  - (5) The Board shall withdraw approval from a provider if the provider does not maintain the quality of the offering to the satisfaction of the Board or if there is misrepresentation of facts within the application for approval.
  - (6) Approval of continuing education programs will be included in published reports of Board actions. A list of approved programs will be maintained in the Board's file.

*History Note:* Authority G.S. 90-171.23(b); 90-171.42;  
 Eff. January 1, 1984;  
 Amended Eff. October 1, 1992; October 1, 1991; October 1, 1989; January 1, 1989.

**21 NCAC 36 .0224 COMPONENTS OF NURSING PRACTICE FOR THE REGISTERED NURSE**

- (a) The responsibilities which any registered nurse can safely accept are determined by the variables in each nursing practice setting. These variables include:
- (1) the nurse's own qualifications including:
    - (A) basic educational preparation; and
    - (B) knowledge and skills subsequently acquired through continuing education and practice;
  - (2) the complexity and frequency of nursing care needed by a given client population;
  - (3) the proximity of clients to personnel;
  - (4) the qualifications and number of staff;
  - (5) the accessible resources; and
  - (6) established policies, procedures, practices, and channels of communication which lend support to the types of nursing services offered.

(b) Assessment is an on-going process and consists of the determination of nursing care needs based upon collection and interpretation of data relevant to the health status of a client, group or community.

- (1) Collection of data includes:
  - (A) obtaining data from relevant sources regarding the biophysical, psychological, social and cultural factors of the client's life and the influence these factors have on health status, including:
    - (i) subjective reporting;
    - (ii) observations of appearance and behavior;
    - (iii) measurements of physical structure and physiological functions;
    - (iv) information regarding available resources; and
  - (B) verifying data collected.
- (2) Interpretation of data includes:
  - (A) analyzing the nature and inter-relationships of collected data; and
  - (B) determining the significance of data to client's health status, ability to care for self, and treatment regimen.
- (3) Formulation of a nursing diagnosis includes:
  - (A) describing actual or potential responses to health conditions. Such responses are those for which nursing care is indicated, or for which referral to medical or community resources is appropriate; and
  - (B) developing a statement of a client problem identified through interpretation of collected data.

(c) Planning nursing care activities includes identifying the client's needs and selecting or modifying nursing interventions related to the findings of the nursing assessment. Components of planning include:

- (1) prioritizing nursing diagnoses and needs;
- (2) setting realistic, measurable goals and outcome criteria;
- (3) initiating or participating in multidisciplinary planning;
- (4) developing a plan of care which includes determining and prioritizing nursing interventions; and
- (5) identifying resources based on necessity and availability.

(d) Implementation of nursing activities is the initiating and delivering of nursing care according to an established plan, which includes, but is not limited to:

- (1) procuring resources;
- (2) implementing nursing interventions and medical orders consistent with 21 NCAC 36 .0221(c) and within an environment conducive to client safety;
- (3) prioritizing and performing nursing interventions;
- (4) analyzing responses to nursing interventions;
- (5) modifying nursing interventions; and
- (6) assigning, delegating and supervising nursing activities of other licensed and unlicensed personnel consistent with Paragraphs (a) and (i) of this Rule, G.S. 90-171.20(7)d and (7)i, and 21 NCAC 36 .0401.

(e) Evaluation consists of determining the extent to which desired outcomes of nursing care are met and planning for subsequent care. Components of evaluation include:

- (1) collecting evaluative data from relevant sources;
- (2) analyzing the effectiveness of nursing interventions; and
- (3) modifying the plan of care based upon newly collected data, new problem identification, change in the client's status and expected outcomes.

(f) Reporting and Recording by the registered nurse are those communications required in relation to all aspects of nursing care.

- (1) Reporting means the communication of information to other persons responsible for, or involved in, the care of the client. The registered nurse is accountable for:
  - (A) directing the communication to the appropriate person(s) and consistent with established policies, procedures, practices and channels of communication which lend support to types of nursing services offered;
  - (B) communicating within a time period which is consistent with the client's need for care;
  - (C) evaluating the responses to information reported; and
  - (D) determining whether further communication is indicated.
- (2) Recording means the documentation of information on the appropriate client record, nursing care plan or other documents. This documentation must:

- (A) be pertinent to the client's health care;
  - (B) accurately describe all aspects of nursing care including assessment, planning, implementation and evaluation;
  - (C) be completed within a time period consistent with the client's need for care;
  - (D) reflect the communication of information to other persons; and
  - (E) verify the proper administration and disposal of controlled substances.
- (g) Collaborating involves communicating and working cooperatively with individuals whose services may have a direct or indirect effect upon the client's health care and includes:
- (1) initiating, coordinating, planning and implementing nursing or multidisciplinary approaches for the client's care;
  - (2) participating in decision-making and in cooperative goal-directed efforts;
  - (3) seeking and utilizing appropriate resources in the referral process; and
  - (4) safeguarding confidentiality.
- (h) Teaching and Counseling clients is the responsibility of the registered nurse, consistent with G.S. 90-171.20(7)g.
- (1) Teaching and counseling consist of providing accurate and consistent information, demonstrations and guidance to clients, their families or significant others regarding the client's health status and health care for the purpose of:
    - (A) increasing knowledge;
    - (B) assisting the client to reach an optimum level of health functioning and participation in selfcare; and
    - (C) promoting the client's ability to make informed decisions.
  - (2) Teaching and counseling include, but are not limited to:
    - (A) assessing the client's needs, abilities and knowledge level;
    - (B) adapting teaching content and methods to the identified needs, abilities of the client(s) and knowledge level;
    - (C) evaluating effectiveness of teaching and counseling; and
    - (D) making referrals to appropriate resources.
- (i) Managing the delivery of nursing care through the on-going supervision, teaching and evaluation of nursing personnel is the responsibility of the registered nurse as specified in the legal definition of the practice of nursing and includes, but is not limited to:
- (1) continuous availability for direct participation in nursing care, onsite when necessary, as indicated by client's status and by the variables cited in Paragraph (a) of this Rule;
  - (2) assessing capabilities of personnel in relation to client status and plan of nursing care;
  - (3) delegating responsibility or assigning nursing care functions to personnel qualified to assume such responsibility and to perform such functions;
  - (4) accountability for nursing care given by all personnel to whom that care is assigned and delegated; and
  - (5) direct observation of clients and evaluation of nursing care given.
- (j) Administering nursing services is the responsibility of the registered nurse as specified in the legal definition of the practice of nursing in G.S. 90-171.20 (7)i, and includes, but is not limited to:
- (1) identification, development and updating of standards, policies and procedures related to the delivery of nursing care;
  - (2) implementation of the identified standards, policies and procedures to promote safe and effective nursing care for clients;
  - (3) planning for and evaluation of the nursing care delivery system; and
  - (4) management of licensed and unlicensed personnel who provide nursing care consistent with Paragraphs (a) and (i) of this Rule and which includes:
    - (A) appropriate allocation of human resources to promote safe and effective nursing care;
    - (B) defined levels of accountability and responsibility within the nursing organization;
    - (C) a mechanism to validate qualifications, knowledge and skills of nursing personnel;
    - (D) provision of educational opportunities related to expected nursing performance; and
    - (E) validation of the implementation of a system for periodic performance evaluation.
- (k) Accepting responsibility for self for individual nursing actions, competence and behavior is the responsibility of the registered nurse, which includes:
- (1) having knowledge and understanding of the statutes and rules governing nursing;

- (2) functioning within the legal boundaries of registered nurse practice; and
- (3) respecting client rights and property, and the rights and property of others.

*History Note: Authority G.S. 90-171.20(7); 90-171.23(b); 90-171.43(4);  
Eff. January 1, 1991;  
Temporary Amendment Eff. October 24, 2001;  
Amended Eff. August 1, 2002.*

## **21 NCAC 36 .0225 COMPONENTS OF NURSING PRACTICE FOR THE LICENSED PRACTICAL NURSE**

(a) The licensed practical nurse shall accept only those assigned nursing activities and responsibilities, as defined in Paragraphs (b) through (i) of this Rule, which the licensee can safely perform. That acceptance shall be based upon the variables in each practice setting which include:

- (1) the nurse's own qualifications in relation to client need and plan of nursing care, including:
  - (A) basic educational preparation; and
  - (B) knowledge and skills subsequently acquired through continuing education and practice;
- (2) the degree of supervision by the registered nurse consistent with Paragraph (d)(3) of this Rule;
- (3) the stability of each client's clinical condition;
- (4) the complexity and frequency of nursing care needed by each client or client group;
- (5) the accessible resources; and
- (6) established policies, procedures, practices, and channels of communication which lend support to the types of nursing services offered.

(b) Assessment is an on-going process and consists of participation in the determination of nursing care needs based upon collection and interpretation of data relevant to the health status of a client.

- (1) collection of data consists of obtaining data from relevant sources regarding the biophysical, psychological, social and cultural factors of the client's life and the influence these factors have on health status, according to structured written guidelines, policies and forms, and includes:
  - (A) subjective reporting;
  - (B) observations of appearance and behavior;
  - (C) measurements of physical structure and physiologic function; and
  - (D) information regarding available resources.
- (2) interpretation of data is limited to:
  - (A) participation in the analysis of collected data by recognizing existing relationships between data gathered and a client's health status and treatment regimen; and
  - (B) determining a client's need for immediate nursing interventions based upon data gathered regarding the client's health status, ability to care for self, and treatment regimen consistent with Paragraph (a)(6) of this Rule.

(c) Planning nursing care activities includes participation in the identification of client's needs related to the findings of the nursing assessment. Components of planning include:

- (1) participation in making decisions regarding implementation of nursing intervention and medical orders and plan of care through the utilization of assessment data;
- (2) participation in multidisciplinary planning by providing resource data; and
- (3) identification of nursing interventions and goals for review by the registered nurse.

(d) Implementation of nursing activities consists of delivering nursing care according to an established health care plan and as assigned by the registered nurse or other person(s) authorized by law as specified in G.S. 90-171.20 (8)(c).

- (1) Nursing activities and responsibilities which may be assigned to the licensed practical nurse include:
  - (A) procuring resources;
  - (B) implementing nursing interventions and medical orders consistent with Paragraph (b) of this Rule and Paragraph (c) of 21 NCAC 36 .0221 and within an environment conducive to client safety;
  - (C) prioritizing and performing nursing interventions;
  - (D) recognizing responses to nursing interventions;
  - (E) modifying immediate nursing interventions based on changes in a client's status; and
  - (F) delegating specific nursing tasks as outlined in the plan of care and consistent with Paragraph (d)(2) of this Rule, and 21 NCAC 36 .0401.



- (2) The licensed practical nurse may participate, consistent with 21 NCAC 36 .0224(d)(6), in implementing the health care plan by assigning nursing care activities to other licensed practical nurses and delegating nursing care activities to unlicensed personnel qualified and competent to perform such activities and providing all of the following criteria are met:
    - (A) validation of qualifications of personnel to whom nursing activities may be assigned or delegated;
    - (B) continuous availability of a registered nurse for supervision consistent with 21 NCAC 36 .0224(f) and Paragraph (d)(3) of this Rule;
    - (C) accountability maintained by the licensed practical nurse for responsibilities accepted, including nursing care given by self and by all other personnel to whom such care is assigned or delegated;
    - (D) participation by the licensed practical nurse in on-going observations of clients and evaluation of clients' responses to nursing actions; and
    - (E) provision of supervision limited to the validation that tasks have been performed as assigned or delegated and according to established standards of practice.
  - (3) The degree of supervision required for the performance of any assigned or delegated nursing activity by the licensed practical nurse when implementing nursing care is determined by variables which include, but are not limited to:
    - (A) educational preparation of the licensed practical nurse, including both the basic educational program and the knowledge and skills subsequently acquired by the nurse through continuing education and practice;
    - (B) stability of the client's clinical condition, which involves both the predictability and rate of change. When a client's condition is one in which change is highly predictable and would be expected to occur over a period of days or weeks rather than minutes or hours, the licensed practical nurse participates in care with minimal supervision. When the client's condition is unpredictable or unstable, the licensed practical nurse participates in the performance of the task under close supervision of the registered nurse or other person(s) authorized by law to provide such supervision;
    - (C) complexity of the nursing task which is determined by depth of scientific body of knowledge upon which the action is based and by the task's potential threat to the client's well-being. When a task is complex, the licensed practical nurse participates in the performance of the task under close supervision of the registered nurse or other person(s) authorized by law to provide such supervision;
    - (D) the complexity and frequency of nursing care needed by a given client population;
    - (E) the proximity of clients to personnel;
    - (F) the qualifications and number of staff;
    - (G) the accessible resources; and
    - (H) established policies, procedures, practices and channels of communication which lend support to the types of nursing services offered.
- (e) Evaluation, a component of implementing the health care plan, consists of participation in determining the extent to which desired outcomes of nursing care are met and in planning for subsequent care. Components of evaluation by the licensed practical nurse include:
- (1) collecting evaluative data from relevant sources according to written guidelines, policies and forms;
  - (2) recognizing the effectiveness of nursing interventions; and
  - (3) proposing modifications to the plan of care for review by the registered nurse or other person(s) authorized by law to prescribe such a plan.
- (f) Reporting and recording are those communications required in relation to the aspects of nursing care for which the licensed practical nurse has been assigned responsibility.
- (1) Reporting means the communication of information to other persons responsible for or involved in the care of the client. The licensed practical nurse is accountable for:
    - (A) directing the communication to the appropriate person(s) and consistent with established policies, procedures, practices and channels of communication which lend support to types of nursing services offered;
    - (B) communicating within a time period which is consistent with the client's need for care;
    - (C) evaluating the nature of responses to information reported; and
    - (D) determining whether further communication is indicated.

- (2) Recording means the documentation of information on the appropriate client record, nursing care plan or other documents. This documentation must:
  - (A) be pertinent to the client's health care including client's response to care provided;
  - (B) accurately describe all aspects of nursing care provided by the licensed practical nurse;
  - (C) be completed within a time period consistent with the client's need for care;
  - (D) reflect the communication of information to other persons; and
  - (E) verify the proper administration and disposal of controlled substances.
- (g) Collaborating involves communicating and working cooperatively in implementing the health care plan with individuals whose services may have a direct or indirect effect upon the client's health care. As delegated by the registered nurse or other person(s) authorized by law, the licensed practical nurse's role in collaborating in client care includes:
  - (1) participating in planning and implementing nursing or multidisciplinary approaches for the client's care;
  - (2) seeking and utilizing appropriate resources in the referral process; and
  - (3) safeguarding confidentiality.
- (h) "Participating in the teaching and counseling" of clients as assigned by the registered nurse, physician or other qualified professional licensed to practice in North Carolina is the responsibility of the licensed practical nurse. Participation includes:
  - (1) providing accurate and consistent information, demonstrations, and guidance to clients, their families or significant others regarding the client's health status and health care for the purpose of:
    - (A) increasing knowledge;
    - (B) assisting the client to reach an optimum level of health functioning and participation in self care; and
    - (C) promoting the client's ability to make informed decisions.
  - (2) collecting evaluative data consistent with Paragraph (e) of this Rule.
- (i) Accepting responsibility for self for individual nursing actions, competence and behavior which includes:
  - (1) having knowledge and understanding of the statutes and rules governing nursing;
  - (2) functioning within the legal boundaries of licensed practical nurse practice; and
  - (3) respecting client rights and property, and the rights and property of others.

*History Note: Authority G.S. 90-171.20(7),(8); 90-171.23(b); 90-171.43(4);  
 Eff. January 1, 1991;  
 Amended Eff. January 1, 1996;  
 Temporary Amendment Eff. October 24, 2001;  
 Amended Eff. August 1, 2002.*

**21 NCAC 36 .0226 NURSE ANESTHESIA PRACTICE**

- (a) Only those registered nurses who meet the qualifications as outlined in Paragraph (b) of this Rule may perform nurse anesthesia activities outlined in Paragraph (c) of this Rule.
- (b) Qualifications and Definitions:
  - (1) The registered nurse who completes a program accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs, is credentialed as a certified registered nurse anesthetist by the Council on Certification of Nurse Anesthetists, and who maintains recertification through the Council on Recertification of Nurse Anesthetists, may perform nurse anesthesia activities in collaboration with a physician, dentist, podiatrist, or other lawfully qualified health care provider, but may not prescribe a medical treatment regimen or make a medical diagnosis except under the supervision of a licensed physician; and
  - (2) Collaboration is a process by which the certified registered nurse anesthetist works with one or more qualified health care providers, each contributing his or her respective area of expertise consistent with the appropriate occupational licensure laws of the State and according to the established policies, procedures, practices and channels of communication which lend support to nurse anesthesia services and which define the role(s) and responsibilities of the qualified nurse anesthetist within the practice setting. The individual nurse anesthetist maintains accountability for the outcome of his or her actions.
- (c) Nurse Anesthesia activities and responsibilities which the appropriately qualified registered nurse anesthetist may safely accept are dependent upon the individual's knowledge and skills and other variables in each practice setting as outlined in 21 NCAC 36 .0224(a). These activities include:
  - (1) Preanesthesia preparation and evaluation of the client to include:

- (A) performing a pre-operative health assessment;
  - (B) recommending, requesting and evaluating pertinent diagnostic studies; and
  - (C) selecting and administering preanesthetic medications.
- (2) Anesthesia induction, maintenance and emergence of the client to include:
- (A) securing, preparing and providing safety checks on all equipment, monitors, supplies and pharmaceutical agents used for the administration of anesthesia;
  - (B) selecting, implementing, and managing general anesthesia; monitored anesthesia care; and regional anesthesia modalities, including administering anesthetic and related pharmaceutical agents, consistent with the client's needs and procedural requirements;
  - (C) performing tracheal intubation, extubation and providing mechanical ventilation;
  - (D) providing perianesthetic invasive and non-invasive monitoring, recognizing abnormal findings, implementing corrective action, and requesting consultation with appropriately qualified health care providers as necessary;
  - (E) managing the client's fluid, blood, electrolyte and acid-base balance; and
  - (F) evaluating the client's response during emergency from anesthesia and implementing pharmaceutical and supportive treatment to ensure the adequacy of client recovery from anesthesia.
- (3) Postanesthesia Care of the client to include:
- (A) providing postanesthesia follow-up care, including evaluating the client's response to anesthesia, recognizing potential anesthetic complications, implementing corrective actions, and requesting consultation with appropriately qualified health care professionals as necessary;
  - (B) initiating and administering respiratory support to ensure adequate ventilation and oxygenation in the immediate postanesthesia period;
  - (C) initiating and administering pharmacological or fluid support of the cardiovascular system during the immediate postanesthesia period;
  - (D) documenting all aspects of nurse anesthesia care and reporting the client's status, perianesthetic course, and anticipated problems to an appropriately qualified postanesthetic health care provider who assumes the client's care following anesthesia consistent with 21 NCAC 36 .0224(f); and
  - (E) releasing clients from the postanesthesia care or surgical setting as per established agency policy.
- (d) Other clinical activities for which the qualified registered nurse anesthetist may accept responsibility include, but are not limited to:
- (1) inserting central vascular access catheters and epidural catheters;
  - (2) identifying, responding to and managing emergency situations, including initiating and participating in cardiopulmonary resuscitation;
  - (3) providing consultation related to respiratory and ventilatory care and implementing such care according to established policies within the practice setting; and
  - (4) initiating and managing pain relief therapy utilizing pharmaceutical agents, regional anesthetic techniques and other accepted pain relief modalities according to established policies and protocols within the practice setting.

*History Note:* Authority G.S. 90-171.20(4); 90-171.20(7); 90-171.21; 90-171.23; 90-171.42(b);  
 Eff. July 1, 1993;  
 Temporary Amendment Eff. July 25, 1994 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;  
 Amended Eff. December 1, 2010; December 1, 1994.

**21 NCAC 36 .0227 APPROVAL AND PRACTICE PARAMETERS FOR NURSE PRACTITIONERS**

*History Note:* Authority G.S. 90-6; 90-18(c)(13), (14); 90-18.2; 90-171.20(4); 90-171.20(7); 90-171.23(b); 90-171.36; 90-171.37; 90-171.42; 90-171.83;  
 Eff. January 1, 1996;  
 Amended Eff. August 1, 2002; July 1, 2000; May 1, 1999;  
 Recodified to Rules .0801-.0814 Eff. August 1, 2004.

**21 NCAC 36 .0228            CLINICAL NURSE SPECIALIST PRACTICE**

(a) A registered nurse who meets the qualifications as outlined in Paragraph (b) of this Rule may be recognized by the Board as a clinical nurse specialist, and perform nursing activities at an advanced skill level as outlined in Paragraph (c) of this Rule.

(b) In order to be recognized as a Clinical Nurse Specialist, the Board of Nursing shall require an applicant to meet the following qualifications:

- (1) has an unrestricted license to practice as a registered nurse in North Carolina or a party state;
- (2) has completed a master's or higher degree program consisting of a minimum of 500 hours of clinical experience in the clinical nursing specialty as defined in 21 NCAC 36 .0120(41) and consistent with GS. 90-171.21(d)(4). For a dual track graduate program, if less than 500 hours per track, a requirement that there must be documentation of any crossover which would justify less than an additional 500 hours for the second track; and
- (3) has current certification in the clinical nursing specialty from a national credentialing body approved by the Board of Nursing, as defined in Paragraph (e) of this Rule and 21 NCAC 36 .0120(26).

(c) Clinical nurse specialist scope of practice incorporates the basic components of nursing practice as defined in Rule .0224 of this Section as well as the understanding and application of nursing principles at an advanced level in his/her area of clinical nursing specialization which includes:

- (1) assessing clients' health status, synthesizing and analyzing multiple sources of data, and identifying alternative possibilities as to the nature of a healthcare problem;
- (2) diagnosing and managing clients' acute and chronic health problems within a nursing framework;
- (3) formulating strategies to promote wellness and prevent illness;
- (4) prescribing and implementing therapeutic and corrective nursing measures;
- (5) planning for situations beyond the clinical nurse specialist's expertise, and consulting with or referring clients to other health care providers as appropriate;
- (6) promoting and practicing in collegial and collaborative relationships with clients, families, other health care professionals and individuals whose decisions influence the health of individual clients, families and communities;
- (7) initiating, establishing and utilizing measures to evaluate health care outcomes and modify nursing practice decisions;
- (8) assuming leadership for the application of research findings for the improvement of health care outcomes; and
- (9) integrating education, consultation, management, leadership and research into the advanced clinical nursing specialist role.

(d) The registered nurse who seeks recognition by the Board as a clinical nurse specialist shall:

- (1) complete the appropriate application, which shall include:
  - (A) evidence of the appropriate masters, post-master's certificate or doctoral degree as set out in Subparagraph (b)(2) of this Rule; and
  - (B) evidence of current certification in a clinical nursing specialty from a national credentialing body as set out in Subparagraph (b)(3) of this Rule;
- (2) submit a processing fee of twenty-five dollars (\$25.00) to cover the costs of duplicating and distributing the application materials; and
- (3) submit evidence of initial certification and re-certification at the time such occurs in order to maintain Board of Nursing recognition consistent with Paragraphs (b) and (e) of this Rule.

(e) The Board of Nursing may approve those national credentialing bodies offering certification and recertification in a clinical nursing specialty which have established the following minimum requirements:

- (1) an unencumbered registered nurse license; and
- (2) certification as a clinical nurse specialist is limited to masters, post-master's certificate or doctoral prepared applicant effective January 1, 2010.

*History Note:* Authority G.S. 90-171.20(4); 90-171.20(7); 90-171.21(d)(4); 90-171.23(b); 90-171.27(b); 90-171.42(b); Eff. April 1, 1996; Amended Eff. April 1, 2008; January 1, 2007; November 1, 2005; August 1, 2005; April 1, 2003.

**21 NCAC 36 .0231 EXCEPTIONS TO HEALTH CARE PRACTITIONERS IDENTIFICATION REQUIREMENTS:**

(a) The licensed nurse or nurse aide II is not required to wear a readily visible badge or other form of identification in the following direct patient care situations:

- (1) procedures requiring full sterile dress; or
- (2) procedures requiring other protective clothing or covering.

(b) Identification of the licensed nurse or nurse aide may be limited to first name only and level of licensure or listing status when the full name identification may:

- (1) place the personal safety of the nurse or nurse aide II in jeopardy; or
- (2) interfere with the therapeutic relationship between the nurse or nurse aide and client(s).

(c) In all other situations involving the direct provision of health care to clients, the licensed nurse or nurse aide II shall wear or display a readily visible form of identification to include:

- (1) the individual's first and last name; and
- (2) the license, approval to practice title or listing title as required by law, or standard abbreviations for such title.

(d) There shall be written agency policy outlining any exceptions to the requirements consistent with Paragraph (b) of this Rule.

*History Note: Authority G.S. 90-171.43; 90-171.83(a),(c); 90-178.3; 90-640(a)-(d);  
Temporary Adoption Eff. April 15, 2001;  
Eff. August 1, 2002.*

**21 NCAC 36 .0232 CONTINUING COMPETENCE**

(a) Effective July 1, 2006, upon application for license renewal or reinstatement, each licensee shall:

- (1) Complete a self-assessment of practice including the dimensions of: professional responsibility, knowledge based practice, legal/ethical practice and collaborating with others;
- (2) Develop a plan for continued learning; and
- (3) Select and implement a learning activity option from those outlined in Paragraph (b) of this Rule.

(b) Effective July 1, 2008, upon application for license renewal or reinstatement, each licensee shall attest to having completed one of the following learning activity options during the preceding renewal cycle and be prepared to submit evidence of completion if requested by the Board:

- (1) National Certification or re-certification related to the nurse's practice role by a national credentialing body recognized by the Board, consistent with 21 NCAC 36 .0120 and 21 NCAC 36 .0801;
- (2) Thirty contact hours of continuing education activities related to the nurse's practice;
- (3) Completion of a Board approved refresher course, consistent with 21 NCAC 36 .0220 and 21 NCAC 36 .0808(d);
- (4) Completion of a minimum of two semester hours of post-licensure academic education related to nursing practice;
- (5) Fifteen contact hours of a continuing education activity related to the nurse's practice and completion of a nursing project as principal or co-principal investigator to include a statement of the problem, project objectives, methods and summary of findings;
- (6) Fifteen contact hours of a continuing education activity related to the nurse's practice and authoring or co-authoring a published nursing-related article, paper, book or book chapter;
- (7) Fifteen contact hours of a continuing education activity related to the nurse's practice and designing, developing, and conducting an educational presentation or presentations totaling a minimum of five contact hours for nurses or other health professionals; or
- (8) Fifteen contact hours of a continuing education activity related to the nurse's practice and 640 hours of active practice within the previous two years.

(c) The following documentation shall be accepted as evidence of completion of learning activity options outlined in Paragraph (b) of this Rule:

- (1) Evidence of national certification shall include a copy of a certificate which includes name of licensee, name of certifying body, date of certification, date of certification expiration. Certification shall be initially attained during the licensure period, or have been in effect during the entire licensure period, or have been re-certified during the licensure period.

- (2) Evidence of contact hours of continuing education shall include the name of the licensee; title of educational activity, name of the provider, number of contact hours and date of activity.
  - (3) Evidence of completion of a Board approved refresher course shall include written correspondence from the provider with the name of the licensee, name of the provider, and verification of successful completion of the course.
  - (4) Evidence of post-licensure academic education shall include a copy of transcript with the name of the licensee, name of educational institution, date of attendance, name of course with grade and number of credit hours received.
  - (5) Evidence of completion of a nursing project shall include an abstract or summary of the project, the name of the licensee, role of the licensee as principal or co-principal investigator, date of project completion, statement of the problem, project objectives, methods used and summary of findings.
  - (6) Evidence of authoring or co-authoring a published nursing-related article, paper, book or book chapter which shall include a copy of the publication to include the name of the licensee and publication date.
  - (7) Evidence of developing and conducting an educational presentation or presentations totaling at least five contact hours for nurses or other health professionals shall include a copy of program brochure or course syllabi, objectives, content and teaching methods, and date and location of presentation.
  - (8) Evidence of 640 hours of active practice in nursing shall include documentation of the name of the licensee, number of hours worked in calendar or fiscal year, name and address of employer and signature of supervisor. If self-employed, hours worked may be validated through other methods such as tax records or other business records. If active practice is of a volunteer or gratuitous nature, hours worked may be validated by the recipient agency.
- (d) A licensee shall retain supporting documentation to provide proof of completion of the option chosen in Paragraph (b) of this Rule throughout the renewal cycle.
- (e) Effective July 1, 2008, at the time of license renewal or reinstatement, licensees may be subject to audit for proof of compliance with the Board's requirements for continuing competence.
- (f) The Board shall inform licensees of their selection for audit upon notice of license renewal or request for reinstatement. Documentation of acceptable evidence shall be consistent with Paragraph (c) of this Rule and shall be submitted to the Board no later than the last day of the renewal month.
- (g) Failure of a licensee to meet the requirements of this Rule shall result in disciplinary action pursuant to G.S. 90-171.37 and 21 NCAC 36 .0217.

*History Note:* Authority G.S. 90-171.23(b); 90-171.37(1) and (8);  
 Eff. May 1, 2006;  
 Amended Eff. November 1, 2008

**21 NCAC 36 .0233 OUT OF STATE STUDENTS**

- (a) Unlicensed nursing students enrolled in out of state nursing education programs who are requesting utilization of North Carolina clinical facilities shall be allowed such experiences following approval by the Board of Nursing. Upon receiving such a request, the chief nursing administrator of a North Carolina clinical facility shall provide the Board with the following at least 30 days prior to the start of the requested experience:
- (1) Letter of request for approval to provide the clinical offering including proposed starting and completion dates;
  - (2) Documentation that the nursing program is currently approved by the Board of Nursing in the state in which the parent institution is located;
  - (3) Name, qualifications and evidence of current RN licensure of the faculty responsible for coordinating the student's experience; and
  - (4) Name, qualifications and evidence of current license to practice as an RN in NC for preceptor or on-site faculty.
- (b) Copies of the following shall be distributed by the chief nursing administrator of the clinical facility to all students and faculty involved in the clinical experiences:
- (1) North Carolina Nursing Practice Act;
  - (2) North Carolina administrative rules and related interpretations regarding the role of the RN, LPN, and unlicensed nursing personnel; and
  - (3) North Carolina Board of Nursing developed Suggestions for Utilization of Preceptors.

(c) Failure to continue in compliance with the requirements in Paragraph (a) of this Rule shall result in the immediate withdrawal of the Board's approval of the clinical offering and student status consistent with G.S. 90-171.43(2).

*History Note:* Authority G.S. 90-85.3; 90-171.23(b) 90-171.43; 90-171.83;  
Eff. April 1, 2008.

## **SECTION .0300 - APPROVAL OF NURSING PROGRAMS**

### **21 NCAC 36 .0301 APPROVAL BODY**

*History Note:* Authority G.S. 90-171.23(b)(8); 90-171.23(b)(9); 90-171.23(b)(10); 90-171.38; 90-171.39; 90-171.40;  
Eff. February 1, 1976;  
Amended Eff. June 1, 1992; January 1, 1989; January 1, 1984;  
Temporary Amendment Eff. October 11, 2001;  
Repealed Eff. August 1, 2002.

### **21 NCAC 36 .0302 ESTABLISHMENT OF A NURSING PROGRAM - INITIAL APPROVAL**

(a) At least six months prior to the proposed enrollment of students in a nursing program, an institution seeking approval to operate a nursing program shall employ a program director qualified pursuant to 21 NCAC 36 .0317(c) to develop the application documenting the following:

- (1) a narrative description of the organizational structure of the program and its relationship to the controlling institution, including accreditation status. The controlling institution must be an accredited institution;
- (2) a general overview of the proposed total curriculum that includes:
  - (A) program philosophy, purposes, and objectives;
  - (B) master plan of the curriculum, indicating the sequence for both nursing and non-nursing courses, as well as prerequisites and corequisites;
  - (C) course descriptions and course objectives for all courses; and
  - (D) course syllabi pursuant to 21 NCAC 36.0321(i) for all first-year nursing courses;
- (3) proposed student population;
- (4) projected student enrollment;
- (5) evidence of learning resources to implement and maintain the program;
- (6) financial resources adequate to begin and maintain program;
- (7) physical facilities adequate to house the program;
- (8) support services available to the program from the institution;
- (9) approval of the program by the governing body of the parent institution; and
- (10) a plan with a specified time frame for:
  - (A) availability of qualified faculty as specified in 21 NCAC 36 .0318;
  - (B) course syllabi as specified in 21 NCAC 36.0321(h) of this Section for all nursing courses;
  - (C) student policies pursuant to 21 NCAC 36 .0320 of this Section for admission, progression, and graduation of students; and
  - (D) total program evaluation pursuant to 21 NCAC 36 .0317(e).

(b) The application to establish a nursing program must be on a Board form, contain current and accurate information, be complete, and be signed by the program director and the chief executive officer of the controlling institution.

(c) The completed application shall be received by the Board not less than 90 days prior to a regular meeting of the Board to be considered on the agenda of that meeting.

(d) The Board shall conduct an on-site survey of the proposed program and agencies and afford the petitioning institution an opportunity to respond to the survey.

(e) The Board shall consider all evidence, including the application, the survey report, and any testimony from representatives of the petitioning institution in determining approval status.

(f) If the Board finds, from the evidence presented, that the resources and plans meet all rules for establishing a new nursing program, the Board shall grant Initial Approval including a maximum enrollment and implementation date.

(g) If the Board determines that a proposed program does not comply with all rules, initial approval shall be denied.

(h) Failure of the controlling institution to submit documentation consistent with the time specified in the plan of Subparagraph (a)(10) of this Rule shall result in Initial Approval being rescinded.

- (i) Following the Initial Approval, if the first class of students are not enrolled in the program within one year, the approval shall be rescinded.
- (j) For 12 months following rescinded approval, the controlling institution shall not submit an application for establishing a nursing program.
- (k) A program may retain Initial Approval Status for the time necessary for full implementation of the curriculum.
- (l) Programs with Initial Approval shall be surveyed:
  - (1) during the final term of curriculum implementation of the program; and
  - (2) when there is information that the program may not be complying with Section .0300.
- (m) If at any time it comes to the attention of the Board that a program on initial approval is not complying with Section .0300 of this Chapter, the program, upon written notification, shall:
  - (1) correct the area of noncompliance and submit written evidence of correction to the Board; or
  - (2) submit and implement a plan for correction to the Board.
- (n) If the Board determines that the program does not comply with Paragraph (m) of this Rule, Initial Approval shall be rescinded.
- (o) If, following the survey during the final term for curriculum implementation, the Board finds that the program is complying with Section .0300 of this Chapter, the Board shall place the program on Full Approval status.
- (p) If, following the survey during the final term for curriculum implementation the Board finds that the program does not comply with the Section .0300 of this Chapter, the Board shall rescind Initial Approval and provide the program with written notice of the Board's decision.
- (q) Upon written request from the program submitted within 10 business days of the Board's written notice, the Board shall schedule a hearing within 30 business days from the date on which the request was received.
- (r) Following the hearing and consideration of all evidence provided, the Board shall assign the program Full Approval status or shall enter an Order rescinding the Initial Approval status, which shall constitute closure of the program pursuant to 21 NCAC 36 .0309.

*History Note:* Authority G.S. 90-171.23(b)(8); 90-171.38;  
 Eff. February 1, 1976;  
 Amended Eff. June 1, 1992; January 1, 1989; November 1, 1984; May 1, 1982;  
 Temporary Amendment Eff. October 11, 2001;  
 Amended Eff. January 1, 2009; December 1, 2005; August 1, 2002.

**21 NCAC 36 .0303 EXISTING NURSING PROGRAM**

- (a) All nursing programs under the authority of the Board may obtain national program accreditation by a nursing accreditation body as defined in 21 NCAC 36 .0120(29).
- (b) Full Approval
  - (1) The Board shall review approved programs at least every eight years as specified in G.S. 90-171.40. Reviews of individual programs shall be conducted at shorter intervals upon request from the individual institution or as considered necessary by the Board. National accreditation self study reports shall provide basis for review for accredited programs.
  - (2) The Board shall send a written report of the review no more than 20 business days following the completion of the review process. Responses from a nursing education program regarding a review report or Board Warning Status as referenced in Paragraph (c) of this Rule shall be received in the Board office by the deadline date specified in the letter accompanying the report or notification of Warning Status. If no materials or documents are received by the specified deadline date, the Board shall act upon the findings in the review report and testimony of the Board staff.
  - (3) If the Board determines that a program has complied with the rules in this Section, the program shall be continued on Full Approval status.
  - (4) If the Board determines a pattern of noncompliance with one or more rules in this Section, a review shall be conducted. The program shall submit to the Board a plan of compliance to correct the identified pattern. Failure to comply with the correction plan shall result in withdrawal of approval, constituting closure, consistent with 21 NCAC 36 .0309.
- (c) Warning Status
  - (1) If the Board determines that a program is not complying with the rules in this Section, the Board shall assign the program Warning Status, and shall give written notice by certified mail to the program specifying:



- (A) the areas in which there is noncompliance;
  - (B) the date of notice by which the program must comply. The maximum timeframe for compliance is two years; and
  - (C) the opportunity to schedule a hearing.
- (2) On or before the required date of compliance identified in this Paragraph, if the Board determines that the program is complying with the rules in this Section, the Board shall assign the program Full Approval Status.
  - (3) If the Board finds the program is not in compliance with the rules in this Section by the date specified in Part (c)(1)(B) of this Rule, the Board shall withdraw approval constituting closure consistent with 21 NCAC 36 .0309.
  - (4) Upon written request from the program, submitted within 10 business days of the Board's written notice of Warning Status, the Board shall schedule a hearing within 30 business days from the date on which the request was received.
  - (5) When a hearing is held at the request of the program and the Board determines that:
    - (A) the program is in compliance with the rules in this Section, the Board shall assign the program Full Approval status; or
    - (B) the program is not in compliance with the rules in this Section, the program shall remain on Warning Status. A review by the Board shall be conducted during that time.

NOTE: The Board recommends but does not require that all nursing programs under the authority of the Board pursue and maintain national nursing accreditation.

*History Note:* Authority G.S. 90-171.23(b); 90-171.38; 90-171.39; 90-171.40;  
 Eff. February 1, 1976;  
 Amended Eff. August 1, 2011; July 3, 2008; March 1, 2006; January 1, 2004; June 1, 1992; January 1, 1989.

**21 NCAC 36 .0304 ADMINISTRATION**

*History Note:* Authority G.S. 90-171.23(b)(8); 90-171.38;  
 Eff. February 1, 1976;  
 Amended Eff. January 1, 1989; January 1, 1984;  
 Repealed Eff. June 1, 1992.

- 21 NCAC 36 .0305 ADMISSION**
- 21 NCAC 36 .0306 PROGRESSION**
- 21 NCAC 36 .0307 GRADUATION**
- 21 NCAC 36 .0308 TRANSFER AND ADVANCED STANDING**

*History Note:* Authority G.S. 90-171.7;  
 Eff. February 1, 1976;  
 Repealed Eff. January 1, 1984.

**21 NCAC 36 .0309 PROCESS FOR CLOSURE OF A PROGRAM**

- (a) When the controlling institution makes the decision to close a nursing program, the Administration of the institution shall submit a written plan for the discontinuation of the program to the Board.
- (b) When the Board closes a nursing program, the program director shall develop and submit to the Board a plan, for discontinuation of the program including the transfer of students to approved programs. Closure shall take place after the transfer of students to approved programs.
- (c) The controlling institution shall notify the Board of the arrangement for storage of permanent records.

*History Note:* Authority G.S. 90-171.38; 90-171.39; 90-171.40;  
Eff. June 1, 1992;  
Amended Eff. December 1, 2005.

**21 NCAC 36 .0310 AGENCY APPROVAL PROCESS – INITIAL SURVEY**

*History Note:* Authority G.S. 90-171.39;  
Eff. June 1, 1992;  
Temporary Repeal Eff. October 11, 2001;  
Repealed Eff. August 1, 2002.

**21 NCAC 36 .0311 LIBRARY**  
**21 NCAC 36 .0312 HOSPITALS AND OTHER AGENCIES**  
**21 NCAC 36 .0313 CLINICAL**  
**21 NCAC 36 .0314 INPATIENT FACILITIES**

*History Note:* Authority G.S. 90-171.7(2),(4),(5)a.,b.;  
Eff. February 1, 1976;  
Repealed Eff. January 1, 1984.

**21 NCAC 36 .0315 FULL APPROVAL/APPROVAL WITH STIPULATIONS**

*History Note:* Authority G.S. 90-171.39;  
Eff. June 1, 1992;  
Temporary Repeal Eff. October 11, 2001;  
Repealed Eff. August 1, 2002.

**21 NCAC 36 .0316 SURVEYS: REPORTS: ACTIONS**

*History Note:* Authority G.S. 90-171.23(b)(9); 90 -171.40;  
Eff. February 1, 1976;  
Amended Eff. January 1, 1984;  
Repealed Eff. January 1, 1989.

**21 NCAC 36 .0317 ADMINISTRATION**

(a) The controlling institution of a nursing program shall provide those human, physical, technical and financial resources and services essential to support program processes, outcomes and maintain compliance with Section .0300 of this Chapter.

(b) A full time registered nurse qualified pursuant to Paragraph (c) of this Rule shall have the authority for the direction of the nursing program. This authority must encompass responsibilities for maintaining compliance with rules and other legal requirements in all areas of the program. The program director shall have non-teaching time sufficient to allow for program organization, administration, continuous review, planning and development.

(c) Program director qualifications in a program preparing for nurse licensure shall include:

- (1) faculty qualifications as specified in 21 NCAC 36 .0318;
- (2) two years of full-time experience as a faculty member in an approved nursing program. Beginning January 1, 2015 this experience is as a faculty with a master's degree;
- (3) for a program preparing individuals for registered nurse practice, a master's degree; and
- (4) for a program leading to a baccalaureate, a doctoral degree in nursing; or a master's degree in nursing and a doctoral degree in a health or education field.

(d) The nursing education program shall implement, for quality improvement, a comprehensive program evaluation which shall include:

- (1) students' achievement of program outcomes;
- (2) evidence of program resources including fiscal, physical, human, clinical and technical learning resources; student support services, and the availability of clinical sites and the viability of those sites adequate to meet the objectives of the program;
- (3) measures of program outcomes for graduates;
- (4) evidence that accurate program information for consumers is readily available;
- (5) evidence that the head of the academic institution and the administration support program outcomes;
- (6) evidence that program director and program faculty meet board qualifications and are sufficient in number to achieve program outcomes;
- (7) evidence that the academic institution assures security of student information;
- (8) evidence that collected evaluative data is utilized in implementing quality improvement activities; and
- (9) evidence of student participation in program planning, implementation, evaluation and continuous improvement.

(e) The controlling institution and the nursing education program shall communicate information describing the nursing education program that is accurate, complete, consistent across mediums and accessible by the public. At least the following must be made known to all applicants and students:

- (1) admission policies and practices;
- (2) policy on advanced placement, transfer of credits;
- (3) number of credits required for completion of the program;
- (4) tuition, fees and other program costs;
- (5) policies and procedures for withdrawal, including refund of tuition/fees;
- (6) grievance procedure;
- (7) criteria for successful progression in the program including graduation requirements; and
- (8) policies for clinical performance.

*History Note: Authority G.S. 90-171.23(b)(8); 90-171.38;  
Eff. June 1, 1992;  
Amended Eff. April 1, 2008; March 1, 2006.*

## **21 NCAC 36 .0318 FACULTY**

- (a) Full-time and part-time faculty members are considered nursing program faculty. When part-time faculty members are utilized, they shall participate in curriculum implementation and evaluation.
- (b) Policies for nursing program faculty members shall be consistent with those for other faculty of the institution. Variations in these policies may be necessary due to the nature of the nursing curriculum.
- (c) Nurse faculty members shall be academically qualified and sufficient in number to accomplish program outcomes.
- (d) Fifty percent or more of the nursing faculty must hold a master's degree.
- (e) Each nurse faculty member shall hold a current unrestricted license to practice as a registered nurse in North Carolina. The program director shall document current licensure to practice as a registered nurse in North Carolina.
- (f) Nursing faculty who teach in a program leading to initial licensure as a nurse shall:
  - (1) hold either a baccalaureate in nursing or a master's degree in nursing from an accredited institution;
  - (2) if employed after December 31, 1983, have two calendar years or the equivalent of full time clinical experience as a registered nurse;
  - (3) prior to or within the first three years of employment, have preparation in teaching and learning principles for adult education, including curriculum development, implementation, and evaluation, appropriate to assignment. This preparation may be demonstrated by one of the following:
    - (A) completion of 45 contact hours of continuing education courses;
    - (B) completion of a certificate program in nursing education;
    - (C) nine semester hours of education course work;
    - (D) national certification in nursing education; or
    - (E) documentation of successful completion of structured, individualized development activities of at least 45 contact hours approved by the Board. Criteria for approval include content in the faculty role within the curriculum implementation, objectives to be met and evaluated, review of strategies for identified student population and expectations of student and faculty performance;

- (4) If employed prior to July 1, 2006, faculty shall meet the requirements in Subparagraph (f)(3) of this Rule by December 31, 2010. If employed on or after July 1, 2006 faculty members have three years from date of employment to meet the requirements in Subparagraph (f)(3) of this Rule.
  - (5) maintain competence in the areas of assigned responsibility; and
  - (6) have current knowledge of nursing practice for the registered nurse and the licensed practical nurse.
- (g) Interdisciplinary faculty who teach in nursing program courses shall have academic preparation in the content area they are teaching.
- (h) Clinical preceptors shall have competencies, assessed by the nursing program, related to the area of assigned clinical teaching responsibilities and serve as role models to the student. Clinical preceptors may be used to enhance faculty-directed clinical learning experiences after a student has received basic instruction for that specific learning experience. Clinical preceptors shall hold a current, unrestricted license to practice as a registered nurse in North Carolina.
- (i) Nurse faculty members shall have the authority and responsibility for:
- (1) student admission, progression, and graduation requirements; and
  - (2) the development, implementation, and evaluation of the curriculum.
- (j) Nurse faculty members shall be sufficient in number to implement the curriculum as demanded by the course objectives, the levels of the students, and the nature of the learning environment, and shall be sufficient to provide for teaching, supervision and evaluation. The faculty-student clinical ratio shall be 1:10 or less.
- (k) There shall be a written evaluation of each nurse faculty member by the program director or a designee and a written evaluation of the program director according to the institutional policy.

*History Note:* Authority G.S. 90-171.23(b)(8); 90-171.38; 90-171.83;  
 Eff. February 1, 1976;  
 Amended Eff. August 1, 2011; November 1, 2008; July 1, 2006; July 1, 2000; January 1, 1996; June 1, 1992; January 1, 1989; January 1, 1984.

**21 NCAC 36 .0319 NURSING PROGRAMS IN NON-COMPLIANCE**

*History Note:* Authority G.S. 90-171.40;  
 Eff. May 1, 1982;  
 Amended Eff. November 1, 1984;  
 Repealed Eff. November 1, 1989.

**21 NCAC 36 .0320 STUDENTS**

- (a) Students in nursing programs shall meet requirements established by the controlling institution. Additional requirements may be stipulated by the nursing program for students because of the nature and legal responsibilities of nursing education and nursing practice.
- (b) Admission requirements and practices shall be stated and published in the controlling institution's publications and shall include assessment of:
- (1) record of high school graduation, high-school equivalent, or earned credits from a post-secondary institution;
  - (2) achievement potential through the use of previous academic records and pre-entrance examination cut-off scores that are consistent with curriculum demands and scholastic expectations; and
  - (3) physical and emotional health that would provide evidence that is indicative of the applicant's ability to provide safe nursing care to the public.
- (c) The number of students enrolled in nursing courses shall not exceed the maximum number approved by the Board as defined in 21 NCAC 36 .0302(f) and 21 NCAC 36 .0321(k) by more than 10 students.
- (d) The nursing program shall publish policies in nursing student handbook and college catalog that provide for identification and dismissal of students who:
- (1) present physical or emotional problems which conflict with safety essential to nursing practice and do not respond to treatment or counseling within a timeframe that enables meeting program objectives.
  - (2) demonstrate behavior which conflicts with safety essential to nursing practice.

- (e) The nursing program shall maintain a three year average at or above 95 percent of the national pass rate for licensure level pass rate on first writing of the licensure examination for calendar years ending December 31.
- (f) The controlling institution shall publish policies in nursing student handbook and college catalog for transfer of credits or for admission to advanced placement and the nursing program shall determine the total number of nursing courses or credits awarded for advanced placement.

*History Note: Authority G.S. 90-171.23(b)(8); 90-171.38; 90-171.43; Eff. February 1, 1976; Amended Eff. January 1, 2006; August 1, 1998; January 1, 1996; June 1, 1992; January 1, 1989; January 1, 1984.*

## **21 NCAC 36 .0321 CURRICULUM**

(a) Nursing program curriculum shall:

- (1) be planned by nursing program faculty;
- (2) reflect the stated program philosophy, purposes, and objectives pursuant to 21 NCAC 36 .0302(a)(2);
- (3) be consistent with the Statutes and Rules governing the practice of nursing;
- (4) define the level of performance required to pass each course in the curriculum;
- (5) enable the student to develop the nursing knowledge, skills and competencies necessary for the level, scope and all applicable Rules as defined in 21 NCAC 36 .0221, .0224, .0225, and .0231 consistent with the level of licensure; and
- (6) include content in the biological, physical, social and behavioral sciences to provide a foundation for safe and effective nursing practice.

(b) Didactic content and supervised clinical experience appropriate to program type shall include:

- (1) Using informatics to communicate, manage knowledge, mitigate error and support decision making,
- (2) Employing evidence-based practice to integrate best research with clinical expertise and client values for optimal care, including skills to identify and apply best practices to nursing care by:
  - (A) providing client-centered, culturally competent care;
  - (B) respecting client differences, values, preferences and expressed needs;
  - (C) involving clients in decision-making and care management;
  - (D) coordinating and managing continuous client care consistent with the level of licensure. This includes demonstration of the ability to supervise others and provide leadership of the profession appropriate for program type; and
  - (E) promoting healthy lifestyles for clients and populations.
- (3) Working in interdisciplinary teams to cooperate, collaborate, communicate and integrate client care and health promotion.
- (4) Participating in quality improvement processes to measure client outcomes, identify hazards and errors, and develop changes in processes of client care.

(c) Clinical experience shall be comprised of sufficient hours to accomplish the curriculum, shall be supervised by qualified faculty pursuant to 21 NCAC 36 .0318 and shall ensure students' ability to practice at an entry level.

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

(e) By January 1, 2008, a focused client care experience with a minimum of 120 hours shall be provided in the final year of curriculum implementation for programs preparing registered nurses.

(f) Beginning January 1, 2008, a focused client care experience with a minimum of 90 hours shall be provided in the final semester of curriculum implementation for programs preparing practical nurses.

(g) Learning experiences and methods of instruction, including distance education methods, shall be consistent with the written curriculum plan and demonstrate logical progression.

(h) Objectives for each course shall indicate the knowledge and skills expected of the students. These objectives shall be stated to:

- (1) indicate the relationship between the classroom learning and the application of this learning in the clinical laboratory experience;
- (2) serve as criteria for the selection of the types of and settings for learning experiences; and
- (3) serve as the basis for evaluating student performance.

(i) Student course syllabi shall include a description and outline of content, learning environments and activities, course placement, allocation of time, and methods of evaluation of student performance, including clinical evaluation tools.

- (j) Each course shall be implemented in accordance with the student course syllabus.
- (k) Requests for approval of changes in, or expansion of, the program accompanied by all required documentation shall be submitted on the form provided by the Board at least 30 days prior to implementation for approval by the Board. Criteria for approval include the availability of classrooms, laboratories, clinical placements, equipment and supplies and faculty sufficient to implement the curriculum to an increased number of students. Approval is required: for any increase in enrollment that exceeds, by more than 10 students, the maximum number approved by the Board. Requests for expansion are considered only for programs with Full Approval status that demonstrate at least a three-year average student retention rate equal to or higher than the state average retention rate for program type.
- (l) The nursing education program shall notify the Board of:
- (1) alternative or additional program schedules; and
  - (2) planned decrease in the Board-approved student enrollment number to accurately reflect program capacity.

*History Note:* Authority G.S. 90-171.23(b)(8); 90-171.38;  
Eff. February 1, 1976;  
Amended Eff. June 1, 1992; January 1, 1989; January 1, 1984;  
Temporary Amendment Eff. October 11, 2001;  
Amended Eff. December 1, 2005; August 1, 2002.

## **21 NCAC 36 .0322 FACILITIES**

- (a) Campus facilities shall be appropriate in type, number, and accessibility for the total needs of the program.
- (b) Classrooms, laboratories, and conference rooms shall be sufficient in size, number, and types for the number of students and purposes for which the rooms are to be used. Lighting, ventilation, location, and equipment must be suitable for the number of students and purposes for which the rooms are to be used.
- (c) Office and conference space for nursing program faculty members shall be appropriate and available for uninterrupted work and privacy including conferences with students.
- (d) Learning resources, including clinical experiences, shall be comprehensive, current, developed with nursing faculty input, accessible to students and faculty and support the implementation of the curriculum.

*History Note:* Authority G.S. 90-171.23(b)(8); 90-171.38;  
Eff. February 1, 1976;  
Amended Eff. January 1, 1996; June 1, 1992; January 1, 1989; May 1, 1988;  
Temporary Amendment Eff. October 11, 2001;  
Amended Eff. April 1, 2006; August 1, 2002.

## **21 NCAC 36 .0323 RECORDS AND REPORTS**

- (a) The controlling institution's publications describing the nursing program shall be accurate.
- (b) There shall be a system for maintaining official records. Current and permanent student records shall be stored in a manner that prevents damage and unauthorized use.
- (c) Both permanent and current records shall be available for review by Board staff.
- (d) The official permanent record for each graduate shall include documentation of graduation from the program and a transcript of the individual's achievement in the program.
- (e) The record for each enrolled student shall contain up-to-date and complete information, including:
- (1) documentation of admission criteria met by the student;
  - (2) high school graduation, high school equivalent, or earned credits from post-secondary institution approved pursuant to G.S. 90-171.38(a); and
  - (3) transcript of credit hours achieved in the classroom, laboratory, and clinical instruction for each course that reflects progression consistent with program policies.
- (f) The nursing program shall file with the Board records, data, and reports in order to furnish information concerning operation of the program as prescribed in the rules in this Section including:
- (1) an Annual Report received by the Board by November 1 of each year;
  - (2) a Program Description Report for non-accredited programs received by the Board at least 30 days prior to a scheduled review;

- (3) notification by institution administration of any change of the registered nurse responsible for the nursing program. This notification must include a vitae for the new individual and must be submitted within 20 business days of the effective date of the change; and
  - (4) a curriculum vitae for new faculty submitted by the program director within 20 business days from the time of employment.
- (g) All communications relevant to accreditation shall be submitted to the North Carolina Board of Nursing at the same time the communications are submitted to the accrediting body.
- (h) The Board may require additional records and reports for review at any time to provide evidence and substantiate compliance with the rules in this Section by a program and its associated agencies.
- (i) The part of the application for licensure by examination to be submitted by the nursing program shall include a statement verifying satisfactory completion of all requirements for graduation and the date of completion. The nursing program director shall submit the verification form to the Board within one month following completion of the program.

*History Note:* Authority G.S. 90-171.23(b)(8); 90-171.38;  
 Eff. February 1, 1976;  
 Amended Eff. December 1, 2005; January 1, 2004; June 1, 1992; January 1, 1989; January 1, 1984.

**21 NCAC 36 .0324 EXPERIMENTAL APPROACHES**

*History Note:* Authority G.S. 90-171.23(b)(8); 90-171.38;  
 Eff. January 1, 1984;  
 Amended Eff. June 1, 1992; January 1, 1989;  
 Repealed Eff. December 1, 2005.

**21 NCAC 36 .0325 REMOVAL OF APPROVAL**

*History Note:* Authority G.S. 90-171.23(b); 90-171.38; 90-171.39; 90-171.40; 90-171.42(b);  
 Eff. October 1, 1992;  
 Temporary Repeal Eff. October 11, 2001;  
 Repealed Eff. August 1, 2002.

**SECTION .0400 - UNLICENSED PERSONNEL: NURSE AIDES**

**21 NCAC 36 .0401 ROLES OF UNLICENSED PERSONNEL**

- (a) Definitions. As used in Section .0400:
- (1) "Nursing care activities" means activities performed by unlicensed personnel which are delegated by licensed nurses in accordance with paragraphs (b) and (c) of this Rule.
  - (2) "Patient care activities" means activities performed by unlicensed personnel when health care needs are incidental to the personal care required.
- (b) The Board of Nursing, as authorized by G.S. 90-171.23(b)(1)(2)(3), shall be the determining authority to identify those nursing care activities which may be delegated to unlicensed personnel. The licensed nurse, registered and practical, in accordance with 21 NCAC 36 .0224 and .0225 and G.S. 90-171.20(7)(8), may delegate nursing care activities to unlicensed personnel, regardless of title, that are appropriate to the level of knowledge and skill of the unlicensed personnel and are within the legal scope of practice as defined by the Board of Nursing for unlicensed personnel.
- (c) Those activities which may be delegated to unlicensed personnel are determined by the following variables:
- (1) knowledge and skills of the unlicensed personnel;
  - (2) verification of clinical competence of the unlicensed personnel by the employing agency;
  - (3) stability of the client's condition which involves predictability, absence of risk of complication, and rate of change, which thereby excludes delegation of nursing care activities which do not meet the requirements defined in 21 NCAC 36 .0221(b);

- (4) the variables in each service setting which include but are not limited to:
- (A) the complexity and frequency of nursing care needed by a given client population;
  - (B) the proximity of clients to staff;
  - (C) the number and qualifications of staff;
  - (D) the accessible resources; and
  - (E) established policies, procedures, practices, and channels of communication which lend support to the types of nursing activities being delegated, or not delegated, to unlicensed personnel.

*History Note:* Authority G.S. 90-171.20(2)(4)(7)d.,e.,g.; 90-171.43(4); 90-171.55;  
42 U.S.C.S. 1395i-3 (1987);  
Eff. March 1, 1989;  
Amended Eff. December 1, 1995; October 1, 1991.

**21 NCAC 36 .0402 COORDINATION WITH DIVISION OF HEALTH SERVICE REGULATION (DHSR)**

- (a) The Board of Nursing shall accept Level I nurse aides listed on the Division of Health Service Regulation (DHSR) maintained Nurse Aide Registry as meeting the requirements of 21 NCAC 36 .0403(a).
- (b) The Board of Nursing shall acquire information from the Division of Health Service Regulation (DHSR) regarding all qualified Level I nurse aides.

*History Note:* Authority G.S. 90-171.20(2)(4)(7)d.,e.,g.; 90-171.43(4); 90-171.55;  
42 U.S.C.S. 1395i-3 (1987);  
Eff. March 1, 1989;  
Amended Eff. November 1, 2008; December 1, 1995.

**21 NCAC 36 .0403 QUALIFICATIONS**

- (a) The nurse aide I shall perform basic nursing skills and personal care activities after successfully completing an approved nurse aide I training and competency evaluation or competency evaluation program. The licensed nurse shall delegate these activities only after considering the variables defined in Rule .0401(b) and (c) of this Section. Pursuant to G.S. 90-171.55, as of April 1, 1992 no individual may function as a nurse aide I, regardless of title, to provide nursing care activities, as identified in Rule .0401(a) of this Section, to clients or residents until:
- (1) the individual has successfully completed, in addition to an orientation program specific to the employing facility, a State approved nurse aide I training and competency evaluation program or its equivalent; or a State approved competency evaluation program and the employing facility or agency has verified listing on the Division of Health Service Regulation Nurse Aide Registry (DHSRNAR); or
  - (2) the employing agency or facility has assured that the individual is enrolled in a State approved nurse aide I training and competency evaluation program which the individual shall successfully complete within four months of employment date. During the four month period, the individual shall be assigned only tasks for which he has demonstrated competence and performs under supervision.
- (b) The nurse aide II shall perform more complex nursing skills with emphasis on sterile technique in elimination, oxygenation, and nutrition after successful completion of an approved nurse aide II training and competency evaluation program. The licensed nurse shall delegate these activities to the nurse aide II only after consideration of the variables described in Rule .0401(b) and (c) of this Section. Pursuant to G.S. 90-171.55, as of January 1, 1991 no individual may function as a nurse aide II unless:
- (1) the individual has successfully completed, in addition to an orientation program specific to the employing agency, a nurse aide II program approved by the Board of Nursing according to these Rules or its equivalent as identified by the Board of Nursing;
  - (2) the individual is listed as a nurse aide I on the DFS Nurse Aide I Registry with no substantiated findings of abuse, neglect, or misappropriation of property; and



- (3) the employing facility or agency has inquired of the Board of Nursing as to information in the Board of Nursing Nurse Aide II Registry concerning the individual and confirms with the Board of Nursing that the individual is listed on the Board of Nursing Nurse Aide II Registry (BONNAR) as a nurse aide Level II.
- (c) Listing on a Nurse Aide Registry is not required if the care is performed by clients themselves, their families or significant others, or by caretakers who provide personal care to individuals whose health care needs are incidental to the personal care required.
- (d) Pursuant to G.S. 131E-114.2 and G.S. 131E-270, the medication aide shall be limited to performing technical aspects of medication administration consistent with Rule .0401(b) and (c) of this Section, Rule .0221 of this Chapter, and only after:
- (1) successful completion of a medication aide training program approved by the Board of Nursing;
  - (2) successful completion of a state-approved competency evaluation program; and
  - (3) listing on the Medication Aide Registry.

*History Note: Authority G.S. 90-171.20(2)(4)(7)d., e.g.; 90-171.43(4); 90-171.55; 90-171.56; 131E-114.2; 131E-270; 42 U.S.C.S. 1395i-3 (1987); Eff. March 1, 1989; Temporary Amendment Eff. October 11, 1989 For a Period of 180 Days to Expire on April 6, 1990; Amended Eff. September 1, 2006; December 1, 1995; March 1, 1990.*

#### **21 NCAC 36 .0404 LISTING AND RENEWAL**

(a) All nurse aide IIs, as defined in Rule .0403(b) of this Section, regardless of working title, employed or assigned in a service agency or facility for the purpose of providing nursing care activities shall be listed on the Board of Nursing Nurse Aide II Registry and shall meet the following requirements:

- (1) successful completion of a nurse aide II program or its Board approved equivalent;
- (2) GED or high school diploma;
- (3) listed as a Level I nurse aide on the DHSR Nurse Aide Registry with no substantiated findings of abuse, neglect, or misappropriation of property; and
- (4) submission of an application to the Board of Nursing for placement on the Board of Nursing Nurse Aide II Registry prior to working as a nurse aide II.

The application shall be submitted with the required fee within 30 business days of completion of the nurse aide II program. Application for initial listing received in the Board office shall show an expiration day of the last day of the birth month of the following year.

(b) Nursing students currently enrolled in Board of Nursing approved nursing programs desiring listing as a nurse aide II shall submit:

- (1) An application fee; and
- (2) A listing form completed by the nursing program director indicating successful completion of course work equivalent in content and clinical hours to that required for a nurse aide II.

(c) Registered nurses and licensed practical nurses who hold current, unrestricted licenses to practice in North Carolina, and registered nurses and licensed practical nurses in the discipline process by the Board of Nursing who do not have any findings as cited in G.S. 131E-256(a)(1) may make application as a nurse aide II.

(d) An individual previously enrolled in a Board approved nursing program leading to licensure as RN or LPN may list with no additional testing provided the student withdrew from school in good standing within the last 24 months and completed the equivalent content and clinical hours. Such individual shall submit listing form as described in Paragraph (b)(2) of this Rule. If the student was in good standing upon withdrawal from the school and withdrew from the school in excess of 24 months, the student must complete an entire nurse aide II program.

(e) Individuals who have completed a training course equivalent in content and clinical hours to the nurse aide II program may submit documentation of same to the Board of Nursing for review. If training is equivalent, the individual may submit the application with required fee and be listed on the Board of Nursing Nurse Aide Registry as a nurse aide II.

(f) An employing agency or facility may choose up to four nurse aide II tasks to be performed by nurse aide I personnel without the nurse aide I completing the entire nurse aide II program. These tasks are individual activities which may be performed after the nurse aide has received the approved training and competency evaluation as defined in Rule .0403(b) of this Section.

- (1) The agency may obtain the selected tasks curriculum model from the nearest Community College or the Board of Nursing.

- (2) The Board of Nursing must be notified of the nurse aide II task(s) that will be performed by nurse aide I personnel in the agency and for which all Board stipulations have been met. The notification of nurse aide II task(s) form which may be requested from the Board office shall be used. Each agency shall receive a verification letter once the Board has been appropriately notified.
  - (3) Documentation of the training and competency evaluation must be maintained for each nurse aide I who is approved to perform nurse aide II task(s) within the agency.
- (g) Each nurse aide II shall renew listing with the Board of Nursing biennially on forms provided by the Board. The renewal application shall be accompanied by the required fee.
- (1) To be eligible for renewal, the nurse aide II must have worked at least eight hours for compensation during the past 24 months performing nursing care activities under the supervision of a Registered Nurse.
  - (2) Any nurse aide II who has had a continuous period of 24 months during which no nursing care activities were performed for monetary compensation but who has performed patient care activities for monetary compensation shall successfully complete the competency evaluation portion of the nurse aide II program and submit application in order to be placed on the Board of Nursing Nurse Aide II Registry.
  - (3) A nurse aide II who has performed no nursing care or patient care activities for monetary compensation within the past 24 months must successfully complete a nurse aide II program prior to submitting the application for renewal.
  - (4) A nurse aide II who has substantiated findings of abuse, neglect, or misappropriation of funds on the DHSR Nurse Aide Registry shall not be eligible for renewal as a nurse aide II.

*History Note:* Authority G.S. 90-171.19; 90-171.20(2)(4)(7)d,e,g; 90-171.37; 90-171.43(4); 90-171.55; 90-171.83; 42 U.S.C.S. 1395i-3 (1987);  
 Eff. March 1, 1989;  
 Amended Eff. July 1, 2010; November 1, 2008; August 1, 2005; August 1, 2002; July 1, 2000; December 1, 1995; April 1, 1990.

**21 NCAC 36 .0405 APPROVAL OF NURSE AIDE EDUCATION PROGRAMS**

- (a) The Board of Nursing shall accept those programs approved by DHSR to prepare the nurse aide I.
- (b) The North Carolina Board of Nursing shall approve nurse aide II programs. Nurse aide II programs may be offered by an individual, agency, or educational institution after the program is approved by the Board.
  - (1) Each entity desiring to offer a nurse aide II program shall submit a program approval application at least 60 days prior to offering the program. It shall include documentation of the following standards:
    - (A) students will be supervised by qualified faculty as defined in Subparagraph (b)(3) of this Rule for clinical experience with faculty/student ratio not to exceed 1:10;
    - (B) the selection and utilization of clinical facilities must support the program curriculum as outlined in Subparagraph (b)(2) of this Rule;
    - (C) a written contract shall exist between the program and clinical facility prior to student clinical experience in the facility;
    - (D) admission requirements shall include:
      - (i) successful completion of nurse aide I training program or Board of Nursing established equivalent and current nurse aide I listing on DHSR Registry; and
      - (ii) GED or high school diploma; and
      - (iii) other admission requirements as identified by the program; and
    - (E) a procedure for timely processing and disposition of program and student complaints shall be established.
  - (2) Level II nurse aide programs shall include a minimum of 80 hours of theory and 80 hours of supervised clinical instruction consistent with the legal scope of practice as defined by the Board of Nursing in Rule .0403(b) of this Section. Changes made by the Board of Nursing in content hours or scope of practice in the nurse aide II program shall be published in the Bulletin. Requests by the programs to modify the nurse aide II course content shall be directed to the Board office.
  - (3) Minimum competency and qualifications for faculty for the nurse aide Level II programs shall include:
    - (A) a current unrestricted license to practice as a registered nurse in North Carolina;
    - (B) have had at least two years of direct patient care experiences as an R.N.; and
    - (C) have experience teaching adult learners.

- (4) Each nurse aide II program shall furnish the Board records, data, and reports requested by the Board in order to provide information concerning operation of the program and any individual who successfully completes the program.
  - (5) When an approved nurse aide II program closes, the Board shall be notified in writing by the program. The Board shall be informed as to permanent storage of student records.
- (c) An annual program report shall be submitted by the Program Director to the Board of Nursing on a form by March 15 of each year. Failure to submit annual report shall result in administrative action affecting approval status as described in Paragraphs (d) and (e) of this Rule. Complaints regarding nurse aide II programs may result in an on site survey by the North Carolina Board of Nursing.
- (d) Approval status shall be determined by the Board of Nursing using the annual program report, survey report and other data submitted by the program, agencies, or students. The determination shall result in full approval or approval with stipulations.
- (e) If stipulations have not been met as specified by the Board of Nursing, a hearing shall be held by the Board of Nursing regarding program approval status. A program may continue to operate while awaiting the hearing before the Board. **EXCEPTION:** In the case of summary suspension of approval as authorized by G.S. 150B-3(c), the program must immediately cease operation.
- (1) When a hearing is scheduled, the Board shall cause notice to be served on the program and shall specify a date for the hearing to be held not less than 20 days from the date on which notice is given.
  - (2) If the Board determines from evidence presented at hearing that the program is complying with all federal and state law including these Rules, the Board shall assign the program Full Approval status.
  - (3) If the Board, following a hearing, finds that the program is not complying with all federal and state law including these Rules, the Board shall withdraw approval.
    - (A) This action constitutes discontinuance of the program; and
    - (B) The parent institution shall present a plan to the Board for transfer of students to approved programs or fully refund tuition paid by the student. Closure shall take place after the transfer of students to approved programs within a time frame established by the Board; and
    - (C) The parent institution shall notify the Board of the arrangements for storage of permanent records.

*History Note:* Authority G.S. 90-171.20(2)(4)(7)d., e.g.; 90-171.39; 90-171.40; 90-171.43(4); 90-171.55; 90-171.83; 42 U.S.C.S. 1395i-3 (1987); Eff. March 1, 1989; Amended Eff. November 1, 2008; April 1, 2003; August 1, 2002; July 1, 2000; December 1, 1995; March 1, 1990;

**21 NCAC 36 .0406 MEDICATION AIDE TRAINING REQUIREMENTS**

- (a) Faculty for the medication aide training program are required to:
- (1) have a current, unrestricted license to practice as a registered nurse in North Carolina;
  - (2) have had at least two years of practice experience as a registered nurse that includes medication administration;
  - (3) have successfully completed an instructor training program approved by the Board according to these Rules; and
  - (4) maintain Board of Nursing certification as a medication aide instructor.
- (b) The medication aide instructor certification shall be renewed every two years provided the following requirements are met:
- (1) the individual has taught at least one medication aide training program within the preceding two years; and
  - (2) the individual successfully completes a review program approved by the Board according to these Rules.
- (c) The applicant for a medication aide training program approved by the Board must have a high school diploma or GED.

*History Note:* Authority G.S. 90-171.56; 131E-114.2; 131E-270; Eff. September 1, 2006; Amended Eff. April 1, 2008.

**SECTION .0500 - PROFESSIONAL CORPORATIONS**

**21 NCAC 36 .0501 PURPOSE AND DEFINITIONS**

(a) The purpose of the rules in this Section is to adopt rules supplementing or clarifying Chapter 55B of the General Statutes for professional corporations whose purpose is the provision of nursing and related services.

(b) The following definitions shall apply throughout this Section:

- (1) "Board" means the North Carolina Board of Nursing.
- (2) "Nursing and Related Services" means those activities through which nursing, as defined in G.S. 90-171.20(4), is practiced.
- (3) "Licensee" means any individual who is duly licensed to practice nursing in North Carolina as a registered nurse.
- (4) "Professional Corporation" means professional corporations organized for the purpose of providing nursing related services in North Carolina.
- (5) "Director" means the Executive Director of the North Carolina Board of Nursing.

*History Note:* Authority G.S. 55B-2; 55B-12; 90-171.20(6); 90-171.23  
Eff. March 1, 1991;  
Amended Eff. November 1, 2008

#### **21 NCAC 36 .0502 NAME OF PROFESSIONAL CORPORATION**

The following requirement, in addition to the provisions of Chapter 55B, the Professional Corporation Act of North Carolina, must be met regarding the corporate name:

The name of the professional corporation referred to herein shall not include any adjectives or words not in accordance with ethical customs of the nursing profession.

*History Note:* Authority G.S. 55B-5; 55B-12; 90-171.43;  
Eff. March 1, 1991.

#### **21 NCAC 36 .0503 PREREQUISITES FOR INCORPORATION**

The following requirements must be met in order to incorporate:

- (1) The incorporator, whether one or more, of a professional corporation shall be licensed to practice nursing in North Carolina as a registered nurse.
- (2) Before the filing of the articles of incorporation with the Secretary of State, the incorporators shall file, with the Board, the original articles of incorporation, plus a copy, together with a registration fee of fifty dollars (\$50.00).
- (3) The original articles of incorporation and the copy shall be accompanied by an application to the Board (Corp. Form 1) certified by all incorporators, setting forth the names, addresses, and certificate numbers of each shareholder of the corporation who will be practicing nursing for the corporation.
- (4) Included with the above shall be a statement that all such persons are licensed to practice nursing in North Carolina as registered nurses, and stating that the corporation will be conducted in compliance with the Professional Corporation Act and these Rules.
- (5) If the articles are changed in any manner before being filed with the Secretary of State, they shall be re-submitted to the Board and shall not be filed with the Secretary of State until approved by the Board.

*History Note:* Authority G.S. 55B-4; 55B-10; 55B-12; 90-171.20(6);  
Eff. March 1, 1991;  
Amended Eff. April 1, 2009.

#### **21 NCAC 36 .0504 CERTIFICATE OF REGISTRATION**

The Certificate of Registration shall be issued as follows:

- (1) The Board shall issue a Certificate of Registration (Corp. Form 2) for the professional corporation to become effective only when the professional corporation files the articles of incorporation with the Secretary of State and if:
  - (a) the Board finds that no disciplinary action is pending before the Board against any of the licensed incorporators or persons who will be directors, officers, or shareholders of such corporation; and

- (b) it appears to the Board that such corporation will be conducted in compliance with the law and rules.
- (2) The proposed original articles of incorporation, and the Certification of Registration, will be returned to the incorporators for filing with the Secretary of State. A copy of the articles of incorporation and a copy of the Certificate of Registration will be retained in the Board office. If the required findings cannot be made, the registration fee shall be refunded to the incorporators.
- (3) The initial Certificate of Registration shall remain in effect until December 31, of the year in which it was issued unless suspended or terminated as provided by law. The Certificate of Registration shall be renewed annually thereafter.
- (4) At least 20 days prior to the date of expiration of the certificate, the corporation shall submit its written application for renewal on a form provided by the Board (Corp. Form 3), along with a check in the amount of twenty-five dollars (\$25.00) in payment of the renewal fee.

*History Note:* Authority G.S. 55B-12; 90-171.20(6); 90-171.23;  
 Eff. April 1, 1991;  
 Amended Eff. November 1, 2008.

**21 NCAC 36 .0505 GENERAL AND ADMINISTRATIVE PROVISIONS**

The following general provisions shall apply to all incorporating professional corporations:

- (1) If the Board declines to issue a Certificate of Registration required by 21 NCAC 36 .0504 (a)(1), or declines to renew the same when properly requested, or refuses to take any other required action, the aggrieved party may request, in writing, a review of such action by the Board, and the Board shall provide a formal hearing for such aggrieved party before a majority of the Board.
- (2) All amendments to charters of professional corporations, all merger and consolidation agreements to which a professional corporation is a party, and all dissolution proceedings and similar changes in the corporate structure of a professional corporation shall be filed with the Board for approval before being filed with the Secretary of State. A true copy of the changes filed with the Secretary of State shall be filed with the Board within ten days after filing with the Secretary of State.
- (3) The Board is authorized to issue the certificate (Corp. Form 4) required by G.S. 55B-6 when stock is transferred in a professional corporation, and such certificate shall be permanently attached to the stub of the transferee's certificate in the stock book of the professional corporation.

*History Note:* Authority G.S. 55B-6; 55B-12; 90-171.23;  
 Eff. April 1, 1991;  
 Amended Eff. November 1, 2008.

**21 NCAC 36 .0506 FORMS**

The following forms may be obtained from the office of the Board of Nursing regarding professional corporations:

- (1) Rules adopted by the North Carolina Board of Nursing relating to Professional Corporations whose purpose is providing nursing related services;
- (2) Corp. Form 1 - Certificate of Incorporator(s) and Application for a Certificate of Registration for a Professional Corporation;
- (3) Corp. Form 2 - Certificate of Registration of a Professional Corporation for the Purpose of Providing Nursing Related Services;
- (4) Corp. Form 3 - Application for Renewal of Certificate of Registration; and
- (5) Corp. Form 4 - Certificate Authorizing Transfer of Stock in Professional Corporation Organized to Provide Nursing Related Services.

*History Note:* Authority G.S. 55B-12; 90-171.23;  
 Eff. March 1, 1991;  
 Amended Eff. November 1, 2008.

**21 NCAC 36 .0507 FEES**

- (a) Initial registration fee of fifty dollars (\$50.00) is required.

(b) Fee for renewal of Certificate of Registration is twenty-five dollars (\$25.00).

*History Note:* Authority G.S. 55B-10; 55B-11; 55B-12;  
Eff. April 1, 1991.

## **SECTION .0600 - ARTICLES OF ORGANIZATION**

### **21 NCAC 36 .0601 NAME OF LIMITED LIABILITY COMPANY**

The name of a limited liability company for the purpose of providing nursing and related services shall not include any adjectives or other words not in accordance with ethical customs of the nursing profession.

*History Note:* Authority G.S. 55B-10; 57C-2-30;  
Eff. August 1, 1998.

### **21 NCAC 36 .0602 PREREQUISITES FOR ORGANIZATION**

(a) Before filing the articles of organization for a limited liability company with the Secretary of State, the organizing members shall submit the following to the Board:

- (1) a registration fee as set by Rule .0606 of this Section; and
- (2) a certificate certified by those registered nurse organizing members, setting forth the names, addresses, and license numbers of each person who will be employed by the limited liability company to practice nursing and related services as specified in G.S. 55B14(c)(2), (4) - (6), and stating that all such persons are duly licensed to practice nursing in North Carolina, and representing that the company will be conducted in compliance with law and these Rules.

(b) A certification that each of those organizing members who may provide nursing and related services as specified in GS. 55B-14(c)(2), (4) - (6) is licensed to practice nursing in North Carolina shall be returned to the limited liability company for filing with the Secretary of State.

*History Note:* Authority G.S. 55B-4; 55B-10; 55B-12; 55B-14; 57C-2-01; 90-171.23;  
Eff. August 1, 1998;  
Amended Eff. November 1, 2008.

### **21 NCAC 36 .0603 CERTIFICATE OF REGISTRATION**

(a) A Certificate of Registration for a Limited Liability Company shall remain effective until December 31 of the year in which it was issued unless suspended or terminated as provided by law.

(b) A Certificate of Registration shall be renewed annually on application forms supplied by the Board. The application shall be accompanied by a renewal fee as set by Rule .0605 of this Section.

*History Note:* Authority G.S. 55B-10; 55B-11; 57C-2-01; 90-171.23;  
Eff. August 1, 1998;  
Amended Eff. November 1, 2008.

### **21 NCAC 36 .0604 GENERAL AND ADMINISTRATIVE PROVISIONS**

The Board shall issue the certificate authorizing transfer of membership when membership is transferred in the company. This transfer form shall be permanently retained by the company. The membership books of the company shall be kept at the principal office of the company and shall be subject to inspection by authorized agents of the Board.

*History Note:* Authority G.S. 55B-6; 55B-12; 57C-2-01;  
Eff. August 1, 1998.

**21 NCAC 36 .0605 FEES**

- (a) The fee for an initial Certificate of Registration is fifty dollars (\$50.00).
- (b) The fee for renewal of a Certificate of Registration is twenty-five dollars (\$25.00).

*History Note:* Authority G.S. 55B-10; 55B-11; 57C-2-01; 90-171.23;  
Eff. August 1, 1998;  
Amended Eff. November 1, 2008.

**SECTION .0700 – NURSE LICENSURE COMPACT**

**21 NCAC 36 .0701 DEFINITIONS OF TERMS IN THE COMPACT**

- (a) For the purpose of the Compact enacted into Law G.S. 90, Article 9G:
  - (1) "Board" means party state's regulatory body responsible for issuing nurses licenses.
  - (2) "Information system" means the coordinated licensure information system.
  - (3) "Primary state of residence" means the state of a person's declared fixed permanent and principal home for legal purposes; domicile.
  - (4) "Public" means any individual or entity other than designated staff or representatives of party state Boards or the National Council of State Boards of Nursing, Inc.
- (b) Other terms used in this Section are as defined in G.S. 90-171.82.

*History Note:* Authority G.S. 90-171.82; 90-171.87(4); 90-171.88(d)(e);  
Eff. July 1, 2000.

**21 NCAC 36 .0702 ISSUANCE OF A LICENSE BY A COMPACT PARTY STATE**

For the purpose of the Compact:

- (1) A nurse applying for a license in a home state shall produce evidence of the nurse's primary state of residence. Such evidence shall include a declaration signed by the licensee attesting to the licensee's primary state of residence. Further evidence that may be requested includes, but is not limited to:
  - (a) Driver's license with a home address;
  - (b) Voter registration card displaying a home address;
  - (c) Federal income tax return declaring the primary state of residence;
  - (d) Military Form No. 2058 – state of legal residence certificate; or
  - (e) W2 from US Government or any bureau, division or agency thereof indicating the declared state of residence.
- (2) A nurse changing primary state of residence, from one party state to another party state, may continue to practice under the former home state license and multistate licensure privilege during the processing of the nurse's licensure application in the new home state for a period not to exceed 90 days.
- (3) The licensure application in the new home state of a nurse under pending investigation by the former home state shall be held in abeyance. The 90-day period in Item (2) of this Rule shall be stayed until resolution of the pending investigation.
- (4) The former home state license shall no longer be valid upon the issuance of a new home state license.
- (5) If a decision denying licensure is made by the new home state, the new home state shall notify the former home state within 10 business days and the former home state may take action in accordance with that state's laws and rules.
- (6) No individual shall be issued a multistate licensure privilege unless the applicant provides evidence of successful completion of the licensing examination developed by the National Council of State Boards of Nursing, Inc.
- (7) A nurse on a visa from another country applying for licensure in a party state may declare either the country of origin or the party state as the primary state of residence. If the foreign country is declared the primary state of residence, a single state license will be issued by the party state.
- (8) A license issued by a party state is valid for practice in all other party states unless clearly designated as valid only in the state which issued the license.

*History Note:* Authority G.S. 90-171.82(6); 90-171.83(a)(b); 90-171.85(b); 90-171.87(4);  
Eff. July 1, 2000;  
Amended Eff. November 1, 2013; July 1, 2012; July 1, 2005.

#### **21 NCAC 36 .0703 LIMITATIONS ON MULTISTATE LICENSURE PRIVILEGE**

- (a) Home state Boards shall include in all licensure disciplinary orders or agreements that limit practice or require monitoring the requirement that the licensee subject to said order or agreement will agree to limit the licensee's practice to the home state during the pendency of the disciplinary order or agreement. This requirement may, in the alternative, allow the nurse to practice in other party states with prior written authorization from both the home state and such other party state Boards.
- (b) An individual who had a license which was surrendered, revoked, suspended, or an application denied for cause in a prior state of primary residence, may be issued a single state license in a new primary state of residence until such time as the individual would be eligible for an unrestricted license by the prior state(s) or adverse action. Once eligible for licensure in the prior state(s); a multistate license may be issued.

*History Note:* Authority G.S. 90-171.37; 90-171.85(f); 90-171.87(4);  
Eff. July 1, 2000;  
Amended Eff. July 1, 2012.

#### **21 NCAC 36 .0704 INFORMATION SYSTEM**

- (a) Levels of access:
- (1) The public shall have access to nurse licensure information limited to:
    - (A) the nurse's name;
    - (B) jurisdiction(s) of licensure;
    - (C) license expiration date(s);
    - (D) licensure classification(s) and status(es);
    - (E) public emergency and final disciplinary actions, as defined by contributing state authority; and
    - (F) the status of multistate licensure privileges.
  - (2) Non-party state Boards shall have access to all Information System data except current significant investigative information and other information as limited by contributing party state authority.
  - (3) Party state Boards shall have access to all Information System data contributed by the party states and other information as limited by the contributing state authority.
- (b) The licensee may request in writing to the home state Board to review the data relating to the Licensee in the Information System. In the event a licensee asserts that any data relating to him or her is inaccurate, the burden of proof shall be upon the licensee to provide evidence that substantiates such claim. The Board shall verify and within 10 business days correct inaccurate data to the Information System.
- (c) The Board shall report to the Information System within 10 business days:
- (1) disciplinary action, agreement or order requiring participation in alternative programs or which limit practice or require monitoring (except agreements and orders relating to participation in alternative programs required to remain nonpublic by contributing state authority);
  - (2) dismissal of complaint; and
  - (3) changes in status of disciplinary action or licensure encumbrance.
- (d) Current significant investigative information shall be deleted from the Information System within 10 business days upon report of disciplinary action, agreement or order requiring participation in alternative programs or agreements which limit practice or require monitoring or dismissal of a complaint.
- (e) Changes to licensure information in the Information System shall be completed within 10 business days upon notification by a Board.

*History Note:* Authority G.S. 90-171.87(4); 90-171.88;  
Eff. July 1, 2000.

#### **21 NCAC 36 .0705 PARTY STATE LICENSURE REQUIREMENTS**

Party state licensure requirements for registered nurses and licensed practical nurses shall be considered substantially equivalent by the North Carolina Board of Nursing when current requirements include:



- (1) completion of a nursing education program approved by the jurisdiction of original licensure; and
- (2) successful completion of the licensing examination developed by the National Council of State Boards of Nursing, Inc.

*History Note:* Authority G.S. 90-171.32; 90-171.87(4); 90-171.94;  
Eff. July 1, 2000.

## **SECTION .0800 - APPROVAL AND PRACTICE PARAMETERS FOR NURSE PRACTITIONERS**

### **21 NCAC 36 .0801 DEFINITIONS**

The following definitions apply to this Section:

- (1) "Approval to Practice" means authorization by the Medical Board and the Board of Nursing for a nurse practitioner to perform medical acts within her or his area of educational preparation and certification under a collaborative practice agreement (CPA) with a licensed physician in accordance with this Section.
- (2) "Back-up Supervising Physician" means the licensed physician who, by signing an agreement with the nurse practitioner and the primary supervising physician(s) shall provide supervision, collaboration, consultation and evaluation of medical acts by the nurse practitioner in accordance with the collaborative practice agreement when the Primary Supervising Physician is not available. Back-up supervision shall be in compliance with the following:
  - (a) The signed and dated agreements for each back-up supervising physician(s) shall be maintained at each practice site.
  - (b) A physician in a graduate medical education program, whether fully licensed or holding only a resident's training license, shall not be named as a back-up supervising physician.
  - (c) A fully licensed physician in a graduate medical education program who is also practicing in a non-training situation and has a signed collaborative practice agreement with the nurse practitioner and the primary supervising physician may be a back-up supervising physician for a nurse practitioner in the non-training situation.
- (3) "Board of Nursing" means the North Carolina Board of Nursing.
- (4) "Collaborative practice agreement" means the arrangement for nurse practitioner-physician continuous availability to each other for ongoing supervision, consultation, collaboration, referral and evaluation of care provided by the nurse practitioner.
- (5) "Disaster" means a state of disaster as defined in G.S. 166A-4(1a) and proclaimed by the Governor, or by the General Assembly pursuant to G.S. 166A-6.
- (6) "Joint Subcommittee" means the subcommittee composed of members of the Board of Nursing and members of the Medical Board to whom responsibility is given by G.S. 90-8.2 and G.S. 90-171.23(b)(14) to develop rules to govern the performance of medical acts by nurse practitioners in North Carolina.
- (7) "Medical Board" means the North Carolina Medical Board.
- (8) "National Credentialing Body" means one of the following credentialing bodies that offers certification and re-certification in the nurse practitioner's specialty area of practice:
  - (a) American Nurses Credentialing Center (ANCC);
  - (b) American Academy of Nurse Practitioners (AANP);
  - (c) American Association of Critical Care Nurses Certification Corporation (AACN);
  - (d) National Certification Corporation of the Obstetric Gynecologic and Neonatal Nursing Specialties (NCC); and
  - (e) the Pediatric Nursing Certification Board (PNCB).
- (9) "Nurse Practitioner" or "NP" means a currently licensed registered nurse approved to perform medical acts consistent with the nurse's area of nurse practitioner academic educational preparation and national certification under an agreement with a licensed physician for ongoing supervision, consultation, collaboration and evaluation of the medical acts performed. Such medical acts are in addition to those nursing acts performed by virtue of registered nurse (RN) licensure. The NP is held accountable under the RN license for those nursing acts that he or she may perform.
- (10) "Primary Supervising Physician" means the licensed physician who shall provide ongoing supervision, collaboration, consultation and evaluation of the medical acts performed by the nurse practitioner as defined in the collaborative practice agreement. Supervision shall be in compliance with the following:

- (a) The primary supervising physician shall assure both Boards that the nurse practitioner is qualified to perform those medical acts described in the collaborative practice agreement.
- (b) A physician in a graduate medical education program, whether fully licensed or holding only a resident's training license, shall not be named as a primary supervising physician.
- (c) A fully licensed physician in a graduate medical education program who is also practicing in a non-training situation may supervise a nurse practitioner in the non-training situation.
- (11) "Registration" means authorization by the Medical Board and the Board of Nursing for a registered nurse to use the title nurse practitioner in accordance with this Section.
- (12) "Supervision" means the physician's function of overseeing medical acts performed by the nurse practitioner.
- (13) "Volunteer Approval" means approval to practice consistent with this rule except without expectation of direct or indirect compensation or payment (monetary, in kind or otherwise) to the nurse practitioner.

*History Note:* Authority G.S. 90-8.1; 90-8.2; 90-18(14); 90-18.2; 90-171.20(4); 90-171.20(7); 90-171.23(b); 90-171.83;  
 Recodified from 21 NCAC 36 .0227(a) Eff. August 1, 2004;  
 Amended Eff. September 1, 2012; December 1, 2009; December 1, 2006; August 1, 2004.

### **21 NCAC 36 .0802 SCOPE OF PRACTICE**

A nurse practitioner shall be held accountable by both Boards for the continuous and comprehensive management of a broad range of personal health services for which the nurse practitioner is educationally prepared and for which competency has been maintained, with physician supervision and collaboration as described in Rule .0810 of this Section. These services include but are not restricted to:

- (1) promotion and maintenance of health;
- (2) prevention of illness and disability;
- (3) diagnosing, treating and managing acute and chronic illnesses;
- (4) guidance and counseling for both individuals and families;
- (5) prescribing, administering and dispensing therapeutic measures, tests, procedures and drugs;
- (6) planning for situations beyond the nurse practitioner's expertise, and consulting with and referring to other health care providers as appropriate; and
- (7) evaluating health outcomes.

*History Note:* Authority G.S. 90-18(14); 90-171.20(7); 90-171.23(b)(14);  
 Recodified from 21 NCAC 36 .0227(b) Eff. August 1, 2004;  
 Amended Eff. August 1, 2004.

### **21 NCAC 36 .0803 NURSE PRACTITIONER REGISTRATION**

- (a) The Board of Nursing shall register an applicant as a nurse practitioner who:
  - (1) has an unrestricted license to practice as a registered nurse in North Carolina and, when applicable, an unrestricted approval, registration or license as a nurse practitioner in another state, territory, or possession of the United States;
  - (2) has successfully completed a nurse practitioner education program as outlined in Rule .0805 of this Section;
  - (3) is certified as a nurse practitioner by a national credentialing body consistent with 21 NCAC 36 .0801(8); and
  - (4) has supplied additional information necessary to evaluate the application as requested.
- (b) Beginning January 1, 2005, new graduates of a nurse practitioner program, who are seeking first-time nurse practitioner registration in North Carolina shall:
  - (1) hold a Master's or higher degree in Nursing or related field with primary focus on Nursing;
  - (2) have successfully completed a graduate level nurse practitioner education program accredited by a national accrediting body; and
  - (3) provide documentation of certification by a national credentialing body.

*History Note:* Authority G.S. 90-18(c)(13); 90-18.2; 90-171.20(7); 90-171.23(b); 90-171.83;  
 Eff. August 1, 2004;

*Amended Eff. September 1, 2012; November 1, 2008; December 1, 2006.*

**21 NCAC 36 .0804 PROCESS FOR APPROVAL TO PRACTICE**

- (a) Prior to the performance of any medical acts, a nurse practitioner shall:
- (1) meet registration requirements as specified in 21 NCAC 36 .0803;
  - (2) submit an application for approval to practice;
  - (3) submit any additional information necessary to evaluate the application as requested; and
  - (4) have a collaborative practice agreement with a primary supervising physician.
- (b) A nurse practitioner seeking approval to practice who has not practiced as a nurse practitioner in more than two years shall complete a nurse practitioner refresher course approved by the Board of Nursing in accordance with Paragraphs (o) and (p) of 21 NCAC 36 .0220 and consisting of common conditions and their management directly related to the nurse practitioner's area of education and certification. A nurse practitioner refresher course participant shall be granted an approval to practice that is limited to clinical activities required by the refresher course.
- (c) The nurse practitioner shall not practice until notification of approval to practice is received from the Board of Nursing after both Boards have approved the application.
- (d) The nurse practitioner's approval to practice is terminated when the nurse practitioner discontinues working within the approved nurse practitioner collaborative practice agreement, or experiences an interruption in her or his registered nurse licensure status, and the nurse practitioner shall so notify the Board of Nursing in writing. The Boards shall extend the nurse practitioner's approval to practice in cases of emergency such as injury, sudden illness or death of the primary supervising physician.
- (e) Applications for approval to practice in North Carolina shall be submitted to the Board of Nursing and then approved by both Boards as follows:
- (1) the Board of Nursing shall verify compliance with Rule .0803 and Paragraph (a) of this Rule; and
  - (2) the Medical Board shall verify that the designated primary supervising physician holds a valid license to practice medicine in North Carolina and compliance with Paragraph (a) of this Rule.
- (f) Applications for approval of changes in practice arrangements for a nurse practitioner currently approved to practice in North Carolina shall be submitted by the applicant as follows:
- (1) addition or change of primary supervising physician shall be submitted to the Board of Nursing and processed pursuant to protocols developed by both Boards; and
  - (2) request for change(s) in the scope of practice shall be submitted to the Joint Subcommittee.
- (g) A registered nurse who was previously approved to practice as a nurse practitioner in this state who reapplies for approval to practice shall:
- (1) meet the nurse practitioner approval requirements as stipulated in Rule .0808(c) of this Section; and
  - (2) complete the appropriate application.
- (h) Volunteer Approval to Practice. The North Carolina Board of Nursing shall grant approval to practice in a volunteer capacity to a nurse practitioner who has met the qualifications to practice as a nurse practitioner in North Carolina.
- (i) The nurse practitioner shall pay the appropriate fee as outlined in Rule .0813 of this Section.
- (j) A Nurse Practitioner approved under this Section shall keep proof of current licensure, registration and approval available for inspection at each practice site upon request by agents of either Board.

*History Note: Authority G.S. 90-18(13), (14); 90-18.2; 90-171.20(7); 90-171.23(b);  
Recodified from 21 NCAC 36 .0227(c) Eff. August 1, 2004;  
Amended Eff. November 1, 2013; January 1, 2013; December 1, 2009; November 1, 2008; January 1, 2007; August 1, 2004.*

**21 NCAC 36 .0805 EDUCATION AND CERTIFICATION REQUIREMENTS FOR REGISTRATION AS A NURSE PRACTITIONER**

- (a) A nurse practitioner with first-time approval to practice after January 1, 2000, shall provide evidence of certification or recertification as a nurse practitioner by a national credentialing body.
- (b) A nurse practitioner applicant who completed a nurse practitioner education program prior to December 31, 1999 shall provide evidence of successful completion of a course of education that contains a core curriculum including 400 contact hours of didactic education and 400 hours of preceptorship or supervised clinical experience. The core curriculum shall contain the following components:
- (1) health assessment and diagnostic reasoning including:

- (A) historical data;
- (B) physical examination data;
- (C) organization of data base;
- (2) pharmacology;
- (3) pathophysiology;
- (4) clinical management of common health problems and diseases such as the following shall be evident in the nurse practitioner's academic program:
  - (A) respiratory system;
  - (B) cardiovascular system;
  - (C) gastrointestinal system;
  - (D) genitourinary system;
  - (E) integumentary system;
  - (F) hematologic and immune systems;
  - (G) endocrine system;
  - (H) musculoskeletal system;
  - (I) infectious diseases;
  - (J) nervous system;
  - (K) behavioral, mental health and substance abuse problems;
- (5) clinical preventative services including health promotion and prevention of disease;
- (6) client education related to Subparagraph (b)(4)–(5) of this Rule; and
- (7) role development including legal, ethical, economical, health policy and interdisciplinary collaboration issues.

(c) Nurse practitioner applicants exempt from components of the core curriculum requirements listed in Paragraph (b) of this Rule are:

- (1) Any nurse practitioner approved to practice in North Carolina prior to January 18, 1981, is permanently exempt from the core curriculum requirement.
- (2) A nurse practitioner certified by a national credentialing body prior to January 1, 1998, who also provides evidence of satisfying Subparagraph (b)(1)–(3) of this Rule shall be exempt from core curriculum requirements in Subparagraph (b)(4)–(7) of this Rule. Evidence of satisfying Subparagraph (b)(1)–(3) of this Rule shall include:
  - (A) a narrative of course content; and
  - (B) contact hours.

*History Note:* Authority G.S. 90-18(14); 90-171.42;  
 Recodified from 21 NCAC 36.0227(d) Eff. August 1, 2004;  
 Amended Eff. December 1, 2009; December 1, 2006; August 1, 2004.

**21 NCAC 36 .0806 ANNUAL RENEWAL**

- (a) Each registered nurse who is approved to practice as a nurse practitioner in this state shall annually renew each approval to practice with the Board of Nursing no later than the last day of the nurse practitioner's birth month by:
- (1) Maintaining current RN licensure;
  - (2) Submitting the fee required in Rule .0813 of this Section; and
  - (3) Completing the renewal application.
- (b) If the nurse practitioner has not renewed by the last day of her or his birth month, the approval to practice as a nurse practitioner shall lapse.

*History Note:* Authority G.S. 90-8.1; 90-8-2; 90-18(14) 90-171.23(b); 90-171.83;  
 Recodified from 21 NCAC 36.0227(e) Eff. August 1, 2004;  
 Amended Eff. December 1, 2009; November 1, 2008; August 1, 2004.

**21 NCAC 36 .0807 CONTINUING EDUCATION (CE)**

In order to maintain nurse practitioner approval to practice, the nurse practitioner shall earn 50 contact hours of continuing education each year beginning with the first renewal after initial approval to practice has been granted. At least 20 hours of the required 50 hours must be those hours for which approval has been granted by the American Nurses Credentialing Center

(ANCC) or Accreditation Council on Continuing Medical Education (ACCME), other national credentialing bodies or practice relevant courses in an institution of higher learning. Documentation shall be maintained by the nurse practitioner and made available upon request to either Board.

*History Note: Authority G.S. 90-8.1; 90-8.2; 90-18(14); 90-171.23(b)(14); 90-171.42;  
Recodified from 21 NCAC 36 .0227(f) Eff. August 1, 2004;  
Amended Eff. December 1, 2009; April 1, 2008; August 1, 2004.*

#### **21 NCAC 36 .0808 INACTIVE STATUS**

- (a) Any nurse practitioner who wishes to place her or his approval to practice on an inactive status shall notify the Board of Nursing in writing.
- (b) A nurse practitioner with an inactive approval to practice status shall not practice as a nurse practitioner.
- (c) A nurse practitioner with an inactive approval to practice status who reapplies for approval to practice shall meet the qualifications for approval to practice in Rules .0803(a)(1), .0804(a) and (b), .0807, and .0810 of this Section and receive notification from the Board of Nursing of approval prior to beginning practice after the application is approved by both Boards.
- (d) A nurse practitioner who has not practiced as a nurse practitioner in more than two years shall complete a nurse practitioner refresher course approved by the Board of Nursing in accordance with Paragraphs (o) and (p) of 21 NCAC 36.0220 and consisting of common conditions and management of these conditions directly related to the nurse practitioner's area of education and certification. A nurse practitioner refresher course participant shall be granted an approval to practice that is limited to clinical activities required by the refresher course.

*History Note: Authority G.S. 90-18(13); 90-18.2; 90-171.36; 90-171.83;  
Recodified from 21 NCAC 36 .0227(g) Eff. August 1, 2004;  
Amended Eff. November 1, 2013; January 1, 2013; December 1, 2009; December 1, 2006; August 1, 2004.*

#### **21 NCAC 36 .0809 PRESCRIBING AUTHORITY**

- (a) The prescribing stipulations contained in this Rule apply to writing prescriptions and ordering the administration of medications.
- (b) Prescribing and dispensing stipulations are as follows:
  - (1) Drugs and devices that may be prescribed by the nurse practitioner in each practice site shall be included in the collaborative practice agreement as outlined in Rule .0810(b) of this Section.
  - (2) Controlled Substances (Schedules II, IIN, III, IIIN, IV, V) defined by the State and Federal Controlled Substances Acts may be procured, prescribed or ordered as established in the collaborative practice agreement, providing all of the following requirements are met:
    - (A) the nurse practitioner has an assigned DEA number which is entered on each prescription for a controlled substance;
    - (B) dosage units for schedules II, IIN, III, and IIIN are limited to a 30 day supply; and
    - (C) the supervising physician(s) must possess the same schedule(s) of controlled substances as the nurse practitioner's DEA registration.
  - (3) The nurse practitioner may prescribe a drug or device not included in the collaborative practice agreement only as follows:
    - (A) upon a specific written or verbal order obtained from a primary or back-up supervising physician before the prescription or order is issued by the nurse practitioner; and
    - (B) the written or verbal order as described in Part (b)(3)(A) of this Rule shall be entered into the patient record with a notation that it is issued on the specific order of a primary or back-up supervising physician and signed by the nurse practitioner and the physician.
  - (4) Refills may be issued for a period not to exceed one year.
  - (5) Each prescription shall be noted on the patient's chart and include the following information:
    - (A) medication and dosage;
    - (B) amount prescribed;
    - (C) directions for use;
    - (D) number of refills; and
    - (E) signature of nurse practitioner.

- (6) Prescription Format:
  - (A) all prescriptions issued by the nurse practitioner shall contain the supervising physician(s) name, the name of the patient, and the nurse practitioner's name, telephone number, and approval number;
  - (B) the nurse practitioner's assigned DEA number shall be written on the prescription form when a controlled substance is prescribed as defined in Subparagraph (b)(2) of this Rule.
- (7) A nurse practitioner shall not prescribe controlled substances, as defined by the State and Federal Controlled Substances Acts, for the nurse practitioner's own use or that of a nurse practitioner's supervising physician; or that of a member of the nurse practitioner's immediate family, which shall mean a spouse, parent, child, sibling, parent-in-law, son or daughter-in-law, brother or sister-in-law, step-parent, step-child, step-siblings, or any other person living in the same residence as the licensee; or anyone with whom the nurse practitioner is having a sexual relationship or has a significant emotional relationship.
- (c) The nurse practitioner may obtain approval to dispense the drugs and devices other than samples included in the collaborative practice agreement for each practice site from the Board of Pharmacy, and dispense in accordance with 21NCAC 46 .1703 that is hereby incorporated by reference including subsequent amendments of the referenced materials.

*History Note:* Authority G.S. 90-8.1; 90-8.2; 90-18(14); 90-18.2; 90-171.23(b)(14);  
Recodified from 21 NCAC 36 .0227(h) Eff. August 1, 2004;  
Amended Eff. December 1, 2012; April 1, 2011; November 1, 2008; August 1, 2004.

#### **21 NCAC 36 .0810 QUALITY ASSURANCE STANDARDS FOR A COLLABORATIVE PRACTICE AGREEMENT**

The following are the quality assurance standards for a collaborative practice agreement:

- (1) Availability: The primary or back-up supervising physician(s) and the nurse practitioner shall be continuously available to each other for consultation by direct communication or telecommunication.
- (2) Collaborative Practice Agreement:
  - (a) shall be agreed upon and signed by both the primary supervising physician and the nurse practitioner, and maintained in each practice site;
  - (b) shall be reviewed at least yearly. This review shall be acknowledged by a dated signature sheet, signed by both the primary supervising physician and the nurse practitioner, appended to the collaborative practice agreement and available for inspection by members or agents of either Board;
  - (c) shall include the drugs, devices, medical treatments, tests and procedures that may be prescribed, ordered and performed by the nurse practitioner consistent with Rule .0809 of this Section; and
  - (d) shall include a pre-determined plan for emergency services.
- (3) The nurse practitioner shall demonstrate the ability to perform medical acts as outlined in the collaborative practice agreement upon request by members or agents of either Board.
- (4) Quality Improvement Process.
  - (a) The primary supervising physician and the nurse practitioner shall develop a process for the ongoing review of the care provided in each practice site including a written plan for evaluating the quality of care provided for one or more frequently encountered clinical problems.
  - (b) This plan shall include a description of the clinical problem(s), an evaluation of the current treatment interventions, and if needed, a plan for improving outcomes within an identified time-frame.
  - (c) The quality improvement process shall include scheduled meetings between the primary supervising physician and the nurse practitioner at least every six months. Documentation for each meeting shall:
    - (i) identify clinical problems discussed, including progress toward improving outcomes as stated in Sub-item (4)(b) of this Rule, and recommendations, if any, for changes in treatment plan(s);
    - (ii) be signed and dated by those who attended; and
    - (iii) be available for review by members or agents of either Board for the previous five calendar years and be retained by both the nurse practitioner and primary supervising physician.

- (5) Nurse Practitioner-Physician Consultation. The following requirements establish the minimum standards for consultation between the nurse practitioner and primary supervising physician(s):
- (a) During the first six months of a collaborative practice agreement between a nurse practitioner and the primary supervising physician, there shall be monthly meetings for the first six months to discuss practice relevant clinical issues and quality improvement measures.
  - (b) Documentation of the meetings shall:
    - (i) identify clinical issues discussed and actions taken;
    - (ii) be signed and dated by those who attended; and
    - (iii) be available for review by members or agents of either Board for the previous five calendar years and be retained by both the nurse practitioner and primary supervising physician.

*History Note:* Authority G.S. 90-8.1; 90-8.2; 90-18(14); 90-18.2; 90-171.23(b)(14);  
 Recodified from 21 NCAC 36 .0227(i) Eff. August 1, 2004;  
 Amended Eff. December 1, 2009; August 1, 2004.

**21 NCAC 36 .0811 METHOD OF IDENTIFICATION**

When providing care to the public, the nurse practitioner shall identify herself/himself as specified in G.S. 90-640 and 21 NCAC 36 .0231.

*History Note:* Authority G.S. 90-18(14); 90-640;  
 Recodified from 21 NCAC 36 .0227(j) Eff. August 1, 2004;  
 Amended Eff. August 1, 2004.

**21 NCAC 36 .0812 DISCIPLINARY ACTION**

(a) After notice and hearing in accordance with provisions of G. S. 150B, Article 3A, disciplinary action may be taken by the appropriate Board if one or more of the following is found:

- (1) violation of G.S. 90-18 and G.S. 90-18.2 or the joint rules adopted by each Board;
- (2) immoral or dishonorable conduct pursuant to and consistent with G.S. 90-14(a)(1);
- (3) any submissions to either Board pursuant to and consistent with G.S. 90-14(a)(3);
- (4) the nurse practitioner is adjudicated mentally incompetent or the nurse practitioner's mental or physical condition renders the nurse practitioner unable to safely function as a nurse practitioner pursuant to and consistent with G.S. 90-14(a)(5) and G.S. 90-171.37(3);
- (5) unprofessional conduct by reason of deliberate or negligent acts or omissions and contrary to the prevailing standards for nurse practitioners in accordance and consistent with G.S. 90-14(a)(6) and G.S. 90-171.35(5);
- (6) conviction in any court of a criminal offense in accordance and consistent with G.S. 90-14(a)(7) and G.S. 90-171.37 (2) and G.S. 90-171.48;
- (7) payments for the nurse practitioner practice pursuant to and consistent with G.S. 90-14(a)(8);
- (8) lack of professional competence as a nurse practitioner pursuant to and consistent with G.S. 90-14(a)(11);
- (9) exploiting the client pursuant to and consistent with G.S. 90-14(a)(12) including the promotion of the sale of services, appliances, or drugs for the financial gain of the practitioner or of a third party;
- (10) failure to respond to inquires which may be part of a joint protocol between the Board of Nursing and Medical Board for investigation and discipline pursuant to and consistent with G.S. 90-14(a)(14);
- (11) the nurse practitioner has held himself or herself out or permitted another to represent the nurse practitioner as a licensed physician; or
- (12) the nurse practitioner has engaged or attempted to engage in the performance of medical acts other than according to the collaborative practice agreement.

(b) The nurse practitioner is subject to G.S. 90-171.37; 90-171.48 and 21 NCAC 36 .0217 by virtue of the license to practice as a registered nurse.

(c) After an investigation is completed, the joint subcommittee of both boards may recommend one of the following:

- (1) dismiss the case;
- (2) issue a private letter of concern;
- (3) enter into negotiation for a Consent Order; or

- (4) a disciplinary hearing in accordance with G.S. 150B, Article 3A. If a hearing is recommended, the joint subcommittee shall also recommend whether the matter should be heard by the Board of Nursing or the Medical Board.
- (d) Upon a finding of violation, each Board may utilize the range of disciplinary options as enumerated in G.S. 90-14(a) or G.S. 90-171.37.

*History Note:* Authority G.S. 90-18(c)(14); 90-171.37; 90-171.44; 90-171.47; 90-171.48;  
Recodified from 21 NCAC 36 .0227(k) Eff. August 1, 2004;  
Amended Eff. April 1, 2007; August 1, 2004.

#### **21 NCAC 36 .0813 FEES**

- (a) An application fee of one hundred dollars (\$100.00) shall be paid at the time of initial application for approval to practice and each subsequent application for approval to practice. The application fee shall be twenty dollars (\$20.00) for volunteer approval.
- (b) The fee for annual renewal of approval shall be fifty dollars (\$50.00).
- (c) The fee for annual renewal of volunteer approval shall be ten dollars (\$10.00).
- (d) No portion of any fee in this Rule is refundable.

*History Note:* Authority G.S. 90-6; 90-171.23(b)(14);  
Recodified from 21 NCAC 36 .0227(l) Eff. August 1, 2004;  
Amended Eff. November 1, 2008; August 1, 2004.

#### **21 NCAC 36 .0814 PRACTICING DURING A DISASTER**

- (a) A nurse practitioner approved to practice in this State or another state may perform medical acts, as a nurse practitioner under the supervision of a physician licensed to practice medicine in North Carolina during a disaster in a county in which a state of disaster has been declared or counties contiguous to a county in which a state of disaster has been declared.
- (b) The nurse practitioner shall notify the Board of Nursing in writing of the names, practice locations and telephone numbers for the nurse practitioner and each primary supervising physician within 15 days of the first performance of medical acts, as a nurse practitioner during the disaster, and the Board of Nursing shall notify the Medical Board.
- (c) Teams of physician(s) and nurse practitioner(s) practicing pursuant to this Rule shall not be required to maintain on-site documentation describing supervisory arrangements and plans for prescriptive authority as otherwise required pursuant to Rules .0809 and .0810 of this Section.

*History Note:* Authority G.S. 90-18(c)(13), (14); 90-18.2; 90-171.23(b);  
Recodified from 21 NCAC 36 .0227(m) Eff. August 1, 2004;  
Amended Eff. December 1, 2009; August 1, 2004.